



**PATIENT PARTICIPATION GROUP MEETING**  
**Minutes of Meeting**  
**3 December 2025 at 2.00PM at Newhall Surgery**

Attendance: Julie Emmerson-Grey (JG) – Business Manager (Newhall Surgery)  
Nelle Hutchinson (NH) – Practice Manager (Newhall Surgery)  
Claire Warren (CW) – Minute Taker (Newhall Surgery)

Jean Lakin (JL) – PPG Member  
Lynn Whotton (LW) – PPG Member  
Brian Humphries (BH) – PPG Member  
Bob Jarvis (RJ) – PPG Member  
Judy Stanhope (JS) – PPG Member  
Michael Kendall (MK) – PPG Member

**Welcome and Introductions**

Each individual introduced themselves as a new member had joined the committee.

**Linking of Rapid Health via NHS App**

NH provided an update on Rapid Health, explaining that it will eventually be integrated into the NHS App. This will give patients access to all services in one place. There is no confirmed date for when this integration will go live. NH confirmed that once a date is set and the feature becomes available, information will be shared with patients through the usual communication channels.

**Implementing the under 16 modules on Rapid Health**

NH highlighted that the Rapid Health under 16 child request facility has gone live. This can be for a new medical problem, submitting a medication request or completing a form. NH confirmed that there was safety netting (as with other requests) and requests were reviewed by the practice before an appointment is offered to ensure these are undertaken in a correct and safe manner. The introduction of this feature is an additional platform which patients can use.

**Flu & Covid Walk-ins**

NH stated that there was stock available at Ragsdale House for those patients who still needed their 'flu vaccination. This is a walk-in service between 9.00am to 4.00pm Monday to Friday at Ragsdale House, Woodville. Those who are eligible, will also be offered their Covid vaccination at the same time. The PPG members asked what the uptake had been like for the 'flu vaccination. It was stated that the centralisation of the 'flu clinics had affected some patients attending, unfortunately NH advised that she did not have the figures available but would be happy to forward this information if required. The feedback received from those present, who had attended Ragsdale House for their 'flu vaccination, commented that it was an easy process.



Some of the PPG members had volunteered to help with the coordination of the 'flu clinics. It was highlighted that the location was difficult for those who did not have transport, however, NH did confirm that data showed that this was what patients had requested. BH confirmed that the PCN were very friendly and welcoming and made you feel part of the team. The volunteers were shown around Ragsdale, so they knew where everything was. It was fed back from the PPG that it was great to have this facility which inevitably frees up Newhall Surgery to concentrate on other matters. NH stated that it is very fortunate to have the Ragsdale building within the PCN.

### **Gender Dysphoria / Community GP Service**

NH informed members that Newhall Surgery had recently bid for the Gender Dysphoria / Gender Incongruence contract, which provides care and management for adult patients with gender dysphoria or gender incongruence across Primary Care. This had previously been an unfunded area of work for GP practices, and a clear service gap had been identified. Newhall Surgery submitted a bid for the service when recently tendered and were successful. The contract began on 1 October 2025 and covers the whole of Derby & Derbyshire. Dr Patel is the GP Partner overseeing the service, Dr Nathan is the clinical lead, and Nelle is the Manager.

It was confirmed that Newhall Surgery will receive additional funding for delivering this service, but there will be no negative impact on Newhall's existing patients as further staff have been employed to participate within this service. A question was raised about the age at which a child can decide their gender. NH clarified that this is an adults-only service for those aged 18 and over; young people aged 16–18 would be supported through CAMHS. It was noted that demand for this service is increasing, with around 6,000 patients across Derby & Derbyshire who may benefit from the new provision.

NH also confirmed that Newhall Surgery had been successful within the PCN in securing the Community GP contract. This service will not reduce capacity within the practice and will be overseen by the three GP Partners on a rotational basis. The aim is to support the Home Visiting Service and strengthen links with community teams such as District Nurses, Therapy Services, and Housing, helping to reduce hospital admissions. This contract began on 1 October 2025 and is progressing well.

### **Rapid Health Q&A's - Findings / Audit**

NH informed members that she had completed a Rapid Health audit, carried out six months after the previous meeting. The results showed that the urgency outcomes were being met within the expected timescales. However, based on the data reviewed, NH felt that there was a significantly higher demand for 2-day appointments compared with 5-day appointments. The Rapid Health Audit is attached for reference and adjustments will be made accordingly.

A question was raised about why doctors do not typically work full-time hours. It was explained that this is largely due to the risk of burnout and personal preference; it is uncommon for GPs to work full time. A day for a GP runs from 8.00 am to 6.00 pm and is longer should they be the On-Call clinician for the day. GPs undertake clinical face to face appointments, telephone appointments,

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home visits and undertake clinical administration such as referrals, letters, pathology, results, prescribing whilst continuing to see patients for booked appointments.



Rapid Health Audit  
2025 26.xlsx

## **Staff Updates**

JG gave an overview of the staffing updates at the practice as follows:

- Dr Kalake is working 4 sessions per week, and this will increase to 6 sessions in January 2026.
- Dr Horton will commence as a salaried GP on 2 January for 2 sessions per week.
- Dr Nathan is a salaried GP for 2 sessions per week and is involved in the gender dysphoria sessions with Dr Horton.
- Mollie, a Nursing Associate has started employment and will be working alongside Tish.
- Louise and Amelia have started in their positions as clinical administrators.

JG confirmed that the business was still growing in popularity and numbers and staff would continue to be recruited as necessary.

Members asked about the recently announced job cuts and how these might affect the NHS. JG confirmed that there would be no impact on the practice, and the same level of service would continue to be provided. JG also reiterated that GP Practices are not part of the NHS; they are independent business and are run as such. JG highlighted that the Practices within the UK had been increasing pushback due to the amount of unfunded work that they are expected to undertake. JG highlighted that hospitals are increasingly directing patients back to their GP, even when the practice is not funded for the work and when it may not be in the patient's best interests. The ICB has recognised this, they are undertaking audits and are beginning to commission new services to cover roles that are currently unfunded.

In relation to the earlier reference to the "iceberg" at Newhall Surgery, JG confirmed that the core contract continues to be delivered in full, and the hope is that the ICB will address the funding gap and further work will continue to ensure a stable GP Contract.

## **PPG Networking**

It was confirmed that the next PPG networking meeting will be held on the 8 December, which was now fully booked.

What does the NHS Do with your Data? – BH confirmed his attendance to this session and found it interesting.

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### **Resident Doctors Strike**

The meeting was informed that doctors who had chosen to strike were not required to give advance notice and may only inform the practice on the day. This would unfortunately have an impact on both the practice and its patients.

### **Swadlincote Surgery**

The meeting asked about the recent break-in at Swadlincote Surgery and whether it had affected Newhall. JG confirmed that some staff temporarily worked at Newhall while the situation was being resolved. All five practices have an agreement in place to support one another when needed.

### **Coeliac**

LW and JL have been developing information for patients with coeliac disease. They contacted a company that supplied gluten-free products and leaflets, which will be displayed in the waiting room for patients to view. They have also written an article on coeliac disease for inclusion in the patient newsletter.

### **Building Work**

JG confirmed that building work had been completed in the waiting area with two hatches available, the new one is lower and therefore more easily accessible to those in wheelchairs / or with a disability. Patients can continue to request a private room if they need to discuss something confidential. Notices are displayed in the reception area to make patients aware of this option.

### **Drakelow**

JG confirmed that progress on the Drakelow development had been slow, largely due to 'red tape' delays. A new plot of land has now been identified and agreed, allowing negotiations to move forward. The new plot is located on the left-hand side of the development near the power station and covers 1.5 acres, providing ample space for parking.

Once approval has been secured from both the ICB and the planning authority (which is expected in January 2026), the construction is scheduled to begin in June/July 2026. The build is anticipated to be completed by July 2027, with the site becoming fully operational late 2027 but at the latest June 2028.

JG also confirmed that there will be a public open evening, attended by MPs, builders, and other stakeholders, giving residents the opportunity to ask questions and view plans showing how the premises will look once completed. The building is intended to be future-proofed, with potential for a local treatment centre, an on-site pharmacy, and other services identified through the local survey. However, JG emphasised that the initial focus will be on establishing the GP Practice.

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### **Any Other Business**

Two members wished to raise a concern regarding their own long-term condition and blood tests. This matter will be addressed outside of the meeting.

A PPG member asked whether; after having a blood test, x-ray, or similar investigation, it was the patient's responsibility to contact the Doctor for their results. NH confirmed that patients would only be contacted if there was something the clinician needed to discuss with them. It was also noted that results can sometimes take time to be returned. Results are also available on the NHS App. It was highlighted that there is currently a 6–8 week delay in radiology results.

### **Patient Newsletter**

It was discussed whether the patient newsletter could be placed in a leaflet dispenser next to the sign-in machine, as this would make it more visible and encourage patients to pick one up, which was agreed. JG confirmed that she is also looking into obtaining a digital information monitor for the waiting room next year, which would display useful local information for patients.

### **Broken Slabs**

It was raised that the slabs at the main entrance were loose and uneven. It was confirmed that these had been repaired last year, but the cold weather has contributed to the repairs not lasting and will be addressed to ensure patient safety.

Meeting closed 3.20pm.