



## **PPG Meeting**

**Date:** 13 March 2025

**Venue:** Kingsmead Medical Centre Meeting Room

**Present:** Sara Longman, Valerie Mais, Eaimy Eldho, Mandy Skelding-Jones, Lyndsey Stott, Beth Hanson, Ellie Thomas, Lee Brown.

**Apologies** Lyn Mallon, Les James.

### **1. Introduction**

Ellie welcomed people to the meeting and provided an update on recruitment. There was discussion on whether we could improve attendance by enabling people to join virtually. Mandy said this was possible at Danebridge. It was decided to hold the April meeting at Danebridge. Mandy will check availability.

ACTION: Mandy

### **2. Minutes and Action Log**

The minutes were accepted and the Action Log reviewed.

### **3. The Role of a Patient Service Co-ordinator (PSC)**

There are 26 PSCs, of whom 3 are full time. The aim is to multi-skill them to provide flexibility, improve their competencies and capacities to cover the full range of duties.

Jill Comboy PSC gave an informative and enlightening briefing to PPG on the role. She started by outlining her background and qualifications. She has and NVQ2 in dispensing medication and 6 years experience of working with patients before becoming a PSC.

She believes the role of a PSC is integral to the way the Practice operates, connecting with all the other services provided. PSCs provide first contact for patients and give initial impressions of the Practice by their welcome, active listening and empathy. The aim is to make the patient's health journey seamless while aiding the medical staff to make efficient use of their skills and time. This means ensuring patients see the most appropriate medical professional to meet their needs.

Redirecting a patient, who want to see a GP, requires sensitive handling and the ability to manage objections and show the patient that the aim is to do what is best for them not block access.

Jill believed that compassion, warmth, sensitivity and empathy are key intrinsic attributes for a PSC. Technical knowledge and other skills can be learned and developed.

She outlined the wide range of duties that PSCs deliver face-to-face: greeting patients, booking appointments, sign-posting to other NHS services, providing information on support services, receiving and logging samples and ensuring they are appropriately transferred, supporting and logging blood pressure readings, registering new patients and checking they live within a Practice catchment area.

She also outlined the 'backroom' administrative tasks carried out by the Clinical Correspondence Team, including dealing with and sorting internal and external post and ensuring it goes to the right person.

Jill then described the role of the PSCs in the Prescription Team in processing patients' requests from a range of sources and flagging requests to GPs where appropriate e.g. for controlled drugs.

PSCs also monitor the generic email box and allocate variable and complex correspondence.

In addition there are tasks around non-NHS services e.g. arranging medicals for fire arm licences, child fostering, and taking payments for these services.

Jill concluded by telling PPG that PSCs endeavour to do their utmost to help patients and ensure they are professionally dealt with.

In response to a question on the support PSCs are given when they have difficult or abusive patients Jill outlined the role of the team leader and her sensitive and targeted interventions.

Jill said the most challenging issue she faced is when she was unable to help to find a solution to the patient's problems.

There was discussion around the recording of Blood Pressure readings and how comprehensive the process is.

On behalf of PPG Ellie thanked Jill for her valuable, detailed and insightful briefing on the role. PPG was now better able to understand the challenges PSCs face and the efforts they put in to ensure a high quality service.

#### **4. Practice Update**

- i. Recruitment is taking place for 3 PSCs.
- ii. Two senior members of the Practice will retire in 2026.
- iii. The Practice had received a letter of intent on the proposed new GP contract. It aims to improve access and experience, shift care to the community, focus on prevention

and speed the move to digital. Beth outlined some of the changes for 2025-2026. The Quality of Outcomes Framework (QOF), which was introduced in 2004, is being reduced and a number of targets removed to cut red tape and bureaucracy. There will now be 141 targets, targeted on cardiovascular disease with the aim of meeting reducing mortality rates.

Funding will increase by 7.2% (BMA believes an increase of 15% is needed) and be paid as part of 'Global Sum' per patient, no longer paid retrospectively. This should mean more stable funding streams which should help planning and delivery.

There will also be a NHS England Patients Charter published later this year setting out rights and standards people can expect from GP services. This will be published on the Practice website.

There was discussion on how productivity is measured for medical services, and trends before and after COVID.

## **5. Patient Feedback**

- i. There was discussion on the waiting time taken for a call to be answered and the options patients have, including using call back.
- ii. In response to a question on the use of Physician Associates, Beth said that Danebridge did not use that role.

## **6. Any Other Business**

- i. PPG members were given the dates for future meetings and asked to note them and check their availability. ACTION PPG
- ii. Ellie reported on a number of initiatives being promoted by Northwich Community Partnership which could improve patients' lives.

## **7. Closure and Next meeting**

Date of next meeting: 24 April 2025.

Possible Agenda Item: Briefing on the role of the Northwich Community Partnership.