

Patient Participation Group (PPG) Meeting – Saturday 4th July 2026

Attendees:

Tracey Shields (Operational Manager)

Kelly Riley-Bridges (Deputy Practice Manager)

6 x patients (MP, LT, MT, DE, ZH, SW)

Brief introductions made and patients welcomed to our first PPG of 2026, patients thanked for their time and attending the meeting. Agenda/notes given to all attendees.

Digital Triage-First (Patches)

A discussion took place with the group regarding the practice's decision to discontinue the 8:00am telephone-call system for booking same-day appointments, a change implemented approximately 12 months ago. The reasons behind this decision were reviewed, including relevant data and findings. Feedback and comments from patients in attendance were noted as follows:

SW – Feels the new digital triage-first system (Patches) is really good, their experience is that they receive an instant response. Recent interaction and they were referred to a specialist as requested. Submitting a Patches itself didn't take long, although noted that signing up for the first time wasn't quick but has been impressed with the speed of responses since. Patient disclosed that they do not suffer with ill health or regularly need the surgery but would be more inclined to make contact now with the new system.

ZH – Agreed with above comments and also disclosed that they do not suffer with ill health but Patches and in particular, the questions it asks, makes them think about their symptoms. Praised reception staff in particular for their help in setting up Patches.

LT – Agreed that Patches makes them think before they act. Initially scared of this digital era, and raised concerns to our Operational Manager (TS) around the time Patches was launched, feels as though they were listened to but also dislikes that they feel they now need to rely on relatives to submit Patches. Appreciation for staff and feels they are there to help.

The group discussed how Digital Triage-First was communicated to patients and that it felt like the changes were implemented quickly and communication could have been better, especially for those who are not digitally able. Comments noted about communication, discussion about how the original plan was for phased introduction but acknowledgement that it is difficult to do a mixture of 8:00am calls and triage at the same time. The group discussed some of their hesitations at first, with many unsure how it was going to work but positive comments generally with how they feel it is going now compared to 08:00am 'scramble' for appointments same day.

There were some questions about how non-digital patients can access our services now and if there is any help provided or available for people with additional needs or vulnerable patients. One patient present discussed an experience that their partner had (not present at meeting) trying to access Patches which had not been completely positive and has required further help from the team since, brief discussion regarding this but has said partner has since had positive experiences and feels able to come to reception for help when they need to access services.

Discussed Patches translate for patients whose first language is not English.

Some patients present were unaware that it is a clinician who is triaging the requests and making the outcome decision rather than an administrative member of the team, which was preferred.

Discussion regarding various members of staff, both administrative and clinical. Acknowledged that this has been a big change for the surgery team, reception praised for their help when setting up and some personal experiences shared. Particular mentions for clinical staff: Nardia, Bekah, Mirren and Maria.

A patient present said that the fact reception can still put a request in for patients is a positive thing rather than fully pushing patients towards digital services/taking away from having a person to speak to, particularly for lonely patients. There was a brief discussion about an AI option/receptionist for putting in non-digital complaints, more detailed request information.

Appointment data was discussed and some patients present asked if all Patches requests are being actioned on the same day. We discussed being able to fairly signpost patients to other services such as the Pharmacy First Service, CUES. Patients commented that they were not aware of the CUES services and it was suggested that information like this could be put up in the waiting room or on the calling screen. They also felt that missed appointment data should be displayed, and data about how many Patches and/or appointments have been offered, how many signposted.

There was also another suggestion for posters explaining the different roles of different people in the practice – GPs, ANPs, Practice Nurse, GP Assistants.

Reduction of SMS communication

Reduction of SMS communication discussed with the group briefly. The group understood reducing SMS communication although said sometimes it is quicker to see a text message rather than look at email inbox throughout the day. It was feedback by one patient that it would be nice if normal test results could be fed back to the patients, but they also understood that we are a large practice and this may not be easy. We encouraged the use of the NHS App to view results.

Call Back

Call back option briefly discussed. Some patients had heard it as an option but none of the patients present had used the option as yet and reported no worries with call queues.

Suggestions/Comments

We asked patients if they would kindly fill in a short form for suggestions/comments/feedback following our PPG Meeting.

- How we communicate with patients and whether there are areas where we could improve.

"I have no issues from my own experience. I have had plenty of comms since I moved to this practice – all very proactive and helpful."

"Possible use of voice AI on triage form for those that don't want to read questions. Some people like to hear a voice."

"Educating patients to all that you do, how many appointments are missed by not attending all the services you provide."

"As a diabetic patient, I used to get an annual full blood test but now I only get partial bloods done with no communication for reasons why."

"When blood tests are done, feedback to the patient is not provided unless there are problems. It is good practice to provide patients with feedback even if all test results are ok to ensure there are no concerns for the patient."

- Whether you would find a patient newsletter useful, and if so, would you prefer this to be issued quarterly or at a different frequency?

The majority of participants voted for six monthly.

- How often you feel Patient Participation Group meetings should be held.

The majority of participants voted for six monthly.

- Your experience of using Patches, including what works well and any challenges you have experienced.

"Very good experience, timely response and referral (one in house and one to a specialist)."

"Excellent. Easy to use, good to have the edit facility to check details prior to submitting."

"Now I'm used to it I find it safe, fast and efficient. Always seen ASAP."

"As an older person I am not computer literate so I appreciate the help given when I ring up the surgery."

"Not used Patches yet, but the system seems to be helping with getting appointments for more people."

- Whether you have used our telephone call-back option and, if so, how found the experience.

None of the patients that attended had used the call-back option.