

**Minutes of Fifth PPG meeting held on June 5th @The Methodist Hall,**

**Bye Steet, Ledbury.**

**Introduction:** Ray Hunter Chair of the PPG Steering group welcomed those present and said that he regretted that the mass invitation emailed by the Practice on 28th. May did not seem to have been widely received.

Attendees:

In attendance: LHP Practice Partner Dr. Samantha Cockayne (SC); Practice Manager Catherine Simonini (PM).

**Welcome.** The meeting was opened by Ray Hunter (RH) who thanked those present for attending. He apologised for the apparent failure of the mass email of 28th. May sent by the Practice which should have advised all recipients of the meeting in addition to updating information from the Practice.

Apologies had been received from Mary Fielding, Allen Mawby and David Millington-Jones

The minutes of the meeting on 6th. March, having been posted on LHP website, were accepted.

RH told the meeting that it had taken Steering Group (SG) members some time to fully understand the recent changes to the systems of primary health care delivery and that to achieve the best possible outcomes will require individual patients to change their approach from “I need to see a Doctor’ to ‘I need to see the appropriate healthcare professional’; Surgery Staff will then signpost patients in the right direction.

**Practice Update** – Catherine Simonini

Staff

2 nurse replacements – Beth (ex District Nurse) in post 3-4m

Becky (nurse prescriber) – starting in August

Vaccinations

Covid 19 vaccinations: a successful campaign led to more than 1700 being vaccinated

Joint Covid/Flu. The campaign this year will start in October.

Group clinics - LHP Staff are now undergoing training in running group clinics for treatment groups which will be a more effective use of resources; the group diabetic clinics will start later this year, and in the future should be expanded to include asthma, cardiovascular disease and menopause.

**Questions & Answers**

*Reference was made by a Questioner to 3500 extra people in Ledbury, including around 500 children. Concerns were expressed re infrastructure, including healthcare – premises/staffing.*

RH replied by reviewing the present approved developments and present healthcare provision in Ledbury and he told the meeting that Herefordshire Council had recently closed a consultation about the addition to the County Core plan for the period 2024-2040 of a further 450 houses on Leadon Way. Currently, 1285 dwellings have either been recently approved or are under construction and, if the addition referred to above is also approved, the population of Ledbury could have increased by some 5,000 people since the Practice’s present premises were assessed as being of a suitable size.

**Housing Development - S106 Funds.** Monies arising from Developers’ contributions to existing infrastructure are calculated under S106 of Town and Country Planning Act 1990 and currently about £259,000 has accrued from local developments for education, environment, health, social and transport projects in the Ledbury Area.

The Bloor Housing development of 660 dwellings on the Bromyard Road has on the wall of its show home a large notice reading:

COMMITTING OVER £4M

To support the local community of Ledbury

NEW SCHOOL FACILITIES £1,894,362 HOSPITAL SERVICES £330,305

LOCAL MEDICAL CENTRE FACILITIES £167,924 SPORT FACILITIES £236,250

HIGHWAY IMPROVEMENTS £455,000 CANAL RESTORATION £1,000,000

ON SITE OPEN SPACE FACILITIES ….

**Ledbury Neighbourhood Development Plan**.

RH explained that this was updated and published in July 2023 and appears to include no effective provision for future healthcare facilities, simply mentioning that the population would like them to remain in the middle of the town. This is problematic in terms of available space for premises, which require at least 50% more than the existing space, to which should be added enough car parking space to reflect the rural nature of the Practice catchment.

*A questioner asked if the PPGs of Practices within our Primary Care Network were working together?*

RH responded that PPG activity had effectively ceased during Covid, but PPGs were starting again. He had discussed with PCN East Manager Matt Hagley, lately Physician Associate at LHP, the need for co-operation between PPGs. Watch this space.

*A questioner asked if there Is a BMA formula setting out the requisite GP numbers/head of patient population?*

The Practice Manager advised that the figure was 2200 per GP and said that LHP, with 7.5 full time equivalent GPs, has 1800 per GP.

**Post meeting note: The BMA is the main Trade Union for NHS professionals and, whilst it has targets for the terms and conditions of its members, it does not set NHS policy**.

*A questioner asked why so many personnel work part time?*

Dr. Cockyane responded – as a F/T week could amount to 70 hours/week, this is not considered to be a sustainable workload. As a result ,most GP’s opt to work a number of sessions/week, whereby one session is 5 hours, which could extend to 7 hours.

Dr C works a 6 session week: a 2 session day (full working day) is typically 10-14 hours long, and a 1 session day, 5-6 hours long. She also works from home on her days off, in order to keep on top of admin work, which includes managing lab results, prescriptions and incoming documents.

The Practice Manager said that the flexibility of part time working fits in with family commitments.

**NB – at a subsequent PPG-ICB meeting it was made evident that the payment mechanism to GP practices, set up in 2004, is not considered to be “fit for purpose”. This adds a financial dimension, in terms of GP numbers.**

*A questioner enquired about staff numbers and skills.*

The Practice Manager advised that pictures and names and titles are displayed in the practice waiting area and also on the Practice website where relevant skills are also listed

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*A questioner explained that using the online access button on the website lead into a frustrating closed loop and asked why?*

The Practice Manager explained that for patients to have online access, via laptop or the NHS app, they must first attend the Practice, show Reception their ID and complete a form provided by LHP to give their approval for online access and reception of digital communications. She added that she would seek to have an appropriate warning note added to the online access website page and also that telephone access is to be upgraded to include more functions.

In addition the Practice Manager will add this requirement to the next LHP Ledbury Focus article

*Peter McCann asked if the Practice could be more proactive with preventative care with particular reference to prostate cancer and the benefit of saving £000s per patient by early diagnosis?*

Discussions ensued re the utility of the PSA test where both false positives and negatives make it unsuitable as the basis for national screening programme. Any such initiatives are directed by the NHS who have recently commissioned a large-scale trial using different diagnostic procedures which, it is hoped, will be accurate enough to support a national screening programme.

*Peter McCann thanked LHP for help with the advertising and profile-raising work he has been doing re prostate cancer.*

There being no further questions Ray Hunter thanked those present for their contributions and closed the meeting at 6.50pm.

Minutes approved on ………………………… 2024.

Signed: ……………………………………….

Ray Hunter

Chairman