

MINUTES OF PATIENT PARTICIPATION GROUP (PPG) MEETING	
Wednesday 12 th March 2025	
Chair	Stephen Holby (SEH) Managing Partner
Attendees	Dr Mark Danielsen (MD) Katie Bashford (KB) Governance and Patient Liaison Officer (AV), (EC), (TB) (JM) (KK) (IWB)

GP contract

SEH provided an overview of the changes to the GP contract. This is reviewed annually between NHS England and GP representatives. In recent years those negotiations have broken down and contract changes have been imposed on practices but the changes for 2025-26 have been agreed. There has been an increase in funding, although this is by no means sufficient to remedy years of under-funding. There is promise of a fundamental revision to the contract for 2026-27.

The current changes include increased access to patient notes for pharmacies, though this gives rise to confidentiality concerns. There is also a commitment to put arrangements in place so that practices may safely allow systems like Klinik to be available to patients for more time.

MD explained that currently Klinik closes for patient safety reasons. There is a limit to how many Kliniks the GP's can triage on one day. Some of the submissions will show an urgent need for treatment so they cannot be held over until the next working day. Such patients would be safer to utilise other appropriate services open outside surgery hours, such as 111. In the new contract documentation NHSE has undertaken to address the safety issues to allow GP surgeries to keep Klinik and its equivalents open for the convenience of patients which is obviously welcome.

JM suggested it would be helpful if routine requests, such as requests for nurse appointments or test result requests, could be submitted via Klinik outside of its opening hours, so as to make it more accessible for patients who work. MD said this may be possible in the future.

Homecroft dispensary issues

Raised by AV as there have been some times recently when the dispensary has been closed and patients had not been given notice. There has also been previous discussion on its viability.

SEH explained that the recent attitudes had arisen as a result of unexpected staffing issues but that steps were in place to address them with a former staff member returning to us and another recruit expected shortly. He apologised for the poor communications but the pace of events had made this difficult and locum dispensers were not readily available.

SEH explained that the opening of a new pharmacy in St Day had rendered almost half of the Practice's dispensing patients no longer eligible for that service since they would not be living within a mile of a pharmacy. This adds to the problem that many dispensaries, like pharmacies, were ceasing to be financially viable owing to funding changes. He confirmed that there were no plans to close the Homecroft dispensary but the Practice would have to staff it efficiently with reception staff giving out

medications already dispensed when an actual dispenser was not on site. He was happy to keep the PPG informed.

MD added that, due to Brexit, there are shortages on numerous medications. The prescribing of alternatives currently takes up a significant amount of clinical time. The employment of a clinical pharmacist had helped with finding alternatives but this was not without cost to the Practice.

Research

MD described current research projects being carried out by Carn to Coast and how the income from this helps financially support NHS services. The latest project is research into a new drug that could potentially help people at risk of Alzheimer's disease.

Standing themes

KB suggested, after reviewing previous minutes and discussion with SEH, that the standing themes should be: Clinical care, premises, disability issues, IT, pharmacy and latest news and initiatives. These were agreed. SEH suggested the agenda should also include minutes and action points from previous meetings.

Action grid

KB confirmed she had checked if information was lost when going back to a previous page in Klinik, it wasn't. It was suggested the back button may have been used as opposed to Klinik's previous button

Action – KB to check if Klinik information is lost when using the back button to go to previous page on Klinik.

AOB

MD explained that Carn to Coast had put in huge efforts to raise commissioner awareness of the need for increased funding for practices serving deprived areas. The Practice was actively engaged in research around the needs of patients in such areas and had a Plymouth University research GP embedded within the Practice working on this.

KB suggested, if any PPG member was willing, that they spend time at Carn to Coast and write an article about current pressures being experienced by Carn to Coast that could be posted on the website and possibly social media. This would need to be discussed, due to confidentiality issues, by the senior management team and partners. PALS had previously sent out an article 'A day in the life of a GP' to some patients to highlight the unprecedented pressures currently being faced by GP surgeries. This was written some time ago now but the pressures had only increased since that time. PPG members said they would be interested to read this.

Action – KB to email article 'A day in the life of a GP' to PPG members.