

Grovelands Medical Centre Patient Participation Group

Minutes for Meeting on 18/11/2025		
Present	Present: OM, AM, PB, AW, KN, AD, JV, PC, TK, TC Apologies: HR, JB, HK, RG, NN	Actions
1.	OM Welcome and apologies discussed	
2.	Review of Minutes Minutes were not available for review at this meeting, but collective agreement made that there were no outstanding action items to bring forward.	OM
3.	Update from Practice Staff leaver/joiner Joiners <ul style="list-style-type: none"> • Nurse Sarah • Terry – Data/IT & Operations Manager • Katie – Care Co-ordinator • Reception – Megan, Chloe, Rachael Leavers <ul style="list-style-type: none"> • Sarah • Heather • Shivani Management update – KG is back at work and currently working reduced hours, increasing gradually. She hopes to come to the next meeting. Appointment availability & DNAs (Did Not Attend) / Rapid Health -Rapid Health has been stable over the last few months, we are predominantly using Amber slots (see within 48hr) and Green slots (routine) and continue to review our clinics to see where more can be added. Still booking two weeks in advance and so far there have been no major issues identified since keeping Rapid Health on for the duration of core hours following GP contract change. We have not switched off during core hours. -To combat appointment availability, in the process of making amendments to some clinic rooms to allow more movement of clinicians where needed, and reviewing possible alternative solutions to increase clinical space to allow more appointments -Since the last meeting 29.4.25 we have had 1305 DNAs, which does cover several quarters (Q1 + Q2/Q3). This is approximately 652 DNAs per quarter so generally within the normal range of DNA figures. AW request the data team to dive into the specific demographics of these recent DNAs to see if there is a pattern and anyone that can be targeted to improve attendance. -Our network of surgeries has been reviewing alternative solutions to Rapid Health, PPG members informed of the potential company we are changing to	

	<p>(GP Triage) and how this option is a stronger triage with more customisable options that will give patients a more streamlined access to services. Queries raised regarding how routine appointments and non-urgent appointments such as phlebotomy will be booked, this has been confirmed to be a customisable booking option that patients would see on the initial booking page. Ultimately this is still in discussion phase and reviewing options, but we are hopeful this will be the tool we change to and soon we will have more information on the exact customisable functionality available.</p> <p>-Any changes to the appointment booking tool would be introduced early into the new year based on contractual requirements and this will be communicated to patients in the same way the introduction of Rapid Health was. This potential new tool will also work for under 16s</p> <p>Complaints received Complaints received since the last meeting were discussed in an anonymised manner and the PPG were satisfied with the actions and learning put in place by the practice to avoid any future similar incidents occurring.</p> <p>10-year plan Brief discussion on the 10-year plan to inform the members the landscape of GP world is set to change, where we will work closely with other surgeries and PCNs for more community work and shared working. No specifics on how the landscape will be when this comes into effect or when this will start but confirmed we are in early talks to ensure we are at the forefront of this change.</p>	
4.	<p>Communications and Surveys (e.g., newsletters, updates to website, friends & family)</p> <ul style="list-style-type: none"> • Apr Friends & Family = 94% • May friends & family = 95% • June Friends & family = 92% • July Friends & family = 98% • Aug Friends & family = 99% • Sep Friends & family = 95% • Oct Friends & family = 95% <p>-Comment made regarding lack of communication in certain areas of reception that means patients are not receiving the correct information, an example of this was surrounding our Flu clinics and our reception team informing that there are no more sessions to book, which is not the case. This is to be added to the reception meeting agenda by AW for discussion at the meeting on 20/11/25 as a reminder to always ask if unsure.</p> <p>Friends & Family Friends and Family email sent monthly mentions regarding patient contact numbers potentially not being up to date, suggestion to review the check-in screen and see if it is possible to add this as a question that is asked when patients attend for an appointment. AW to look into this and see if possible. Overall numbers remain consistent across the months of the year with the exception of a slight dip in June.</p> <p>Autumn Newsletter - received by PPG, added to website, copy in waiting room</p>	

5.	<p>PPG member items :</p> <p>Engaging younger patients with PPG Due to time constraints and the other items added to this area of the agenda, engagement of younger patients was not discussed.</p> <p>Johns Hopkins Score PPG members informed of the premise of the John Hopkins score, this has been introduced by the ICB at the end of 2024/25 financial year as part of our local contracts, as such we receive a monthly list of patients who are categorised from 1-11 on a scale based on their medical conditions to easily indicate more complex patients from more routine care patients, to better help with resource planning and continuity of care.</p> <ul style="list-style-type: none"> - Scores are received from the ICB monthly although no comment can be given on how they categorise conditions to define a score - Numbers 1-4 are low need patients, 5-9 are medium need patients and 10 & 11 are complex need patients - All patients are coded, and their score added to their record monthly, patients can move up and down these scores potentially, but we cannot comment on how this is decided when the ICB provides the lists. This score will show in a small information box in the right hand of their record and visible to anyone who enters a patient record. - To focus on complex needs patients, all in groups 10&11 have been coded with a warning on their record for all staff to see, stating they are a high-risk patient and should be booked with their own GP for continuity of care - Although queried, these scores unfortunately won't link in with the online booking tools we are either using or looking at, but it is useful for reception when speaking to patients over the phone/in person, and when a GP is reviewing a patient they can see at a quick glance the complexity of the patient. - Patients in the high complex needs group (10 & 11) are also being checked to ensure they have a care plan in place, and where this has either not been reviewed for a while or is lacking, these patients are being booked with our care coordinator to review and implement as necessary <p>It has been noted that an oversight of introducing this was the lack of communication to patients. OM does note that the ICB was lacking in comms given out to explain the introduction of this scheme to patients, but going forward AW is going to organise for the IT team to ensure this added to our website similar to other surgeries, with an infographic document with further information, and to be posted on social media.</p> <p>Telephone Callback Facility Item added to the agenda not as discussion point but raised by a PPG member to make comment that they have heard the ring-back facility is proving popular and has been a big improvement. Agreed by members this has been a useful function to have access to.</p>	
	<p>AOB:</p> <p>-Suggestion for Grovelands to be represented at the Christmas Tree Festival at St Marks Church if all in agreement for this, no issue raised by GMC staff or other members and happy for this to happen.</p>	

	<p>-The call length of the introductory message to the surgery has been mentioned as too long, especially for those trying to get into the queue to get an appointment. AW to ask IT team to review telephone introductory message to see if this can be shortened.</p> <p>-No further progress yet on the NHS App workshop, advised the email was sent by the IT team to organise this but then recalled, unsure if this was intentional or accidental, AW to ensure the IT assistant sends another email to get the workshop organised.</p> <p>-OM provided more information on the new appliance service following the email sent around by AW, no go-live date yet for Grovelands but once this has been announced, AW will ensure communication to patients on this expected change.</p> <p>-AW to check in with social prescribing team to make sure they are aware of all incoming referrals and any issues surrounding contact to referred patients following issue raised around non-responding.</p>	
	Date of next meeting – tbc (approx. Feb 25)	