

Minutes of the Patient Participation Group meeting held at 6.00 p.m. in the Meeting Room at The Cottons Medical Practice on 21<sup>st</sup> May, 2025

**Present:** Helen Boto, Chair (HB), Janet Harper, Secretary (JH), Jenny Randall, Treasurer (JH), Gwen Cooper (GW), Patience Brown (PB), Sue Wathen (SW), Ruth Stokes (RS), Lynn O'Shea (LO), David Moreton (DM), Tony Mayes (TM)

**1. Apologies:**

John Fryatt, Ann Rooney, Ann Robinson, Jenny Chatley

**2. Minutes of the Previous Meeting:**

These were accepted as a true record.

HB welcomed everyone to the meeting, including a new member, DM, and conveyed the Practice Manager's apologies. He had fully intended to attend, but a road accident and gridlocked traffic had meant he was unable to get back to the Surgery in time for the meeting.

**3. Practice Manager's Report:**

In SA's absence, HB read out from his notes that the patient list now stood at 9,623. In the previous month there had been 104 DNAs (Did Not Attend). 11 of these were with GPs, 1 with the Paramedic, 66 with Nurses, and 10 were blood tests. The large number of missed appointments with Nurses did include the Covid Clinic where patients had booked a vaccination, but had not appeared on the day. This was far too many and PB asked if those who did not cancel their appointment and did not turn up were identified on the system in some way. HB replied that they were and she believed she was correct in thinking that 3 appointments missed meant that the patient could be removed from the Practice list. JR remarked that it had previously been stated that it could be the case that a small proportion of these 'no shows' were due to administrative problems, an example of which was when a patient booked a double appointment where it was sometimes the case that the second appointment was recorded as a DNA because there had not been a second signing in. Since the meeting the Practice Manager has confirmed that three DNAs can mean that a patient is removed from the Practice list, but the reason for the DNAs is investigated before such a drastic measure is taken. A new GP was being recruited to work 6 sessions, equating to 3 days each week. This was excellent news and a new Receptionist and Administration Clerk had also been recruited.

Discussion took place regarding the introduction of Anima on 9<sup>th</sup> June 2025 (this date has since been amended to 12<sup>th</sup> June 2025).

At this point Dr. Perera entered the meeting having heard that the Practice Manager was unable to attend.

Dr. Perera informed the meeting that Dr Negi was the lead in the changeover to Anima. Anima had first come about approximately one year ago because it was felt that something just had to be done in Practices countrywide to cope with the constantly growing demand for appointments. The PCN was footing the bill for Anima which would deal with medical and administration requests - everything would go through Anima. When Anima was first introduced it was necessary for anyone wishing to use it to set up an account. This was now not necessary and this change would make things easier for patients.

GPs, rather than Admin staff would be triaging and dealing with medical requests coming in and they would be able to decide whether an appointment was needed or whether a quick telephone call or referral to another facility could sort the problem. A number of surgeries in our PCN were already using the new system.

RS asked what would happen if a patient didn't have a computer or access to the internet, how would they use Anima? Dr. Perera replied that these patients would need to telephone in and a Receptionist/Care Navigator would assist them in completing the form and submit it on their behalf. In answer to another query Dr. Perera replied that the form would require to be typed. Anima was in the process of making the questions asked simpler and more 'patient friendly' and were avoiding complicated medical terms.

It was planned to have Anima open between the hours of 8.00 a.m. and 4.00 p.m. TM remarked that it appeared that the morning telephone rush was being replaced by an Anima rush at 8.00 a.m. and a significant back-log would very quickly accumulate.

Dr. Perera confirmed that the present AirMid and Systmonline would remain.

It was asked if Anima could be accessed through The Cottons website and it was confirmed that this was the case.

Members thought that many patients would find this new system quite daunting and 'scary' and Dr. Perera replied that the GPs and staff felt the same way and it would be a steep learning curve, but it was in the GPs' contract and there was no option. Since the meeting the Practice Manager has confirmed that the new contract stipulates that Practices adopt a triage model and in our PCN it has been decided that this would be Anima.

It was envisaged that morning appointments would be pre-booked and afternoon appointments would be appointment requests that were considered urgent.

Dr. Perera also reported that at last a gardener had been found to tend the hedges and grounds around the Surgery.

HB thanked Dr. Perera for his time and for attending the meeting in the Practice Manager's absence.

#### **4. Report from the Chair:**

HB reported that little had happened since the last meeting owing to the fact that she and the Secretary had been rather pre-occupied with husbands who had been in hospital and were now at home recuperating. Also, the Vice-Chair had significant health problems. However, a Spring Newsletter had been produced and she thanked JH and her husband who had put this together. The Newsletter was circulated to all PPG members by the Secretary and was sent to those patients who were not PPG members but who had signed up to receive a copy, by the Surgery. It was displayed on the PPG notice board in the Waiting Room and was available to be viewed on the Practice Website. It was no longer possible to print copies and leave a pile in the Waiting Room for patients to pick up as this was costly in printing ink and the PPG received no funding. She apologised for the fact that an AGM was yet to be held, but this was due to the reasons given. Both herself and the Secretary had been hoping to stand down at the AGM as they had held their positions for many years and she asked members to think if they could possibly take on an official position. At the present time there was £67 in the Petty Cash Fund.

#### **5. E.N.P.A. Report:**

JH attended the E.N.P.A. meetings which were held every 6 weeks and reported that there had been 2 meetings since the last PPG meeting. She had been unable to attend the first meeting where it had been discussed that the ICB had been directed to reduce their 'running costs' by 50%. This meant cuts to Admin and Management and this would no doubt have a wider effect on a range of services, but as yet the full effects were not known. It was felt that the ICB was not in touch with the population.

Most of the Practices in our PCN were using Anima already, with the exception of Spinnybrook in Irthlingborough. Feedback had confirmed that there were difficulties being experienced and Nene Valley Practice had found it necessary to give tuition.

The E.N.P.A. had organised consultation events with different groups in the community and JH had, with other members, attended a Mother and Toddler group meeting, Little Treasures, in Stanwick Church and had investigated what NHS services the mothers had used and what had been their experience. It was hoped to shortly arrange another similar meeting with a homeless group, possibly Encompass in Wellingborough.

As it had been confirmed that it was not possible to put out children's toys in the Waiting Room, owing to the risk of infection, JH had asked if the Little Treasures group would like the activity centre that the PPG had bought some time ago as it was a waste for it to simply be packed away. The Organiser of Little Treasures confirmed that they would be very grateful for such a donation.

#### **6. Any Other Business:**

Regarding the blood transfusion scandal that had recently been in the news, SW pointed out that it was extremely important for Practices to carry out checks on the

blood of new patients who had received a blood transfusion pre 1996 as these people could be unaware that they had been the recipient of infected blood and were living with unidentified conditions. She herself had lived for over 30 years before discovering that she was living with a condition brought about by an infected transfusion.

#### **7. Date of Next Meeting:**

HB suggested either 27<sup>th</sup> August or 3<sup>rd</sup> September when Anima had been in use for a while and any problems had hopefully been 'ironed out'. She would liaise with the Practice Manager and decide which date was preferable. Since the meeting the date for the next PPG meeting has been agreed for 3<sup>rd</sup> September, 2025.

**This meeting has been recorded for accuracy purposes only.**