

# **King's Medical Practice**

*King's Medical Centre, King Edward Street, Normanton, WF6 2AZ  
t: 01924 223 909 · w: kingsmedicalpractice.co.uk · e: kings.medicalpractice@nhs.net*

## **PPG Meeting**

**30 June 2025 at 13:30**

### **Attendance**

Dr Joe Firmin (GP), Michael Land (Operations Manager), Nicola Synnott (Management Assistant), Joanne Douglas (Head Receptionist), MJ, JJ, DG, CW, JH, BW, JW, CO'S, BO'S, JM, BJ, PD

### **Apologies:**

JC, KS, MF, MF, RH,

### **Minutes**

#### **1. Welcome**

Michael thanked the group for attending and welcomed the new members, he also asked the attendees who are staff members to introduce themselves. Nicola Synnott distributed the mission statement and terms of reference document to each PPG member.

#### **2. Dates of meetings**

Michael apologised for the cancellations of the previous two meetings and explained the reasons for this:

- The December meeting had to be cancelled due to a severe leak in the meeting room which had caused areas of mold spores, resulting in the meeting room being unusable for a considerable period.
- The May meeting had to be cancelled due to the availability of the PPG members. The next date we could then offer was June due to Dr Firmin's rota schedule.

PD explained the group had discussed this and were disgusted at the length of time between the previous meeting and today. Michael advised he will approach another GP, Dr Treifi, and suggested she could attend meetings if Dr Firmin was not available, to avoid having to postpone future meetings. Michael also asked the group if they would be happy for a meeting to go ahead if a GP was unable to attend, the group agreed they would prefer the meeting to go ahead without a GP in attendance, rather than postpone/cancel.

JH asked Dr Firmin if he feels like the meetings are useful and does he “get something” from the meetings. Dr Firmin confirmed he feels the meetings are beneficial, however, he wants the PPG to be more proactive rather than reactive and to be more positive focused. JH added he feels like he doesn’t get anything from the meetings because actions that are raised are not done.

JH raised that the Practice Manager should attend the PPG meetings, and they should be chaired by a PPG member. BJ and CO’S both added that were happy for Michael to chair the meetings, due to his experience and knowledge of the PPG and the practice. Dr Firmin added that as Michael is a member of the senior management team, he did not feel it was necessary for the Practice Manager to attend. Michael suggested the group use the 30 minutes before the next meeting to decide how they want the meetings to be run and whether they want Michael to continue to chair, or a PPG member to become the chair.

MJL confirmed the proposed dates of the next three meetings, of which Dr Firmin should be able to attend:

- 22/09/25
- 01/12/25
- 09/03/25

### **3. Previous minutes**

White slips – Michael advised that all clinical rooms have a supply of the white slips for clinicians to use.

PD queried whether clinicians are able to make an appointment during a consultation, rather than the patient being sent to the reception desk to book. Dr Firmin explained that although clinicians can do this, it would add time onto the consultation, which would result in clinics over running. Therefore, the correct procedure is to give the patient a white slip to take to the reception desk.

BW added he had recently received a copy of letter from the hospital which was addressed to Dr Mooney. Michael explained we have no control over how the hospital manage their address book, Dr Firmin added this would have no impact/delay on how the letter was processed.

BW asked why he can’t have a specific Dr? When completing medical forms, he doesn’t know which Dr to name on the form. Michael explained patients are no longer registered under named GP partners (at any practice - this is a national change). When completing any forms which require a named GP, you can either put the name of the Practice or the name of any GP at the Practice.

Prescriptions – Michael advised that Chloe and the medications team had made great progress, however, there is still work to be done. Please continue to raise any medication issues. The team are starting to proactively invite patients who are due a medication review based on their birth month.

PD asked what an ERD is? Michael explained it is Electronic Repeat Dispensing, where prescriptions for a set period of time (eg 6 or 12 months) are sent

automatically to the pharmacy so the patients can collect their prescription when due without having to order them. It only applies to stable medications. Inhalers, appliances, controlled drugs and irregularly ordered medication cannot be set up in this way. PD & BJ raised the point that patients do not understand abbreviations and suggested this information could be advertised to patients.

**Action:** Nicola Synnott to display posters in waiting room and social media explaining ERD.

Staff changes – Michael advised the group that Pippa Longdon no longer works for the practice and Chloe is now the office manager, Chloe has an interest in getting out to the community and working closer with patients. Chloe and Jo (head receptionist) are the point of call for issues/complaints with the Administration and Reception teams. We also have a new GP, Dr Elliot Burns (male with an extensive GP background).

Phones – The admin team are now leaving their name and department when leaving telephone messages. DG added that when she receives calls from the practice, the phone only seems to ring two or three times, therefore not allowing sufficient time for the call to be answered. PD noted that a name isn't always given when leaving a voicemail message. Michael thanked DG for raising this to his attention. While he hopes that staff would give at least 30 seconds to answer, he will ensure a policy is implemented as one currently doesn't exist. He added that clinicians will always try ringing a second time a bit later.

**Action:** MJL to address this with the clinical and administration teams.

PD mentioned the prescription box is not big enough or in the right place, he asked if there could be a box on reception for patients to leave prescriptions, letters and samples. JH added the group had asked for this two years ago. Michael apologised for the delay and advised there would be a box on the reception desk by the end of the week where patients could leave letters and prescriptions. Samples will still need to be physically handed to a receptionist so they can check the appropriate label/paperwork is attached. MJ added it would be a good idea to label the box in different languages.

**Action:** Nicola Synnott to make the box and leave it on the reception desk.

Appointments – Michael advised the group that our new care navigation system has now been in place for 9 months. There has been a minimal number of patients who have refused to share their reason for an appointment with the care navigator. The system is working, we now have appointment capacity. PD added it is good that you can offer a private area if a patient doesn't want to go through the care navigation at the reception desk, but this will take the receptionist away from the front desk.

Michael explained we have increased the reception team by two members, so another member from the team would be available to do this. JH asked why we don't put a second receptionist on the desk when there is a long queue of patients waiting. Jo advised this should already be happening.

**Action:** JD to address the reception team and make sure they are aware to ask for assistance if there is a long queue.

Care Navigation – Michael explained to the group the care navigation was designed by Dr Walsh (Senior Partner) using clinical guidelines. It works by instructing the receptionist/call handler to ask a series of questions based on the patient's symptoms and clinical history and will determine what care is needed and when. The receptionist/call handler is not making clinical decisions and are purely reading a script.

JH advised he was aware of a patient who refused to answer any questions or explain why she wanted to see a Dr and was refused an appointment. He added the patient should be able to refuse to discuss their reason for an appointment with a receptionist as they are not clinical and should not be making clinical decisions. Dr Firmin reiterated that the receptionist is not making clinical decisions – the care navigation system is making the decisions. Dr Firmin also added that patient confidentiality is not just between the patient and the clinician, it is between the patient and the Practice.

JH asked if patients come to the reception desk to ask for results. Jo confirmed they do. JH asked if there could be a phone on reception that patients could use to ask for their results, to avoid being discussed in the reception area & overheard by other patients? MJL advised we are currently not in a financial position to purchase and install phone booths, however, patients could use the phone on the reception desk to ring up to the admin office. Alternatively, they could ring the admin office from home if they don't want to discuss their results in a public area.

CW asked if the care navigation system had any input from non-clinicians as she felt it lacked empathy. Michael advised it had been built by Dr Walsh using clinical guidelines because adding other non-clinical perspectives into the pathways can introduce risk to patients and may not lead to the right and/or safe outcome.

Clinicians follow guidelines, however, they are able to risk assess each element, non-clinicians are not able to do this. Michael & Dr Firmin advised that patient and clinician feedback is being reviewed in regards to the system, and where changes can be made that improve patient outcomes and quality of life, these are implemented. CW added she had been through the care navigation system and was told she needed a same day appointment, however, there were none available.

Michael explained she should have been advised to ring back after 6pm to access the extended hours service (GP Care Wakefield) who can see the patient notes. Jo offered to look at any individual cases separately after the meeting.

#### **4. Patient list size**

Michael advised the group that our list size has reduced by 868 patients in the last 2 years which equates to the loss of funding for one full time GP. 25% have moved to other surgeries within Normanton, the other 75% are deaths and patients moving out of area. JH asked if we know why the patients who moved to other local surgeries have done so? Michael explained he has approached the ICB to clarify if we can

contact patients to ask why they have left. JH added he believes patients are not getting the service they want. BW added he believes patients are not happy with the service they are receiving from younger doctors.

Michael advised the group that in May 89% of patients who completed the survey felt they had received a good or very good service.

## **5. Heidi**

DG asked about the text message received about Heidi. Michael explained from 1<sup>st</sup> July our clinicians will be using a new tool called Heidi, which makes real time notes of consultations. The notes are reviewed by the clinician and entered into the patient medical record. This will free up the clinician to focus entirely on the patient, rather than note keeping. It also provides a detailed and accurate record of patient care. Patients will be asked for consent which can be withdrawn at any time. This is being used on a trial basis and if it doesn't work, we will not continue with it. Dr Firmin added he is excited about the new system and believes it will be a great positive for focusing on the patient during consultations. BW noted he had not received a message, Michael was unsure of the reason for this but added there had been posters in the waiting room and information on the website and social media.

## **6. Drop in sessions**

Michael advised the group the management team will be holding monthly drop-in sessions. Each month a member of the management team (Nicola Hatfield Practice Manager, Michael Operations Manager, Steph Finance Manager & Chloe Admin & Reception Manager) will be available in the waiting room for patients to approach them and feedback any issues/concerns/questions they have. The first session will be held by Nicola Hatfield, Practice Manager on 8<sup>th</sup> July at 3pm. This will be advertised in the Practice waiting room and on social media.

CW mentioned she is part of the NASCA (Normanton & Altofts Senior Citizen Association) and the group have requested that Nicola also attend one of their meetings. Nicola Synnott confirmed Nicola Hatfield has been in contact with NASCA and is happy to attend a meeting.

## **7. AOB**

Website reviews – JH asked if the Practice read any of the reviews on the website? Michael confirmed the reviews are read/monitored. Where a name is provided and it is a complaint, they are contacted to go through.

Email – PD suggested it would be useful to have an email address that patients could use for general issues. Michael confirmed these could be sent to our generic email address [kings.medicalpractice@nhs.net](mailto:kings.medicalpractice@nhs.net) and addressed to either Nicola Hatfield, Michael Land or Chloe Wassell.

CW asked if the practice register more patients, will there be more GPs? Michael advised we would need to register at least 900 patients to afford a full time GP for one year due to NIC changes.

CQC – JH asked if we know when our next CQC visit is? Michael explained the process has changed. CQC now monitor practices remotely with data from the clinical systems, patient complaints, and other sources of data, and only visit if there is cause for concern or improvement required. JH asked if the PPG members would be able to meet with the CQC if they did perform a physical visit, Michael confirmed it is a requirement of CQC that they meet with the PPG. The Practice will ring/contact the PPG members the moment they are informed of a visit.

Terms of Reference – JH asked when the group will be discussing the terms of reference document? Michael suggested this could be done in the 30 minutes allocated time prior to the next meeting.

At the end of the meeting Jo asked if any of the PPG members would like to raise any personal matters with her that she could investigate separately. The members declined to raise any issues.