Haughton Thornley Medical Centres
Minutes of PPG meeting
31st March 2026

Present: Cathy Dobson, Eric Bynon, Amir Hannan, Dominic Sexton, Gerald England, Olive Harper, Wendy Morrell

Apologies: Rachel Hirst, Christine Greenough

1. Minutes – comment that the discussion re AI was interesting – we wait to see what will happen next!

2. Communication:
   a) Patient has had a reminder to get their hearing checked at Boots. This is not from the practice.
   b) Patients should be getting emails to remind them to request repeat prescriptions online – most patients have online access.
   c) Appointments can no longer be booked online – all contacts that might require appointments must be triaged.
   d) Referrals to specialists now go to Advice and Guidance rather than directly to relevant service.

3. Update from DR H:
   a) Hospital waiting times are going up – patients can wait months for first specialist appointment. The Advice and Guidance service is to get advice from specialists to make a decision about whether an appointment is needed. It's been trialled in North East England and waiting times have been reduced.

There are concerns that patients will come back to their GP if they don't get a hospital appointment. Patients are also able to see more about the progress and result of this kind of referral on the NHS app, and may contact the surgery to get more explanations.
Also concerns about continuity of care as patients might be dealt with by different practitioners each time they contact the surgery.
It is not necessarily clear where the advice from the Advice and Guidance service is coming from.
But, on a positive note, it should encourage more patients to get access to their records as they'll be able to see a reason to do it.
Diagnostic centres aim to reduce waiting lists by having patients attend for tests closer to home. Referrals to these centres need to be made by hospitals.
Advice and Guidance has actually been working well for cardiology patients in Tameside. We don't yet know whether it will work as well for other conditions.
Tests requested by hospitals will go back to the hospital while Advice and Guidance results will be sent to GPS.

   b) There has been increased funding for GP practices which can be used to recruit GPs (who have been trained but then been unable to find work). This practice will be employing one new GP.

   c) The new GP should be able to help with, for example, urgent problems which have to be dealt with within one day.

On that note, the practice must decide what is 'urgent', and is having to redefine 'urgency'.
GPs are able to refer people to pharmacies, and vice versa, but must follow the rules relating to who can deal with which conditions and types of patient (based on e.g. age).
Some pharmacies have stopped providing some services because of a lack of funding for them.

Re requirements under the new contract, appointments must be offered the same day, and there can be no cap on the number of online consultations.
The practice must provide information relating to several measures such as call waiting times and the number of patients seen within timescales.

d) The practice is in the process of recruiting pharmacy technicians who will be able to assist with prescriptions.

Also recruiting other staff, such as receptionists and an advanced nurse practitioner.

e) The practices in concerned about the cost of living increases which might affect patients' ability to attend appointments e.g. because of the cost of petrol.

4. Next meeting 26th May 2026.