

## THE STATION PRACTICE

### PPG Meeting 8<sup>th</sup> January 2026

#### Attendees:

SH – Chair

GD – PPG member

GV – PPG member

NH – PPG member

LG - Reception manager

IG – QOF manager

BC – Lead practice nurse

CM - Practice Manager

#### Meeting Purpose

To discuss patient feedback and practice operational challenges.

#### Key Takeaways

- **COVID Vax Policy Driven by Time & Rules:** The practice cannot co-administer COVID and flu vaccines due to a new government rule requiring registered professionals to take consent and a 10–15 minute documentation burden per COVID jab, which would disrupt flu clinics.
- **Critical Staffing Shortage:** A national rule change preventing Healthcare Assistants (HCAs) from giving any vaccines, combined with two nurse retirements, will reduce the nursing team from 7 to 5 (rising to 6), creating a major capacity crisis.
- **Blood Test Process Flaw:** Patients cannot add tests to existing appointments. This is a safety measure to prevent non-clinical staff from requesting tests, but it creates inefficiency and can delay critical medication reviews.
- **DNA Rate Up, but Context Matters:** The Did Not Attend (DNA) rate for nurse/HCA appointments rose from 6.3% to 7.6%, but this includes unanswered phone calls and was inflated by the holiday season.

#### Topics

##### COVID & Flu Vaccination Policy

- **Problem:** Patients must visit a separate pharmacy (downstairs) for their COVID vaccine after getting their flu shot, creating an inconvenient two-step process.
- **Practice Rationale:**
  - **New Government Rule:** Only registered professionals (nurses, GPs, pharmacists) can now take consent for vaccines. This prevents HCAs from assisting, severely limiting capacity.
  - **Documentation Burden:** COVID jabs require 10–15 minutes of data entry on a separate, cumbersome system. This is incompatible with the 2–5 minute per-patient flow of flu clinics.
  - **Resource Allocation:** Nurses are prioritized for complex chronic disease management (diabetes, heart failure), a role pharmacists cannot fill.
  - **Funding:** The £8 per-jab payment does not cover the cost of hiring extra staff.
- **Interim Solution:** Flu clinic reminders will now include information about the downstairs pharmacy to improve patient flow.
- **Future Planning:** The PPG will discuss a more integrated process for next season.

##### Blood Test Process

- **Problem:** Patients cannot request additional blood tests during an existing appointment.

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- **Practice Rationale:**
  - **Safety & Protocol:** Non-clinical staff (phlebotomists, HCAs) cannot legally request tests, as this requires clinical judgment and specific training.
  - **Efficiency:** The practice aims to consolidate all tests for a condition (e.g., hypertension) into a single annual review, timed by the patient's birth month.
  - **Clinical Timing:** Some tests (e.g., liver function after a medication change) must be performed at specific intervals (e.g., 3 months) to be clinically valid.
- **Identified Flaw:** Prescribing clinicians sometimes fail to create the necessary blood test forms for follow-up tests, forcing patients to request them.
- **Action:** The practice will train clinicians to create these forms automatically.

### DNA (Did Not Attend) Rate

- **Data:** The DNA rate for nurse/HCA appointments ONLY rose from 6.3% to 7.6% (35 → 45 patients/week) since October.
- **Contributing Factors:**
  - **Unanswered Phone Calls:** The tracking tool APEX now includes unanswered calls for telephone consultations.
  - **Repeat Tests:** Patients are often non-compliant with attending appointments for repeat blood tests.
  - **Christmas Season:** The rate peaked in December 2025, suggesting a temporary, seasonal effect.

### Other Updates

- **Patient Questionnaires:** The practice needs more PPG volunteers to collect patient feedback.
- **PPG Network:** Stephen Hart shared a link for the Southeast PPG network, which provides insights into challenges faced by other practices.
- **Funding Analysis:** Councillor Daniel requested a financial analysis of the practice's government funding over the last 3–4 years to support advocacy for better resources.
- **CQC Inspection:** A CQC inspection is anticipated and the practice is still waiting.
- **Closure Notifications:** The practice will investigate why closure notifications (e.g., for training) are sent on the day of closure instead of in advance.

### Next Steps

- **Practice:**
  - Train clinicians to create blood test forms for all follow-up tests.
  - Investigate the timing of practice closure notifications.
  - Provide Councillor Daniel with a financial analysis of government funding - if possible.
- **PPG:**
  - Discuss a more integrated COVID/flu vaccine process for next season.
  - Consider writing to the MP about national vaccination policy issues.
- **All:**
  - Volunteer for patient questionnaire collection.
  - Sign up for the Southeast PPG network.
- **Next Meeting:**
  - **Date:** Thursday, April 16, 2026
  - **Time:** 1:30 PM
  - **Format:** Face-to-face

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### **Action Items**

- **Add COVID booking info for downstairs pharmacy to flu comms (texts/letters) -**
- **Add late-summer PPG agenda item re: 2025/26 vaccination delivery; include downstairs pharmacy coordination -**
- **Add next PPG agenda item re: HCA vaccination consent/capacity -**
- **Add next PPG agenda item re: nursing staff levels/recruitment -**
- **Book 3-month blood test for Feb; verify process -**
- **Report back to PPG next meeting re: blood-test process improvements –**
- **Run PLT training for prescribers/pharmacy on blood-test requesting/forms/tasks -**
- **Ask Apex re: DNA age-range reporting; report back to PPG -**
- **Recruit 2–3 PPG volunteers for patient questionnaire sessions -**
- **Compile and share financial/funding overview (last 3–4 yrs) w/ Councillor Godfrey Daniel -**
- **Fix PLT/holiday closure SMS timing to day-before; report back to PPG -**
- **Send PPG meeting invite for Apr 16 1:30 face-to-face -**
- **Collect PPG feedback on Teams vs face-to-face; add to next agenda -**