Ivel Medical Centre

Patient Participation Group

Minutes of Meeting Held on 17th March 2026

Present:
Chris Day, Christine Taylor, David Wheeler, Georgina Howson, Gwyneth Lawton, Harold Ross, Helen Bell-Day, John Hampshire, John Palmer, Joyce Bilcock, Keith Coxon, May Ross, Peter Davies, Rita Andrews, (Speaker – Jayne Gilbert)

Practice Members:
Dr Kirti Singh, Paul Lindars

Apologies: Jean Gunton, Julia Ainsworth

Talk on "A Carer's Take on Care" – Jayne Gilbert
Jayne works for a not-for-profit care company called TuVida. She worked previously as a care support worker and 9 years in care. She works as the CQC officer for her company, audits training, first aid trainer etc TuVida is based in the majority of England and Wales. She currently supports staff by ensuring they have the correct training and supervision. The staff have10 days training which includes lone working, LGBT, communication, GDPR, accurate record keeping, mental capacity. They do safer handling training which is reviewed yearly. Staff are trained also to report issues for safeguarding the client. Hands-on training includes using hoists, bed slide sheet etc. Services are not just for frail adults but include support for children, physical disabilities and learning disability clients.

Other training that has to be completed before the staff can go out to clients include: suicide training, Health & Safety, nutrition and hydration, emergency first aid at work, epilepsy training and how to use auto injectors, these are tied to the care plan). Medication training, infection control and COHSH also need to be covered in the first 5 days of training. On Day 6 staff need to complete the Care certificate training Level 2 and 3 staff do not need to do this training. Day 7-10 Jayne will observe them working in the community. On Day 11 Jayne will view them on several calls – including administering meds etc, Jayne does spot checked on the staff throughout the year. If there is an accident with the patient, by completing all of the above training the staff are covered. Further online training is also available for staff to complete.

TuVida works in partnership with GPs, patients/clients, family, social care, Occupational Therapy, hospital discharge teams and can deliver enablement care. Welfare checks are carried out even if nothing else is required – this is to ensure they are well and safe. Staff can collect prescriptions, shopping, cleaning and companionship and well as personal care as well as giving clients their medication.

Personal care includes showering, bathing, dressing client. The client is assessed and if they need support with lifting, commodes, toileting needs including emptying bags weekly and assessment for continence pads.
Assessing for adaptations e.g. does the client need a perching chair in the kitchen etc and needs to be sure that the client can move around their home safely.
Cleaning, hoovering, laundry tasks are done regularly if needed. A safe environment for the client needs to be maintained. If sufficient notice is given the member of staff can take clients to appointments, out for a coffee if social interaction is required.
Staff can also report to the care manager or GP if the patient is not feeling well.
TuVida try to supply the same member of staff to the client for continuity.

Local councils have lists of care companies available in our area. The CQC website also as this information. Funding regulations is down to the government – if a client has more than £23K in savings they will have to pay for some if not all of their care costs.

CHC Funding (Continuing HealthCare) – not easy to access as client is assessed across 12 areas. (see link below)
https://www.nhs.uk/social-care-and-support/money-work-and-benefits/nhs-continuing-healthcare/

CQC check all care companies every 3 years but if there is an incident they will do spot checked, If there is an error with issuing medication – this will be reported to CQC immediately. Staff will be retrained in any area that is necessary.

Costs are £30 p/h – this covers annual leave, training leave.
We thanked Jayne for giving up her time to speak to us.

1. **Total Triage Update** – the Practice are seeing a decrease in forms being submitted although still have some peaks and troughs. In January 2026 there were 4600 forms sent in = 220/day (this includes admin requests and prescription queries). In March so far there are fewer forms submitted. Monday 12th there was 100. Things are going well from the practice perspective. Winter is always a challenging period but things have been manageable. The practice and PCN are working with the few patients that submit 50 plus forms a month to see what other support can be offered. The system is turned on at 8am each morning – their contract is to have the system live from 8 – 6pm. When all urgent on the day appointments are booked patients can use the Miscellaneous Tab to submit a form. NHS England has issued the new GP Contract for 2026/27 which states that practices should allow walk-ins, phone calls and forms and that practices should be able to deal with all of these requests. Space in surgeries dictates how many staff including GPs and clinics they can have, so it is not easy to just get in extra GPs. BMA is now in dispute with NHS England. There is usually discussions before the contract is issued.

2. **Staffing Training Update** – Reception staff training continues. At present Dr Singh is training staff on how to interpret the 'front page' of the patient record so they can make appointments more appropriately. This will help with

interpreting everything on the screen. Mandatory training is also being carried out.

Staffing Update –

- New pharmacy assistant has been recruited and been working for the last month.
- Experienced pharmacy technician will be starting shortly.
- Amir, the pharmacist, left recently. (IMC has access to pharmacists who work remotely)
- Currently in recruitment process for new pharmacist.
- 2 sessional GPs have recently joined the practice – Dr Jimenez and Dr Ali – receiving good feedback for them both.

Website Outage Update – this is not resolved and not expected to reoccur. DW asked about the issue with External Providers who have access to patient records – see the patient and record information on system. The practice can see this, but it is not visible on the patient portal. PL said that the National Digital Team have stated that there is a bug in the system and it is affecting everyone who is using SystmOnline.

3. **Plans for next 3-6 months** - Practice are doing very well against the national dashboard with their quality work on all long-term conditions. From 1st April phlebotomy/blood tests capacity will increase so all patients with long term conditions can have their blood tests done at the surgery. All patients on certain high-risk drugs need their blood testing every 3 months and these will also be done in the practice.

   Medication reviews process has now changed. There were 800/900 medication reviews to be carried out, and this number has never reduced. IMC has consulted with other local practices to see how they deal with this issue. IMC has now set up a new model – the 3 members of the dispensary team have now been trained and are reviewing all 900 patients' medication records. The surgery currently has clinics for Hypertension, Diabetes, Learning Disabilities, Coronary Heart Disease, Asthma etc and these patients need their prescriptions reviewed and reauthorised so they can request them. If the patient is up to date with reviews/tests, then the medications can be reauthorised. Patients who need blood tests will be highlighted on the system, and the dispensary team will let reception know so that the patient can be given an appointment. All Clinicians can now reauthorise medications. A very senior pharmacy technicians is also starting shortly. The practice still has a pharmacist. In 3 months, the system should be fully in place.

   ICB commissioners have acquired Health Harmonie – which is a community-based healthcare provider helping to deliver NHS commissioned contracts working with GP practices. PL is exploring if Health Harmonie can do some ENT and Dermatology clinics at IMC. The hope is that these clinics can be done in the surgery in the future.

   BLMK ICB merges shortly with Hertfordshire and Cambridgeshire and Peterborough ICBs to become Central East ICB by 1st April 2026. Currently

BLMK has a population of 1 million and the new ICB will have 3 million but with only half the staff.

4. Any Other Business

Total Triage system and patient waiting all day for a telephone call. Dr Singh said to put on the form which times you are available to take a call and on what phone number. This should help resolve this issue.

Review/follow up appointments – if a GP says that a patient should be seen again, the patient should fill in a form once they have received a text to say book a review appointment with the GP. They can state the name of the Clinician they wish to see. There are pathways in place which have been agreed in the practice. GPs can book review appointments themselves for patients with severe weight loss etc.

Blood test results – if results are normal patient does not require a review.
If results are abnormal but as expected, then they do not need a review.
A small percentage of patients have abnormal test results and these will need to be reviewed.

A patient in the group praised the surgery for their support over the last few months. They complete a form at 8am and normally gets a call back by 930am They have seen nurses, doctors etc and has high praise for the service they have received.

DNAs - Dr Singh was asked if it was possible to send reminder texts to patients the day before their appointment so they don't forget and DNA. Ther computer system is national, and this is not possible. Texts also cost money and the ICB are looking at costs.

The 3 DNAs and Strike off register is in place as a deterrent. The practice is very cautious not to strike patients off the list. A few patients have DNAd 9/10 times and have been struck off. Some Learning Disability and Mental Health patients have DNAd several times and the practice is working with carers and next of kin to help resolve.

Blood Pressure record handed into reception staff who opened them in front of patient. This is not acceptable. The paperwork should be opened in the admin office and processed. Dr Singh confirmed that all staff are authorised to open all mail. Health Care Assistants check the BP results and should put a comment on the system (they work out the average). The GP should review the patient if the results are not satisfactory,

Patient had stopped taking one medication, but it was still on the system. They have been advised to pop in and speak to the dispensary team if they are not online.

Date of Next Meeting - date in June to be confirmed.