Patient Participation Group of

Drs Adey & Dancy

Minutes of Meeting
Tarporley Health Centre
5th February 2026

Present

Paul Varey (Chair), Dr. Rachel Callely (Practice Partner), Nicola Bird (Practice Manager), Cathy Bonner, Nigel Briers, Margaret Clare, Anthony Jenner, Geoff Johnson, Marian Jones, Sue Masterman, Julie Plumb

Apologies

Andrew Needham, Annie Robinson, and Monica Haworth.

Presentation by Anna Doran MSK Lead Therapist and John Kilgannon, Physiotherapist, Primary Care Services, Cheshire and Wirral Partnership

First Contact Practitioners (FCPs) are available across multiple GP practices to improve patient access. They work across various practices in the Rural Alliance. The system allows patients to see FCPs at locations that are closer, and more convenient for patients and also offer faster appointments.

a. The Role of FCPs

The FCP role was designed to free up GP appointments for more complex medical problems. They are specialists in MSK problems, such as issues with knees, necks, and backs.

As such they are an integrated part of the GP surgery team, not a standalone service, and regularly liaise with GPs and nurses.

The primary role of the FCP is diagnostic and care pathway management, not long-term rehabilitation. Their skills are used to assess the issue and get the patient on the correct path.

Common conditions treated by FCPs

- Neck and shoulder pain (e.g., from a trip, slip, or fall)
- Frozen shoulders
- Osteoarthritic knees and hips
- Low back pain
- Carpal tunnel syndrome
- Trigger fingers

b. What happens at an FCP appointment

The appointment begins with a detailed subjective history to understand the patient's symptoms followed by an objective clinical assessment.

Based on the assessment, the FCP will discuss a potential diagnosis with the patient. FCPs have the authority to arrange further investigations if indicated, including: Imaging: Ultrasound scans, MRI scans, and X-rays and Blood tests.

FCPs can also administer joint and soft tissue injections for conditions like frozen shoulders, osteoarthritic knees, trochanteric bursitis, and trigger fingers.

FCPs aim to reduce reliance on strong pain medication by addressing the root cause of MSK pain. Where necessary they can refer patients directly to secondary care such as orthopedic consultants or rheumatologists, without needing a prior GP consultation.

c. Booking directly with an FCP

Patients are **not** required to see a GP first before accessing FCP services; they can book directly.

Seeing an FCP is significantly quicker for MSK problems compared to waiting for a GP appointment.

It is acknowledged that some patients still believe a GP referral is necessary and the reception team should advise patients accordingly.

d. Promoting and measuring direct "first contact" access to FCPs.

A PPG member shared a positive experience where the practice receptionist correctly advised booking directly with the FCP for an MSK issue. The result of which was a very rapid referral for a scan.

FCPs have greater authority to order certain MRI scans for MSK issues than GPs, who are often restricted to cancer-related suspicions.

The practice tracks statistics on "first contact" appointments to ensure patients are seeing the FCP directly rather than being routed through a GP or nurse first for MSK problems.

The goal is to maximize the number of patients coming straight to the FCP, thereby optimizing appointment usage across the practice.

e. FCPs follow up on investigations and referral of patients for further physiotherapy if needed.

The FCP service includes follow-up appointments to discuss results from investigations like X-rays.

If a patient requires a course of physiotherapy, FCPs can refer them to several services:

- The physiotherapy department at Tarporley Memorial Hospital for more extended treatment.
- An internal service (formerly "Physio First") for shorter-term needs (2-3 sessions) with Mike Hutchinson an osteopath and team member who works on Monday afternoons at the practice and is one of the first to be employed in this role. His primary role is providing short-term rehab (2-3 sessions). This offers a quick internal solution to bypass the current four-month waiting list for physio-rehab at Tarpley Hospital.

It was acknowledged that long waiting times for physiotherapy are frustrating for patients and clinicians, and this is a system-wide issue being actively worked on.

Some FCPs are independent prescribers and can issue medications relevant to their scope of practice, such as anti-inflammatories or nerve pain tablets. They cannot prescribe for unrelated conditions like blood pressure.

f. Discussion

A Group member asked about the availability of Acupuncture. Although Acupuncture was previously available on the NHS for MSK issues it was removed due to evidence-based funding decisions. While there is some evidence for its clinical effectiveness, it has not been reintroduced into the MSK service.

It was noted that with the NHS currently stretched, there might be a resurgence in the use of these alternative services.

FCPs are prohibited from recommending specific private practitioners.

A group member mentioned that they were told they would receive a Dexa scan for osteoporosis every two years but are now three months past that mark. They questioned if delays were due to a lack of clinics.

It was clarified that GPs in the practice request these scans based on diary dates set for specific intervals (e.g., two years). The system should automatically trigger a request, but if a significant amount of time has passed, the patient should contact reception.

It was noted that locally, DEXA scans are typically completed within a few weeks of the request.

g. Conclusion

The group members who had used the service provided very positive feedback on the FCP team and the service they provide, emphasizing the importance of the Reception triage process.

The FCP team were thanked for their excellent presentation whereupon they left and PPG members continued with their meeting.

Minutes of the last meeting

The previous meeting minutes were approved without any amendments, and there were no outstanding matters beyond the items already listed on the agenda.

Practice News

a. Staffing

A new apprentice, Ruby, has joined the reception team for 15-18 months under a Level 3 Business Administration Programme. Marijn te Braake has been appointed senior administrator following the departure of Cheryl.

b. Building & Infrastructure

Significant roof repairs are underway following the discovery of asbestos. A durable, vandal-proof roofing surface is being installed due to previous damage linked to fire escape foot traffic.

c. Social Prescribing Service

The social prescribing service continues to be rebuilt, though it has not yet returned to full capacity.

d. RSV Vaccine Eligibility

Eligibility for the RSV vaccine has been raised for older adults, and clarification of the practice’s protocol is pending. EMIS updates are expected but have not been confirmed.

Primary Care Network (PCN) Update

a. Mounjaro Weight Loss Programme

The programme allows two patient places per practice, with overall retention described as good despite minor discrepancies in reported numbers.

b. Oliver McGowan Training (Autism & LD)

Nicola is now a certified trainer but must co-deliver sessions with someone who has lived experience. Recruitment efforts are underway through Gemma at CWaC. Training remains challenging due to its full-day format.

c. Mental Health Occupational Therapists

The PCN is exploring the introduction of Mental Health Occupational Therapists to address gaps resulting from social prescribing staffing losses.

d. Social Prescriber Vacancy

A replacement for the social prescriber role has not yet been found, and capacity remains limited.

e. Well-Being Coordinator Communication Issue

Patients currently cannot return missed calls from the well-being coordinator due to a lack of direct contact details. Options for a callback number or email are being explored.

f. ADHD Assessment Pressures

Rising costs from private ADHD assessments under "right to choose" have prompted the Integrated Care Board (ICB) to consider local specialist roles and GP training to manage assessments in-house.

g. Neurodiversity Service Planning

Early discussions are underway to build a neurodiversity pathway supported by internally trained GPs and possibly external practitioners.

h. Digital Tools Funding Withdrawal

The ICB has withdrawn funding for digital tools from April, creating significant financial pressure on practices. Group discounts have offered minimal savings, and concerns have been raised about over-reliance on the NHS App, which lacks the necessary integration.

i. New Integrated PCN Website

A new PCN website is under development and expected to provide a unified directory of services. It will replace the "Joy" software and integrate with existing GP practice sites. A discussion is required with the Rural Together team to address duplicated effort.

PPG Business

a. Issues of Current Concern

No Issues of concern were raised in terms of services provided by the practice

b. Housing Development Impact & Proposed New Health Centre

Large-scale housing proposals may overwhelm GP capacity. No decisions have been made about expansion or relocation, and discussions remain at an early stage. An issue was raised concerning the information given by an elected council official at a public meeting in the village namely that the practice did not want to be involved in the possible development of a health centre that could built as part of a new housing development proposed in the village. Dr Callely commented that this was not the case and it would be considered if and when firm proposals were available.

c. NHS System Fragmentation

Persistent issues were noted with siloed digital systems and poor communication between NHS departments.

d. Patient Naming Safety Risk

An example was shared where incorrect first name use caused serious confusion. The group agreed that patients should be able to choose how they are addressed.

e. Friends & Family Test (FFT) Survey

FFT data is now collected internally. Low response numbers mean results are not statistically significant. The patient group representative will no longer handle reporting.

Participants continued to share positive feedback on the practice and its services.

AOB

Practice Name

Discussions about choosing a new name for the practice are on-going. Moving away from partner-based naming was being considered. The aim would be for future proofing and improving online search visibility.

A member pointed out that when undertaking a search for GPs in Tarporley, the other practice in the Health Centre came up first in on-line search.

8. Next Meeting

The next meeting is scheduled for Wednesday, May 13th at 4pm in the Health Centre.