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

22 September 2025 at **13:30**

Attendance

Dr Joe Firmin (GP), Nicola Hatfield (Practice Development Manager), Michael Land (Operations Manager), Nicola Synnott (Management Assistant), Chloe Wassell (Administration & Reception Manager) Joanne Douglas (Head Receptionist), MF, PD, BJ, JH, RH, JM

Apologies:
CO'S, BO'S, DG, JC, KS, JW, BW, MJ, JJ, MF

Minutes

JH welcomed the practice manager, Nicola, and commented it was nice to have her in attendance.

1. Previous minutes

Michael informed the group of some corrections to the previous minutes:

- The management team drop-in sessions will be held quarterly not monthly.
- It is no longer a mandatory requirement for the CQC to speak to PPG members, when completing a practice visit. If they do wish to speak to any PPG members, they will ask the practice. JH asked if PPG members can request to speak/meet with the CQC during a visit, Nicola H confirmed this can be arranged.

BJ asked what area the CQC local inspectors cover, Michael explained they cover the whole of the Yorkshire and Humber region. Michael added, previously there were 3 inspectors, however, there is now only 1.

MF asked when the next management drop-in session will be. Michael confirmed the date of the next session is 13th November, which will be advertised on our website, Facebook page and in our waiting room. MF added the previous drop-in session was supposed to be advertised, but was not. Michael acknowledged this and apologised.

PD asked if we could provide a list of staff members names and job titles/area of work. JH added that the PPG have been requesting photos of staff to be displayed in the waiting area for over 3 years. **Action**: Nicola H & Michael to do. **Update:** May not be able to do this due to cost.

MF mentioned that although he has a mobile phone, it isn't a "smartphone" and therefore he is unable to open links to the internet. Michael explained that our computer system is not sophisticated enough to distinguish between smart & non-smart phones. Hopefully, as technology progresses, this issue will be resolved.

2. Chairperson / Role of chairperson

JH advised the group that the PPG members have agreed that future meetings should be chaired by either the practice manager or the operations manager.

3. Terms of reference

Michael informed the group we had prepared an updated terms of reference, and requested the group review the changes prior to the next meeting.

4. Over 70's driving licence health checks

JH asked if the practice is aware of the new over 70s driving licence health checks which take effect from September onwards, and questioned what impact this will have on the practice. PD asked if it would add pressures to existing clinics. Dr Firmin explained we already complete reports, such as, HGV licence and therefore he doesn't believe the changes will impact our existing clinics. Michael added we will look into this further and plan accordingly if it seems there will be an impact.

5. Diabetic testing

There have been news reports regarding the machines used for diabetic testing providing incorrect results. The news article stated our area had been affected. Michael confirmed the affected areas are Hull & York, not Mid Yorks. Dr Firmin

explained that the NHS has a duty of candour, which means if something goes wrong, we have to inform the individual patients. Dr Firmin added, we have not been made aware of any patients from King's that have been affected.

6. Newsletter

The group discussed the practice newsletter and agreed it would be a good idea to distribute copies to local shops/cafes/church hall for local residents to pick up. We will also have copies on the reception desk for patients to look at when they visit the practice. PD suggested we could print the newsletter in the Normanton Advertiser, Michael agreed this is a good idea, however, due to cost implications, it's not an option we can look at. After reading through the newsletter, the following questions were asked/points raised:

There were 233 missed appointments in August, did the patients give reasons for not attending? No.

Pharmacy First – do patients need to contact their GP prior to presenting at the pharmacy? Yes, to ensure local pharmacies are doing it appropriately.

Walk-in blood clinic – why were the PPG members not informed prior to the trial? The trial was arranged after the last meeting. Going forwards, Nicola S will write/email the PPG members to inform of any changes to service/new services/trials. To obtain feedback for changes which cannot wait until the next meeting.

Call wait time – the average wait time seems misleading, would be better if we displayed the shortest and longest wait times rather than the average. We use the average wait time as this is what is used nationally and is what we are measured against.

Triage is causing delays as patients are on the phone longer. Michael acknowledged that our average call length has increased (by approx. one minute) since the implementation of the care navigation system, however, patients are now being offered the right care/service at the right time. We also

have new staff members in the reception team, which may impact the call duration whilst they are training and developing their call handling skills.

Nicola H & Michael asked the PPG members if there is anything they would like adding to the newsletter, Nicola suggested we could send the next newsletter to the members for them to review prior to distribution, they can then let us know if they want to add anything to it.

Dr Firmin suggested they should be a section for our Care Coordinators to use.

Action: care Coordinators to contribute to the practice newsletter.

7. Patient survey

The NHS patient survey will be released in October. We will send out our own survey which will be based on the national survey but with additional questions. The results will be shared with the PPG members to discuss, prior to being published to all patients.

8. Management drop-in sessions

Nicola H explained to the group that management drop-in sessions will be held every quarter in the waiting room. There will be two members of the management team present (Nicola H, Michael or Chloe). The aim of the sessions is for patients to provide feedback and to get to know the management team and “put faces to names”.

JM asked if patients can bring personal matters at the sessions. Nicola H confirmed they can.

PD suggested we could have a sandwich board outside the main entrance for a couple of weeks to advertise the session. The group agreed this is a good idea.

Nicola H asked if any members would like to attend to promote the PPG.

9. Friends and Family Feedback

Nicola H explained to the group we are implementing “You Said, We Did” using patient feedback from the friends & family test. This will also be included in the practice quarterly newsletter.

10. Walk-in blood clinic trial

Patient and staff feedback was really positive. JH asked how the clinic worked, Nicola H explained it is only available to patients who have been told they need a blood test by a clinician. Patients can arrive any time during the clinic, they must report to reception to be added to the list and will be called by the health care professional when it’s their turn.

We are hoping to make the clinics permanent.

11. GP appointment times

Michael advised the group that we are changing our GP appointment slots from 12.5 minutes to 15 minutes. The reason for this is due to our care navigation system, our GPs are now seeing more complex cases with patients who need to be seen by a GP, rather than patients who have booked a GP appointment but didn’t actually need to see one (eg could have been dealt with at the pharmacy).

The changes will take effect from 1st October and will be advertised prior to the change.

MF asked if patients could discuss more than one condition in the consultations. Nicola H explained if they are two very distinct conditions then there should be two separate appointments booked. If the conditions are similar/linked they can be discussed in one consultation.

JH added that patients are not always aware that the appointment time starts from when the clinician calls the patient into the consulting room. He suggested we could add the consulting room number to the check-in screens so patients can familiarise themselves with where the room is located (eg which corridor) whilst waiting to be called in. Nicola S explained we had instances of patients walking into clinical rooms prior to being called by the clinician and therefore we have removed the room number from the check-in screens.

12. QOF

Nicola H advised the group we are number one in the Wakefield district for the third year running! This is down to teamwork from the clinical and administration teams to ensure our patients are getting booked in for their annual reviews.

JH commented that staff should be applauded for their efforts with this.

Michael added that we are also in the top five practices for the amount of appointments offered.

JH asked how we compare to other surgeries who do not use a care navigation system. Michael explained other GP practices are aware of our care navigation system and have expressed interest in using it. Unfortunately, we are currently unable to sell the system to them as it would involve significant investment of time and money to meet regulatory requirements for selling medical devices.

13. AOB

Triage
CW explained that she still has concerns regarding triage as she feels the system is lacking empathy/compassion with the system and believes there should still be an element of that when making decisions. Nicola H advised the system is still developing, however, the decisions/outcomes need to be based on clinical pathways to ensure the patient receives the correct service at the correct time. Nicola acknowledged the way staff ask questions and/or provide information can be handled more personably.

Breach of contract
JH & BJ informed the group that there are still instances of receptionists/call handlers advising the patient to call back at 8am the following day for an appointment. Both Nicola H & Michael confirmed this should not be happening, this is a breach of contract and any instances like this should be reported to the management team immediately. JM added that the receptionist/call handlers do not introduce themselves (don't give their name) when taking calls. **Action**: Chloe to follow this up with the administration and reception team.

In-house pharmacist

JH asked if our in-house pharmacists can offer a shorter window for medication review appointments, as expecting patients to be available between 9am-4pm is unreasonable? Michael explained they can't offer a specific time, however, they should offer a 3 hour window for the call, or at least offer an am or pm call. Unfortunately, sickness within the pharmacist team has impacted this. Nicola H added she is liaising with our PCN for one of the pharmacists to work from King's one day per week.

Car park

The parking issues with the King's Medical Centre car park were raised. People are parking in the disabled bays without displaying blue badges. People are also parking opposite the disabled bays, making it difficult for cars to pull out of the bays. Michael advised that we send regular reminders to our staff, however, as the car park belongs to the whole building and is managed by the landlord, it is difficult for us to control who parks where. Unfortunately, the landlord is not being proactive in resolving the issues.

Letter from Brian & Christine O'Shaughnessy

Michael read a letter to the group from PPG members BO'S & CO'S. The letter was informing the group they wish for Michael to continue as chairperson, they also added that PPG meetings should not be used to discuss personal issues. JH explained that according to NHS guidelines, the meetings should be chaired by a PPG member. PD added that the group have already voted on this and agreed that either the Practice Manager or Operations Manager should continue as chairperson.

Reception queue

MF raised two issues regarding the queue in the reception area.

1) medication queries are taking up too much of the receptionists time. Nicola H explained she is completing a "deep dive" (along with Dr Harding, the practice prescribing lead) into our medications processes to identify and rectify the ongoing issues.

2) we have previously agreed that if there are more than 5 people in the queue, the receptionist on duty should request assistance from another staff member. Nicola H

& Michael apologised and advised they would send a reminder to the reception team to ask for assistance if more than 5 people in the queue.