



## **PATIENT REFERENCE GROUP MEETING**

**DATE: 12 MARCH 2025**

**VENUE: NEWHALL SURGERY**

## **MINUTES**

### **Attendees:**

Julie - Business Manager (JG)  
Nelle – Practice Manager (arrived 3.10pm left 3.25pm) (NH)  
Claire - Minute taker (CW)  
Brian – PPG (BH)  
Judy – PPG (JS)  
Bob – PPG (RJ)

### **Apologies**

Vanessa - PPG  
Lynn - PPG

### **Welcome and Introductions**

JG thanked everyone for attending.

### **GPs are on your side**

JG asked the group if they were aware of the items on social media regarding the BMA (British Medical Association). The BMA are currently pushing for an increase in funding and are trying to raise an awareness of the current lack of appropriate funding for GP Practices.

The new GP contract (2025 – 2026) has given a slight increase in funding; conversations are still in progress.

JG confirmed that QoF (Quality and Outcomes Framework) has been amended for the new contract which will decrease some of the 'red tape' for funding, however, the new areas that are requested are 'on top' of the original QoF indicators, which the Practice is still requested to undertake; in essence the Practice will be delivering the original services for long term conditions, with indicators added or changed.

JG raised that the national insurance contribution increase is changing in April this year. We are currently awaiting the final decision as to whether this will be waived for Practices.

The video link was played within the meeting. The members attending had already accessed the video prior to the meeting. <https://youtu.be/Tds7ML2OfY8>

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## Ideoshift and Rapid Health Systems

NH joined the meeting to discuss both Ideoshift and the Rapid Health System.

### Ideoshift

NH highlighted that the practice had opted to outsource document management, eg. letters from hospitals etc. This has been undertaken for the past 3 weeks and is being continually monitored. The decision to outsource was taken due to staff shortages and needing a reliable solution until necessary staff can be employed.

### Rapid Health

NH explained that this was an online triage booking platform for patients, which will be accessible to all those who have an e-mail address, giving equal access for all patients. The system will be open Monday to Friday (24/5) on commencement, looking to move to Monday to Sunday (24/7), once audits for effectiveness have been undertaken and assessed.

NH showed an on-line demonstration showing how the triage system works from a patient point of view.

*Post meeting note – a demonstration is now available to view on our Facebook page together with FAQ's.*

The Rapid Health system will give the patient the right appointment with the right clinician at the right time, using the internal signposting programme which has been agreed with the local ICB (Integrated Care Board).

NH confirmed that Rapid Health would not be suitable for the following appointment requests, which will be managed via our usual process:

- Children under the age of 16
- Nursing appointments (eg. blood tests, cervical screening, wound care, vaccinations and injections)
- NHS Health Checks and Long-Term Condition annual reviews (eg. Diabetes, Hypertension, Respiratory)
- Medication reviews
- Health & Wellbeing Coach appointments
- Post-natal appointments and baby checks
- Contraceptive procedures (implants and coils), minor operations and steroid injections
- Home visits
- Follow up appointments requested by a clinician

A question was raised asking whether follow up appointments requested by a clinician for on-going matters would remain the same, which NH confirmed that this would be the case.



The PPG members shared their own experiences they had encountered with the Practice and raised a query around long term condition reviews. It was highlighted to the meeting, that it is always the intention to ensure appointments are within a set timescale, however, this may depend on circumstances eg. staff sickness, staff shortages, annual leave etc.

Members questioned how the sickness of staff was managed. JG advised that we have a Practice Sickness Policy which we adhere to at all times. Staff are asked to attend if well enough, but requested to wear a mask or be isolated from their colleagues/patients to contain any infections spreading throughout the practice. If clinical staff are unwell and not physically able to carry out their duties their appointments are moved to other clinicians, or a locum is sourced, which can cause delays or a change in clinician.

Upon request, NH went over the LTC annual reviews with those present to highlight that annual reviews for long term conditions are completed in two parts. The first part is with the nurse, for observations and the second part is with the pharmacist, so they can look at any results then look at a reviewing medication if needed.

*NH left the meeting at 15.25*

### **Drakelow Update**

JG shared the plans which had been drawn up for Drakelow. There are currently two options, one is building which is already present which is being looked at and another is to construct a new build. JG explained that the building would include a pharmacy, dentist and other community services.

JG confirmed that once it had been decided which option would be taken regarding the building, costings would be obtained and then forwarded to the Integrated Care Board (ICB) for confirmation of funding.

JG wanted to ensure that the Drakelow premises would be future proofed, and it was estimated that the increase in capacity would double within the next 10 years, especially with the new housing developments being constructed in the surrounding areas. One of the areas to be addressed, which has been raised, is public transport.

JG confirmed that once the Practice were further along the road with planning and funding a public meeting would be undertaken to share the Practice vision and answer any questions. JG has estimated that once planning permission is in place, she would like the new Practice to be open within 3 years.

The meeting asked whether the developers were contributing anything, which JG confirmed that it was a requirement. JG stated that she would keep the members informed once further information was available.

## Ragsdale Update

JG gave an overview of Ragsdale explaining that all five practices contributed towards this service. This is an extended access service making it easier for the patients within the area to get an appointment with a GP or another health professional. Further staff will be added providing additional services in the short to medium term.

The out of hours service is still operating from Swadlincote Health Centre.

## Newhall Building Work Update

JG gave an update on the building work at Newhall Surgery. The current kitchen area will be an education area for staff and GP Trainees, it will contain ports for laptops, two computers and screens for remote consultations and audits, a study area, library, projectors and screens. The next phase will be the additional consulting room and then the treatment room. JG confirmed that they were aiming for completion by the end of April.

RJ asked whether the paper records would be moved. JG confirmed that these were securely stored on site and were in the process of being digitalised.

## 10 Year Plan

RJ explained his disappointment with regards to the network meeting held at Willington. He felt that it was taken over by healthcare professionals.

RJ explained that Swadlincote Surgery is piloting a system where consultations are recorded and are attached to the patient record. One criticism of this system was that not all patients want their conversations recorded and put onto their record.

The presentation which was shown at the Willington meeting is attached.



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## PPG Network – NHS Futures Platform

The 10 year plan for the PPG Network was discussed.

JG highlighted that the practice plans for the next 5 years were:

- Planning for the increase in patient numbers which the new housing developments would bring and the further increase in Drakelow properties.
- Increasing staff numbers (including GPs) to ensure provision for all registered patients.
- Continue to provide effective management of and provision for more appointments.
- Outsourcing where possible to ensure efficiencies eg. hospital letters etc.
- LTC reviews – continue to monitor and refine.

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- Upskill staff where possible and continue with recruitment.
- Skills competency of staff - Development Framework to be added to current supervision, appraisal, training of staff – this will include Key Performance Indicators.
- Continue to liaise with staff and patients regarding Drakelow and Newhall developments.
- Gender dysphoria – Dr Nathan is our GP with Special Interest. The Practice will be more involved with transgender and gender dysphoria projects such as support and well-being groups and specialist clinics.

## **Any Other Business**

JG highlighted the following staff changes:

- Rebecca Bromley had joined the team as Advanced Nurse Practitioner / Nurse Manager with a wealth of experience. Rebecca also works for Swadlincote PCN.
- Katie Stretton would be leaving her role as Patient Services Team Leader due to personal circumstances. The job advert for this post has been circulated.
- An HCA is being recruited for Ragsdale.
- A new Clinical Administrator had just started with the Practice, she has previous Primary Care experience and a welcome addition to the team.
- Currently out to advert for a Care Navigator to join our front of house team.

The meeting asked whether the Practice had recruited to all the vacant nursing posts. JG confirmed that the nursing team was complete, this equated to the same amount of nurses as had been present before, however, the new team had different skill mixes and they worked more hours between them.

JG highlighted that the patient survey was now out for patients to complete. This would be open until the end of March. JG is planning another survey in September so that a comparison can be made once Rapid Health has been embedded. Surveys can be completed via the website or hard copies are available in the waiting area.

The PPG members present asked to see the building work. This request was agreed.

No further actions were discussed, and the meeting closed at 15.50pm.