

**Patient Participation Group****Date:** 10<sup>th</sup> December 2025**Time:** 5:30pm – 6:45pm**Minute Taker – Helen Proud****Chair – Regan Parkes****Patients In attendance:** Darrell, Hilary, Alan, Diane, Sonia, Kath, Linda

<b>AGENDA ITEMS – FROM PRACTICE</b>	
	<b>Presented by</b>
Welcome and introduce any new group members / staff Regular change to resident doctors for 4 months	RP - Dr Mei Hon and Dr Sana Khan have joined us until April 26
Actions from last minutes -	None Outstanding
<b>1. Move to online triage Online Triage Implementation and Access Improvements</b>	<p><b>HP</b></p> <p><b>Background / Call Handling Performance</b></p> <ul style="list-style-type: none"><li>Prior to the introduction of online triage forms, the average call waiting time was <b>11 minutes 37 seconds</b>.</li><li>By the end of the first week of online triage implementation (November 2024), the average wait time reduced to <b>6 minutes 12 seconds</b>.</li><li>Following contractual changes effective <b>01/10/2025</b>, online triage forms are now open until <b>6:30pm</b>.</li><li>As of last week, the current average telephone waiting time has further reduced to <b>2 minutes 2 seconds</b></li></ul> <p><b>Triage Form Activity</b></p> <ul style="list-style-type: none"><li><b>Week commencing 01/10/2025:</b><ul style="list-style-type: none"><li>Total triage forms submitted: <b>398</b><ul style="list-style-type: none"><li>Medical: <b>341</b></li><li>Administrative: <b>57</b></li></ul></li></ul></li><li><b>Last week:</b><ul style="list-style-type: none"><li>Total triage forms submitted: <b>445</b><ul style="list-style-type: none"><li>Medical: <b>395</b></li><li>Administrative: <b>50</b></li></ul></li></ul></li></ul> <p><b>GP Capacity and Appointment Management</b></p> <ul style="list-style-type: none"><li>The practice has recently increased GP capacity by <b>one additional session per week</b>.</li></ul>

	<ul style="list-style-type: none"> <li>• There is now an <b>allocated GP assigned to triage for the full day, every day.</b></li> <li>• New appointment slot types have been created to allow GPs to book follow-up appointments directly for patients they wish to continue managing, supporting <b>continuity of care</b>. <ul style="list-style-type: none"> <li>◦ This reduces the need for patients to submit additional triage forms for follow-up issues.</li> </ul> </li> </ul> <p><b>Appointment Availability</b></p> <ul style="list-style-type: none"> <li>• Appointment slots are now structured as follows: <ul style="list-style-type: none"> <li>◦ Bookable within <b>4 weeks</b></li> <li>◦ Bookable within <b>2 weeks</b></li> <li>◦ Bookable within <b>1 week</b></li> <li>◦ Remaining slots are <b>protected for same-day appointments</b></li> </ul> </li> </ul> <p><b>Outcome</b></p> <p>The introduction of online triage, combined with increased GP capacity and improved appointment structuring, has significantly reduced call waiting times and improved patient access and continuity of care. The practice feels it is heading in the right direction to combine its ethos of seeing the right patient at the right time by the right clinician with adhering to new NHS guidance to open its digital online triage all day 8am until 6:30pm.</p>
<p>1. Patient Survey Results – Re Audit June 25</p> <p><b>Highlighted points for discussion with PPG:</b></p>	<p>HP asked if the group would complete a short questionnaire with a few questions about any recent interactions with the practice – All agreed</p> <p>Questionnaires reviewed and on initial glance all appear to be positive. Sheets will be handed over the Practice Manager for full review.</p>
<p>2. <b>Practice Nurse capacity</b></p>	<p>HP</p> <p>The practice is pleased to announce that a new Practice Nurse (Lauren) will commence employment on <b>5 January 2026</b>. She will be employed for <b>30 hours per week</b>.</p> <p>As she is new to general practice, a period of structured induction and training will be required.</p> <p>Training to full general practice competency is expected to take approximately <b>6–12 months</b>.</p>
<p>3. <b>More Refurbishment work</b></p>	<p>HP</p> <p>As the group may have noticed on entering the building we are currently undergoing a full refurbishment of <b>Clinical Rooms 4 and 6</b>.</p> <ul style="list-style-type: none"> <li>• Works are progressing well and remain on schedule.</li> <li>• Completion is anticipated within the <b>next two weeks</b>.</li> </ul>
<p>4. <b>Neighbourhood working</b></p>	<p>HP</p> <p>The NHS 10-Year Plan in relation to neighbourhood working. At present, practices remain unclear on how neighbourhood working will be implemented practices. Unfortunately, there has been no further guidance or progress recently.</p>

ITEMS FROM PATIENTS	
<b>1. Triage form query</b>	<p>Q. Linda          Regarding the triage form - if you fill in the online consultation form and you may have your wait for someone to call you back, how does this work for those who are at work and cannot be easily connected due to work commitments. They may need a specific time?</p> <p>A.HP - <i>The forms do ask the question how and when a good time is to contact you. This has not been an issue so far. On occasions patients do not answer their phones we leave a voicemail and send a text message. If patient does not call back by following morning our admin triager at 8am checks all forms have been completed from previous day and any still open we attempt again to reach the patient. Last resort after day 2 would be to send a letter. (This has only happened once since going total online triage)</i></p>
<b>2. Relationships between Hospital and Practices</b>	<p>Q. Alan          The Guardian newspaper at the weekend reported on communication difficulties with hospitals. Does that apply to us and if so, what can we do about it?          Secondly, how good is our professional and business relationship with Chesterfield Royal? -</p> <p>A.HP          Practices with the backing of the LMC are pushing back on secondary care work being asked of primary care which is a big shift. Historically practices have performed investigations, created and processed referrals when asked and now practices are sticking where possible to what we are contracted to do – This could be a factor in where the media are reporting breakdown in relationships</p>
<b>3. NHS App –</b> Practice is still looking at how better we can advertise this.	<p>Q. Alan          My background to this latter point concerns General Practice in Chesterfield having nomination rights for a governor. Royal Primary Care has that right bestowed at my initiative when I was both a hospital governor and on Ashgate PPG. Jayne Stringfellow, the architect of RPC in the hospital semi merger is now the senior independent director and a candidate for the chair. She is eminently approachable and may listen. It is my view that ALL Chesterfield General Practices should be represented</p> <p>A. HP  <i>HP asked Alan if he is happy for us to send his query to our PCN clinical director it might be something we can work on and then respond to his query – Yes he is happy for us to send – HP will inform Tamsin our PM</i></p> <p>Could we advertise this at every contact with a patient by telephone, letter or text message adding on about the App and what patients can access by downloading it.</p>

**Next Meeting Details confirmed for Wednesday 4<sup>th</sup> March @ 5:30pm**