

# PATIENT REFERENCE GROUP MEETING

DATE: 10 SEPTEMBER 2025 VENUE: NEWHALL SURGERY

# **MINUTES**

## Attendees:

Julie - Business Manager (JG) Claire - Minute taker (CW) Judy – PPG (JS) Jean – PPG (JL) Nelle – Practice Manager (NH) Brian – PPG (BH) Bob – PPG (RJ) Lynn – PPG (LW)

# **Apologies**

Vanessa – PPG, Julie - PPG

# **Welcome and Introductions**

Welcome and introductions took place. JG thanked everyone for attending.

## **NHS App**

BH confirmed he attended the PPG network meeting regarding the NHS App. The notes relating to this meeting had been sent direct to the practice and would be attached to these minutes (see below). It was mentioned within the meeting that all information relating to the PPG meetings and PPG Network, was also available via the website.









BH also highlighted, that the PPG of other areas seemed different to ours and were more structured. It was reiterated by JG that the members had opted for the meetings to be taken informally, with JG being Chair, however, JG did state that if the group wished for it to be done more formally and structed, then this was not a problem, and it could be arranged.

RJ confirmed that he personally felt with JG being present, they could get answers straight away to any queries which were raised.

## Rapid Health Reports - April to August 2025

NH gave an overview as to the monthly insight reports from April to August 2025 on Rapid Health which is shown below:-



Month	Medical Requests	Auto Appointments
March	392	49%
April	706	32%
May	748	47%
June	750	44%
July	718	42%

NH highlighted that there had been an increase in medical requests in June of 750 with 44% auto appointments. The cancellations and rebooking figures were looking positive; there had been a bit of an issue in April, when the new trainee doctor rotations were not implemented correctly onto Rapid Health, however the following months looked better. The August report was still awaited.

NH confirmed that Rapid Health had different pathways which it used, which were based on asking different questions in relation to the answers being given by the patient. The top two pathways currently were musculoskeletal and general.

NH explained about the 4 different time frames, which have not changed since the release of Rapid Health in March:-

Red – on the day only Amber – within 1 working day Yellow – within 5 working days Green – within 15 to 28 working days

NH confirmed that Rapid Health had proven to have the right treatments at the right timings.

NH raised with those present, that Rapid Health is an AI tool, and the pathways have been devised by clinical specialists. It has also been found that on some occasions, patients have exaggerated symptoms to enable them to get an appointment sooner than were medically needed.

The data received is positive and any requests where it is urgent or there are no appointments, these have been sent to the Rapid Health dashboard, where Carolyn our Patient Services Team Leader, accesses the information and signposts to a GP. Carolyn also looks for on the day appointments, any mental health matters / suicide issues. Sometimes, Rapid Health has directed patients to A&E, and the patient has declined, there are other instances when the patient could be dealt with by Pharmacy First or Ragsdale. The monthly data does make interesting reading.

NH reiterated that at the beginning patients found the new booking system difficult, as did the care navigation team, however with some tweaks, both patients and staff are complimenting the system.



The meeting asked whether a percentage of appointments were given to the trainee doctors and how was it decided. NH explained that the pathway will allocate a clinician, which may not necessarily be a GP if an ACP is the best person to see, or if it was within a trainee doctors' competency, this then allows the more acute complex matters, to be dealt with by the experienced GP. NH raised that a study had shown that patients were not bothered who they saw, so long as they were seen.

A further question was raised as to whether the groups were divided according to age, which NH confirmed was not the case and the patient is triaged according to what information has been put into Rapid Health system.

A further question was asked whether patients could still ring for an appointment. It was confirmed that ringing for an appointment was an option, however, the patient would still go through Rapid Health. It was mentioned by the PPG members about any ongoing problems and whether they would be able to see the same clinician. It was confirmed that any ongoing problems, where possible, would be with the same clinician.

The confidentiality aspect was also brought up at this stage where patients at reception do not want to disclose information to the care navigation team, due to it being overheard by those waiting in the reception area. It was reiterated, that private facilities are available, should these be needed.

# **Local Medical Council (LMC)**

It was advised that Nelle had been recruited and elected to join the Derby & Derbyshire LMC Committee for 2025-2029, as Practice Manager Area Representative for the South. NH was unsure at the current time how many practices her role would cover, however this meant that any Practice Manager could reach out for support. This role would allow NH and the practice to understand activity in Derbyshire, regionally and nationally and Nelle would be able to feed this back to the Practice, this will increase the knowledge and possibilities for moving forward and progression both for Newhall Surgery and the local PCN practices.

It was asked whether there had been any indication whether Swadlincote would have the accessibility to an Urgent Treatment Centre (UTC). NH confirmed that this request was still in discussions.

## **Long Term Condition Reviews (LTC)**

The PPG queried the length of time given for a long term condition appointment. NH confirmed that 20 minutes were given for these reviews, and it was also highlighted that Emily, the HCA based at Ragsdale, was now able to complete these reviews too.

NH confirmed that part 1 of the LTC is carried out by a nurse and part 2 is looked at by a clinical pharmacist. The PPG were concerned about the timings of receiving their LTC review, for continuity purposes, and that patients should be called for these around their birthday which is not always happening. This request was acknowledged by management, and it was indicated



that sometimes this may not be possible if there are staff sicknesses or absences, but this is the aim.

The PPG felt that there were no appointments available when booking which is not perceived well. However, the telephone queues are good and calls are answered very quickly.

A member of the PPG attended Ragsdale and noted that the waiting room was empty. It can be perceived that the doctors are not busy, which was thought needed to be addressed on social media and the newsletter. JG would contact Ragsdale and ask them to put something on the wall to notify patients why there may not be many people waiting eg telephone appointments, etc.

It was also stated by 1 of the PPG members, that they thought waiting times in the waiting area were getting longer. NH confirmed, that on the audits carried out, there was nothing to show any delays. Some waiting times can be longer if there is a medical emergency taken place, however, patients would be notified of this. It was suggested for a notice to be put up in reception of the waiting times.

It was asked whether many patients turned up on wrong day to their appointment? Which was answered as "yes" and it was also highlighted that patients also came for their appointments at the wrong time too although text reminders are sent prior to the appointment date/time.

The matter was raised regarding whether the Covid vaccinations would be available at the same time as 'flu this year. It was stated that depending on stock availability and whether the patient was eligible, then this would be offered to patients at the same time as their 'flu vaccination.

Some of the PPG members who had volunteered for Ragsdale Clinic had not received any notification whether they were needed. It was advised that they should contact Debra Fearn who was coordinating the 'flu programme, to make sure that they have been included at <a href="mailto:dfearn@nhs.net">dfearn@nhs.net</a>.

With the 'flu clinics being run centrally over the 5 PCN's, there would be a rota devised for the staff and volunteers.

## **PPGuk (GDPR and PPGs)**

JG briefly went over the GDPR documentation which had been attached to the agenda.

#### **Update on Drakelow**

JG highlighted that there had been some problems with the land purchase for the new practice at Drakelow. This had now hopefully been sorted, with planning permission hopefully being agreed by the end of year together with the final design stages and funding. Once this is all in place, the practice will arrange an open evening so the community will be able to see the location, plans of the building etc. It is planned that other services are available within the new health centre e.g. dentist, pharmacy etc, but this is subject to confirmation. It has been estimated that there will be another 10,000 patients within the next 10 years, so this new building needs to be designed for



the estimated capacity. The Drakelow Healthcare Centre will be located within the new housing development. Drakelow patients are already registered with the practice.

# **PPG - You and Your General Practice**

Information was sent out with the agenda for all PPG members to read.

# **Staff Updates**

JG gave an update on the staffing within the practice as follows:-

- Dr Nathan will be starting on 1 September 2025 as a salaried GP working 1 day a week.
- An advertisement has been placed for a Salaried GP, 6 sessions (3 days) a week.
- Mollie, Nursing Associate will be starting on 15 September.
- Tracy and Sophi started in August as Care Navigation team members.
- Claire the Health & Wellbeing Coach will be leaving at the end of September. JG confirmed
  there is currently an advert out for a GP Assistant. The H&WB role is incorporated within the
  GP Assistant role, has more medical input and will aid the GPs. There has been a lot of
  interest in this role with interviews currently taking place.
- Due to LTC requirements increasing, more staff are needed and recruitment will continue to take place as necessary.
- 4 Trainee GP's have joined the surgery for a 4 month rotation.. The members asked for the
  trainee doctors' genders to be added to the website. The discussions then went on to asking
  how long the trainees' appointments were. It was highlighted that they have longer
  appointments for their clinics, as they have to be supervised and debriefed. Post meeting
  note website has been checked, and all trainees have their gender stated.
- Trainee/placement nurses will be attending the practice shortly.

JG confirmed that there would be another lower window installed at the reception desk, to make access easier for those who use a wheelchair.

JG highlighted that the surgery had been awarded the Community GP Contract. This will be a great opportunity to help shape and deliver integrated, community-based care across the PCN. The service will commence at Ragsdale House from 1 October 2025.

JG also mentioned that Newhall Surgery had also been awarded the GPwER contract, to provide care and management of adult patients with Gender Dysphoria / Gender Incongruence in Primary Care across Derbyshire. This contract will also commence on 1 October 2025.

JG was asked how many transgender people were registered at the surgery. JG confirmed that this information was not available at the time of the meeting, however, she would be able to provide this at the next meeting if the members so wished.



## **Any Other Business**

Patient newsletter – this was well received, the group were asked to contribute to the next edition which is scheduled for the beginning of January 2026.

Pharmacy Technician Vacancy – this post is no longer available. No suitable applicants were identified.

Staff blood donation – it was advised that this information was not held by the Practice. It was a personal choice.

Coeliac support - concern was raised for young families and the provision of information and help as prescriptions are no longer available. It was felt that this could be affecting those who are trying to manage their diet but are also on a tight income. It was agreed that LW would source information for the waiting room, website and Facebook.

PPG Input – what do the members want from us? – JG asked what the members wanted from the surgery? She requested that more input was needed perhaps to help with the patient newsletter, to organise a MacMillan event in 2026 etc. It was agreed that LW/JL would help on the MacMillan Charity next year eg baking etc. JG would like confirmation of how the PPG could manage this as a whole with the Practice contributing as necessary.

It was suggested that the PPG could help us improve services, let the community know what is happening locally, what we as a surgery should know about, being able to communicate with patients, what do patients want to know from us etc. More input is requested from the members regarding this.

It was asked how many of the registered PPG members were still active, as the same faces were always attending. Some members contributed by e-mail and others at the moment were indisposed. It was highlighted that we need to get more people on board, especially when Drakelow opens to ensure we cover all patient demographics.

## Congratulations

Vanessa, one of our PPG members has given birth to a beautiful baby boy. Jude Christopher who was born on the 4 September 2025. Congratulations to all the family.

Checked and approved by JG 13/10/25