



## Patient Participation Group

Notes of meeting held on Wednesday 4<sup>th</sup> March 2026 5:30pm – 7:00pm

**In attendance: Hilary Boler, Sonia Dilcock, Linda Handley, Darrell Price, Sybil Waplington, Diane Hudson, Kathryn Payne**

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**In attendance from practice: Regan Parkes (RP) & Helen Proud (HP)**

Regan welcomed everyone to the meeting and reminded attendees of the group rules:

- Everyone should have the opportunity to speak.
  - Members should avoid talking over one another as it makes note-taking difficult.
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### 2. Outstanding Actions from Previous Minutes

- None.
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### 3. Staffing Updates (RP/HP)

- A new practice nurse in training, Lauren, has joined the practice.

She is currently completing the *New to Practice Nurse Training Programme* and is expected to finish by August/September.

- Claire, one of the prescription clerks, will be retiring next month.

Recruitment has recently concluded and a position has been offered for a Prescription Clerk / Administrator, and the practice is currently awaiting a response.

- The Typist/Administrator recruited last summer has unfortunately left due to unforeseen personal circumstances. A decision has now been made regarding a new candidate for this vacancy.

The practice currently has no other vacancies.

Sybil asked whether the practice finds recruitment difficult.

Response:

- This usually varies depending on:
  - The type of role advertised or The number of hours offered.

Some vacancies receive a large number of applications, while others attract fewer candidates. Recent advertisements on NHS Jobs have received many applications.

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#### 4. Online Triage Data (HP)

Since many practices were required to make online triage forms available throughout opening hours, submissions have steadily increased month-by-month. HP wanted to share some recent data with the group for discussion :

Month	Total Forms	Admin	Medical
December	361	46	315
January	429	57	372
February	521	75	446

This represents a **44%** increase in total submissions over two months with no additional funding to enable the practice to increase clinical capacity.

Our GPs have expressed concerns about the impact of the increased workload:

- Increased patient expectations for access
- Potential supply-induced demand

As most forms are reviewed by the triaging GP that same day other concerns are:

- Increased cognitive workload
- Greater risk of decision fatigue
- Longer response times
- Reduced staff morale
- Sustainability concerns

If submissions continue to increase March could exceed 600 forms and April could approach 700+ forms.

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#### 5. Pharmacy First Scheme Discussion

Linda asked whether patients are aware that pharmacists can treat sinus infections in adults under the Pharmacy First scheme as recently she had to use this service which she rated positive.

Discussion points:

- Our reception and administrative staff regularly signpost patients to other appropriate services when suitable.
- Information about conditions pharmacists can treat and prescribe for is available on the practice website and are clearly shown when patients begin completing a triage form.

- The group discussed whether this information could be better advertised, for example through text message reminders.

Additional comments: Hilary was unaware that prescriptions issued by pharmacists through the scheme remain free for patients who normally receive free prescriptions.

- Patients who have used both the new triage system and Pharmacy First service reported positive experiences.

Example shared: Darrell submitted a triage form and was offered a same-day GP appointment, which he had not expected.

Patients also reported that telephone waiting times appear to have improved in recent months.

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## 6. Quality and Outcomes Framework (QoF) – Explanation for Patients (HP)

HP explained why patients are often asked to attend **annual reviews** when they have long-term conditions or take certain medications.

### Background

The **Quality and Outcomes Framework (QoF)** was introduced in general practice to encourage consistent monitoring and high standards of care for patients with long-term conditions.

Example – Diabetes Reviews - Patients coded as having Diabetes are usually invited for:

1. A 20-minute Healthcare Assistant (HCA) appointment for tests.
2. A 20–30 minute review with a diabetic nurse.

When these checks are completed, the practice earns QoF points.

### How the System Works

- Each QoF indicator has a set number of points. At the end of the QoF year (**31 March**), practices submit their totals. Payments are then calculated based on the points achieved.

### Other Examples

Blood pressure monitoring is required across many QoF indicators, including:

Hypertension, Chronic heart disease, Diabetes and other long-term conditions

This system helps ensure:

- Safe prescribing
- Proper monitoring of chronic conditions
- Regular patient review

QoF funding forms a part of the practice's annual income.

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## 7. Garden Update (Sybil)

At the previous meeting, Sybil kindly offered to help with the practice garden and planting area.

She asked whether any funding might be available to help purchase plants from the book money? Sybil suggested plants such as Geraniums and or Begonias

HP will check with Tamsin (Practice Manager) regarding any available funding and will update Sybil.

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#### **8. Around the Room – Any Other Business (AOB)**

Patient comments and additional items were invited from attendees – None noted, HP concluded the meeting and thanked everyone for their time.

Next Meeting to be confirmed but preference from group is a 5:30pm start and at the surgery works well.

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