

THE ELMS MEDICAL PRACTICE

MINUTES

**Patient Participation Group
The Elms Medical Centre
Tuesday 24 March 2026
2pm**

Present: JB HO MG CC RC RW JS

1. Apologies. None.
2. Minutes of Previous Meeting. Approved.
3. Matters Arising.
 - i. Changes to the contractual arrangements for the COVID immunisation programme for spring 2026 have meant that the primary care network will not be participating and that this service will be commissioned by the ICB directly.
 - ii. Further discussion on building plans across the Peninsula, including Chattenden, High Halstow, Hoo, All Hallows, Lower Stoke and Grain.

4. eConsult: Total Triage.

The practice has moved over to a total triage model since the last meeting and is receiving up to 150 eConsults during the course of a day. Access, prioritisation and appropriate direction are some of the benefits of the system. Issues raised included potentially allocating incorrect priority to a clinical presentation, "too much information" to enter on to the form and challenges faced by those lacking digital equipment or skills.

It was noted that eConsult Lites can be completed by staff on behalf of patients when appropriate.

5. Primary Care Networks. Neighbourhoods. GP Contract 2026/27.

A local structure is being set up to represent Medway and Swale. It is hoped, although not yet confirmed, that the proposed neighbourhoods will fall on PCN footprints.

2026/27 GP contract was briefly discussed in terms of strategic change.

6. Education. KMMS.

The practice continues to participate in the education of future GPs as well as medical students from KMMS in years 1, 2, and 4.

7. PCN priorities:

- i. Same Day Winter Access
- ii. Enhanced Access Saturdays: DGS
- iii. ARRS
- iv. IIF – LD & QFIT
- v. PCN Capacity and Access Support Payment Fund (CASP)
- vi. PCN Capacity and Access Improvement Payment Fund (CAIP) – MGPA & work on certain Patient Need Groups

Same day winter access targets have been met. This allowed the Practice to offer 20 additional appointments each week during the winter period.

Due to challenges in building capacity for clinical work on Saturday afternoons, we have contracted with DGS to provide a remote ANP session on every third Saturday afternoon.

PCN staffing discussed. We anticipate an increase in our paramedic capacity on site when staff members return from the extended leave period.

Targets for learning disability and QFIT tests are expected to be met.

Work for the PCN Capacity and Access Improvement Payment Fund has been undertaken successfully.

8. Pancreatic cancer case finding.

The Primary Care Network is engaging in a project to identify pancreatic cancer at an early stage in a group of patients that have become diabetic and simultaneously have signs of cancer such as weight loss.

9. Sleepstation

This web-based service has been commissioned for patients of the primary care network for a period of two years and will provide assistance with sleep disturbance.

10. Any Concerns or Queries.

- i. Concerns expressed again about building work on the peninsula and the challenges faced by services.
- ii. Request for a description of different clinical roles at the Practice for the benefit of patients. Agreed that this would be displayed on a notice board, as well as on our website. To be announced.

11. Any Other Business. None.

12. Date of Next Meeting. To be confirmed.

2026/27 GP Contract: Navigating the New Changes and Investments

Financial Investment & Growth

- £485 MILLION Total Uplift**
Total contract value rises to £13,863 million (9.9% cash growth)
- 1.4% Real Terms Growth**
Includes 2.5% pay assumption for staff
- Core Funding Integration**
Advice and Guidance Enhanced Service funding now embedded

Improving GP Capacity and Patient Access

- £292 MILLION GP Reimbursement Scheme**
Repurposed from CAP to recruit new GPs or increase existing sessions
- Same-Day Urgent Care Mandate**
Practices must deal with clinically urgent patients on the same day
- No 'Call Back' Policy**
Practices prohibited from asking patients to call back another day
- Parity for Online Consultations**
Request volumes must not be capped; open alongside telephone and walk-in
- Non-Urgent Response Timeline**
Response by the end of the next working day (clarifying next steps)

Clinical Quality & Vaccination Priorities

- 18 NEW QOF POINTS**
Approx. £25 million for new indicators: obesity referrals & diabetes care
- RSV Vaccination Expansion**
Now extends to all adults aged 80+ and care home residents
- Care Home Vaccination Responsibility**
PCNs to ensure identification and offer of all seasonal & routine vaccinations
- MMRV Vaccine Integration**
Childhood indicators updated for MMRV introduction

2026/27 QOF Indicator Changes (Selected)		
Indicator ID	Key Change Summary	Point/Threshold Shift
AF006	Atrial Fibrillation	Upper threshold: 90% → 95%
CD001/002	New BP Control (s79)	Reallocated 41 and 20 pts
DM034/035	Statin use in Diabetes	Points increased (from 4 to 8 and 2 to 8)
DB004/005	New Obesity Indicators	New referral/decision-making (18 pts total)
VI001-003	Childhood Vaccinations	New "improvement thresholds" (2-year baseline)

Data, Staffing, and Monitoring

- Enhanced ARRS Flexibility**
PCNs can recruit any GP (removing 'recently qualified' restriction)
- 5 Key Access Metrics**
Call waiting times, same-day urgent care %, 1/2-week non-urgent care %
- General Practice Staff Survey**
Participation mandatory for all practice & PCN staff

NotebookLM