Hall Street Medical Centre – Patient Participation Group (PPG) Meeting Minutes

Date & time: Tuesday 21 October 2025, 16:30–17:30
Venue: Fuel Café, 64–68 Westfield Street, St Helens, WA10 1QJ
Chair: Harri Reade (Assistant Practice Manager)
Practice representatives: Julie (Practice Manager), Dr Reade (GP), Michal Lada (Clinical Pharmacist)
Apologies: None recorded.

1) Welcome, housekeeping, and community announcement

Harri welcomed attendees and confirmed receipt of previous minutes (a couple of patients to verify email addresses with the practice afterward). Fire exits and evacuation points at Fuel Café were noted at the start. A representative from Fuel/Feel Well community centre briefly introduced local activities and a new cancer support group (open to anyone seeking information, self-check guidance, or supporting someone through treatment).

2) Review of previous meeting actions

- Practice website updates (bios and minutes): Content set up; final accuracy checks before publishing. When live, the site will host PPG minutes and staff/clinical meeting minutes for transparency.
- AI scribe for consultation notes (AccuRx Scribe): Contact made with providers; awaiting trial/evaluation (likely in the New Year).
- Strengthening community links / Social Prescribing: Reminder that vulnerable adults can be referred for support with loneliness, finances, housing applications, and accessing services.

3) Staffing update

- Salaried GP recruitment: Active recruitment underway; aim to appoint for January 2026 to reduce reliance on locums.
- Reception team: Two new receptionists (Bev and Noah) have started; training is ongoing.

4) Presentation: role of the Clinical Pharmacist (Michal Lada)

Michal described the modern clinical pharmacist role within the practice and across the Primary Care Network (PCN):

- Medication reviews (at least annually), hospital discharge changes, safety alerts, prescribing support, and chronic disease work (e.g., diabetes group consultations at Lowe House).
- Reviews are often completed “in the background”; patients are contacted if checks show missing monitoring or issues.
- Pharmacists can prescribe within competence; complex cases are escalated to GPs.
- Current PCN work includes COVID vaccine coordination and upcoming asthma guidance

changes (with training planned for nursing teams).
• Key message: patients with medication concerns can request a pharmacist consultation via reception; not all medication problems require a GP appointment.
Dr Reade endorsed the model, noting pharmacists deliver safer, more thorough structured medication reviews, freeing GP time for problems requiring medical diagnosis.

5) Flu & COVID vaccination update (Autumn 2025)

Two Saturday clinics were held with good patient flow. To date ~940 flu vaccines and 372 COVID vaccines have been delivered. Clarified eligibility messaging: current eligibility for COVID boosters is over-75s or immunosuppressed patients on immunotherapy, acknowledging some national message inconsistencies.
FAQ noted: After COVID infection, the practice generally advises waiting ~4 weeks before vaccination (if eligible).

6) Patient feedback – themes and responses

Harri shared themes from the recent patient questionnaire and how the practice will respond:
• Overall experience: Many patients reported excellent care and very positive experiences.
• Downstairs/disabled toilet access: Practice has a downstairs disabled toilet; signs to be added.
• Doctor of choice & appointment availability: Aim for GP/ACP within 7 days; more capacity coming with new GP.
• Synchronising repeat prescriptions: Pharmacist team will align cycles.
• Reception questions: Receptionists use signposting; confidentiality reinforced.
• Phone queue: Callback option available.
• Results notifications: Results appear on NHS App; hospital appointment visibility not yet live.
• Digital inclusion: Patients can be referred for one-to-one NHS App support.
• Prescription timing: Practice sends within 48 hours; pharmacies vary.
• ECG downstairs: Can be arranged if mobility issues flagged.
• Booking windows: Usually open 6–8 weeks ahead.

7) Complaints overview and learning

Recent complaints reviewed with learning shared. SEA item discussed: Housing/PIP letters will not be completed by GPs as they require specialist assessments. Patients will be signposted appropriately.

8) Patient questions and open discussion (highlights)

• Repeat prescription delays: Specific case to be reviewed by Harri/Julie.
• Who can request repeats: Pharmacies generally cannot do this; exceptions case by case.
• 111 emergency prescription service explained.
• Reception layout improvements and confidentiality noted.

9) Close and next meeting

Harri thanked attendees for a strong turnout and constructive feedback. Next PPG meeting planned for late January/early February 2026; exact date to follow. Minutes will be emailed and published online once the website updates go live.

Actions agreed

- Website updates – accuracy checks and publish (Harri/Julie).
- AccuRx Scribe – progress trial and report back by next meeting (Harri).
- Social Prescribing – continue active referrals (All clinicians/reception).
- Recruitment – salaried GP and receptionist posts (Julie/Harri).
- Signage for downstairs disabled toilet – install (Harri).
- Prescription synchronisation – pharmacist team to review (Michal).
- Communications – refine signposting and callback messaging (Harri/Julie).
- Accessibility – ensure downstairs ECG booking pathway visible (Julie).
- Digital inclusion – continue referrals for NHS App support (Reception).