PPG Minutes 27th January 2026

	Practice Staff	Patient representatives	
Present:	Vipul Parbat. GP	Brian Malyon	John Stacey
	Juliana Reinaldos. Business Manager	Jaki Smart	Rachel Boulter
	Tracey Wootton. Digital Transformation Lead	Carys Faichney	
	Stephanie Smith. Operations Manager		

Apologies Chris Cook, Rukhsana Ijaz, Dave Nelson

Surgery Update	**Action**
The Business Manager gave an update on the reconfiguration of space on the second floor to create 3 small meeting/interview rooms and a larger general meeting room. The new facilities would ease demand in the surgery for staff meetings and patient/client interaction with health practitioners. Brian asked regarding the feasibility of booking the meeting room for informal PPG meetings. It was also reported that the Check-in Screen was now waiting to be plugged in on the ground floor. Prominent signage would be required to direct patients to it. Another patient innovation soon to be installed was a machine to self-record weight, height and blood pressure. The results would give a printout and also interface with patient records. It was noted that clear patient instructions would need to be displayed in order to get valid readings. Protocols for follow up Action would be agreed.	
It was announced that Brian would be stepping down as Chair of the PPG but would be remaining as a member. He was thanked on behalf of the Practice Partners and the rest of the committee for his considerable support as firstly a member and subsequent Chair facilitating the development of the PPG since its inception. Acknowledgement was also given to the long standing and tireless work of the previous Chair, Chris Cook, who was now resigning from the Committee. Jaki Smart would be taking over as the Chair and Rachel Boulter had agreed to act as admin. secretary for a temporary period.	**Update PPG website page JS/RB**
Artificial Intelligence (AI) Reception/E Consult Interface was still being trialled so that technical hitches could be ironed out e.g. enabling patients to switch between functions without losing their place in the queue.	
Pharmacy First	
The practice was now running the campaign content in waiting rooms at both sites. and on the reception/AI call system. The information prepared by the PPG was sent to the Business Manager to be approved and will then be posted on the PPG web site page and on the Latest News. It was agreed that approved pharmacies would not be included at this time. It was noted that patient awareness and use of this service would significantly reduce waiting/access times.	**Upload Pharmacy First to PPG website page TW**
NHS App	
Efforts were being made to increase uptake and use of the NHS App in particular for repeat medication requests. It was recognised that there were patients who did not have devices that would support Apps and others who might need help to download and use it. Reception staff had often helped patients with the latter. The PPG would give thought to how they might further help with this.	**All**

Staff changes Dr. Clayville and Dr. Neem are leaving to work nearer home. Two replacement GPs have already been recruited and names will be announced once finalised. **E-Consult** On average there were between 800 and 900 e-consults a week. However, over the last 3 weeks this had risen to over a thousand, largely due to winter pressures. **Minutes of Last Meeting** Rachel was thanked for her sterling efforts in producing the minutes from the Transcript recorded at the last meeting. The minutes were approved as a correct record. **Matters Arising** Health Campus Due to concerns being expressed in the media about ultimate parking capacity for the proposed new Campus, patient representatives of the PPG asked if/how practices were represented on the planning committees for this development. It did not seem that there was any direct representation, except at ICB (Integrated Care Board) level. **Support Groups/Patient Talks** There was a further wide-ranging discussion on benefits/limitations of publishing information on existing patient support groups and/or providing surgery led initiatives. Building on previous successful patient presentations, Dr. Parbat agreed to give a series of talks covering health, prevention and management of common diseases. Ones suggested and agreed were hypertension and diabetes. In order to reach a wider patient population, it was requested that consideration be given to recording face to face presentations so that they could be posted on the PPG web site. A method of identifying/inviting patient cohorts to attend the presentations was yet to be finalised. Use of Live Teams, using Chat was proposed. **Surgery Statistics** The current number of registered patients with the surgery is 23,406. In relation to booked appointments this quarter, there is a whole year's worth of data. Per total number of bookings, this gives an average 4.92 appointments per patient. The surgery statistic for total appointments is based on all booked appointments, by doctors, nurses, etc and including flu vaccines. **Do not Attends (DNAs)** This was an ongoing area of concern as it reduces the number of available appointments. Clarification was requested regarding the calculation of DNA's, i.e. were they based on the total number of appointments or just the face to face ones. If just the latter, the percentage of non-attenders was significantly higher at 8% rather than 3.4%. It was acknowledged that it should be the latter and would be amended. The national average is currently 5% although it doesn't indicate whether it includes telephone appointments. It was requested whether more breakdown could be given to differentiate between GP, Nurse, Pharmacist etc and the number of unavailable appointments. This was considered possible, whilst noting that flu bookings will always skew the data. For example, there were 2000 appointments on 2 Saturdays in October for flu vaccines. It was also clarified and confirmed that DNA's do not include telephone consultations.	**Action VP/TW/JS/RB** **Action SS** **Action LHS**

Current and proposed suggestions to further reduce DNA's were discussed including a review of changes being trialled to facilitate patients trying to cancel appointments in a timely manner. A request was made for breakdown into unique or repeat DNA's. A snapshot of patient utilization in the period by age group was given as an example of reporting which could be made available. PPG members were invited to check through and indicate what would be helpful. It was thought that understanding which age groups featured highest in the DNA's could help target support. The next slide featured the rolling on year, online consultation activity, broken down into those completed by the patient, receptionist or AI. Also included were 2 graphs of call statistics i.e. the number of calls received and number of call-backs made. It was remarked that the numbers seemed static whilst one would have hoped that the numbers completed by receptionists would diminish over time. This is being kept under constant review to facilitate change and streamline current practises. For example, patients to be able to request and pay for private certificates, etc vis the web site and not through e-consult process. The next slide covered patient feedback/satisfaction sought by text after face to face appointments only. As the numbers were small this would move to quarterly reporting. A further table showed the overarching number of log-ins to the NHS App by patients registered with the Practice, further broken down to the number of unique log-ins. The Practice will be working to encourage more patients to utilise the NHS-App. The final slide covered Repeat Prescriptions. Since last year the statistics have improved as more patients are using the NHS-App for repeat prescriptions. However, this is an area where more work needs to be done as discussed under Surgery update above. Patients unable to use the App could still continue to visit the surgery with their request. Since Christmas the surgery has been monitoring the numbers coming to reception for repeats prescriptions so this information should be available in the future. **Complaints** Jaki asked whether there was any information or trend analysis available regarding complaints made to the Practice. Broad themes would be helpful. It was agreed that this would be possible. **Committee Membership/Terms of Reference** The size and makeup of the patient representation on the PPG was an ongoing topic of discussion. Various attempts, some initially successful had been undertaken in the past to recruit new members. This seemed to be an issue for most PPGs. It was agreed that it was an opportunity for a review and to learn from other PPGs in the new Hertfordshire PPG networks who have been more successful in this endeavour. Likewise, it was time to build on the work undertaken and led by the two previous chairs, Brian and Chris and refocus energies on a small number of key initiatives where the PPG could make a difference. For this purpose, it would be useful to know how many patients have logged onto the PPG website as there was concern that very few patients ever visit it. There was ensuing discussion about changes to the patient experience, less contact time with the practice, the effectiveness and satisfaction with telephone consultations, confusion about the doctors' role and other health care members of	**Action JS** **Action SS** **Action All** **Action LHS** **Action TW** **Action SS** **Discuss at next meeting** **Action SS**

the team; role of outside pharmacists; opticians removing ear wax and online media sites. It was proposed that there could be a role for the PPG to change negative patient perceptions of Primary Practice. A big issue is always access to see someone/not necessarily a doctor, although this Practice has made great strides with this. Whilst younger generations might be happier with the societal shift in healthcare it was important to take everyone along with the changes. A possible key role of the PPG would be to have a PPG board that reports on services offered by the surgery. Engaging with Social Media e.g. Practice Face Book page. Patient representatives on PPG were reminded that through their own social networks they were good advocates for the Practice, sharing and disseminating positive factual changes that were being made, and the challenges Practices were facing. This was much appreciated. **Check in Screen – Patient Confidentiality** Jaki raised the issue of safeguarding for adults and children and how alternative means of identification could be displayed and called out on the VDU in the waiting areas. This had been raised by a patient at another Practice and apparently on their check in system it was possible to request an alternative means of identity on the VDU e.g. use of initials. Jaki asked if it was possible to install something akin to this on our system. **Date of Meeting** **1.00 pm Thursday 30th April at Highfield Surgery**	**Action JS/RB/SS** **Action JR**