Patient Participation Group Meeting – University Medical Group

Thursday 23rd October 2025 – 6-7pm

Agenda

1. Actions from last meeting
2. Friends and family results
3. Quality Improvement projects 2025
4. Online triage
5. AI Anima
6. Temporary closure of patient list
7. Staff update
8. Questions and AOB

Attended by Dr E Johnston (chair), Fiona Mullin – Office Manager (minutes) and 9 patients (8 in person and 1 online) and Simon Shaw from Healthwatch.

1. Actions from the last meeting

- Review draft newsletter and publish on website. Patients can ask for a paper copy at reception if needed once available.

  Newsletter published on the website in October. Accessibility checker used before publishing. The intention is to produce a newsletter following PPG meetings.

- Neurodiversity – provide update on training at the practice at next meeting

  FM gave the update on neurodiversity training. All staff complete Oliver McGowan online training on joining the practice which is now a mandatory requirement (the link gives information about Oliver and the background Oliver McGowan | Oliver's Campaign |). In addition, 10 non-clinical staff have been booked on an interactive training session provided by the ICB between now and the end of the year, awaiting further dates to book the rest of the team. Clinical staff will attend a 1 day training course, plans for this are awaited.

  Neurodiversity strategy has been published on the website with a link to the BHFT neuro-inclusion passport.

2. **Friends and Family results**

Consistent results since the last meeting in June. 92.57% of responses received rated experience as good or very good. Google rating of 4.4 stars, no change, negative feedback circulated to line managers for review and any actions and discussed at monthly GP meetings. Positive feedback shared monthly with the practice team.

No change to common themes:

- Inability to book GP appointments in advance or online – update to come
- 8am phone scrum – as above

- GPs running late – AI scribe implemented to support this. Number of appointments reduced from 16 to 14 for each morning or afternoon so more catch up slots. Still an issue with patients bringing more than 1 issue to their 10 minute appointment so a message has been added to the phone message when a patient calls for an appointment to remind them.

A comment was made about the number of survey requests received. FM advised that the survey request was linked to appointments so would automatically be sent after an appointment. Patients with frequent appointments will get more messages. No obligation to reply to them but any feedback is helpful. A member asked about numbers of survey responses – for October so far around 300 responses received. Patients can also fill out a paper version if they wish which are available at the check in screen and can be obtained from reception.

3. Quality Improvement projects 2025

Patients on lifelong B12 being trained to give their own at home.
Internal decoration of the practice
Planning has been approved for a 2nd disabled parking space – cost will be £18k - funding has been applied for.

4. Online triage

GP contract has changed. Practices have to have online triage open during core hours. This is contractual, not optional. Practices are being scrutinised by NHS England to check this is happening. Currently receiving up to 30 a day which need to be dealt with in addition to the phone calls and walk-ins. Current system in use is econsult which is quite clunky but moving to Accurx triage from December which we are hoping will be a better quality tool. We are not moving to total triage at this point. Patients from the online triage will be offered a booked in advance appointment dependent on medical priority. Could be in 2 days, could be in 4 weeks. Some will go to the duty doctor.

5. **AI Anima Scribe**

The practice has been trialling this tool. It is being rolled out to clinicians, not compulsory, it is meant to help clinicians run to time. It is helpful for longer consultations and mental health consultations in saving time. Patients are asked if they consent to it. Not perfect but quite useful. The clinicians do have to check it and make any amendments required.

6. Temporary pause on patient list

The practice has been given permission by BOB ICB to temporarily close its list to new registrations. This is due to the unprecedented number of new patients registering at the practice over the last month. This will allow the reception team to process the paper and online registrations which at present exceeds 800 new patients and we expect will take our list size to 33,000. This surpasses the target list size of 32,000. This will be reviewed monthly and the practice is liaising with BOB ICB.

7. Staff updates

2 doctors have emigrated to Australia, their roles have been replaced. 1 doctor on maternity leave, short term locum until replacement starts in November. 1 pharmacist on maternity leave – 2 new pharmacists being recruited to create extra capacity, 1 HCA moved away, post unfilled so paramedics currently helping with ECGs and bloods, phlebotomist retired – post filled.

8. Questions submitted in advance of the meeting

Implementation of the Family Doctor at the practice?

A. This is not a priority for the practice at present. Access is the priority especially with political pressure around implementation of online consultations. There is a practice pilot project on the frail elderly who are not housebound.

What is the practice's involvement in the new Neighbourhood Health Centres as described in the NHS10YP?

A. The practice is a PCN and a member of the PCN alliance which put in a bid for wave 1 approval to be a neighbourhood health service. This was awarded elsewhere.

Access to GPs at the practice – patients being seen by nurses, PAs, pharmacists instead of GPs for reviews?

A. This is part of the strategy for modern general practice and the role of the MDT. Most chronic disease management will be undertaken by practice pharmacists leaving diagnosis and complex medical issues to the GPs.

9. AOB

Q. Why are you not doing covid and flu together as this means having to go to 2 different places?

A. Covid vaccinating is an additionally funded task, the funding reduced and we chose not to do it. Other places can eg pharmacies can do it and are doing a great job, we are not in competition with them. Patients can have them both together and can choose to have both at the pharmacy or they can get their flu from us and their covid from the pharmacy. We just want patients to get their flu jab regardless of who from. Resources have to be balanced and September/October time we have all the new students registering. Enimed are commissioned to give the covid vaccination to housebound patients.

Q. Letters for flu – a practice patient received a letter about the flu, had the vaccine and then got a second letter. They called the practice and was told we were too busy to check who had had it before sending a second letter. FM to enquire what may have happened.

A. Flu team at the practice did not send 2nd letters out. All patients with a valid mobile number get sent a text message to book in. Patients without a mobile number or email would have been sent one letter but did not get sent a second letter. Flu admin team had received feedback that patients were getting reminder letters but these are from the NHS, not from the practice. We only send letters if no other way of contacting patients due to the efficiency of other methods and cost.

Q. PPG member enquired about feedback for suggestions for improvements and lack of response from practice. Practice unaware of this as feedback had been given for suggestions. If any have been missed, patient can resubmit if not already addressed previously, apology given if any overlooked.

Simon Shaw from Healthwatch informed the group about a survey on the NHS app. There has been a really good response to the survey. They haven't gone into the data yet but there are some recurring questions such as what happens when 2 people in the same family use the same email address. Healthwatch have had feedback that not everyone has been able to access digital cafes. Agreed to circulate the survey with the minutes. EJ – could consider doing a project on the NHS app at some time in the future but not at this time due to other projects being undertaken.

Survey now open: share your views on the NHS App

Date of next meeting – Thursday 5th March 2026