

Monday 23rd June 2025 5.30pm

- i) **Welcome and apologies** – Present at meeting: LG (Dispensary Manager), FB (Chair), KH (Secretary), SC, LS, MD and IM, Dr Winters
Apologies from SE, GL & BB
- ii) **Minutes of the last meeting** – everyone agreed with the last minutes. IM, a new member was presented with c copy of the previous minutes and a Disclosure Form to complete. LG advised that Dr Winters would be attending the PPG meeting today.

LG confirmed that due to technical issues the new Rapid Health system would be going live on the 7th of July.

- iii) **Practice Update**

FB asked who did the triaging when an email was received.

LG confirmed that the computer software notices key words. When the questionnaire is finished this would then be given to a clinician to triage the concern the patient has.

LG Confirmed that emails can be sent anytime - if the surgery received a large number of emails for appointments, then there would be a cut off point. You can also request for a specific doctor but again the more people requesting the same doctor this could in turn cause a delay to be seen by this doctor. **LG** confirmed that the aim of the system was to put all patients at the same level of trying to gain an appointment to see the doctor eliminating the 8am and 12.30pm rush. **LG** also confirmed she will investigate if everyone will be told they cannot have an appointment.

Dr Winters came to the PPG meeting and advised that on the surgery website there is a list of doctors that are permanently with the surgery along with their bio. Dr Winters went into how the Rapid Health system would work. It was explained that it will give patients more choice i.e. face to face or telephone appointments.

After two months the surgery will then have a better understanding of what patients are requiring more of. Rotas can then be done for three months in advance and by August/September the surgery will have a good idea of how the system is operating enabling information to be extracted to what patients are asking for.

Dr Winters advised that they are thinking about bringing in a system for **DO NOT ATTENDS** which has been rolled out at the sister surgery Woodend. This means if a person does not attend for two times in a row they will be given a warning and if after the third time of not showing, they will be asked to find another surgery. The group agreed with this. The PPT can also put something in place to get this message across.

MD asked how long do you get to see the doctor for?

EW confirmed that it was ten minutes and that this system went back to the 1940's.

KH asked how serious the PPT for the surgery was and would the surgery co-operate with the PPT for any questions, or numbers they needed for their newsletter/feedback/informing patients.

KH asked if information could be placed in reception showing how many appointments were missed, or how many patients were seen and the cost to the surgery for No Shows – like the hospitals have. Just to give patients an idea of how it affects the surgery and other patients given that appointments are so hard to come by.

SC asked what Dr Winters saw the PPT as and how could the PPT help with the surgery and patients.

EW replied that they would like more feedback and for campaigns from depression; asthma; carers; flu season to be conducted. **EW** asked for a sounding board so they can understand what patients are wanting and needing in the surgery, and if the PPT has ideas that would help the Patients.

The group did ask about placing posters in the surgery, but **EW** advised that due to infection control that this is not possible, but posters can be placed in the doorway entrance to the surgery. **EW** confirmed that the automatic door for entry into the surgery has now been fixed and is fully operational.

The group asked about the workings of the surgery, doctors and how it operates. **EW** was very helpful in the response given back. We were informed that due to the NHS holding the contract the surgery is not allowed to take on private work. The surgery is run like a business. The NHS give the surgery £107.00 per patient and Studfall has 20,000 patients which equates to £2,140,000. From this the surgery pays for everything needed to operate from printers, to bandages to heating and electric everything that a business must pay for. **EW** also explained that if the surgery needs repairs or anything be added for e.g. A sink this is covered under S106 Housing Development 1000 and companies must tender for the work and this goes through several processes before NHS agree to the work. If the contractor charges £90,000 for the work that comes out of the surgery capital. It would be cheaper to use a specialized and local company, but the government will not allow this – it must be their contractors they specify.

EW explained that Aspiro have six partners over four sites two in Corby and two in Derby. This enables the workload to be shared and delegated to the relevant person rather than before when it was just Dr Kumar doing everything.

The practice does not currently contact patients who **Do Not Attend**. **FB** suggested a poster to remind patients to cancel their appointments they no longer need. **DO NOT ATTENDS** has been rolled out at the sister surgery WOODSEND. If a person does not attend for two times in a row they will be given a warning and if after the third time of not showing, they will be asked to find another surgery. The PPT were asked if we could put something in place to get this message across.

The group also discussed whether it would be possible to send out reminders before appointments. Weldon already does this for Thursdays's clinic, but **LG** will pass on the suggestion to the practice manager.

EW advised that the British Medical Association is a platform which advises of the struggles the NHS and GP's face amongst other things.

EW asked if we could produce information on the local pharmacies that can help with various illness and prescribe antibiotics to save going to your doctor.

EW said the Quality Care Commission is very good for patient feedback.

Patient Survey

The PPG asked if they could structure their own feedback survey and for patients to leave their answers in a closed box e.g. like a Ballot Box and it to be anonymous. The PPT will go through the response and feedback to the Surgery. **KH** asked if social media could be used as a platform for the PPT to put information out and advise patients of changes etc. **EW** said she would need to investigate this for legal reasons.

- iv) AOB due to the time the meeting ended this was not discussed.

Meeting ended 7.30pm

Next Meeting 4th August 2025 at 5.30pm.

Main Points:

- To meet with Dr Winters
- To ascertain how the PPT can help the surgery and vice versa.
- To get an overview of the new Rapid Health System
- Given a brief of overview of the surgery and some of the constraints it faces that patients are unaware of
- The surgery struggles with Patient Expectations – could the PPT look at how this overcome.

Agenda:

Does the practice employ or plan to employ physician associates?

PPG Newsletter – small group to put together