Latham House Medical Practice
Patient Reference Group

MINUTES OF MEETING

Meeting	LHMP PRG	Date Time	3 July 2025 10:30hrs

Location
Zoom Meetings

Present
Jane Horn (JH) (Chair)
Angie Phillips (AP) (LHMP representative)
Duncan Sidwell (DS)
Elizabeth Draper (ED)
Julia Hawley (JHa)
Nishita Ganatra (NG)

ITEM	DISCUSSION	ACTION
1.	**Apologies and Welcome** a) The Group wish to thank Mike for starting our meetings today. b) Apologies were received from Paul Crosbie, Melanie Byrne, Pip Alnatt and Mike Kitching (due to sickness).	
2.	**Council Update – Pip Alnatt** a) Unfortunately, PA was unable to attend today's meeting and sent his apologies.	
3.	**Practice Update – Angie Philips** a) **Staff** Off to pastures new. Wishing those leaving us all the very best in their future endeavours: **a. Nurse Moira Downing (31 May 2025)** **b. Dr Oxana Iwanskyj (11 June 2025)** Welcome to our new starters. We are delighted to welcome the following new starters to our Practice. **a. Renata Da Cruz, Practice Nurse (19 May)** **b. Morenikeji Olaniyi, GP (June)** c. **Dr Stephen Waddingham has returned to work from his paternity leave.** b) **Practice performance – March 2025.** **a. Appointments.**	

Total time lost though DNAs = 163 hours

	Total number of appts = 653		
Appointment type	Number of appointments	Time Wasted (Hours)	GP Sessions
GP	239	63	15
Clinic Nurse	84	27.5	
Bloods	104	14	

i. DNA = Did Not Attend

ii. We are now also using new software to provide us with a new report highlighting DNA Probability. The reports uses AI to work out the % DNA risk rate and breaks in down by patient name. We ran the report for appointments scheduled for the following week and sent text messages to those patients who were highlighted as 50% probability and over. We will watch and wait to see what impact this action may have to bring DNA / missed appointments down. All the other usual checks are still in place.

c) **Telephone Stats: June 2025**
   a. **Total Calls to Appointments: 8001**
   b. **% Answered – 82%**
   c. **Total calls to Prescriptions: 2570**
   d. **% Answered – 93%**

d) **Latest News**
   a. **PRECRIBING MOUNJARO (TIRZEPATIDE) IN GENERAL PRACTICE FOR WEIGHT LOSS**
      i. **The local Leicester, Leicestershire and Rutland Medical Committee have issued the below statement.**
      ii.

AT PRESENT, AND UNTIL AT LEAST AUGUST 2025, GENERAL PRACTITIONERS CANNOT PRESCRIBE MOUNJARO (TIRZEPATIDE) FOR WEIGHT LOSS.

"Mounjaro or tirzepatide is not yet available in Leicester, Leicestershire and Rutland for weight loss. General Practitioners CANNOT prescribe this drug for weight loss at present. Please do not contact your general practice about this until it is announced it will be available." says LLRLMC(1).

Publication date: 23 June 2025

Although NICE issued guidance in December 2024 that the NHS should provide Mounjaro (tirzepatide) to patients for weight loss from June 2025, presently it is unknown whether NHS Leicester, Leicestershire and Rutland (NHS LLR) will be arranging for General Practices, Weight Loss Services, or another service to provide this. The service will not start until at least August 2025.

NHS England has provided funding for a very limited number of patients to be prescribed tirzepatide (425 in total for this year for the whole of Leicester, Leicestershire and Rutland).

NHS LLR has also decided that patients cannot be referred for NHS care to Right to Choose providers like 'Oviva.'

The criteria are very strict (see below – for this year a BMI greater than 40, and at least four qualifying medical problems), but even so the number of eligible patients in LLR will be far in excess of the number being funded.

Patients with any further questions or concerns can contact NHS LLR:

Room G30, Pen Lloyd Building, County Hall, Glenfield, Leicester, LE3 8TB
Email: llricb-llr.enquiries@nhs.net Telephone: 0116 295 3405

Dr Grant Ingrams (Chief Executive, LMC) said "We know that many patients will be disappointed that they cannot access this effective weight loss medication in Leicester, Leicestershire and Rutland. We are asking patients not to approach their general practice of make an appointment to discuss this at the moment. Once it is available, this will be announced, but this will not be until at least August 2025."
Ends.

More information on this position is available from the LLR LMC

Date published: 24th June 2025

b. Online blood appointment booking temporarily suspended.

i. We regret to inform our patients that we have temporarily suspended the online function for patients to book their own blood tests. We wish to assure you that this is a short-term solution to help us make sure that we only book blood tests that are needed and appropriate, whilst we face capacity challenges.
ii. We understand that patients who have used the online tool for booking blood tests before will be disappointed with this temporary suspension of the self-serve provision and we sincerely apologise for any inconvenience.
iii. The demand for phlebotomy appointments currently out-strips our capacity at the Practice and we are working hard to meet the demand for both GP requested, and hospital requested blood tests.
iv. In light of these challenges, we have reviewed the current bookings Vs capacity and noted that many self-booked blood tests were actually not required or were duplicated, leading to non-attendance and wasted appointments. It is for this reason that we have taken the difficult decision to manage blood appointments via invitation or SMS link for the time being.
v. In May 2025, we recorded 127 non attended blood appointments, which equates to 18 wasted hours of phlebotomist time. We can't afford to waste a single appointment and feel that this step will enable us to ensure that the appointments we offer, are appropriate and required.
vi. We would advise that anyone who needs to have hospital blood tests for their condition monitoring, please consider taking your blood forms to Melton Community Hospital, who have recently advertised that they have increased their capacity at this site.
vii. Patients who have blood tests at the request of the GP should continue to attend appointments provided by the Practice.
viii. We would like to assure all of our patients that we are working hard to continue to recruit to our fantastic phlebotomy team and will reinstate the online functionality as soon as possible.
ix. Date published: 4th June 2025

e) **Practice Initiatives.**

a. LHMP collaborate with MBC and Active Together to create a video advocating physical exercise.

i. The aim is to empower people to live active and healthy lives.
ii. In the United Kingdom, physical inactivity is the fourth greatest cause of ill health with negative impacts for individuals and communities. It is responsible for 1 in 6 UK deaths, which is equivalent to smoking. Importantly, up to 40% of long-term conditions could be prevented if everyone met the UK Chief Medical Officer's physical activity recommendations of 2-3 hours of exercise per week.

- We know that 27.3% of the population within the Leicestershire, Leicester and Rutland are classified as 'inactive', meaning they do less than 30 minutes of physical activity (such as walking) per week.
- 29.4% of children within the Leicestershire, Leicester and Rutland are classified as 'inactive'.
- The inactive are at high risk of developing long-term health conditions.
- The literature across childhood and adult long-term conditions, points overwhelmingly to the benefit of physical activity over risk.

iii. Healthcare settings consequently provide a unique opportunity to support understanding and awareness of, and greater engagement in, physical activity amongst some of the least active members of our population. We feel this message has greater significance when delivered by a clinician.

iv. Objectives
- To demonstrate simple and accessible exercises accessible to all in a short watchable format.
- To share key information about why moving medicine is important.
- To use clinicians/ Practice staff as advocates for exercise, sharing tips and benefits.
- To have a suite of video materials that can be shared individually or as a total, enabling use across social media channels as well as Practice screens.

v. General messaging:
- Move more - Physical activity is safe, even for people living with symptoms of multiple long-term conditions.
- Every movement matters – start small, build gradually.
- Do what you enjoy – find something that makes you happy.
- Bitesize chunks – Try to avoid long periods of inactivity.

vi. Insights:
- Those with a disability or long-term health condition are less likely to meet the CMO guidelines - Sport England, Active Lives Survey (2022-23)
- Physical Activity is associated with 1 in 6 deaths in the UK and costs society more than £7 billion each year – OHID.
- It is safer for people with long-term health conditions to be physically active - the benefits outweigh the risks - Moving Medicine
- "If physical activity was a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat." - CMO
- Living an active life is essential for preventing and managing chronic conditions such as Type 2 Diabetes, depression, and cancer - Moving Medicine






f) **Community News.**

a. **Update - Breathing Space.**

i. We are averaging about 40 sessions a week for face-to-face meetings at the Hope Centre.
Those who cannot attend in person are offered phone or zoom sessions.

ii. **The team**

iii. We now have 22 trained listeners some of whom offer up to 6 sessions working with anxiety and depression and bereavement. Our emotional support team are more experienced listeners who offer 8-10 sessions . All are trained in active listening and use of resources to address anxiety and depression in a variety of ways including CBT interventions. Ongoing training includes assertiveness, working with low self-esteem, relaxation and mindfulness.

iv. **Increased Session availability**

v. We offer weekday sessions, evening sessions (start times- 6-8:30pm) and Saturday morning sessions.

vi. **Facilitated Bereavement Group coming in September.**

vii. We are running The Bereavement Journey course in September. This comprises of 7 early evening sessions on a Thursday. The course is

facilitated by an experienced bereavement counsellor assisted by another counsellor and some listeners for small group work.
The course will run from Thursday September 4th 7-9:15pm and ends on October 16th.
Applications welcome in July and August by emailing.
breathingspace@meltonvineyard.org.uk
Texting 07515 313475

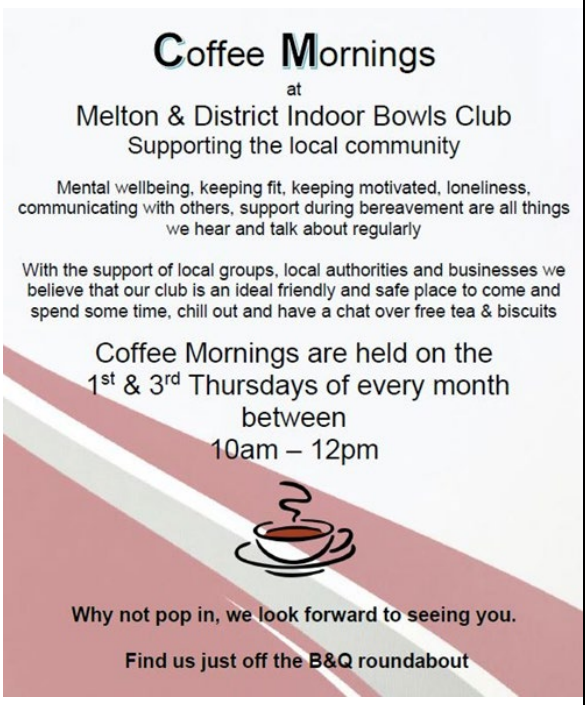
viii. **Saturday August 16th. Open morning - pop in for coffee and cake @ the Hope Centre**

ix. To offer the public an opportunity to meet the team and find out about Breathing Space in a relaxed setting.

x. **Upcoming courses Enquiries to breathingspace@meltonvineyard.org.uk**

xi. **January 26. The positive woman course - recovery from Adverse Childhood Experiences , abuse, domestic, emotional, sexual etc Relationship course for couples - 6 sessions**







4. Minutes of the Meeting of 8th May 2025

a) The minutes of the meeting were accepted.

5. Matters Arising – Action List

a) 6.a - Practice update - The practice is very good at responding quickly, however the fact that something is happening is not always communicated to the patient - Please send an example to AP – the original action point is no longer relevant - completed.
   a. However, Improved Communications: AP to use the GP Partner changes as an example of improved comms for patient awareness. **AP**

b) 6.b - Additional Practice updates -Melton Hospital – As there are plans to use the Working Group meeting to focus on the facilities and use of Melton Hospital, it was agreed to close this action point - completed.

c) 6.c - Matters arising – ICB to talk to members - Get in touch with the ICB and invite them to join a future mtg to discuss / update us on second surgery news, including: **AP**
   a. What will be available to a new site in terms of getting it up and running?
   b. Why does it take the time it does and when will it be in place?
   c. Do residents have a choice in the second site location or is this MBC? (Pip makes it sound like location is a council decision?)
   d. How will LHMP be protected, so we have two fully functioning sites.
   e. Also, we have questions about Melton Hospital, is this relevant for them or rather what services are they responsible for so we can target pertinent questions appropriately.

d) 9.j - Secretary's report – Survey - It was agreed to retry the use of Microsoft Teams for our meetings so that we can have a single meeting. In addition, look for a venue where we can have a face to face and a remote meeting, **MK**

6. Items for Any Other Business

a) See Item 9.

7.	**Chairs Report** a) Nothing to report.	
8.	**Secretary's Report** a) Nothing to report.	
9.	**Any Other Business** a) A member raised an **example of a specific blood test result not being returned.** a. When she sought help from Reception it was a negative experience. b. AP to raise TCS to pathology lab regarding non returned blood results. c. AP also to share feedback with Reception Manager to address correct process. b) A member raised a question about getting GP bloods done at Melton Hospital to aid GP capacity. a. Melton Hospital announced that they had increased phlebotomy appointment capacity and that they would complete GP bloods with the correct forms provided by your GP Practice. b. Unfortunately, AP explained, the process involved in providing a blood form to be completed by another provider, is time consuming and requires a clinician to complete – it is not a simple administrative process at this time, sadly. c. If you wish to have your GP bloods done at Melton Hospital, contact the Practice via AccuRx and make this request giving us 48 working hours to organise these for you. c) A member asked about the **contact details for the Care Co-ordinating team.** a. AP explained that the route into seeking support from this team would be to complete an online form requesting additional help for carer support etc and one of the team will telephone the patient and offer support or links to other services. b. This service operates a little bit like the social prescribers, but they are also focussed to their patient cohorts and clinical. c. Patients can ask for help completing this request either over the phone or in the Practice, they just need to explain their circumstances and the reception team will complete the details on their behalf. d) A member raised a question around GP recruitment and improving the comms on this to patients: a. AP to update the website. e) All members were involved in discussion regarding **wait times for routine appointments** and **why continue with a named GP system** if it appears to be inconsistent and fragile. a. AP explained the Practice appointments available: • **Same day (IAC)** – call us if you have symptoms that require urgent attention. This service is a telephone triage first and you may be invited to see a clinician if needed. Limited capacity and only same day bookable. • **All other appointments received Via AccuRx** – your request will be triaged by a GP within 2 working days and you may be offered one of the following pathways: • No Appointment necessary – GP answers concern by reply. • Within 1 week – Urgent need to be seen. • Within 2 weeks - Need to be seen before routine timescale. • Routine appointments range from within 3-9 weeks (clinician dependant.) **b. Key messages:** • If you have a routine appointment and your symptoms change or worsen, but you don't think you need urgent care – please get in touch and let us know, this may potentially change your appointment. • If you have a routine appointment but you would like it to be brought forward – please give us a call as cancellations are received throughout the week and something earlier may be available. • Don't forget Pharmacy First is also a fantastic option and prescribing may be available for common concerns which is same day treatment.	 **AP** **AP** **AP**

	f) This led into the discussion around **why a named GP** a. A lengthy discussion ensued about genuine experiences that have fallen below the standard the Practice would like to achieve but also the positives of named GP's when consistency achieved. b. It's a challenging scenario and the feedback will be shared with the partnership team. c. Invite GP Partner to future meeting. g) A member shared the discussion from the first working group meeting – this was attended by JHa, MK and BF – thank you for your attendance and passion for making a difference. a. The decision was reached to focus on one topic at a time and the primary topic is Melton Hospital – understanding services, capacity, how to access etc. (Secondary / next topic will be digital enablement). b. Action for all to please send your list of what services you have accessed at Melton Hospital to MK. c. AP to share email with team re: Melton Hospital invitation to our PRG meetings. h) A member raised theory of doing a joint clinic for couple on smears and prostate checks. a. AP to share with Sarah Culpan. i) Maintain ongoing actions: a. Ask PC to get ICB contact for this: i. ICB to talk to members - Get in touch with the ICB and invite them to join a future mtg to discuss / update us on second surgery news, including: ii. a. What will be available to a new site in terms of getting it up and running? iii. b. Why does it take the time it does and when will it be in place? iv. c. Do residents have a choice in the second site location or is this MBC? (Pip makes it sound like location is a council decision?) v. d. How will LHMP be protected, so we have two fully functioning sites. vi. e. Also, we have questions about Melton Hospital, is this relevant for them or rather what services are they responsible for so we can target pertinent questions appropriately. j) Mike to update website and share with group when done please.	**AP** **ALL** **AP** **AP** **PC** **MK**
10	**Date, Time & Location of Next Meeting** Next PRG meeting, 18th September 2025, 10:30. All meetings are Microsoft Teams meetings now. • 2025 2nd October – working group 6th November 4th December – working group	