

1	<p>Welcome and Introduction: MMA welcomed everyone to the PPG In attendance: MMA, SA, JD, SL, GM, MMo, MS, PTa, PTh, RP, RW</p>	
2	<p>Apologies: AR, PR, SP, JB</p>	
3	<p><u>Approval of minutes</u> Minutes of the meeting held on 12th November 2024 were approved as a true reflection of the discussion.</p> <p>MS asked that if a change was made to the meeting date, that reference to a “revised date” be made on the agenda in order to draw attention to the fact that the meeting date has been changed.</p>	<p>SP to action</p>
4	<p><u>Actions’ Arising</u></p> <ul style="list-style-type: none"> • The data on call volumes and time to respond are considered formally at a monthly operations meeting, but form part of daily management of activity by the Patient Services Manager. The practice are aware of the difficulties in getting through and are actively researching alternatives that may or may not bring improvements through change in this area. • RW reiterated that problems with the call handling system should be alerted to either SP or to RW by any PPG member • RW had spoken to the Patient Services Manager who reminded all reception staff that where a request was made for a vaccination (Spring COVID campaign in this instance), and no clinic is immediately available, patients should be placed onto a waiting list. • Grateful thanks to all those who were able to assist with our recent COVID vaccination clinics in April and May. 	<p>All members</p>
5	<p><u>Treasurer’s Report/Receipt</u> The balance held by Bushloe Surgery on behalf of the PPG is £81.83.</p>	
6	<p><u>Surgery Update</u></p> <ul style="list-style-type: none"> • Dr Roopa Chauhan formally was appointed a Partner with effect from 1st April. • There have been no other staff changes since our last meeting, although we will have three Registrars leaving at the August changeover day, and expect to have two new Registrars arrive. • We have received a resignation letter from Karen Chetwynd who has over 17 years with the surgery fulfilled a variety of roles, probably the most visible being organisation of flu and COVID vaccination. Karen is joining LHIS, an organisation that supports all of Primary Care in Leicester, Leicestershire & Rutland in terms of IT hardware and software. We will be sad to see her leave in July. • As part of work to investigate alternative means to arrange appointments, Partners are considering a number of alternative ‘triage’ models (the way in which we prioritise patient needs). Included will be use of some AI 	

	<p>(Artificial Intelligence) models. One of the key pillars of change announced by the government for the NHS is “analogue to digital”. Some practice have already made a switch and report benefits, and the variety of options available is changing rapidly. We have a small group of clinicians who will be trialling software called “Heidi” which listens to a consultation, transcribes every word and then presents the clinician with a ‘summary’ in the format they choose relevant to their role. The clinician thereby can focus on their conversation with the patient, and once the consultation has ended review and amend the summary presented by Heidi before saving into the patient record – at this point medico-legal responsibility rests with the clinician, so great care must be taken to review the summary.</p> <ul style="list-style-type: none"> • In a similar vein, the admin team has been using Heidi for annual staff appraisals that are ongoing currently, a template relevant to the annual appraisal meeting is loaded into Heidi, then the conversation is summarised by Heidi according to the template. Results so far this week have been very positive, and with substantial time saving. Both this admin use, and the clinical use of Heidi are in ‘trial’ phase only at the moment. 	
7	<p><u>Application to re-purpose part of the building</u> RW described an opportunity that had arisen to apply for funding for minor works to surgery premises. To our surprise, the application made on behalf of both practices in TSMC has passed the initial ‘expression of interest’ phase and is not being actively considered. If approved, the planned works would re-purpose part of the first floor waiting area nearest to Bushloe rooms into a new consulting room, it would re-purpose the ‘treatment room’ currently used for leg dressings into two consulting rooms plus a telephone consultation room, and finally the unused reception area on first floor would be re-purposed into a new treatment room for the leg dressing work, with appropriate air extraction included. We will update the members when we know about the outcome of our application.</p>	
8	<p><u>O & W PCN Update</u> RP noted that following a review of attendance at early morning clinics (7am – 8am), and comparison with evening (6.30pm – 8pm) and Saturday (9am – 5pm) clinics a decision has been reached to cease the early morning clinics and focus on evening and Saturday clinics instead. Some early morning clinics were not being filled and DNA rates were higher, whereas the demand and attendance at Saturday clinics has been consistently higher. Saturday clinics are a mix of HCA and Nurse-led phlebotomy, health checks, ear irrigation, dressings and smear clinics, as well as Pharmacist-led medication reviews as well as GP telephone consultations.</p>	
9	<p><u>Spring vaccination clinic feedback</u> Members agreed that the two clinics held had been well organised. RP confirmed that the same reduced eligibility would apply to the autumn COVID campaign, i.e. adults aged 75 years and over, residents in care homes (for older adults), and those with immunosuppression as defined in the Green Book. We expect that the</p>	

	Flu campaign will again be started slightly later, probably from 1 st October although confirmation of this has yet to be received.	
10	<p><u>AOB</u></p> <ul style="list-style-type: none">MS asked for comment on the information she had received first hand that UHL were unable to use space at TSMC for out-patient clinics and some diagnostics due to the high cost. RP explained that UHL has considerable resources in the three hospitals within Leicester, and although some services are hosted at TSMC, he was not aware that decisions had been taken due to cost. However, if UHL already has space available to it, possibly at an alternative hospital (the new outpatient centre at Leicester General was mentioned) then it would make sense for UHL to utilise it's own space before acquiring additional space. A decision had been taken 18 months ago to cease use by UHL for a number of rooms by a Paediatric Allergy team, this was due to the increased demand for rooms in the building by our own doctors and clinicians, and regrettable for the members of the Allergy team, it was the right decision to enable more Bushloe clinicians to see patients within our building.	
10	<p><u>Meeting dates for 2025</u></p> <p>Tuesday 2nd September 2025 Tuesday 2nd December 2025</p>	

Meeting closed at 6.45pm

