

PPG Meeting Minutes

Date: 16.04.2026

Attendees:

SH –PPG Chair

JL

SG

GD

GV

NH

CM - PM

IG – QOF manager

LG – Reception and IT manager

Meeting Purpose

To review progress against previous actions, examine current operational pressures, and identify practical solutions to improve patient access, service delivery, and internal workflows.

1. Patient Access & Survey Feedback

Discussion

The group reviewed the latest patient survey results, which clearly identify **access to appointments as the most significant issue facing the practice.**

- **Booking methods analysis:**
 - Telephone remains the dominant access route (54.3%), placing heavy demand on phone lines
 - Online and reception bookings are significantly lower (22.9% each), suggesting underutilisation or barriers to use
- **Key insight:**
 - Patients consistently report **high satisfaction with clinical care once seen**
 - Therefore, the issue is **not clinical quality, but access and system navigation**
- **Telephone access challenges:**
 - Long wait times and queuing
 - Confusion around call back options and patient expectations
 - Perception that calls are not always answered efficiently during peak periods
- **Digital access challenges:**
 - Multiple platforms (Fathom, NHS App, eConsult) create confusion
 - Lack of clarity around which platform to use for which request
 - Even digitally confident patients report frustration
- **PPG input:**

- Strong recommendation for a **dedicated PPG session focused solely on access redesign**
- Suggestion to simplify patient journeys and improve communication on “how to access care”

Outcome

Agreement that **access is the highest operational risk** and requires focused redesign rather than incremental fixes.

Actions

- Review and map all patient access routes (phone, online, in-person)
 - Identify duplication and unnecessary complexity across digital platforms
 - Develop a simplified “how to access services” guide for patients
 - Schedule a dedicated PPG session focused on appointment system redesign
 - Review call handling data (peak times, wait times, abandonment rates)
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2. Staffing & Operational Impact

Discussion

Nursing Team

- Recent retirements (LA, DS) have significantly reduced experienced capacity
- Although **three new nurses are joining**, this is offset by:
 - Reduced hours among existing staff
 - Ongoing training and on boarding requirements for new starters
- This creates a **short-term capacity gap despite recruitment**
- External context:
 - Hospital workforce reductions may improve GP recruitment pipeline
 - General practice seen as more stable employment environment

Administrative Team

- Multiple staff departures, including a full-time 40-hour role
- This has created:
 - Backlogs in annual reviews
 - Delays in administrative processing
 - Increased pressure on remaining staff
- Recruitment:
 - Five new admin staff in progress
 - However, **training lag will delay full productivity**

Operational Impact

- Reduced workforce capacity is directly contributing to:
 - Appointment access issues
 - Delays in routine care (e.g. annual reviews)
 - Increased workload stress on existing staff

Outcome

Recognition that **staffing shortages are the root cause of multiple system pressures**, not isolated issues.

Actions

- Prioritise on boarding and structured training plans for new staff
 - Identify “quick win” tasks that can be delegated to new admin staff early
 - Review workload distribution across teams
 - Consider temporary measures to reduce backlog (e.g. focused admin sessions)
 - Monitor staffing capacity vs demand weekly
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3. Blood Test Booking Process

Discussion

A key inefficiency was identified in the blood test booking pathway:

- Patients attending for one condition (e.g. hypertension) are:
 - Not having additional relevant tests (e.g. cholesterol) completed
 - Being asked to return for separate appointments
- This leads to:
 - Increased appointment demand
 - Patient frustration
 - Inefficient use of clinical time
- **Root cause:**
 - Pharmacy team not consistently adding all required tests during medication reviews
 - Lack of standardisation in test ordering protocols

Outcome

Agreement that this is a **process failure rather than a capacity issue**, and is fixable.

Actions

- Meet with pharmacy lead (Runa) to review current workflow
- Develop a **standardised protocol for test ordering** (e.g. combined condition templates)
- Ensure all relevant tests are requested at point of review

- Communicate updated process to clinical and admin teams
 - Audit compliance after implementation
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4. DNA (Did Not Attend) Appointments

Discussion

DNA rates were identified as a **significant and avoidable loss of capacity**.

- Key trends:
 - Higher DNA rates among:
 - Females aged 30–34 and 40–44
 - Males aged 30–34 and 55–59
 - Patients aged 70+ show strong attendance reliability
- Current system:
 - Sends reminders only
 - Does not require patient interaction
- **PPG proposal:**
 - Introduce a **confirm/cancel SMS system**
 - Patients must actively confirm attendance
 - Unconfirmed slots can be released
- Considerations:
 - Risk of disadvantaging vulnerable or less digitally engaged patients
 - Need for clear communication and safeguards

Outcome

Agreement to explore system change as a **high-impact intervention to improve capacity**.

Actions

- Assess feasibility of confirm/cancel SMS functionality
 - Identify patient groups requiring exemptions or alternative support
 - Pilot system on selected clinics or appointment types
 - Monitor impact on DNA rates and slot utilisation
 - Develop patient communications explaining the change
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5. Flu & COVID Vaccinations

Discussion

Flu Programme

- New national guidance requires **explicit patient consent prior to HCA-administered vaccines**
- This prevents previous high-volume “bulk clinic” model
- Result:
 - All flu vaccinations must now be nurse-led
 - Increased demand on limited nurse capacity

COVID Vaccination

- Decision taken:
 - Practice will **not offer COVID vaccinations**
- Rationale:
 - Insufficient nurse capacity
 - Financial model not viable
- Alternative plan:
 - Coordinate with **Station Plaza Pharmacy**
 - Align flu clinics with pharmacy COVID provision
 - Direct patients accordingly
- Exception:
 - PCN will vaccinate housebound patients

Outcome

Clear vaccination delivery model agreed, balancing capacity and patient access.

Actions

- Confirm pharmacy COVID service availability
- Ensure NHS booking system reflects accurate provision
- Develop clear patient messaging on where to access COVID vaccines
- Coordinate timing/logistics with pharmacy for flu season
- Plan nurse-led flu clinics with realistic capacity assumptions

6. Other Updates

Discussion

- **PPG Membership**
 - Two members have stepped down
 - Risk to continuity and representation
 - Need for active recruitment
- **Meeting Format**
 - Face-to-face preferred for engagement
 - Microsoft Teams retained as contingency option
- **Video Consultations**
 - Suggested as an accessibility improvement
 - Particularly beneficial for:

- Hard-of-hearing patients
 - Patients requiring visual communication
 - Requires operational and technical review
- **Primary Care Hub**
 - Confirmed as a valuable overflow service
 - Supports urgent, same-day demand when practice capacity is exceeded

Outcome

Agreement to strengthen patient engagement and explore accessibility improvements.

Actions

- Launch recruitment drive for new PPG members
 - Maintain hybrid meeting capability
 - Assess feasibility and demand for video consultations
 - Promote Primary Care Hub usage to patients appropriately
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Comprehensive Action Plan

Corinne

- Confirm COVID vaccination availability with Station Plaza Pharmacy
 - Ensure pharmacy NHS listing is accurate and updated
 - Meet with Runa to resolve blood test ordering issues
 - Propose confirm/cancel SMS system to appointments team
 - Raise video consultation feasibility at appointments meeting
 - Invite pharmacy lead to upcoming PPG meeting
 - Circulate next PPG meeting invite (16 July, 1:30 PM)
 - Schedule 1:1 meeting with Stephen regarding access and PPG priorities
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Practice Team

- Review and simplify patient access pathways
 - Analyse call handling data and identify improvements
 - Support onboarding of new staff and address backlog
 - Implement improved blood test ordering protocols
 - Pilot and evaluate DNA reduction strategies
 - Ensure SMS reminders (PLT/closures) are sent in advance
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PPG Members

- Recruit new members to replace those stepping down
 - Contribute to future access-focused meeting
 - Provide ongoing patient feedback and insight
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Next Meeting

- **Date:** Thursday, 16 July 2026
- **Time:** 1:30 PM
- **Location:** Face-to-face at the practice