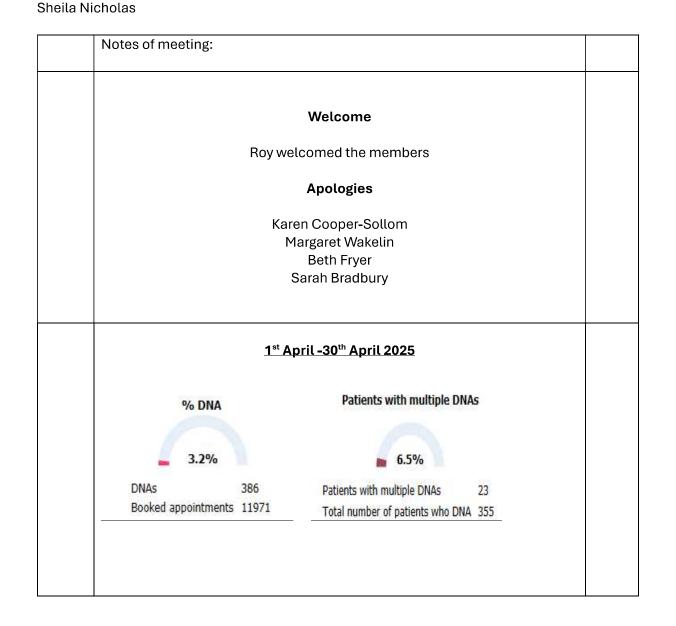


Darwin Medical Practice Patient Engagement Group (PEG) Minutes of Meeting held at 11am – 13th May 2025

Attendees:

Roy Ellwood
Jim Bowen – Vice Chairman
Bill Harrison – Vice Chairman
Ken Sheppard
Margaret Wakelin – Apologies
Jacqueline Downs
Beth Fryer - Apologies
Sarah Bradbury - Apologies
Janet Foord -

Dr James Ward – GP - Partner Karen Cooper-Sollom – Patient Liaison Officer- Apologies Emma Jones – Business Admin Support Team



Patients with multiple appointments



Patients with multiple appointments 2890 Total number of patients 6737

Less than 1 year	- 1.4%	Total	Booked DNA DNA Rate	164 6 3.7%
1 - 5 year	2.5%	Total	Booked DNA DNA Rate	294 13 4.4%
6 - 15 year	2.8%	Total	Booked DNA DNA Rate	334 11 3.3%
16 - 45 year	26.9%	Total	Booked DNA DNA Rate	3205 152 4.7%
16 - 64 year	24,9%	Total	Booked DNA DNA Rate	2972 80 2.7%
65 - 80 year	27.2%	Total	Booked DNA DNA Rate	3246 69 2.1%
81+ year	14,4%	Total	Booked DNA DNA Rate	1713 48 2.8%

Review of April Minutes

Q. Has the triage system started yet?

No, not yet, we are looking to launch this in approximately 5 weeks time (mid June). This will be a soft launch with the online system running in the background and we will promote it as an alternative way for patients to make appointments. There are three codes the system uses which are;

Red – urgent appointments (on the day)

Green – routine appointment (up to a five week wait)

Amber – appointments within a week.

Q. How does it work?

It is an automated system and patients will follow a link to answer questions about their condition. From the information submitted the system will categorise their condition as red, amber or green, following this it will send the patient a link to book an appropriate appointment.

Q. How will this work for the elderly and people who don't use computers/internet?

Those patients who do not use computers can still ring the Receptionists in the usual way, the only difference is that they won't be offered an amber appointment (intensive training would be required to offer this service) they would be offered the same two options that are currently offered which are urgent on the day or routine appointments which are up to a five week wait.

If enough people use it, it will reduce the phone queues and will allow GP's to spend more time with their patients as this will do the triaging for them.

The Ringback service was mentioned at the last PEG meeting and Dr Ward has investigated this and has been assured from the Receptionists that the ringbacks are happening and appear to be working ok. There is an option to press a number for the ringback and it could be that a patient has put the phone down too quickly before this has registered for a call back. It is a new system however and slight glitches are to be expected.

Practice Update

Sickness leave has improved with the GP's returning to work

There is still some staff sickness amongst the Nursing Team

We are currently training some new Receptionists who have started with us which means there is a slight delay in workflow whilst they are being trained.

Interviews for a new GP took place last week and we had a very high standard of candidates and are currently in negotiations with one who we hope will be joining us.

Nicky Crawford who has worked for us for several years as a Locum has joined us permanently now as an ACP

AOB

Q. Why do the Check in Screen not make it clear when checking in if it hasn't registered you as here? e.g if you ran out of time or put in incorrect information on check in.

This will need to be investigated with the Software Company.