

LATHOM ROAD MEDICAL CENTRE

PPG Meeting minutes

Date of meeting	15/05/2025
Time of meeting	12:30
Attendees	Prabha Gopinath, Mrs VG, Mr Ab, Mr MS and Ms RS
Apologies	
Staff member taking minutes	Sravya / Amrutha

A patient participation group (PPG) is a group of people who are patients of the surgery and want to help it work as well as it can for patients, doctors and staff.

Agenda Item	Discussion	Actions	Person Responsible	Date to be achieved by
Matters Arising from last meeting (date)				
	<p>During the meeting: It is an important part of the Chairperson's role to make sure meetings run efficiently and fairly. In order to do this the Chairperson should:</p> <ul style="list-style-type: none"> • Stick to the meeting's Agenda, so that everything that needs to be discussed at the meeting is covered and all decisions that need to be, are made. • Always be aware of the time. Make sure the meeting stays on schedule and does not overrun its planned finishing time. • Always aim to be open-minded, fair and impartial, never letting their own views on a subject, organization or person affect how they run the meeting. • Liaising on behalf of the PPG with the Practice Manager • It is the Chairperson's role to ensure that all PPG members are enabled to undertake joint responsibility in carrying out the group's objectives. • Make sure everyone who wants to, has an opportunity to speak and play an equal part in any decisions made. No one person, in particular the Chairperson, should dominate the discussions. 			

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	<ul style="list-style-type: none"> • Keep good order and make sure everyone can hear what other people have to say. • Helping to sort out conflicts and difference of opinion. • Sum up any important points or discussions as they are made. • Make sure people have done things they agree to do at earlier meetings. • Ensure that any action points of the meeting are assigned to members of the group before the meeting ends. • Appoint a Deputy Chairperson, if the Chairperson is unable to attend the meeting. 			
This meeting's agenda items (date)				
	<p>Mr. MS has been serving as the Chairperson of the PPG (Patient Participation Group) for the past year. As part of the group's annual process, it was announced that all members will be given the opportunity to express their interest in taking on the Chairperson role. An email will be circulated to all members inviting expressions of interest. This email will also outline the responsibilities and expectations associated with the role. Members interested in the position are encouraged to respond via email.</p>		APM	
Website	<p>New website –A new user-friendly website has been deployed to enhance online contact/accessibility.</p> <ul style="list-style-type: none"> • Our staff members list is added on <p>Discussion: Since the last meeting, the PPG website has been updated to include an accessibility function that allows text-to-speech for improved readability.</p>			

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	The staff member list on the website is also regularly updated to ensure accuracy.			
Patient survey	<p>Patient survey results from last year from 2024: 33% agreed that they usually get to see or speak to their preferred healthcare professional, which is lower.</p> <ul style="list-style-type: none"> As discussed in previous PPG meeting, our reception staff are being trained to offer patients the option to book telephone, video, or face-to-face appointments with their preferred clinician. <p>Discussion: Following the last meeting, further discussion was held on feedback from the patient survey. Staff are being further encouraged and trained to clearly offer patients the option to book appointments via telephone, video, or face-to-face. While staff were already aware of these options, they are now being reminded to tailor appointment types based on patient needs, e.g., physical examinations may require video or face-to-face appointments.</p> <p>Feedback: - Privacy Concern at Reception A patient expressed discomfort with being asked about the reason for their appointment in a public area, highlighting a preference for a more private setting when discussing personal health concerns. Although the triaging system is helpful, the patient felt the current reception environment is not suitable for sensitive conversations and suggested more discreet approaches. The patient emphasized the need for respectful handling of delicate matters, referencing previous uncomfortable experiences.</p> <p>The PM advised that patients could state, “I’d like to book an appointment for a personal issue,” to avoid disclosing details publicly. The PM also mentioned that a paper is already provided at reception for patients to write their date of birth, and this can be used to discreetly note the reason for the appointment if preferred. The triage system is in place to direct patients to the most appropriate service, such as physiotherapy, social prescribing, or pharmacy. Minor conditions like coughs, colds, or sore throats (lasting less than seven days) are typically referred to a pharmacy first rather than booked with a GP. As not all patients are aware of available services, staff are trained to guide them accordingly. If a patient identifies their reason for the appointment as “personal,” staff</p>	To discuss in Admin meeting	APM	June 2025

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	<p>are instructed to stop further questioning and book the next available appointment whether telephone, video, or face-to-face.</p> <p>DNA Policy Update: DNA rates remain a key concern, with patients missing booked appointments. The policy has been amended to strengthen follow-up, staff now call patients the next day to ask for a reason for the missed appointment. The core policy remains unchanged, if a patient has 3 DNAs within 12 months, their registration status may be reviewed. Patients are reminded of the importance of attending appointments, as missed slots could be used by others in need. Emphasis placed on raising awareness to help reduce unnecessary appointment waste. A slight improvement in overall DNA numbers has been observed. However, the highest number of DNAs currently occurs with HCA appointments, particularly from new patients unfamiliar with the process. A suggestion was made to include the cost impact of DNAs in communications to highlight their significance. Attempts to determine the exact cost per missed appointment were made by contacting ex-managers and a consultant, but no clear figures could be provided. It was noted that accurately calculating the cost of a missed appointment remains challenging.</p> <ul style="list-style-type: none"> • We are currently looking into the percentage of DNA over a week or a month. Once everything is in order, we will begin explaining the details and setting up the downstairs TV. 			
Nutrition's Frailty service	<p><u>The Frailty Cycle: Frailty and malnutrition</u> The co-existence of malnutrition, sarcopenia and frailty is extremely common. Whilst malnutrition plays a key role in the trajectory of both sarcopenia and frailty, it is also worsened by frailty, which indicates a complex relationship where each condition is accelerated by the other and can cause a cyclical pathway for the patient. The 2021 census revealed that the number of people aged 65+ in England and Wales is now 18.6% of our total population. 8% Decline in muscle mass per decade after the age of 40, muscle loss increases to 15% per decade after the age of 70</p> <ul style="list-style-type: none"> • Increased risk of disability • Poor balance and increased risk of fall 			

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	<ul style="list-style-type: none"> • Symptoms of anxiety and depression • Reduced quality of life <p>Frailty_Abbott Nutrition Frailty Funded Service 2024.pdf</p> <p>Abbott Frailty Services: Ms Wajiha Khalil</p> <p>This service supports practices in identifying and managing adults at risk of or living with frailty, aiming to promote healthy ageing by reducing the impact of malnutrition and muscle loss. It involves both pharmacological and non-pharmacological interventions, such as food fortification advice and oral nutritional supplements.</p> <p>Benefits</p> <ul style="list-style-type: none"> • Better quality of life • Reduced GP visits • Reduced admissions to Hospitals <p>Discussion:</p> <p>The focus is on recognizing and supporting adults who are at risk of or living with frailty. The goal is to promote healthy aging by minimizing malnutrition and muscle deterioration. This initiative is grounded in data collection and national statistics. It also highlights the importance of adopting healthier lifestyles. A related poster is available and shared in reception.</p>			
Patient Booking Guide	<p>Poster Final.pdf</p> <p>This poster serves as a guide for booking patients. It has been added to our website and the Jayex board. We are also sending it to individuals who may attend A&E for minor issues, to help direct them to more appropriate services.</p> <p>Discussion:</p> <p>1. Self-Care at Home</p> <ul style="list-style-type: none"> • Patients are encouraged to maintain a basic medicine cabinet at home. • Recommended items include: 			

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- Painkillers
- Diarrhoea medications
- Cough and cold remedies
- Plasters for minor cuts and scratches

2. Pharmacy Services

- Pharmacies can now treat **seven common conditions**:
 - Constipation
 - Sinusitis
 - Sore throat
 - Earache
 - Infected insect bites
 - Shingles
 - Uncomplicated UTI (non-pregnant patients)
- **Additional services** at some pharmacies:
 - Blood pressure checks (required for prescribing contraception)

3. GP Practice Services

- **Clinical Pharmacists**:
 - Provide medication advice and reviews (e.g., heart failure, BP, asthma)
 - Action medication changes based on hospital recommendations
 - Cannot prescribe directly but can request/add medications
- **Mental Health Support**:
 - Currently limited due to funding issues
 - Previously had a mental health nurse, awaiting updates from PCN
 - **Mental health crisis lines** are available **24/7**.
 - This helps direct patients to appropriate services, especially during crises involving mental or physical violence.
- **Physiotherapy**:
 - Monthly clinics held at **Plashtet Harmony Practice**
 - Appointments can be directly booked at practice reception
- **Social Prescribing**:

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	<ul style="list-style-type: none"> ○ Social Prescriber available: Ms Maria ○ Information updated on practice website <ul style="list-style-type: none"> • GPs, HCAs (Healthcare Assistants), Nurses <p>4. Enhanced Access Services</p> <ul style="list-style-type: none"> • Appointments available in evenings (6:30 PM – 8:00 AM) • Run by Shrewsbury Road Surgery • Roles include: <ul style="list-style-type: none"> ○ Nurses, HCAs, Clinical Pharmacists, Physician Associates, Doctor's • Bookable directly by the practice <p>5. Other NHS Services</p> <ul style="list-style-type: none"> • NHS 111 – For urgent, non-emergency advice • 999 / A&E – For emergencies • Minor Eye Conditions Clinics: <ul style="list-style-type: none"> ○ Patients can self-refer or be referred by GP ○ Boots also offer eye clinics, including glaucoma (requires GP referral) • Triaging helps ensure patients are referred to the right service or clinic • Accurate information gathering during triage is essential ○ Dental Services • GP practices do not provide dental services. Patients must register with a dental surgery. • Local dental surgeries are not accepting new patients, except for children. • If a dental appointment is unavailable, patients should: <ul style="list-style-type: none"> ○ Call NHS 111 for emergency dental support. <p>7. Community Care Services</p> <ul style="list-style-type: none"> • PCN (Primary Care Network) provides several community-level services: <ul style="list-style-type: none"> ○ District Nurses ○ Dressing Clinics 			
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	<ul style="list-style-type: none"> ○ Roving Nurses Team • Information will be displayed on Jayex TV and the practice website to improve patient awareness. <p>8. Reducing Unnecessary A&E Attendance</p> <ul style="list-style-type: none"> • The practice regularly reviews reasons behind patient A&E attendances, to improve education and signpost patients to more appropriate, quicker services to reduce hospital burden and waiting times. • Patients are contacted if it's found their visit could have been managed elsewhere (e.g., pharmacy, community services, urgent care). 			
NHS APP Ambassadors	<p>Importance of the NHS App: The NHS App helps patients to:</p> <ul style="list-style-type: none"> • Order repeat prescriptions • Book and manage appointments • View their medical records • Access NHS 111 online <p>Benefits of the NHS App</p> <ul style="list-style-type: none"> • For patients: easier access to services • For practices: reduced phone calls, fewer in-person queries, improved workflow efficiency <p>Our Practice have two staff members as NHS App Ambassadors: Mrs Deeksha Rana and Mr Prakash Magendran</p> <p>Role of NHS App Ambassadors</p> <ol style="list-style-type: none"> 1. Promote the NHS App: Promoting the app in the waiting room and during patient interactions. Display posters, include information on your website and social media, offer demonstrations, and incorporate promotion into patient interactions. 2. Supporting colleagues in using and recommending the app 3. Monitoring app adoption and identifying barriers 			

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4. Familiarise with the NHS App: Download and explore its features to understand its capabilities.
5. Access NHS Digital Resources: Use guides, toolkits, and training materials from the [NHS Digital website](#).
6. Complete Relevant Training: Participate in local or national training sessions if available.
7. Stay Updated: Regularly check for updates and new features on the NHS App.

Discussion:

To verify your identity on the NHS app, you first enter your name, date of birth, and NHS number. Then, during the ID verification step, you take a live selfie within a circular frame on the screen. Next, you upload a photo ID (e.g., passport) that includes your name, date of birth, and photo. The app matches your selfie with the ID photo. Once the match is successful, you gain full access to your medical records through the app. So now patients don't need GP/linkage code from surgery.

Text message service:

Due to a lack of ICB funding, we have switched from text messages to email. We have signed up for direct debit, and despite the changes, we are still continuing to send information to patients.

NHS App:

Not only are the two NHS ambassadors trained, but all staff at the surgery are trained to provide support and help with online access.

Elderly Patients online access:

For elderly patients who are not into tech, we offer a proxy access service, allowing a trusted family member to manage their online access. This requires GP authorisation and a signed consent form from the patient. Proxy forms are available at the surgery reception. Once completed, the form is reviewed typically by a staff member first. If the

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	request is not for a child, the GP may review the medical records and assess whether further evaluation is needed before granting access.			
Service updates	<ul style="list-style-type: none"> • Elimination of text messaging service due to lack of funding from ICB. • New Salaried GP recruited - Dr Shivali Patel • New Frailty and Nutrition – Ms Wajiha Khalil • New receptionist recruited - Mr Prakash Magendran 			
Surgery Relocation	<p>We are actively searching for a new building or additional space to accommodate our growing needs, as our current premises are becoming overcrowded. If anyone comes across a suitable space that could function as a surgery, please let us know so we can reach out to the property owner.</p> <p>Our current lease runs until September 2028, so we do have some time, but we are seriously looking and open to options now.</p>			