King's Medical Practice

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PPG Meeting

3rd March 2026 at **2pm**

Attendance

Nicola Hatfield (Practice Development Manager), Michael Land (Operations Manager), Nicola Synnott (Management Assistant), Chloe Wassell (Admin & Reception Manager), Dr Joe Firmin (GP), PM, JH, JM, BJ, MF, PD, JW, BW, CW

Apologies:

MJ, JJ

Minutes

1. Members

   Michael welcomed the new PPG member, Peter McHugh (prefers to be known as Papu), to the group. Michael informed the group that Brian and Christine O'Shaughnessy have retired from the PPG.

2. Review of previous minutes

   Michael asked the group if that had received an agreed with the previous minutes. CW advised she had not received the minutes, Nicola H provided CW with a copy. The remainder of the group confirmed the minutes had been received.

   The following points were discussed:

   2.1 Pre-meeting - BJ mentioned that she wasn't aware that the group had agreed to cancel the 30 minute pre-meeting, which gave time for the PPG members to discuss agenda items prior to the practice staff entering. The group voted again, and agreed there was no current need for the pre-meeting.

   2.2 Car park – Michael confirmed that "No Parking" signs were now on display in the car park, opposite the disabled parking bays. Unfortunately, vehicles

are still being parked there. The Practice is in discussions with the landlord regarding the implementation of a car park management company. MF asked if this will include the double yellow lines on the slope? Michael explained these were done by the council in error as the slope is private land, however, parking on the slope will also be discussed in the meetings with the landlord. BW asked whether the vehicles that park directly in front of the electrical sub-station are parking illegally? This was checked after the meeting and we can confirm it is not illegal, it is a civil matter, however, access to the sub-station must be available when required.

2.3 Call being cut off – Michael has investigated why JM call had cut off after being on hold for 15 minutes. He explained that if the phone signal switches from 4g to 5g or vice versa the call will lose connection. The telephone company confirmed it was the signal from JM phone which dropped and cut the call.

2.4 Blood clinic – Nicola H provided an update on the walk-in blood clinics. The clinics and timings are working well, and the uptake of the clinics has increased. Feedback has been given to staff, and they are now aware that anyone who arrives for the clinic must not be turned away (providing they have arrived during the clinic times). We did look at the possibility of a ticket system so patients wouldn't have to queue at reception on arrival, however, as there is not an electronic ticket system that works with our systems, the nurses would have to come out to reception to call the next patient. This would add extra time to each person and reduce capacity.
MF asked why the wait for a blood test appointment is so long. Michael explained our current wait is roughly one week. Where possible, we are offering appointments at extended access (Tuesday, Thursday, Friday at King's Medical Practice and Monday, Wednesday, Saturday at Elizabeth Court Surgery). There is also a walk-in blood clinic at King's Medical Practice twice per week.
CW mentioned she had an experience of a blood appointment being available to book via online, however, when she rang the surgery, she was advised there were no appointments available for a few weeks. Michael explained this was due to a system issue where the appointment list was opening halfway

down the list. Staff are now aware to make sure they have scrolled to the top of the list to see the first available appointments.

2.5 Ladies night leaflets – MF advised he had not been given any leaflets for the Ladies Night on the 11th March (which he had offered to distribute at his local clubs). Michael apologised for this and explained we had had to wait for more copies to be printed.

3. Practice funding

JH asked how the practice is funded. Michael explained the following:

The core contract is £130 per patient. Within that contract we have to offer lots of services, such as:

- online consultations
- childhood vaccinations
- cervical screening
- emergency walk-in
- PPG.

This tends to increase by 2%-3% each year. The government reckons that 40% of the contract covers staff costs. The actual figure for staff costs for most practices is 80%-100% of the core contract. We also receive funding from additional discretionary national contracts, for providing services such as flu and shingles vaccinations, and from Wakefield specific contracts for providing services, such as spirometry, ear irrigation and wound care (dressings).
We also part of a PCN (Primary Care Network) alongside HealthCare First, Castleford Medical Practice and Patience Lane. The government has announced plans to move some funding from the PCN to GP Practices to use as funding for an “extra GP”, however, for a practice of our size, this would equate to one GP session per week (4 hours) at the cost of the PCN not being able to deliver services!
From April weight loss injections will be administered by GP Practices, however, there will still be restricted criteria that patients have to meet to be

eligible.

A question was raised regarding minor surgery, Michael explained we are able to claim a small amount for minor surgery procedures, which Dr Espin will be starting soon, however, the reimbursement we receive for this barely covers the costs of running the service and hasn't increased in years, despite rising costs.

Private income work has to be completed outside of contract hours, and is minimal (pays for tea and coffee!).

4. Same day requirement

   JH asked if we are meeting the target for offering same day appointments. Michael confirmed that due to the success of our care navigation system we are meeting over 95% of the demand for same day appointments (the target will be 90%).

   JM mentioned he had heard a radio advertisement about contacting GP Practices via online consultations only, Michael explained this is why we created our own care navigation system; as we wanted to give patients the option to still be able to contact us by telephone, face-to-face, we also didn't want our GPs spending log portions of time triaging patients.

   JM asked what if a patient needs to contact the surgery regarding a sensitive issue and didn't want to do so over the telephone or face-to-face, Michael explained they still have the option to contact us via online consultation if they don't want to speak to a receptionist/ call handler.

   JH asked if there could be an option for a patient to speak to a nurse if they didn't want to disclose their reason for needing an appointment to a receptionist/ call handler. Michael advised we cannot offer this as it would involve taking a nurse out of clinic and as discussed in previous meetings, all staff (whether it's a receptionist or a clinician) are duty bound by the same confidentiality agreements.

   PM raised a point in relation to online consultations that not everyone is computer literate or has access to the internet. Michael agreed and added this is why we still have the option for patients to contact us by telephone or come into reception.

   CW asked if there is any more flexibility in the care navigation system for

empathy and understanding; she added patients want to know that the surgery cares about them. Michael advised he holds training sessions every month with the reception and administration team, covering topics such as empathy, understanding and patient individuality, for example, if the care navigation system advises to offer a face-to-face appointment within 1-7 days, the call handler may feel it's more appropriate, based on how the patient is presenting, to offer an appointment within 1 day, rather than 7.
JH asked if we could implement an option of a touchscreen questionnaire for patients who do not want to speak to a receptionist/ call handler or use the online consultation option. Michael explained our current clinical system only allows for a basic questionnaire and is not complex enough to give the correct outcome to patients, but is hopeful for future developments to enable this.
BJ added, regarding online consultations, that not all patients have the internet, and some may have a disability which prevents them from using a computer, therefore, they should be offered an alternative. Michael confirmed we will always offer an alternative unless the NHS contract forces otherwise.
PD added that patient expectation is very high, but it's impossible for practices to meet these expectations due to largely, government underfunding.

5. Medication queries on reception

   The group agreed this is working really well and has been a great success. CW added things have really improved in the practice over the last 6 months with medications and reception. The management drop-in sessions are a great idea. BJ added the practice is doing the best it can with the funding available.

6. Leeds Teaching Hospitals/Mid Yorks

   JM asked if there was a possibility that Leeds Teaching Hospital could link systems with Mid Yorks to allow clinicians and administrative staff to view information regarding patients who are being treated in both trusts. JH added it would be better if there was just one national system used by all trusts.
   Michael explained that trusts from Yorkshire and Humberside are being forced into linking systems, however, due to the amount of trust staff training

involved, it will likely be a lengthy process. BJ mentioned it would be great if King's could do their own diagnostics within the practice.

7. NHS111 prescription service

   BJ asked how prescriptions work via NHS111, Michael explained the service can be used to request a limited emergency supply of a medicine you've completely run out of. It must be a medicine you are prescribed regularly, and depending on the medication, it may only be a couple of days supply until your GP surgery opens.

8. Communications

   Nicola H showed the group a poster detailing some of the work done by the practice in February (see separate document). This will be shared monthly on the practice social media sites and in the waiting room.
   The group discussed the volume of DNA's (did not attend appointment).
   BW advised that Pinderfields hospital have started sending text messages to patients detailing how much it will cost the hospital if you do not attend the appointment. The group agreed this was a good idea, a suggestion was also made that the practice could contact patients who regularly do not attend to ask if they need any help or assistance with remembering their appointments.
   BJ asked if patients can send text messages to the surgery, Michael confirmed that electronic messages can be sent through Patchs or email but not by text message. Patients can cancel appointments by clicking on the link in the text message reminder.

9. Check-in screens

   MF asked why some clinicians still call patients in who haven't checked in at the screens. Michael explained the clinicians have been told to do this as there have been instances in the past where patients have not realised they should have checked in and then missed the appointment because the clinician did not call them in. This means an appointment was wasted and the patient then has to re-book.

10. Air quality

BJ informed the group she had attended a meeting with JM in Wakefield with environmental officers to discuss air quality across the Wakefield and Five Towns area. During the meeting it was discussed where air quality monitors should be located within Normanton and Altofts. BJ asked if we could identify patients who have respiratory issues and request that air quality monitors are located in the areas in which those patients reside. Michael agreed that this is a good idea, however, it would be very time consuming for him to do this and suggested Public Health Wakefield could provide this information instead as they already have it on a ward by ward basis and include the whole Normanton population, not just our patients.
Michael added that from April the NHS will begin rolling out lung health checks, which have been successful in early detection and intervention of lung cancers and other respiratory illnesses. The Practice will inform patients when this is available. Michael also added that in line with being a greener Practice we have changed the type of inhalers we prescribe ahead of the national requirement to help with the environmental impact. We will start looking at other medications from the 1st April.

11. Spring newsletter

Nicola H showed the group a copy of the practice spring newsletter (see separate document). One of the items on the newsletter is the COVD-19 spring booster. Michael explained the eligibility for the spring booster:

- Adults aged 75 and over
- Residents in care homes for older people
- Individuals aged 6 months and over who are immunosuppressed

The surgery will also be offering the RSV (Respiratory Syncytial Virus) vaccine alongside the COVID-19 spring booster. Michael explained RSV is a common respiratory virus that can cause mild to severe illness primarily to

infants, young children, the elderly and those with severe weakened immune systems. The implementation of this vaccine has reduced emergency hospital admissions to ICU (Intensive Care Units) by over 50%.

12. Management drop-in session

MF asked how the most recent drop-in session had gone. Michael confirmed it had gone well and two members of the PPG had attended (JM & BJ). BJ agreed it had been beneficial and had generated some interest for the PPG. At the moment the number of patients who are approaching the management team during the sessions is approximately four or five per session, hopefully this will increase with time.