



**PATIENT PARTICIPATION GROUP MEETING**  
**Minutes of Meeting**  
**10 March 2026 from 2.00pm at Newhall Surgery**

Attendance: Julie Emmerson-Grey (JG) – Business Manager (Newhall Surgery)  
Dr P Pillai (PP) – GP Partner (Newhall Surgery)  
Claire Warren (CW) – Minute Taker (Newhall Surgery)

Jean Lakin (JL) – PPG Member  
Brian Humphries (BH) – PPG Member  
Julie Fearn (JF) – PPG Member

Apologies: Bob Jarvis  
Lyn Whotton  
Vanessa Twigg  
Sharon Wright

**Welcome and Introductions**

JG welcomed all to the meeting.

**Sexual Safety Charter in the Workplace**

JG explained that Newhall Surgery had signed up to the Sexual Safety Charter in the Workplace, part of the commitment involved making patients aware of the charter which had been shared on the surgery's Facebook page and added to the practice website for wider awareness. It was noted that the charter was originally designed for hospital settings rather than primary care, however, this had now been expanded, with a focus of how staff could report any sexual abuse or misconduct which may have been experienced in the workplace. JG confirmed that all required processes were in place, before the deadline of 31 March 2026, with staff receiving training via e-learning and a presentation, together with a staff survey for completion. A workplace risk assessment had been completed. Staff have undertaken mandatory sexual misconduct training.

JG presented and discussed the risk assessment. The purpose was to outline the signposting process for staff and to identify persons responsible for each aspect of the charter, ensuring staff safety at all times.

JG reiterated that the working environment can be high-pressure but emphasised that the practice operates a strict zero-tolerance policy. If this policy is not adhered to, a "be nice" letter may be issued to patients whose behaviour is unacceptable, and in more serious or repeated cases, patients may be removed from the practice list. An eight-day removal notice would be provided to allow time for the patient to register elsewhere.



JG confirmed that it was a high priority for the practice to protect the staff and that no one should abuse their position or authority. All staff, trainees and contractors are required to sign and adhere to the charter at all times.

### **Local Navigation Hub, Home Visiting Service and Neighbourhoods**

Dr Pillai spoke to those present about the Home Visiting Service for Swadlincote which was formed in Swadlincote in 2020. PP explained that he had been involved with the building of the service from conception. This included recruiting clinicians and developing the service into what it is today. The HVS is supported by a team of paramedics, nurses, advanced clinical practitioners and a matron. Newhall Surgery continues to support the service through the leadership of its three partners, acting as community GPs.

PP highlighted that housebound patients are often highly complex as the NHS is now able to support people to live longer with multiple medical conditions. As a result, the needs of these patients can be more challenging due to age-related issues and increasing clinical complexity.

PP provided an overview of the development of a Local Navigation Hub, which will be designed to meet the needs of the Swadlincote area. This hub will involve all five local surgeries: Newhall, Woodville, Swadlincote, Heartwood and Gresleydale. PP confirmed that the hub is expected to be operational within the next 18 months and will act as a central liaison point for community teams, including nurses, social care, paramedics and ACPs.

The aim of the hub is to help reduce hospital admissions by enabling multidisciplinary teams to meet regularly, develop coordinated care plans, anticipate potential issues before they arise and provide preventative support. It will also help identify patients who may require further intervention from the Home Visiting Service.

PP highlighted that Ragsdale House is the base for the Primary Care Network (PCN). Clinicians attend there each morning on a rota, with Newhall Surgery providing overall leadership for the service.

PP went on to explain the concept of neighbourhoods, noting there are two levels within the structure. Level 1 is the Primary Care Network (PCN) which is a group of GP practices that work together delivering services through the PCN (such as 'flu clinics), the home visiting service and Extended Access, this offers late evening and weekend appointments to improve patient access.

PP went on to explain about Level 2 "Partnerships for Local Area Care and Engagement" (PLACE). This is Council and Integrated Care Board (ICB) level, where health and wellbeing decisions are made.

PP highlighted that additional funding was expected to become available for a much-needed Urgent Treatment Centre (UTC) in Swadlincote. It was noted that the area had historically been at a disadvantage in securing such resources, and that a UTC had been requested locally for around 10 years.



It was noted that mental health services for adults and children in the area have been significantly underfunded. PP explained that, historically, much of the mental health workload fell to GPs and was effectively being delivered as a “free service,” despite this not being part of the GP contract. Due to ongoing underfunding and the increasing pressures on general practice, this work is now being pushed back to the appropriate services.

PP highlighted that this shift has reinforced the recognition that an Urgent Treatment Centre (UTC) is needed in Swadlincote. Ideas and options are currently being explored, including whether a suitable piece of land to build premises is available or whether an existing building could be repurposed. Funding has been earmarked for this development, with responsibility for this project will sit with PLACE.

A PPG member asked what the UTC would be used for. PP explained that it would provide care for minor injuries and non-life-threatening conditions. For example, if someone had a fall, they might be directed there via NHS 111, or patients with issues such as chest infections could be assessed and have X-rays on site. The aim is for the facility to ease pressure on A&E departments by managing appropriate cases locally.

PP highlighted that most UTCs operate 24/7, although the opening hours for the Swadlincote UTC would depend on available funding and staffing. It was also confirmed that the existing out-of-hours service would continue to operate alongside it.

PP explained that residents in care homes currently access the Home Visiting Service for issues such as chest infections or medication reviews. In addition, GPs have dedicated weekly slots for care home visits, which are funded separately, with each practice allocated rota sessions to complete. PP noted that since the introduction of Joined Up Care Derbyshire, the system has improved significantly, which is essential given the continually growing population in South Derbyshire.

A PPG member commented that when they attend the PPG Network meetings, the discussions were focussed heavily on issues affecting the north of Derbyshire and DerbyCity.

### **Drakelow**

JG reported that the practice has submitted the Project Initiation Document (PID) and has successfully secured land for the development. It was emphasised that all information shared during the meeting is strictly private and confidential and must not be discussed outside the group. Attendees were presented with the proposed plans, including architectural drawings, along with an overview of how cross-working arrangements would operate for staff.

### **AI Powered phone Assistants in GP Surgeries (Rapid Health)**

JG discussed Rapid Health availability, advising that the new GP contract states that the service is run Monday to Friday; however, Rapid Health at Newhall is open 24/7 with access to book appointments, ask questions, it also has a triage system to signpost patients to the correct clinician



for their symptoms too. Audits are regularly undertaken and since the last audit was carried out rotas have been changed to adapt to our patient demand.



Newhall Surgery -  
Rapid Health month

### **Contract Requirement 2026/27 – Core information**

JG raised the contract requirement for 2026/27. It had been highlighted via the BMA and IGPM that the 2026/27 contract was underfunded and concerns had been raised about the impact on GP practices and patient care.

The contract stipulates that practices must ensure that clinically urgent patients are dealt with on the same day and for non-urgent problems, the practice must provide a response by the next working period. The BMA and other organisations have raised concerns that same day demand could make workloads unsafe, with politicians giving unrealistic expectations for the patients, beyond what the NHS can realistically deliver.

More data collection will be audited, such as telephone waiting times, the percentage of urgent patients who have been seen the same day together with waiting times for routine problems. The audit process will take administrative time away from patient care.

There will be an increased use of hospital "Advice and Guidance", whereby GPs will be expected to use specialist advice services before referrals are made, which in some instances may delay an urgent referral.

The BMA have rejected the contract stating that it does not address the underlying problems facing general practice.

### **Any Other Business**

**GPPS Feedback** – results were given and signposted to the website for further information.

**Reasonable Adjustments and Jess's Rule** - JG highlighted that two new items had been added to the calling board, one was for reasonable adjustments which was to suit individual requirements for both patients and staff and the second was Jess's Rule, which is a patient safety initiative that requires GPs to "reflect, review and rethink" when a patient presents three times with the same unresolved or worsening symptoms.

**Call board** – a member of the PPG requested that the volume of the call board to be reviewed. It was mentioned at the meeting that it is standard practice for the call board to emit an audible "ding" when a patient is being called for their appointment. In line with confidentiality requirements and GDPR regulations, patient name will not be audibly announced, and it is therefore the responsibility of each patient to remain attentive and aware that they may be called at any time for their appointment.

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DR P PILLAI – DR M PATEL – DR A MIRZA

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**Opening Hours** – as part of the new GP contract, GP practices are required to clearly display their opening and closing times, plus services available when the surgery is closed. This information is available on our website and published on Facebook. In addition, notices are displayed at the main entrance to ensure patients are fully informed.

**Coeliac Information** – JL asked whether the booklets given at the previous meeting were available in the waiting room area and whether the information provided would be included in the patient newsletter. CW confirmed that the booklets were available in reception for patients to read or take away if they wished. CW also confirmed that the information about coeliac disease would appear in the upcoming newsletter.

**Neurodiversity** – a member of the PPG moved the discussion towards neurodiversity. It was highlighted that identifying neurodiverse needs are no longer solely the responsibility of the GP; there are now established pathways and systems in place to support assessment and diagnosis.

PP stated that one of the partners and the practice manager from the surgery, sit on the Local Medical Committee (LMC), which represents local GPs and supports healthcare providers, and therefore any official updates or guidance received through the LMC will be shared with the wider practice team.

The PPG member stated they had developed some training around autism and ADHD and should the practice wish for this to be delivered to staff, they would be able to do so. It was advised that they would be able to create a board for patients around neurodiversity, to be placed in the waiting room and to write up a section for the patient newsletter, however, further information would be required as to whether this could be provided at part of the surgery's PLT afternoons, as training is already provided for staff. JG to speak with the member separately regarding this matter.

**Nursing Team** – BH gave good feedback regarding the nursing team, and it was also asked if a brief description could be given regarding the differences of a Nursing Associate and an HCA. JG highlighted that a Nurse Associate had a professional nursing qualification with a PIN, whereas an HCA did not, therefore had smaller scope for complex care management.

JG thanked everyone for attending.

Meeting finished 15:40pm

Approved by Julie Emmerson-Grey