

**GAINFORD SURGERY PPG MEETING NOTES**

Date & time:	<b>Wed 11<sup>th</sup> February 2026</b>
Location:	<b>Microsoft Teams</b>
Present	<b>WB, MF, SH, LG (Surgery), LR, CS, BS, NO, AK (Guest speaker)</b>
Apologies	

Item No.	Subject	Discussion and Decision
<b>1</b>	<b>Welcome, introductions, apologies</b>	CS opened by welcoming AK to our meeting.
<b>2</b>	<b>GPIP Representative (AK) attending for Q's &amp; A's</b>	<p>This section was moved up the agenda to allow AK to speak first.</p> <p>AK works for an independent consultancy company as part of the GP Support program that works with practices willing to engage and in doing so, examines working practice, looking for actions that will help to improve the service delivery, workload of the surgery. The main goal is to provide support to both create improvements in the workplace for staff and maximise the patient experience.</p> <p>PLS provides a hands-on support to the practices to maximise delivery of high quality modern general practice. It supports change in 3 improvement areas – 1) improving patient experience of access, 2) supporting practices to improve care navigation and clinical triage workflow and in doing so, to safely and effectively assess patient needs and 3) better alignment of existing capacity with daily demand, including optimising use of multi-disciplinary teamwork across the practice and PCN.</p> <p><b>Overview</b> Requesting a GP appointment is not necessarily the best option. Statistics show that 1 in 5 appointments with a GP was not the best use of appointment time. Improving appropriate service delivery will generate more GP appointments for the patients that do need them, whilst delivering other services more efficiently.</p> <p><b>Quality Improvements</b> The work looks to help deliver a more efficient and accessible NHS care, improving service delivery and engaging with patients. This is not a “one size fits all” but looks for improvements to ensure that patients get better access to appropriate/bespoke care.</p> <p>Importantly, since COVID, GP Practice numbers have reduced dramatically, with approximately only 6,100 still operating. This means that the principle of “first come first served” is not practical within the modern-day GP environment. Triage is essential to allow for modern service delivery.</p> <p>Throughout this whole process PLS work closely with the practice.</p>

		<p>MB asked LG “what do you find exciting”. LG stated that improvements brought about that now result in a link that is sent to a patient during e-messaging, enabling easier patient cancellation of appointments. which is both saving the practice time and has reduced the number of “missed” appointments, freeing up valuable time for other patients.</p> <p>CS explained also that the improvement of taking blood tests for multiple health issues at the same time for patients with multiple health issues creates significant time savings with fewer appointments not to mention fewer needles.</p> <p>CS thanked AK for his time and presentation.</p>
3	<b>Agreeing of previous notes</b>	All accepted as read.
4	<b>Practice Update</b> <ul style="list-style-type: none"> <li>- <b>Waiting Area update</b></li> <li>- <b>Telephony Service update</b></li> </ul>	<b>Waiting Area update</b> Completed and doors open. The first floor covering needed to be changed due to trade error but this was spotted quickly by the PM whereupon the correct flooring was laid. There are still new automatic doors being sorted plus installation of an air conditioning system that will benefit patient and staff comfort as well as being of benefit to stock management and IT temperature management. <p><b>New Telephony Service</b>  Only one comment so far with regards to the new system – the patient does not like the music played or robotic AI. The surgery is unable to act on this as they have no choice nor influence over what is now played by the service provider. LG did mention though that they have found the new system invaluable in reducing abandoned calls, and that the call back facility is an improvement and appreciated by all.</p>
5	<b>Practice Recruitment update</b> <ul style="list-style-type: none"> <li>-</li> </ul>	A job offer for a dispenser and admin position has been issued to a successful applicant to work 32 hours p/w and LG awaits acceptance / confirmation. The new employee will take over from Elizabeth who is retiring after many years of truly appreciated and dedicated service. CS asked LG to pass on all our thanks for her great work.
6	<b>Countrywide PRG Update</b>	Unfortunately, CS was unable to attend the latest meeting and is still waiting for the notes and will update at the next meeting.
7	<b>Vertical Integration of Primary Care.</b>	<p>This item was included to anticipate possible significant changes to the primary care workplace.</p> <p>The current government are looking into the integration of primary care establishments being managed by secondary care trusts. Since 2020, the number of GP practices have reduced by about 3,000 (<i>vide supra - Item 2 Para 6</i>)</p> <p>Further information about the VIPC is available via this link <a href="#">NHS England » National General Practice Improvement Programme</a></p> <p>This could result in secondary care trusts, managing primary care practices, and in cases, merging surgeries. In doing so, this poses significant threats to the traditional independent contractor model of current General Practice. While a statement of political suggests intent to improve patient pathways, this shift is viewed by most of those personnel currently delivering Primary Care services as a threat to service autonomy which is essential to maintain given the polar differences in the style of funding and service delivery of primary care (a business model) vs secondary care (a public service model) and in doing so threatens to destabilise the sustainability of community-based care.</p>

		<p>Whilst political advocates (and those in secondary care who may be looking to create budgetary advantage) suggest this integration can create “one stop” care for patients, the dominant concerns from the primary care providers are centred around the erosion of their traditional role and the financial/operation risks associated with being managed by larger, often financially strained, secondary care organisations, who rely upon a “taskified” delivery of care (i.e. care being broken into separate admin and/or clinical tasks assigned to different staff with no significant incentive to provide efficient care in a public service model) rather than the holistic, patient centred care of the General Practice business model that the nation currently relies upon and also expects, whilst largely being unaware of the enormous financial efficiency that this style of care delivers for the healthcare budget.</p> <p>The surgery is still awaiting further information about the full impact this workplace change could have upon Gainford Surgery (and other surgeries in the area). More information may be available when the new annual GP contracts is issued in April 2026.</p>
<b>8</b>	<b>Date of Next Meeting</b>	Wednesday 6th May – 18:00
<b>9</b>	<b>Meeting Closed</b>	Meeting closed.