

1	Welcome and Introduction: In attendance: SP, RW, JD, AR, PTh, MMo, MMa, GM, PTa	
2	Apologies: MS, SL, SA, PR, RP	
3	<u>Approval of minutes</u> The minutes from 02.09.25 were unanimously approved.	
4	<u>Actions' Arising</u> The only action arising was the October vaccine clinic which was attended by some PPG members.	
5	<u>Treasurer's Report/Receipt</u> The balance held by Bushloe Surgery on behalf of the PPG is £81.83. A discussion took place regarding income generation and whether this was something the group wished to continue with now that footfall into the surgery building was a lot less than pre-covid. Whilst it was agreed that fund-raising would not be a focus, PPG members are asked to consider what they feel should be their focus in readiness for the next meeting. Action: members to come to the next meeting to discuss the focus of the group Action: RW to consider spending opportunities for c.£80	
6	<u>Surgery Update</u> • SP reported that since the September meeting, there had been a number of staffing changes including 5 colleagues currently on maternity leave. • 2 registrars (Doctors in training to be GP's) Dr Stephen Bryans and Dr Dina Somaie, joined us at the beginning of December, with Dr Somaie starting her maternity leave very soon into the placement. <i>A member commented how pleased they had been with the care from Dr Bryans.</i> Dr Bryans will leave us at the beginning of April but return in August 2027. • Dr Lauren Nicholls will join us on 1st April until August this year. • Dr Marshal Shoshore who has been a regular locum GP for us, is now covering 4 of Dr Mistry's maternity leave sessions with the fifth session being covered by Dr Lloyd-Owen. • Dr Ying Gong has also joined us as a locum during March as well as some ad hoc sessions by Dr Yusuf Shittu. • Nazreen Satwilkar joined the surgery at the end of January as maternity cover for HCA Abbie Harrison. • Richard Dixon who has been employed as the building premises manager for 2 years will retire in April this year. He will be replaced by Ryan Withers who has been working alongside Richard for a number of months. • Our first Covid vaccine clinic of the year will take place on Saturday 18th April. We are hopeful that this will run much more smoothly than the Autumn clinic which had delays due to systems problems. This year the vaccine will be Spikevax which is produced by Moderna. Following the	

	clinic, we will also put on some catch up sessions as well as home visits to our housebound and care home patients. The Saturday clinic is forecast to be busy, not least because Wigston Central also hold their clinic that day. There will be a one-way system in operation and if any members are able to help man this, please email Danielle at Danielle.Anthony1@nhs.net	
7	<u>Total Triage</u> SP talked through a presentation (copy attached) which showed telephone calls to reception and online requests in September 2025. This was compared to figures from October 2025 to February 2026 which shows a marked increase in online requests and the understandable reduction in calls. However, the wait time for calls has increased and this is due to 2 key receptionists leaving as well as distribution of staff to manage triaging and booking of appointments. We have data available now to show both the demand for appointments as well as the type of appointments happening and is extremely useful. It is interesting to note that whilst we thought we had a 'smile' profile (busier on Mondays and Fridays with a drop in the middle of the week), in reality we have more of a 'ski-jump' profile. Very busy on Monday and Tuesday with demand dropping throughout the week. This data is helping us advance plan to cover periods of annual leave as well as boosting the appointment availability at the beginning of the week. As we continue with the model, we expect a greater understanding of the demands and will continue to make changes where needed. Patients overall are happy with the system and compliments have been received. Others are less happy, but the Partners feel we offer a good service to patients with the longest wait time for an appointment being 10 days. Anecdotally, a colleague informed SP that a non-urgent appointment at their surgery was 7 weeks. As Total Triage becomes embedded, Partners have seen how much of a demand for appointments we receive, and we accept that we do not have unlimited capacity. Therefore, a decision was made to close the medical forms at 5pm as well as setting a limit to the number of requests received. If patients feel the matter is urgent, they are advised to make contact by phone and the team will complete a form on their behalf which may result in contact that day when triaged or a call back to book an appointment the next working day. The team will continue to evaluate the data and make changes to the system when and where required. <i>A member asked if there had been any incidents relating to the triage system. RW reported that all colleagues are encouraged to report when things have gone awry, and these are discussed by the operations team monthly. Changes are made in response to these significant events. To date, there have been no significant events resulting from Total Triage.</i> <i>A member commented that they had sent forms in for an ongoing concern but had not had continuity of care. It was explained that patients are encouraged to ask for the same clinician if preferred, however there will be times that this is not possible due to the day needing to be seen, annual leave for example or whether the</i>	

	triaging GP feels the matter is too urgent to wait for the preferred clinician to return. <i>Members asked general questions regarding how to access information.</i> The group were advised that often the most useful form is the 'admin' form if you are not specifically requesting an appointment. Any members that were not able to attend the meeting are welcome to send in any feedback they have regarding Total Triage to Sara Poultney.	
8	<u>Travel Advice</u> MM wished to ask why the surgery no longer provided travel advice as we used to. SP explained that the GP practices have to offer the following vaccines as part of the NHS contract: Hepatitis A, Combined Hepatitis A & B, Typhoid, Combined Hepatitis A & Typhoid, Tetanus, Diphtheria and Polio and Cholera. Most of these will be given in childhood however patients can receive these if they are missing from their vaccine record. GP practices are not contracted to provide pre-travel advice and if they wish to do so, the appropriate training and indemnity must be in place. The Nurse who used to provide this, now works only 2 days per week and has other priorities such as asthma clinics and immunisations. Patients are expected to find out for themselves what vaccines are required for the countries and areas they are visiting and book with a private travel clinic accordingly. Action – SP to update the website with the advice and ensure that there is a correct link to travel advice website.	
9	<u>O & W PCN Update</u> RW explained to members that the current direction of travel with PCNs was to continue to develop the wider neighbourhood team drawing on voluntary services such as AGE UK and VASL for example as well as community services such as mental health and districting nursing teams. Pop-up sessions will continue to be held at Two Steeples to inform and signpost patients. RW also explained that the PCN holds clinics every Saturday both at Two Steeples and also in the Oadby Practices. Whilst these are currently blood taking or cervical smear testing, there is likely to be a move to more diagnostic clinics being held on Saturdays.	
10	<u>AOB</u> MMA asked if the next date could be rescheduled as she was unavailable however, it was agreed that the date would remain the same with a stand in chair for that meeting. If any member wishes to chair the meeting, please let Sara know.	
10	<u>Meeting dates for 2026</u> 9th June 8th September 8th December	