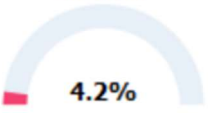

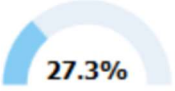


Darwin Medical Practice Patient Engagement Group (PEG)





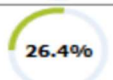

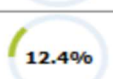
Minutes of Meeting held at 11am – 10th June 2025

Attendees: Teams Meeting

Roy Ellwood – Chairman	Dr James Ward – GP - Partner
Jim Bowen – Vice Chairman - Apologies	Karen Cooper-Sollom – Patient Liaison Officer
Bill Harrison – Vice Chairman	
Ken Sheppard	
Margaret Wakelin - Apologies	
Jacqueline Downs	
Beth Fryer	
Sarah Bradbury - Apologies	
Janet Foord	
Sheila Nicholas - Apologies	

	Notes of Meeting:	Action
	<p>Welcome</p> <p>Apologies Sheila Nicholas Sarah Bradbury Jim Bowen Margaret Wakelin</p>	
	<p><u>1st May – 31st May</u></p> <div> <div> <p>% DNA</p>  <p>4.2%</p> <p>DNAs 189 Booked appointments 4513</p> </div> <div> <p>Patients with multiple DNAs</p>  <p>2.2%</p> <p>Patients with multiple DNAs 4 Total number of patients who DNA 180</p> </div> </div> <div> <p>Patients with multiple appointments</p>  <p>27.3%</p> <p>Patients with multiple appointments 889 Total number of patients 3253</p> </div>	

DNA Age range data

Less than 1 year		Total	Booked DNA DNA Rate	66 1 1.5%
1 - 5 year		Total	Booked DNA DNA Rate	106 5 4.7%
6 - 15 year		Total	Booked DNA DNA Rate	118 7 5.9%
16 - 45 year		Total	Booked DNA DNA Rate	1176 72 6.1%
46 - 64 year		Total	Booked DNA DNA Rate	1187 56 4.7%
65 - 80 year		Total	Booked DNA DNA Rate	1281 31 2.4%
81+ year		Total	Booked DNA DNA Rate	556 12 2.2%

Review of May 2025 minutes

Q. What does ACP stand for?

R. Advanced Clinical Practitioner – It's a relatively new role for us at the practice; the candidates have a masters degree and are trained in diagnosis and history assess to the highest grade, similar to doctor training. We currently have two - Claire Doleman, Nicky Crawford who has just joined the team after being a locum for the practice, and additionally we have three people currently working towards this qualification, Chloe Moorhouse, Emma Griffiths who both have 18 months of training to complete and Ashleigh Boardman who is about 9 months away.

Q. How long is the training to become GP?

R. 6 years plus 3 years to train to become GP.

Business Update

Q. Can you give an update on the triage process and when it starts?

R. The triage service launches on Monday 16th June. As yet we haven't signposted this to our patients, but we intend to start the communication this week.

Approximately 10% of the patient list come through the practice weekly that we can encourage to use the new service. It is an opt in we are not insisting patients use this service, and we will be continually assessing and learning. Rapid Health are the suppliers of the software and it is used widely in many practices. There are lots of variables making it difficult to predict how many patients will use the online service making it difficult to know how this will affect the phones.

The switch is planned to happen on Sunday evening and we are looking at change messaging part way through Monday. Gives us a more opportunity as the demand on the phones reduces following the morning rush.

It will give patients greater choice, at the moment our care navigators only have access to Red and Green appointments, if the patient chooses to use the triage process as long as they enter the information as prompted then they will be offered a range of appointments that includes Red, Green, Amber and Yellow. Insight Rapid

	<p>Health have shared with us from other practices is that the yellow appointments that offer a dates within a week become the more popular appointments allowing patients to plan more effectively, at the moment we don't know how many we will need and it may be that a % of the red appointments are changed to yellow.</p> <p>To support the transition, we have recruited additional locum support for the next 4 – 6 weeks. We don't anticipate the care navigators will see the change affect on day 1.</p> <p>It will allow better utilisation of other resources ie Physio, ACP's.</p> <p>Feedback from the PEG Chairman – The practice seems far more proactive using other services such as the pharmacy team to support patients.</p> <p>The triage process will enable the patient to get to the right service for instance someone with an eye problem can be signposted to an optician who has the knowledge and skill to deal with issues associated with the eyes including the appropriate equipment.</p> <p>Q. What is in place to help people who don't use computers there needs to be something to help them?</p> <p>R. We are not enforcing the use of this service; patients will have the ability to speak to a care navigator who will be able to help them. Although we have decided that our care navigators will not be talking patients through how to complete the form over the phone due to time constraints.</p> <p>Q. What affect with the new housing development in Curborough have on the practice?</p> <p>R. At the moment we don't know, however since the merger we have seen a steady increase in the patient list at our Lichfield St Chads branch. When we merged, we had 4000 patients we now have 6000 that's not creating a problem. A housing development of that size would add approx. 1000 additional patients to a list.</p> <p>The patient lists at Westgate and Langton remain stable. Westgate cover Fradley and find it challenging.</p> <p>Group discussion – There has already been an open day and a further one is planned with the public and council to go through the plans for the development in Burntwood at Coulter Lane.</p> <p>Q. Is there an option to 'shelve' the plans for the space at the front of Greenwood to become a pharmacy allowing the practice to expand?</p> <p>R. It would be a solution to allow the practice to increase but it's not currently being discussed. The focus is on developing a new large build at the other end of Burntwood.</p> <p style="text-align: center;"><u>Practice Staff Updates</u></p> <p>Two new salaried GP's have accepted the offers, Dr Samani who is currently doing some Locum work for the practice will be increasing from 2 to 3 days. In addition, we have a GP joining from another practice out of the area who will do 2 ½ days per week and is a training GP who will be able to support training with our trainee doctors.</p> <p>Sick leave continues to reduce across all teams.</p>	
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	<p>There is training going on with our care navigation team.</p> <p>Q. Why is there a care navigator sometimes sitting behind a closed screen in Greenwood when there is a queue?</p> <p>R. The general rule is that if the queue is 4 or less patients waiting, we close one of the blinds to allow the care navigator to support other activities. If the queue increases above 4 then the care navigator should resume dealing with patients. However, it does depend on what they are involved with when the queue increases as to how quickly they can re-open their desk.</p> <p>Q. Can you tell us about the stay at home service that's aimed at preventing patients having to be admitted to hospital with a nurse practitioner visiting the patient daily and is this something we do?</p> <p>R. It's not run by a specific practice, it's run by the CRIS Service, and it is a service we use from time to time. It allows the nurse practitioner access to the hospital resources and experts for advice on treatment plans for patients.</p> <p style="text-align: center;"><u>AOB</u></p> <p>1. Does the surgery offer weight loss injections/patches and what is the criteria?</p> <p>The criteria for weight loss injections is that the patients have to be morbidly obese with a BMI of more than 40 and four conditions impacted by weight, diabetes, blood pressure, high cholesterol, heart disease. Currently in Staffordshire there are 2000 eligible people.</p> <p>There are some options to prescribe weight loss injections, but this is very limited and to a small cohort and generally In Staffordshire GP's do not prescribe but GPs in some of the surrounding counties are able too, for diabetic patients.</p> <p>2. Do we have any insight into why we are seeing people resigning from the practice?</p> <p>Here at Darwin, we directly employ 110 staff so we would expect to see movement of people who choose to leave the practice to pursue other careers or interests on a regular basis. We do conduct exit interviews to help identify possible problems.</p> <p>3. Are we recruiting new PEG members?</p> <p>The group have discussed whether there is a need to recruit additional members to the PEG group and it was agreed that at this point in time that the group is at the optimum size so they will not be recruiting any additional members to join the group. However, if anyone is interested there is the option to join the virtual group.</p>	
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Next meeting scheduled for

15th July 2025

@

11.00am Greenwood Health Centre or via Team's link