**MINUTES OF PATIENT GROUP MEETING – TUESDAY 12 AUGUST 2025**

PRESENT – Judith Harvey (Chair), John Flinders, Lesley Hall, Viv Palfeyman, Cedric Norman, Mandy Hallam, Melanie McCormick, Jane Wharton.

APOLOGIES – Roger Beresford.

Minutes of last meeting – were reviewed.

Updates re; matters in minutes of meeting 13 May – Jane reported that the message regarding our Advanced Care Practitioners (ACPs) has been added to the call queue now. They are now called ACPs rather than ANPs to properly reflect their role. She had fed the group's comments back to them and they were encouraged by such positive feedback. She will be meeting with them again shortly so we will see if they have anything to report back.

The surgery is now closed between 1 and 1.30 for lunch and handover of staff (previously 1-2 pm). This allows those patients who arrive early for their appointments plenty of time to check-in and prevents any queues at the door at 2 pm.

Report on PPG Network Meetings July 2025 – Judy and Viv gave their feedback on recent meetings attended and much discussion took place. The group's terms of reference and constitution were reviewed, and it was agreed that they broadly fit with the aims of the PPG Network although it was acknowledged that there is room for different interpretation. Our group feel strongly that their remit is to support the practice, but the impression from one of the meetings was that other groups feel they are there to influence practice decisions and hold them to account in some way. In addition, there were some surprising insights into how other groups recruit new members which the members were not entirely agreeable with. It also prompted discussion around 'virtual' patient groups. It seems other practices used them to share information with, rather than obtain feedback, and it was not clear how many patients from these groups were actively supporting the practices in any way.

Jane informed the members of the PCN's aim to enrol a patient group member to attend the regular Board meetings in future. The work Jodie Cook reported on at the last meeting is relevant towards this and once a PCN wide group has been established this would be the next step.

GDPR and PPGs- Judy had been forwarded some information. It is clear from this that SMS messages to patients regarding the group are entirely appropriate. We are always mindful of patients' confidentiality and would never give any group members patient information. The surveys they carry out only collect patient demographics, such as age. There is no identifiable patient information collected. All agreed that there are no issues on our part in this respect.

ANY OTHER BUSINESS

Plans for surgery extension – were shared with the group. We will be creating two new consulting rooms. Jane reported that our list size has increased considerably, particularly since the new housing around Shipley Lakeside. We have expanded our boundary slightly so that we could support the new care home that is not covered by Ilkeston practices and required the input of a local Amber Valley practice. Our list size is currently over 9,500.

Driving licences for over 70-year-olds – Cedric raised this issue. His interpretation was that GPs will be expected to report on patients' ability to drive once this comes into force. We have had no information in practice, and it would certainly have major implications on workload if this was the case. We will wait to see what transpires.

Patient survey – agreed that the group will carry this out again this year. Jane commented that it is invaluable to us as, unlike the national survey, it focuses on patients who are accessing our services and in addition the numbers collected are much higher. For this reason, we do try to mirror the questions of the national survey with a couple of additions focused on practice issues. We could ask if patients understand the role of the ACPs to see if our message has helped as well as specific questions around the telephone system, particularly now that we have the call back option as it is useful to know if patients are happy to use it.

Jane circulated the 2025 national survey. 343 surveys had been sent out to random patients and 95 were sent back. The rating for overall experience was 83% which is higher than the 75% national average score and 76% ICS average score. The group agreed that the results were encouraging. It was acknowledged that getting through on the phone remains an issue, but the group felt that it had improved with the new phone system. This may take a while to reflect in our results as patients who have responded may not have accessed the surgery recently. The website was also discussed as the group felt that some patients may have difficulty in locating EConsult for online appointments. Mel reported that the reception staff text a link to patients to assist them with this. Judy asked about online appointments as this was something patients had access to in the past. Unfortunately, the current online system is not sophisticated enough to manage our appointments efficiently and enable the flexibility we have for patients to choose either a face to face or telephone appointment.

The group acknowledged that issues raised with the practice are always addressed and that many changes have been made because of their interactions.

A couple of recent issues with Google reviews was discussed. The practice had been very disappointed by extremely negative feedback that they did not believe was accurate/upheld. The group were sympathetic and reassured her that such feedback is not reflective of others' views. Sadly, the tendency is to complain rather than praise on such platforms.

We will discuss this in more detail at our next meeting when members will be asked for their availability to come into the practice to hand out surveys.

Date and time of next meeting – Tuesday 11 November 2025 at 6.30 pm