



Darwin Medical Practice Patient Engagement Group (PEG)

Minutes of Meeting held at 11am – 21 April 2026

Attendees: Teams Meeting

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

Dr James Ward – GP - Partner
 Karen Cooper-Sollom – Patient Liaison Officer (Apologies)
 Emma Jones – Business Support Administrator (Note Taker)

Guest: Dr Shammy Noor

| | Notes of Meeting: | Action |
|--|---|--------|
| | <p align="center">Welcome Jim welcomed everyone to the meeting</p> <p align="center">Apologies Roy Ellwood Beth Fryer Karen Cooper-Sollom Jacqueline Downs Sarah Bradbury</p> | |
| | <p align="center"><u>01-Mar-31-Mar 2026</u></p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="308 1473 737 1722"> <p align="center">% DNA</p> <p align="center">5%</p> <p>DNAs 250 Booked appointments 5040</p> </div> <div data-bbox="791 1473 1209 1722"> <p align="center">Patients with multiple cancellations</p> <p align="center">14.7%</p> <p>Patients with multiple cancellations 126 Total number of patients who cancelled 855</p> </div> </div> <div data-bbox="533 1783 1000 2031" style="margin-top: 20px;"> <p align="center">Patients with multiple DNAs</p> <p align="center">3.3%</p> <p>Patients with multiple DNAs 8 Total number of patients who DNA 240</p> </div> | |

DNA Age range data

| | | | | |
|------------------|-------|-------|---------------------------|---------------------|
| Less than 1 year | 1.4% | Total | Booked DNA DNA Rate | 69 4 5.8% |
| 1 - 5 year | 2.9% | Total | Booked DNA DNA Rate | 146 9 6.2% |
| 6 - 15 year | 3.3% | Total | Booked DNA DNA Rate | 166 10 6% |
| 16 - 45 year | 29.5% | Total | Booked DNA DNA Rate | 1480 126 8.5% |
| 46 - 64 year | 26.7% | Total | Booked DNA DNA Rate | 1341 60 4.5% |
| 65 - 80 year | 25.2% | Total | Booked DNA DNA Rate | 1266 26 2.1% |
| 81+ year | 10.8% | Total | Booked DNA DNA Rate | 544 13 2.4% |

Review of March 2026 minutes

Nothing to add.

Staff Update

Doctors – No changes

UCT – New member of staff Sarah Markham, ACP, has completed her induction and is now seeing patients

Pharmacy – New member of staff Zahra Nawaz, Pharmacist, has started today

Nursing Team – No changes

Management – Sarah Farmer, Reception Manager has returned from maternity leave and is working 3 days a week

Care Navigators - We have had a couple of new starters who are going through their training and are settling in well

We have an advert going out for a new Doctor

Business Update

We have had the QOF year end and with all the hard work from all involved particularly the Pharmacists, Michele Hassell and Chloe Moorhouse we have hit all targets

We are changing our recall system from the Ardens system that we currently use to a far more sophisticated recall system called Abtrace. We currently recall patients on their birth month, however this will change with Abtrace which recalls the most overdue patients first. This new system means we will be putting our efforts into calling the patients who are most overdue. Most of our patients are used to being called during their birth month, they can continue to book in this way if they prefer, it just means they won't receive a reminder message as they will never be overdue.

How long will Abtrace take to set up?

We switched part of it on last week and will be completing set up by the end of this month. There are a few extra parts that we need to discuss and set up and we are expecting these to be ready by end May/beginning of June. This is a work in progress and will evolve as we are using it.

Can People not on a recall system still book for a review?

Yes, if you have any health worries you can book in as you would before.

Did the Resident Doctors strike affect us?

We were able to cope during the strike as the week these took place was the changeover week for the resident Doctors, so the resident Doctors were all on their inductions and not seeing patients. Only a couple of the Resident Doctors with us went on strike.

Is the Covid programme running?

Yes, this round of covid spring boosters has been launched, and eligibility includes adults aged 75 and over, residents in older adult care homes, and individuals aged 6 months and over who are immunosuppressed.

Rapid Health - Dr Noor

This is an AI-driven, NHS approved digital triage tool adopted by GP practices to modernise primary care, allowing patients to book appointments or submit queries 24/7. This is being rolled out to meet Government directives aimed at improving patient access reducing the "8am phone scramble".

If Rapid Health can offer an appointment, it will book it for you.

If no appointment is available, it will message the on-call Doctor for triage. This goes to an actual person not an AI bot.

Rapid Health is not going to replace phone calls it is to offer an alternative for people who are happy to book online, therefore reducing the wait time on the phone lines.

The next phase of the rapid health system is going to be set up within the next couple of months. We think 80-90% of our patients will prefer to book their appointments or ask their admin queries online. This is going to be a more straight forward system that will offer routine or urgent appointments and allow patients to ask questions or advise/update the Doctor about an issue without the need for an appointment to see a Doctor.

Patient Survey Update Sub Committee– Jim Bowen

The members had a round of comments and individual opinions on what format a questionnaire should look like.

Karen CS produced a report that had been compiled from the last survey carried out pre-covid. This was by consensus a very lengthy document which must have entailed quite detailed and time-consuming questions for patient and volunteers alike.

One of the members asked about the friends and family forms that patients are invited to complete after their visits to the practice. The members were all quite shocked to hear that more than 1500 patients responded monthly to this invitation and the results were compiled into a very comprehensive and detailed spreadsheet each month. A discussion took place and the decision was made that any further patient surveys were not deemed to be necessary.

A suggestion was made that to raise the profile of the PEG, a table could be set up in a corner of the reception area, perhaps once a week, where PEG members could be available to take note of comments and hopefully answer questions from the patients - No decisions regarding this were made today due to low numbers at the meeting.

AOB

- 1. Is there an option for members of the virtual PEG to be involved with the preparation and planning of the patient survey?**

If we decide to go for a desk in Reception, then yes volunteers from the virtual PEG can be involved.

- 2. Can virtual PEG members be invited on an ad hoc basis to the PEG meetings?**

Yes, they can, Karen CS will send out invites.

- 3. Can the chairs along the passage leading to the reception front desk be turned to face the passage to allow patients to sit while waiting in the queue?**

This will be passed over to Karen CS to discuss with Lisa Eales.

- 4. Why are medications that have previously been on repeat list moved to past when patients still require them but not on a regular basis?**

This varies from medication to medication. Some are bi-monthly repeat, and some are variable repeat. Very strong medication will require a clinical judgement. If you think your prescription should be on repeat you can make a request for this.

How important is a BMI?

It is stipulated that a healthy BMI is between 19-25 but it does not distinguish between fat and muscle. A high BMI is associated with higher risks of conditions such as diabetes and high blood pressure, but you can have a very fit athlete with heavy muscle mass and a high BMI without them being unhealthy. So it may be less accurate for specific groups including the elderly or very fit individuals as you would want patients over 75 to have a higher BMI to avoid frailty as they lose their muscle mass as they get older.

Does having a hip/knee replacement affect the likelihood of falls?

Joint replacement removes the damaged, painful joint, leading to better mobility and a lower overall rate of falls compared to patients who have not had surgery. Performing strength and balance exercises such as Tai Chi is the best way to improve balance and strength and wearing compression socks can help to improve stimulation.

Next meeting scheduled for

26th May 2026

@11:00am

Greenwood Health Centre or via Teams link