



Monkfield Medical Practice

Patient Participation Group Meeting

Tuesday 20th May 2025 5:45pm – 7pm

Present:

Dr Modi (GP Partner), Hannah Crisford (Practice Manager & Partner),
PPG Member: Pauline Rawlings, Fran Panrucker, Ian Cameron, Anita Cameron

Apologies: Karen Lee

Chair: H Crisford

Note Taker: H Crisford

Agenda

1. Actions from previous meeting:

- a. Delivery Covid HC - Complete
- b. Monitoring dispensing at Jardines HC/RM – Ongoing, feedback continual – Comments of elderly waiting 20 minutes.
- c. Crier Article – PCN staff HC – C/F
- d. Monitoring DNA – HO - CF
- e. Completion of first Frequent attendance meeting RS – Complete

2. Practice Updates – Clinical/administrative

New GP Contract

Following some BMA Action (of which MMP supported at a low level) where GPs pushed back doing unpaid work that should be done in secondary care or else where a new GP contract was issued. Whilst this provides an uplift in funding to take into account inflation, some of the funding has been moved from performance related pay into core contract. In addition we have had a £60,000 increase in NI contributions and over £50,000 national minimum wage increase, so the reality of the uplift is minimal.

Local enhanced services

Some changes to our additional services are:

We are now paid per blood tests now and have agreed to also take on requested blood tests from Secondary care. Whilst the business case for increasing our phlebotomy capability doesn't warrant additional phlebotomy, the wait time for an appointment does, so we are working on increasing resources to support the impact.

ECG payment & Complex dressing payments are in place

Money for prostrate injections and monitoring patients is also in place, however we have to work up a monitoring system to ensure safe care alongside this.

Lots of work being carried out behind the scenes current on safe systems for monitoring of our patients

Quality improvement work

We are undergoing some further improvement work on the booking of appropriate appointments in order to try to ensure appointment are booked correctly with the right clinician in the hope to free up some time and access.

3. Continuity of Care (Allocated GP protocol)

We have been working what continuity of care means to us and our patients. We have developed a policy to allocate vulnerable or complex patients to a specific GP. We will also hold a meeting to review action plans and update the team so that when the allocated GP is unavailable the continuity of care can be picked up by the team.

4. Research Update

The practice has successfully become a PCN research Hub and will deliver research on behalf of the PCN. This will mean access to more commercial studies that will involve more intensive work, resources and more space. We have bid for use of porta cabins, we will be recruiting staff and then patients from within our PCN patient population. We have also joined a bid from a Practice called Staploe already established within the commercial world of research who will include us in studies that they win if suitable for our set up.

5. Expansion Update

A recent meeting with the landlords and commissioners was of great benefit in understanding what actions we need to take to establish a position on expansion of the building and the business. These include engaging an architect to ensure we are maximising the use of the space we have and a clear business plan and recommendation on the stages of opportunities to expand and costings. We started this piece of work with a meeting today with an architect. Following their input we will submit an expression of interest to expand and follow this up with some proposals and financial data to support this.

It was highlighted that there are plans for another retirement home to be built on the vacant site next to the new hotel, and a discussion was had about the impact of that on the practice. The practice highlighted that we have access to a Matron through our PCN and will be using her to engage with our housebound and most vulnerable patients.

6. Hep C Bus

The practice have engaged with a program that will attend in the month of July and offer testing to our patients who may be at risk of Hepatitis C. Hepatitis C (HCV) is spread when infected blood enters your body. It is now a curable disease but half of the people who carry the virus are not aware of it. Invitations will be sent to patients who may be at risk and communication will be circulated nearer the time.

7. Delays in appointments – How to communicate this to patients?

Feedback from PPG members:

It was fed back to the practice that patients were still being told to call at 8am in the morning for an appointment, and when they do they cannot get through or do not get one.

It was acknowledged by the practice that whilst lots of work has been put into promoting the use of the NHS app, online submission via the website, spreading the 8am rush that there still is work to do. Routine appointments are 5/6 weeks ahead and the Duty Doctor triages acute on the day need throughout the day. The appointments available in-between those are usually with our extended access providers at alternative sites.

Action: HC to remind reception & nurse team NOT to be inviting patients to call at 8am in the morning.

Oncology Phlebotomy at ADH on a Friday afternoon is quite and he can access very easily

Physio appointments – there seems to be a long waiting list for accessing these. It was explained there are two types of Physio working at the practice. One is a PCN Physio a First Contact Physio that reception can book directly for new MSK issues over age of 16, they have On the day appointments, appointments for in the week and prebookable and at this time her next appointment is 27/5/25. Patients can also self-refer to dynamic health who may have a longer waiting list, whilst they work from the building, they are a separate service within community services.

Action: HC to include in crier communications

Access for refugees and those arriving from other countries with limited English Language skills and lack of understanding of how to access care. It was discussed that there has been an influx of this patient base and we discussed the development of a leaflet. We also discussed the use of Language line and the increase of face-to-face presentation at the reception desk. The practice also is referring all refugees to the social prescriber. The practice is adapting its access and training staff to support to the needs of these groups.

Action HC to feedback

It was asked what support the practice has for those suffering with or caring for someone who has Dementia. The practice has a regular Dementia support service once a month that provides support to both patient and carer and anyone at the practice can refer.

Action HC to pull info/poster together and share with Pauline & wider Retirement living buildings.

It was noted by the members that there is a new Bereavement support group run by the church.

Action HC to ensure this is promoted within the team by our social prescriber.

8. Art Group

The practice will be re promoting its Art Group again on 11th June, they have some funding for resources and will be agreeing a program of activity in the hope to increase attendance. This is a group of patients who get together and support each other through whilst trying new skills and creating great art work.

9. PPG Chair

Sadly due to a period of ill health, Karen has had to step back from Chairing the PPG. We invite others who are interested in stepping up to the role.

Action HC crier input on PPG and Chair position.

10. AOB

Compliments were given to the Practice Pharmacist – Damiano. How engaging and supportive he was within a consultation.

Date of Next Meeting: Tuesday 9th Sept 1745 MMP Training Room

Action: HO to circulate Date and co-ordinate agenda items