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

1st December 2025 at **13:30**

Attendance

Nicola Hatfield (Practice Development Manager), Michael Land (Operations Manager), Nicola Synnott (Management Assistant), Joanne Douglas (Head Receptionist), JJ, MJ, BJ, JM, MF, JH

Apologies:
Dr Joe Firmin (GP), Chloe Wassell (Administration & Reception Manager), PD, RH, CO'S, BO'S, DG, JC, KS, MF

Minutes

1. Previous minutes

JH referred to the letter from BO'S & CO'S and mentioned they have only attended one PPG meeting in the last 2.5 years.

JH advised the group that there is still an issue with vehicles being parked opposite the disabled bays, therefore, making it difficult for drivers to pull out of the bays. He asked if we could put up a sign reminding people not to park in this area. Nicola H confirmed we would do this. Michael added we are continuing to report parking issues to the landlord, however, as we are a health care setting the landlord is reluctant impose parking fines/tickets for vehicles parked inappropriately. JH asked for the name of the landlord, Michael confirmed they are called Blackrock. **Action**: Nicola S to put up a "no parking" sign.

2. Telephone options

JM asked how the queue system works on our telephone lines and explained he had called us 25/11/25 and selected option 7, he was on hold for 15 minutes and then the line cut off. Michael explained you should automatically move up the queue as

each call is answered. The exception to this is the “health care professional line”. If there is call waiting on this line, it will take priority over existing calls and move along the queue. Michael added we are not aware of any issues with calls being cut off, however, he will investigate. **Action**: Michael to investigate why JM call was disconnected prior to being answered.

3. Messages/voicemails

MF asked why he had received a text message from the surgery advising him that we had sent him a message. Michael explained that when a clinician sends a message via the PATCHS system, which requires a response from the patient, a SMS text message is automatically sent to the patients phone to prompt them to view the message on PATCHS.

4. PPG Invitations not being received

The PPG members explained that they had not received the invitation to today’s meeting. JH informed the group there is a delay of approximately 2 weeks with postal deliveries in the area.

MJ & JJ suggested that minutes and invitations could be sent via email rather than post as this would avoid post not being received and also be better for the environment. **Action**: Nicola S to check with the individual PPG members whether they would prefer electronic or paper communications.

Following the meeting Nicola S checked when the most recent invitations were sent out and confirmed to Nicola H and Michael that the invitations for this meeting were not sent. Nicola S has apologised for this and has made amendments to her electronic diary to ensure all future invitations are sent. Going forwards, the dates for future meetings will also be added to the minutes of each meeting.

5. Walk-in blood clinics

MF explained he had attended the surgery for a walk-in blood clinic but was advised the clinic had finished early. Nicola H apologised for this and confirmed this should not have happened. The clinics will run for the times stated, regardless of how many patients arrive. MF also suggested we could look at a ticket system for the blood

clinic, so patients can just collect a ticket from a machine & wait for their number to be called, rather than having to queue at the reception desk. Alternatively, could we have 2 receptionists on the front desk during the blood clinics to allow patients to check in quicker. Nicola H agreed that both of these suggestions were good ideas. **Action**: Nicola H to investigate the above options. JH added that patients need to be reminded that a blood test has to have been requested by a clinician in order for the patient to attend the walk-in clinic. Nicola H confirmed we can send out further communications to clarify this. **Action**: Nicola S to send communications. JH asked what the allocated time slot is for each walk-in appointment, Michael explained it's 5 minutes per patient; however, this can vary between 2-10 minutes depending on the individual patient.

6. Management drop-in session

Nicola H informed the group that the management drop-in session had been a success, with patients coming in specifically to speak to the team and give feedback. We were also able to get lots of the patient survey forms completed. For the next session we are thinking of moving the chairs around in the waiting area to allow the team to sit in the middle of the room and be even more visible to patients. Members of the PPG are welcome to attend the drop-in sessions.

7. Signage and notice boards

MF advised that the notice boards in the waiting area are looking a lot better and the signage around the surgery is much more visible.

8. Patient survey

Nicola H shared the outcomes of our recent patient survey with the group (for those who were not at the meeting, the results are available to view on our website, social media platforms and are displayed in our waiting room). BJ asked what our weakest area is, Nicola H confirmed this is our telephone wait times. Michael added that telephony data for GP surgeries has been published by the NHS at the end of November, therefore, you may see news items about this in the media.

9. Patient list

BJ mentioned the new housing estates being built in the local area and asked if we have to register new patients if we are oversubscribed. Nicola H explained that at the moment we are not oversubscribed and have recently lost a number of patients due to various reasons. Due to this, we would encourage new patients to register with us. JH asked if there is a maximum amount of patients per GP that a surgery can register. Michael explained there is no maximum amount, and gave an example of a local surgery which did not have a GP for 3 months, but were not allowed to "close their doors" to new patients. BJ asked if we get involved with planning for new housing estates, Michael advised that we are not allowed to be involved. MJ confirmed we can access a planning portal to see what developments are being approved.

10. Prescriptions

Nicola H advised the group that she has completed an investigation into our medications process, which has highlighted areas of improvement to simplify the process for both patients and staff. Meetings have already taken place with the practice prescribing lead and the medication team members, and a meeting will be arranged with the contracted pharmacy team (due to team availability, this will be taking place in the new year). Communication with patients was found to be a key factor, to address this the following actions will be completed; 1) generic messages which are sent to patients will be reviewed and streamlined to ensure the information is clear and easy to understand. 2) from Monday 8th December a member of the medications team will be available on the reception desk, Monday-Friday 10am-4pm. They will be seated at an additional desk (still leaving 2 desks for the receptionists) and will only deal with medication/prescription queries. If patients approach them in relation to a query which is not medication/prescription based they may be asked to rejoin the queue for the receptionists. Nicola H asked for support from the PPG members with this, to spread the word that medications team member will not be available to deal with general queries/check patients in/book appointments etc. In between medication queries, they will be completing their normal day to day work. The investigation also highlighted issues with the medication review process and therefore going forwards the medication review process will start on the 11th month,

which should eliminate the risk of patients being left without medication due to a review being needed. MF asked why the annual heath review can't be completed at the same time as the medication review. Michael explained it depends on the conditions and medications a person has, for example, an asthma nurse can review asthma inhalers, but not any other medication the patient may be taking. MF also mentioned that patients are still being given an all-day window for telephone appointments with the pharmacists, Nicola H agreed this is unacceptable, and confirmed that the pharmacist will be informed that calls should be made within a 3 hour window.
JJ mentioned that medications have been removed from her repeats list, without her being notified. Michael explained that any medication which has not been ordered for 18 months is automatically removed from the repeats list. He also added that sometimes, medication cannot be viewed online if it is not due to be ordered. If medication is needed early, eg if going on holiday, please contact us directly to request this. MJ advised the NHS will allow him to request some medications up to 2 weeks early, Michael explained that even if the app has allowed you to put the request in, our team cannot issue them until 7 days before they are due.
MF asked if he is on medication for life, does he still have to have a review every year. Michael confirmed, yes he does, as this a both a legal requirement and a limitation of prescriptions (365 days maximum).

11. Ladies night

Nicola H informed the group we are planning a "ladies night" in March 2026 to encourage women of all ages to attend the surgery and discuss topics involving women's health. We will have different stations set up in the waiting area with information on contraception, menopause, women's cancers. There will also be an opportunity for patients who have missed their cervical screening appointment to book into a screening appointment on the night. We will be arranging a "men's night" later in the year, possibly in November to tie in with Men's Health Month. The group agreed this was a good idea and were very supportive, some members offered to hand out leaflets in clubs they attend in the local area. Michael asked the group to inform the surgery of any charities/services that may be interested in attending. Nicola H advised the night would be advertised on our website, social media platforms, in our waiting room & in our spring newsletter. MF suggested it could also

be advertised in the Normanton Advertiser. JH suggested that we could also offer a menopause awareness session in the men's night to give men a better understanding of how the menopause affects women and the wider impact of this on their partners and families, the group agreed this was a really good idea.

12. Practice newsletter

Nicola H showed the group a copy of our winter newsletter, which will be distributed to public places around the local area. There will also be copies in our reception & waiting room areas and also on the practice website. Nicola H asked the PPG members if there is anything they would like to add to it. The next edition will be spring 2026, please let us know if you would like anything adding to it.

13. PPG drop-in session

JH suggested the PPG could hold a drop-in session for patients who potentially feel more comfortable speaking to them, rather than the practice staff. Nicola H asked if they would like to do this when the management team have their drop-in session (3rd February) but have their own table so patients can speak to them away from the management team. BJ added that the practice "was always in front of other practices" Nicola H replied we are trying to be productive and engaging.

14. Quality Outcomes Framework (QOF)

Nicola informed the group that for the 3rd year running we have come 1st in the Wakefield area for QOF (indicators that measure the quality of primary).

15. Terms of Reference – Practice Representative

JH raised the issue that the PPG Terms of Reference state that meetings will be chaired by a practice representative (Practice Manager, Operations Manager or Admin and Reception Manager). Whilst the group have recently voted for a practice representative to be the chairperson, this may change in the future and the group may want to vote for a patient representative to be the chair. Nicola H & Michael have both agreed that the terms of reference should be amended to: "The group will be chaired by either a practice representative or a patient representative". **Action**: Michael to amend the terms of reference.

16. Pre-meeting

The group agreed there is no longer a need to the PPG members to meet 30 minutes prior to the meeting. Therefore, the meetings will be planned for 1 hour with members of the PPG and practice staff in attendance for the full hour.

17. Meeting dates for 2026

The following dates and times have been set for 2026:

Tuesday 3rd March 2026 14:00-15:00 (amendment from the 9th March)

Monday 15th June 2026 14:00-15:00

Tuesday 29 September 2026 14:00 to 15:00

Monday 14 December 2026 14:00 to 15:00