**Colchester Medical Practice (CMP) Patient Participation Group (PPG)**

**Minutes of meeting held on Monday 7th April 2025 at PH site**

Present- PL, AL, MB, RW, JS, PT, PD, TS, TF, AC, MC.

Apologies: DF

Present - CMP Joe Oxley (Business Manager) Alasdair McEwan (Digital and Transformation Lead)

TF and RW carried out introductions as PPG Chairs and all attendees were given a moment to introduce themselves and mention any special interests or concerns. Many have been with CMP for many years-through many changes- and spoke kindly and positively around their experiences with the practice and their desire to support its activities.

TF and RW fedback on some of the discussion they have had with the practice team recently.

* Did not attend (DNA) letters-all letters have now been re-written so as to present a more human, less impersonal attitude. These were circulated for approval. There are around 300 DNAs per month. CMP staff try hard to take into account reasons for patients who DNA-either because of untoward circumstances (traffic, breakdowns etc) or because of frailty, poor health etc. Staff at CMP are trained to record such circumstances and take them into account when letters are being issued to patients, the system is not perfect as some letters have got through inappropriately so there is still work to do. **Action points: present DNA data at next PPG meeting, progress telephone cancellation facility for patients**
* New notices on the waiting room boards were remarked upon, including Health and Wellbeing Team staff profiles and roles, these were complimented
* We discussed digital exclusion. A query was raised around website traffic-number of visits etc-we have no data on this at present. **Action point: investigate website traffic**. JO noted that the vast majority of new patient registrations are online and estimates only 8% of patients not digitally enabled
* Action point: **remove PPG mailboxes ins surgery waiting rooms**

**CMP Update – JO**

* NHS England-To be abolished / merged with Dept of Health for reasons of cost / duplication. Will not adversely affect us too much as generally they are a layer of additional bureaucracy / decision making. Also 40% cuts at Integrated Care Board (ICB) may cause slowdown in decision making
* NHS landscape for CMP very busy despite above. New NI increase is a huge burden on this and other practices, CMP is expanding staff group and has given above minimum wage pay settlement-significant investment in the future and hope to maintain financial solidity by continuing to expand list size and providing services which all bring in funding.
* Other local practices feeling the pinch-there are mergers and closures locally as practices become less viable.
* CMP is working closely with Colchester General Hospital to improve communication and exchange of workflow.
* The PCN Pilot scheme continues at full pace-high numbers of frailty reviews, patient education around using NHS 111 and 999, high frequency attending patients, social prescribing. Colchester is expanding in size (more than anywhere else in England) and this is causing population pressures. Section 106 funds from new housebuilding are effectively impossible to access without onerous conditions so practice room usage is at a premium.

**Action Log-from previous**

* Patient feedback March 2025. Low number of negative responses
* Responses pertaining to clinicians are often motivated by dis-satisfaction in patients at not getting their desired outcome from the consultation-clinicians often have to say no to patient requests on clinical grounds (pain killers, tranquillisers)
* Cancellations and DNAs still problematic but action being taken as discussed in initial paragraphs
* PPG Constitution-originally authored by previous PPG committee-Paul Larkin has kindly agree to review. Discussion points are: Maximum numbers (seem too low?), membership period of PPG, communications point 1 representation

**Areas of Priority 2025**

* QR codes-facilitating non-native speakers of English
* 45% of new patients are from overseas-but felt appropriate that majority of notices should be in English
* Discussion around size of notices, format, colour
* Discussion around seating-facing in one direction to see notices?
* A lot of patients do not look at notices when its busy but some do when it’s quiet
* Suggestion to have additional copies of notices in a ring binder as many too small to be seen from a distance
* Leaflet boards are being removed. CQC have a prescriptive approach to which posters are on display and we are obliged to comply with this, still an issue for further action / discussion
* Next meeting will be online

**AOB**

* We discussed attracting hard to reach groups for the PPG and getting the message across to patients on the services we offer
* RW is going to look at formatting of posters / leaflets and consider communications with patients whilst they are in the waiting room (targeted groups?)
* TF mentioned discussions with hospice

**ACTION LOG**

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| PPG Constitution-review text | PL |
| DNA data | JO/AM to present data at next meeting |
| Telephone Cancellation facility | JO/AM to scope out |
| Website traffic statistics | AM to present |
| PPG mailboxes in waiting rooms | JO/AM to remove |
| Posters Display-have file version? | JO/AM |
| QR codes for waiting room | AM-will start with HWB hub |

**Next Meeting** Mon 02/06/2025 18 00 – Online Mon 07/07/2025 18 00 -In person, Parson’s Heath Surgery