

MINUTES OF THE LUPSET HEALTH CENTRE PATIENT PARTICIPATION
GROUP HELD ON 26th June 2025 AT 14.00pm

Present: LR (chair), ED (secretary), KC, MC, RB, MB

Apologies: SI and MM

Item	Description	Action
1.	LR thanked everyone for attending and apologised for the lateness of sending out previous meetings minutes.	
2	<p><u>Apologies</u> Apologies received from SI and MM.</p> <p>LR mentioned two new members had reached out, but they didn't respond to LR when she invited them to this meeting.</p>	
3.	<p><u>Minutes and Actions of previous meeting</u></p> <ul style="list-style-type: none"> • 5.5: Correct spelling error. • 7.1: Amend spelling of Marilyn name to correct form. • Correct spelling of KG – ensure it is consistently spelt. • Print October 2024 meeting minutes for MC. • Future contact with MC should be made by phone, do not send letters. 	<p>Print October 2024 minutes for MC.</p> <p>Amend spelling errors.</p>
4. 4.1.	<p><u>Practice updates:</u></p> <p><u>Staff updates:</u> Lisa mentioned the following staff updates:</p> <ul style="list-style-type: none"> • Jodie has transitioned from Apprenticeship to Care Navigator. • Chloe M and Chloe H have both left the team. • Sahiba has joined as a new apprentice and is progressing very well and picking up tasks quickly. <p>Lisa explained that a recent job advertisement attracted twenty-three applicants via NHS Jobs. Due to the high volume of responses, the application was closed early. Ten candidates were interviewed. Three candidates were successful:</p> <ul style="list-style-type: none"> • Jodie (already trained) • Emma (started last week and is settling in well) • Diane (starting in the next couple of weeks) 	

<p>4.2.</p> <p>4.3.</p> <p>4.4.</p>	<p>Marilyn inquired about apprentice responsibilities and Lisa explained that apprentices work within the team to become Care Navigators and are provided with 6 hours of protected learning time per week to complete coursework.</p> <p>Margaret asked about applicant qualifications. Lisa stated there was a wide variety.</p> <p>Marilyn asked who conducts interviews. Lisa said It was herself, Emily, and Joelle.</p> <p>Margaret asked about the role's wage and schedule. Lisa explained they are paid at the living wage for part-time hours which is three days a week starting at 8:00am (to support early phone coverage). One day a week starting at 12:00pm and finishing at 6:30pm.</p> <p>Margaret queried whether unsuccessful candidates are retained on file. Lisa confirmed they are and mentioned one strong candidate will be moving to Australia for 6 months, but their details will be kept on file.</p> <p><u>Cleaning company:</u> Lisa explained that the previous cleaning company served notice during her extended annual leave in March. In her absence, Emily obtained quotes from alternative providers, and the partners collectively chose Welpol as the new cleaning service. Lisa noted that Welpol is performing well.</p> <p><u>Decorating:</u> Lisa said the building interior is currently undergoing a revamp to all the walls, with all the rooms being freshly decorated, aswell as the waiting area, corridors etc.</p> <p><u>Surgery 'POD'</u> Lisa explained that as part of the annual review of capacity and access, the team has been exploring ways that artificial intelligence can support service delivery within the practice.</p> <p>Lisa said recently attended a course where she learned about the use of a surgery 'Pod' which is a self-service device that measures patient weight, height, blood pressure, and more. Lisa suggested positioning the Pod in the interview room rather than the waiting area for added privacy.</p> <p>Lisa explained the data from the Pod is automatically integrated into the patient's record. For instance, if a</p>	
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	<p>patient's blood pressure reading is elevated, it can trigger an alert for reception staff to book a follow-up appointment. This could streamline processes such as LTC checks, where physical measurements are required but may not necessitate a full appointment.</p> <p>Lisa mentioned for example that adults over 40 are recommended to have blood pressure checks every five years, and the Pod could assist with monitoring. The team is considering outreach to patients who haven't attended recently, potentially offering an open day. Thesa also said the Pod could also be utilised during flu vaccination clinics.</p> <p>Margaret expressed strong support for the idea, highlighting the potential benefits of AI within healthcare.</p> <p>Marilyn asked whether the practice would be purchasing a Pod. Lisa confirmed this is likely, supported by funding for capacity and access improvements.</p> <p>Marilyn raised concerns about accuracy, for example, if a patient rushed into surgery, and immediately used the Pod, it may result in elevated blood pressure which might be misleading.</p> <p>Marilyn also noted that it could be useful post GP consultation if time constraints prevent measurement during the appointment.</p> <p>Marilyn asked about clinical support availability. Lisa explained that while nurses and HCAs have protected time during the day, they would be available during emergencies.</p> <p>Lisa added that two admin team members are training to become GP Assistants (GPAs). Once qualified (by September 2025), they will assist with tasks including blood tests, height, weight, and blood pressure readings. They are being mentored by Dr C Lai and will support both GPs and nursing staff. Lisa mentioned that as admin team members, they could respond to urgent clinical needs when not in their own consultations and will also help manage Long-term condition (LTC) patients.</p> <p>Marilyn asked who would make the final decision on acquiring the Pod. Lisa stated the partners would decide after reviewing all information.</p> <p>Lisa said that although a trial option isn't available, she will explore whether a short-term trial might be possible.</p>	
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<p>4.5.</p>	<p>Lisa is gathering feedback from other local GP practices who have already implemented the Pod and reported patient usage.</p> <p>Emily presented a visual of the Pod's appearance.</p> <p>Lisa emphasised that no decision has been made yet and this proposal is currently under discussion.</p> <p><u>Google reviews:</u> LR reported that she had to formally claim ownership of the practice's Google page to generate a QR code, which is now being used to encourage patients to leave reviews.</p> <p>Lisa said all patient reviews require a response, so she has been actively replying to all feedback received over the past six months. For any negative reviews, patients are invited to contact the practice directly and speak with the Complaints Manager, Joelle.</p> <p>Lisa emphasised the importance of patient feedback, stating that listening to patients is key to learning and improvement. The QR code has been widely distributed and featured on posters throughout the practice, on the website and social media channels, in GP consultation rooms, and will also be included in the summer newsletter.</p> <p>Lisa noted that the goal is to raise the practice's current Google rating of 2.2 stars.</p> <p>Margaret suggested patients with concerns could visit the surgery in person or drop off a letter.</p> <p>Marilyn agreed that responding to feedback is essential, as lack of response can escalate issues.</p> <p>Margaret asked whether reviews can be submitted anonymously. Emily confirmed that patients can choose whether to disclose their identity, or not. Lisa said she would still reply to anonymous reviews by asking the patient to contact the surgery directly.</p> <p>Lisa added that some recent feedback has already led to positive changes within the practice.</p>	
<p>5.</p> <p>5.1.</p>	<p><u>Vaccines</u></p> <p><u>Covid vaccines:</u> Lisa explained staff had received feedback from patients stating they would like to have covid vaccines in house.</p>	

<p>5.2.</p>	<p>However, after she reviewed the logistics, she determined it isn't feasible due to the following:</p> <ul style="list-style-type: none"> - Frequent changes in vaccine types requiring ongoing nurse training - Unreliable vaccine deliveries - A large number of housebound patients (including care homes) that the practice would need to cover if vaccinating in-house. - Use of an unfamiliar data system require additional staff training. - Limited nursing staff capacity. <p>Marilyn asked why patients preferred in-house vaccination. Lisa explained that uptake has declined, and some patients struggle to travel to Sandal. Pop-up clinics led by external vaccination teams were proposed as a solution and have been agreed. These will be scheduled alongside flu clinic days and additional dates for patients preferring a COVID vaccine.</p> <p><u>Flu vaccine:</u> Lisa explained that preparations are underway for the upcoming Flu season and is expected to follow the same format as last year. Vaccinations will begin as soon as official guidance allows.</p> <p>The Air Ambulance will return with an information stall, following positive feedback from their previous visit.</p> <p>Lisa invited PPG members to support during the clinics by engaging with patients to recruit new PPG members and share what the PPG does.</p> <p>Margaret and Katherine expressed interest in attending.</p> <p>Margaret praised the current PPG promotional display in the surgery.</p> <p>Lisa will share clinic dates and coordinate with PPG members in due course.</p>	
<p>6.</p> <p>6.1.</p>	<p><u>AOB</u></p> <p><u>Weight loss injection:</u> Lisa said she has no other business to share other than to mention weight loss injections.</p> <p>Lisa shared that GP practices had received no official guidance regarding prescribing weight loss injections, other than what they'd learnt about them via national media coverage. Following a Partners meeting on Monday, it was</p>	

<p>6.2.</p>	<p>agreed that the practice would not prescribe the medication without formal instructions and clear eligibility criteria.</p> <p>Lisa conducted a search and identified around twenty patients who may meet the requirements. These patients will be contacted by the practice.</p> <p>Emily updated the calling board, website, and social media advising patients not to contact the practice and that eligible patients will be contacted directly once further information is available.</p> <p>Marilyn asked how patients are currently accessing the injections. Lisa confirmed some are purchasing them privately.</p> <p>Lisa noted that private patients have approached the surgery about side effects. These individuals are being redirected to their private provider for follow-up care.</p> <p>Margaret asked if eligibility is based solely on lifestyle change needs. Lisa clarified that only patients meeting the full criteria would qualify, likely including those with a BMI over 40 or with medical conditions such as diabetes.</p> <p>Kathryn mentioned private treatment costs could be around £200 per month.</p> <p>Lisa reiterated that prescribing would be monitored, with diabetic patients expected to be among those most likely to qualify.</p> <p><u>Services offered:</u></p> <p>Marilyn asked what nurses are in surgery and what they do with patients who have long-term conditions (LTC's). Marilyn asked if they have reviews often, and what happens regarding reviews for housebound patients with LTC's. Emily explained that the care co-ordinators and nurse Sharon visit the housebound patients to carry out the LTC checks and then they are either visited again for the review or are reviews over the telephone. Lisa explained LTC patients have reviews annually and more often if required.</p> <p>Lisa also explained that any patient over the age of 40 are invited in for an NHS health check every 5 years.</p> <p>Marilyn asked if there could be a spreadsheet put together for what services the surgery offers. To include LTC</p>	
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<p>6.3.</p> <p>6.4</p> <p>6.5.</p>	<p>nurses, spirometry's, minor surgery etc. Lisa said this could be a possibility.</p> <p><u>Nursing homes:</u> Margaret spoke about nursing homes and that she knows someone who was placed in a nursing home, registered with the surgery closest to that home and then they were seen straight away at the home by their GP. Lisa said we do the same for our nursing homes, usually the Advanced Nurse Practitioners (ANP's) will attend the homes. Lisa explained that the ANP's must physically see the patients they review, and it's not just done virtually.</p> <p>Lisa also explained, the ANP's carry out ward rounds for each care homes. Each GP practice is contracted to do this. This has decreased the number of home visit requests by the nursing homes as any issues are dealt with straight away. Lisa said most home visits requested on a morning are dealt with usually by lunch time.</p> <p><u>GP's:</u> Marilyn asked if we have trainee GP's here. Lisa said yes, there are currently four. The amount of time each registrar is contracted to the surgery depends on what year they are on their course. They can stay from six months up to eighteen months. They must do home visits, and they have tutorials each week as well as debrief every day by qualifies GP's.</p> <p>Margaret asked how many GP's there are at the surgery. Lisa said there are around fourteen including the registrars.</p> <p>Lisa also said there are medical students that come to the surgery. Kathryn asked if they were level three or five. Lisa explained they are level 3 because the surgery has work up to level five.</p> <p><u>Next meeting agenda:</u> Lisa asked if there were anything anyone would like to discuss at the next meeting.</p> <p>Margaret asked where the current advertising for the PPG is. Emily confirmed on it is on the surgery's social media account, on the website and on the calling board, as well as on a board in the waiting area.</p> <p>Marilyn asked how many members on the PPG there are currently. Lisa said there are eight members, along with two new patients who have requested to join.</p>	
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	<p>Margaret asked if someone from each team in the practice, such as a Nurse, a Receptionist and a GP could attend the next meeting. This would be so the PPG members could get to know what their day to day looks like. Lisa said this was a good idea but would have to look at the staffing levels to see if this was feasible.</p> <p>Marilyn asked about the diagnostic centre and asked for some information regarding it. Lisa said patients can collect blood test request forms from surgery and then attend the diagnostic centre to have the blood test done without an appointment. Lisa said we've had no official guidance on the diagnostic centre but it's mainly the hospitals that use this.</p>	
	Next meeting – Monday 22nd September at 2pm	