
PRG MEETING MINUTES

Date: 23.04.2025

Present: Yakenia Shingler, Lin Saunders, Robert Kelso, Sue Theobald, Sylvia Hindley, Kevin Adcock, Margaret Dove, Sarah Bickley, Susie Wheaton, Ed Matthews, Trudi Munn.

Apologies: Roger, Di, John and Sue and Simon. Michael Mant has resigned from our PRG as he is now a patient at Combe Coastal Practice.

Previous minutes:

- Whitney will collate the average waiting times for calls into the practice, number of calls received, patient triage requests (online forms), face to face appointments and average response wait times, and this will be presented at the next PRG.
- As noted, private letters were not being picked up by patients, so a new protocol of taking the fee before the GP does the letter for a patient has now been implemented.

PRG Role in Supporting Brannam's – Robert

Robert asked what we believe the PRG group is here to do, or change, what do we expect to do? New members honestly said don't know.

General premise is to represent or give voice to patient's views, (although given the demographic of the PRG, we are not a true representation of the entire patient spectrum), and an understanding of the pressures and ways the practice promotes good health in the community.

Members liked the Patient Information sheets.

Being part of the group provides up to date knowledge of the NHS schemes/influences and the bigger picture/insight into what staff deal with daily.

Appreciate the contact and feedback that Sarah seeks in between meetings through email contact with the group members. Members feel valued and Sarah wants to try and get things right.

Roger noted that GP surgeries exist within the bigger NHS organisation and how external developments have a direct affect on GP surgeries to make changes. Need for good relations between GP and secondary care providers.

Susie noted that we receive an incredible amount of information, often jargonised, and try to update patients clearly through using social media and the patient information sheet.

Agreed that the Friends and Family is a useful tool to address patient access and services provided.

Lin notes that PRG meetings at Brannam can focus on the practice, however the joint alliance meetings (2 or 3 times a year) is very useful to disseminate wider NHS issues and bring learning to the x4 groups (Fremington, Queens, Litchdon and Brannam's – 50+ people attended the last meeting at Fremington).

Robert noted PRG current representation had "no spring chickens" and wondered if special daytime sessions would encourage younger representation. Sarah certainly felt that one-off projects via TEAMS meeting may be a way forward to capture a more diverse age representation. Need to consider topics to discuss.

Robert asked what the barriers are for younger representation, and Sarah noted that these patients by and large use the surgery less.

Kevin noted a music group set up the Antenatal Centre in Cross Street, once a month on a Wednesday afternoon. Wondered if a representative from the practice could attend to

promote/update attendees with likely help/interest in the services/community/wellbeing events that can be accessed through the surgery etc.

- Agreed that Sarah and Kevin can discuss this avenue further.

Lin noted that the next Barnstaple Alliance meeting is the 27th of May 2-4pm at Fremington Church Hall, and the following one is scheduled for the 25th November.

Update on GP Contract – Susie (see presentation attached to these minutes).

This is the 2025-2026 Funding Services expectation and is sent out to surgeries February/March time. This is known as QoF or **Quality Outcome Framework**. Practices are given a set amount of money per patient and more funds are available on top of this, if we hit the targets in QoF for further funding into the practice. Hence, payment is by results.

Typical targets are capturing blood pressure readings and keeping BP under control, long term conditions is the main focus (diabetes, COPD, cardiovascular disease, asthma etc). Childhood immunisations and injections as per Public Health England.

Unfortunately, there is no reimbursement for the recent increase in NI contributions paid for staff, hence this has a big impact on primary care resources that does not apply to secondary care funding directly. Minimum wage has increased as well, so the practice must budget also for this change as well as the NI increased payment.

Access to Care – The new clinical triage system provides 50% on the day appointments available to patients and provides an equitable access to patient care. Currently, we close the clinical triage access at 5pm but will alter to provide access from 8am to 6.30 pm by October this year.

Prevention & Health Inequalities – cardiovascular disease is a major focus. Government wants to bring down the mortality rate by 20% over the next 10 years. The pharmacy team/BA alliance are focusing on this target. Baby imms funding is increasing per vaccine to promote vaccines in babies. There has been a drop in parents bringing their babies to be immunised. When mum has her 8-week postnatal check with the GP, we coincide baby immunisation with a nurse straight after. If a parent cancels, then can be tricky to fit all the immunisations within the require time frame. This 8- week appointment is a safety netting event, as no Health Visitor on site to check mum and baby's general health etc.

We have frequent attendees, and Clinical Triage hopes to manage these patients better, sometimes through education and use of other community providers to capture needs before GP involvement. Some patients surgery hop, in an attempt to "get what they perceive they need". PCN Mental Health Team includes MH Nurse and MH Occupational Therapist who signpost patients to appropriate MH services alongside their care support.

Supporting the Workforce

The PCN (Primary Care Network) has funding to provide additional support to primary care. Previously the funding was ring fenced to certain health care specialties, of physio, pharmacy, well-being team etc. Now funding can be used as the PCN deems appropriate. We have a dementia support worker who we, as a practice, raised £2k in funding last year.

The PCN Pharmacy team are looking at preventative measures for patients in the PCN area. There is a PCN away afternoon on the 29th of April to look at services required to achieve the QoF targets for this year, likely repurposing funding vs needs.

Staff wellbeing is being supported by the LMC with a Tavistock GP providing a staff afternoon looking at wellbeing for Brannam Team.

Technology & Data

As noted, online consults to be available from 8am to 6.30pm, Monday to Friday by October.

Currently our triage form opens at 7am and closes at 5.30pm.

NHS App integration facilitates self-care at home, as results, secondary care notes, appointments and chat boxes available to patients, hence not needing to speak directly with the practice.

Increased number of people logging into the NHS Apps.

NHS Dashboard.

The Friends and Family questions will be changing. Data plan and improved care.

Admission avoidance.

AI tool.

Greener and more Collaborative GP Practices and Secondary Care

Already have explored introducing plant-based foods/dietary advice.

Funding of £20 to GP practices, if an ADVICE AND GUIDANCE letter is sent to secondary care, rather than directly referring patients. This is to promote appropriate referrals to the departments and prevent rejected referrals.

Ed's perspective – advice given to GP to carry out other investigations or try certain other treatments before being referred. This increases GP workload, additional appointments etc. These A&G letters need to be carefully worded and precise, quality information for the consultant to respond clearly and effectively. Apparent £80m recycled.

Nurse Training Programme and patient/community involvement – Lin

If you want to train in the South West to be a qualified nurse, there is the option to train via Plymouth and Exeter services, or at Petroc via The University of Greater Manchester (previously The University of Bolton). Petroc offers a 3-year RGN degree course and a 2-year Nurse Associate course.

The course is looking for patient involvement to help facilitate training for the students from service users. Lin has been involved for the last 7 years and has a background of nursing. Currently, there are only 2 service users volunteering their time to help in this way. You are well supported by Shaun Kershaw and the team and Lin has been involved in the interviewing process, practical scenarios and monthly discussion groups.

Do please contact Lin if you feel that you can give a commitment (not every month) to this or if you know of anyone who possibly would be interested. See Lin for a leaflet.

Next Meeting – Wednesday 25th June 2025, 6-7pm.