

MINUTES OF THE LUPSET HEALTH CENTRE PATIENT PARTICIPATION
GROUP HELD ON 22nd September 2025 AT 14.00pm

Present: LR (chair), ED (secretary), MC, KG, RB

Apologies: SI and MM

Item	Description	Action
1.	LR welcomed everyone to the meeting	
2	<u>Apologies</u> LR said apologies had been received from Sheena and Marilyn.	
3.	<u>Minutes and Actions of previous meeting</u> LR asked if there were any amendments required to the previous meeting's minutes. There were none to be made.	
4. 4.1.	<p><u>Practice updates and what's new at the Practice</u></p> <p><u>Telephone Assist:</u> LR explained that as we are a part of the West Wakefield Primary Care Network (PCN) we have received some money. This must be used to help with capacity and access at the Practice. An example of what this has been used for at this Practice is the new 'Telephone assist' option.</p> <p>LR explained that as of 1st September 2025, we launched Telephone Assist, a new AI-powered phone service. LR said Telephone Assist is designed to make contacting the practice quicker and easier. It has been added to the existing telephone menu as an additional option. LR explained that once a patient has pressed the option for Telephone Assist, the system will ask them for their details and the reason for their call. Once the message has been recorded, it will be converted into text and sent to the office staff via the existing Patch's system. The team will then respond each message.</p> <p>LR explained the system is to be used for non-urgent requests only, such as booking routine appointments and asking about prescriptions or test results.</p> <p>LR said since introducing Telephone assist, we have received a lot of positive feedback from patients. LR will review the data from Telephone Assist in 3 months.</p>	

4.2.	<p>KG asked if patients can still have call back. LR confirmed they can.</p> <p>KG asked if staff triage the requests. LR said that staff do triage the requests, and they care navigate.</p> <p>MC asked LR if she can you explain it more. LR explained again in detail.</p> <p>ED explained that staff can play back each message if they are unsure the meaning of the text that has been transcribed.</p> <p>LR said a lot of admin requests are coming through such as medication changes etc. There has also been requests to book physiotherapy appointments. This alleviates some pressure on GP's appointments.</p> <p>KG said she thinks this is a good idea.</p> <p><u>Med3 process: (sick notes):</u></p> <p>LR shared that a new process for handling Med3 (sick note) requests has been introduced. On average, the practice receives around fifteen requests each morning. Previously, patients needing a first-time sick note were required to speak directly with a GP, while repeat sick note requests were taken over the phone, they were then reviewed by GPs without a consultation and issued if appropriate.</p> <p>Under the new system, patients now complete a short set of questions online, rather than over the telephone. For first-time sick notes, a GP will call the patient to discuss the request. Repeat sick notes will continue to be reviewed and issued without a consultation, following the same approach as before. Sick notes do not need to be issued urgently on the same day and can be backdated if necessary. Where suitable, patients may be referred to a Work Coach, who is also authorised to issue sick notes.</p> <p>MC asked if this is open to be taken advantage of by patients due to sick note length etc. LR explained that all GP's are savvy to this and so is the occupational therapist.</p> <p>LR said the new process will hopefully help reduce calls to the surgery as well as the number of appointments used for sick notes.</p>	
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<p>4.3.</p>	<p><u>Veteran accreditation:</u> LR shared that the new GP contract now requires all surgeries to register for veteran accreditation. She plans to deliver a presentation on this topic at the next meeting, highlighting its purpose to support all veterans. The practice had previously been accredited during David Stapleton's time, although it was optional then.</p> <p>There has been consideration around offering annual health checks for registered veterans, with approximately 30 veterans registered at the Practice.</p> <p>Richard expressed concern that this initiative might lead to unforeseen complications, describing it as potentially opening "Pandora's box."</p> <p>MC raised a question about whether proof of veteran status is needed during registration, and LR clarified that no formal proof is required. LR added that someone qualifies as a veteran after just 24 hours of service.</p> <p>LR will present further details at the next scheduled meeting. Additionally, reminders will be added to veterans' records to ensure their status is flagged whenever their record is accessed.</p>	
<p>4.4.</p>	<p><u>Abtrace:</u> LR explained that Abtrace is a new software solution aimed at reducing workload within the practice. A demonstration video was shown to introduce its features.</p> <p>KG asked about the cost, and LR confirmed it is £7,000, funded through the Access Fund.</p> <p>MC raised a concern about internet reliability, as the system is entirely web-based. LR explained that all systems used within the practice are internet based.</p> <p>KG enquired whether the software is currently live, and LR responded that it is not yet active but will be launched soon.</p> <p>KG expressed support for the system, noting that it should help streamline services.</p> <p>MC queried how patients needing blood pressure checks would be supported if they don't have a machine at home. It was clarified that patients can either borrow a device from the surgery or attend an appointment. KG added that pharmacies are also an option for these checks.</p>	

<p>4.5.</p>	<p>LR added that staff will receive training ahead of the software's launch. The system is expected to enhance patient safety and contribute to increased practice income.</p> <p><u>Feno machine:</u> LR explained the surgery now has a Feno machine, which allows patients to receive an immediate diagnosis for asthma or COPD. This is a significant improvement, as patients would typically have to wait for a diagnosis. The machine is especially beneficial for young children, such as those aged three, who often struggle to receive a clear diagnosis through traditional methods.</p> <p>LR noted that the team is committed to supporting patients in every way possible. Recently, two GP Assistants have completed their training, and their roles and responsibilities were explained to the wider team. The aim is to use the Access Fund resources to invest in tools and services that directly benefit patients such as a Feno machine.</p> <p>MC raised a question about the demographics of registered patients and which age groups currently present with the most medical issues, suggesting it may no longer be the elderly population. LR and ED agreed to compile this data for review at the next meeting.</p> <p>Overall, the developments were well received and considered impressive by everyone present.</p>	<p>LR and ED to compile data for next meeting.</p>
<p>5.</p> <p>5.1.</p>	<p><u>Vaccines</u></p> <p><u>Flu:</u> LR explained that approximately 1,000 of the 4,000 eligible patients have already booked appointments for their flu vaccinations, which are scheduled to take place on the 1st, 2nd, and 3rd of October 2025. Most bookings have been made through SMS links sent to eligible patients, while those unable to receive text messages will be contacted by phone.</p> <p>LR also noted that pregnant patients and individuals under the age of 18 were offered flu vaccinations during September.</p> <p>KG enquired about the uptake among under 18's, and ED responded that it has been relatively low so far.</p> <p>MC asked whether patients could receive both flu and COVID vaccines at the same time. LR confirmed that pop-up COVID clinics will be available on one of the flu clinic</p>	

	<p>days, and the pneumonia vaccine will also be offered during this time.</p> <p>Additionally, air ambulance volunteers will be attending to speak with patients and will have a fundraising stall set up once again.</p> <p><u>MMR:</u> 5.2. LR explained that an MMR catch-up campaign is currently underway. Staff members who have not previously received the vaccine have been asked to get vaccinated. While they may decline, they are required to sign a declaration. Around 2,000 patients are currently eligible for the MMR vaccine, and uptake remains a matter of personal choice.</p> <p><u>HPV:</u> 5.3. LR mentioned the HPV campaign is targeting males and females aged 14 to 24. The HPV vaccine can be administered alongside the MMR vaccine, and there are currently around 1,000 eligible patients. Clinics will be arranged to deliver initial doses, followed by mop-up sessions for those who missed out.</p> <p><u>Pneumonia:</u> 5.4. LR explained pneumonia vaccinations will be offered to eligible patients during the flu clinics. A separate clinic will also be available afterwards for those who prefer to receive the pneumonia vaccine independently. This vaccine is now administered once in a lifetime, although a small group of patients with specific medical conditions may require it every five years.</p> <p>KG asked about shingles vaccinations, and LR confirmed that they are available monthly, and that uptake has been excellent so far.</p>	
<p>6.</p> <p>6.1.</p>	<p><u>GP Contract changes</u></p> <p><u>Online consultations:</u> LR explained changes to the GP contract mean that, from 1st October 2025, online consultations must be available throughout core hours without any time-based restrictions. Previously, these were capped to specific times to manage safety concerns. The service must now be actively promoted by the practice and will also be featured in televised communications. Additionally, all online consultations must be addressed within 24 hours.</p>	

<p>6.2.</p> <p>6.3.</p>	<p>Although we are required to remove the cap, LR explained that a daily limit based on what can be safely managed it has been implemented. Once that limit is reached, the service will be temporarily closed, and a ‘SITREP Opel Level 3’ report will be submitted to indicate closure due to capacity and safety concerns. This approach follows guidance from the ICB and BMA.</p> <p>LR said updated scripts have been provided for staff to use during phone calls to help manage patient expectations.</p> <p>KG asked whether the consultations are triaged, and LR confirmed that they are. KG also noted that the Telephone Assist system may help ease the additional workload.</p> <p><u>GP connect:</u> LR explained that GP Connect Access Record and Update Record features must also be enabled in clinical systems to support seamless data sharing from 1st October 2025.</p> <p><u>Patient charter:</u> LR noted that the Patient Charter is now required to be published on the practice website. Although there has been a charter in place previously, it has never been made available online. This will be addressed, and the charter will be uploaded to the website shortly.</p>	
<p>7.</p> <p>7.1</p> <p>7.2.</p>	<p><u>Possible future developments:</u></p> <p><u>Prescription requests:</u> LR explained that Plans are underway to streamline the prescription request process, aiming to improve efficiency and minimise errors. By moving away from telephone-based systems and adopting digital solutions, the practice hopes to enhance both speed and accessibility for patients. LR said this change forms part of a wider strategy to improve patient services and support smoother administrative operations.</p> <p>KG asked whether patients could submit requests through Telephone Assist. LR confirmed that they can, although this operates separately from the main digital system. Paper requests will continue to be accepted as well.</p> <p><u>Heidi AI:</u> LR explained that Heidi AI is a clinical documentation tool that transcribes patient, clinician conversations into structured notes with a high level of accuracy. It uses advanced voice recognition and natural language processing to produce clear, organised clinical records.</p>	

	<p>LR said the system is designed to reduce administrative burden, enhance note quality, and significantly improve clinician productivity.</p> <p>LR mentioned that when used during consultations, patients are informed about the system and asked for their consent. The process is fully confidential, and the AI handles the transcription to relieve GPs from manual notetaking.</p> <p>Dr Bolton is set to trial the system and believes it will help reduce the administrative workload for GPs. LR mentioned that hospitals have already been using the technology to good effect. Ultimately, it remains the patient's choice whether to have it used during their consultation.</p> <p>LR asked the group what their thoughts were on this. Everyone agreed it is a good idea.</p>	
8.	<p><u>AOB</u> LR asked the group if there was any other business they would like to discuss. There was not.</p> <p>LR thanked everyone for attending.</p>	
	<p>Next meeting – Thursday 18th December at 2pm.</p>	