

## **Colchester Medical Practice (CMP) Patient Participation Group (PPG)**

### **Minutes of meeting held on Monday 2<sup>nd</sup> June 2025 online-MS Teams**

Present PL, AL, RW, JS, TS, MC, SM, HM,

Apologies TF, DF, MB, PD Joe Oxley (CMP)

Present Alasdair McEwan (Digital and Transformation Lead)

All participants consented to notes transcription via MS Teams whilst acknowledging AI can generate errors, it does save time. Unfortunately, there were some technical issues with MS Teams, PD was unable to access the meeting and we did experience sound issues.

AM introduced this as the first online meeting of the PPG in its current iteration. Introductions were made-two new attendees SM and HM-both recently registered at WRS-the latter has had significant recent experience of working as a PPG member at his previous surgery and also has an ongoing health condition, about which he spoke. All agreed that these experiences will provide valuable insight for the PPG and all were resolved that HM should further share his insights in these matters going forward. AM passed on JO apologies and other participant introduced themselves, many have been with CMP for many years and generally happy with being patients here, which was appreciated, as well as the levels of positivity expressed about working with the surgery via the PPG.

TS observed that it is a fine balance between focussing on the patient experience as against the details of practice policy / procedures etc. RW (Co chair) summarised the balance between positivity and understanding the "patient experience". RW cited work that has already been done on addressing concerns (patient did not attend DNA letters) which had been handled sensitively and a good outcome achieved. RW was keen to get things set for the July PPG meeting and invited contributions, he also noted he has a friend who is keen to attend and would be a valuable addition to the PPG.

RW praised CMP for its efficient phone service, with a short queue of only about three people, unlike other surgeries with much longer waits. The importance of community input was highlighted, as it helps improve services. There are exciting projects planned, including a potential fundraising day to enhance the surgery's operations. Efforts are being made to design a leaflet without incurring costs to the practice, and input from everyone is encouraged to discuss and record ideas for improvement.

### **CMP Update – AM**

The surgery is currently busy implementing a new AI software system called Anima. This system processes incoming documents, whether electronic or paper, by scanning them and identifying medical terms that need coding. The aim is to address recruitment and retention challenges for coding staff by reducing the need for manual coding, while ensuring no job losses. Anima will help keep incoming correspondence up to date, which is crucial for patient safety, as delays in processing clinic letters can be unsafe. The surgery is currently training GPs and admin staff to use the system, with efforts led by Joe, who is actively troubleshooting the implementation.

The practice has also introduced a new system called AB Trace, which automates patient reminders for long-term conditions like diabetes. Previously, staff had to manually manage patient

lists and send reminders for necessary tests and check-ups. Now, the system automates this process by sending text messages or emails, ensuring clinics are full and reducing the workload on receptionists. This automation also helps identify patients who have never had a review, improving care for those with conditions like diabetes or asthma. The implementation of AI in healthcare is proving to be transformative and exciting, bringing significant changes and efficiencies to the practice.

RW wondered if it would be possible to demo the AI system in July meeting AM will look at feasibility.

We also discussed online triage systems (AccuRx) , in use at other surgeries and the issues that are associated with them-sometimes long queues and also “digital exclusion” – we do use AccuRx here at CMP but it is not our exclusive point of contact.

An issue was raised regarding on boarding of new patients. Pros-registration was quick , electronic record transferred across promptly, Cons- specialised medication was delayed slightly by having to see a GP.

We also discussed the APP “patients know best” which is currently making an appearance on patient NHS App screens. AM explained that there is a plethora of third-party suppliers out there all vying for a crowded marketplace, unfortunately GP practices are not kept in the loop about these but we wondered about a way to keep patients informed about such issues, difficult as practices are never informed.

There was a question about newsletters for patients-do we have one? – no but we try to keep the website up to date as much as possible. Perhaps it would be possible to work on what we publish on the website rather than a newsletter per se. SMS sending costs are a factor in mass communications with patients (we have 42 000 at present and rising). For further discussion.

We agreed PPG size can accommodate up to 24 patients bearing in mind combination of online and face to face meetings. TS spoke in favour of the online meeting format and most in agreement coming out to the surgery on a dark winter night is less preferable. Hybrid meetings are a consideration-face to face, but also broadcasting online, technically difficult to do and needs decent equipment. RW may try to scope out the possibilities for doing this at July meeting. The possibility of social events was also discussed. Anyone who wishes to raise issues is invited to e mail AM on [alasdairmcewan@nhs.net](mailto:alasdairmcewan@nhs.net)

### **Action Log-from previous**

- Suggested changes to PPG Constitution. AM went through these, all agreed to draft them up and discuss further at July meeting
- DNA statistics-AM presented a summary-most felt a substantial number but in reality, between 5-8 DNAs per site per day, also unclear if GPs? Nurse? HCA? etc, need to get more data, in comparison with large hospitals this is a relatively small problem. Continue to monitor as a standing item on the agenda, continue to investigate ways for patients to cancel appointments.
- Website traffic-we looked at headline figures-around 9 500 active users, some traffic from strange places (maybe using VPNs?) AM working to update A-Z information feature on website, we need to review accessibility criteria.

- We discussed patient feedback-Friends and Family Test- Am will produce figures for July meeting

It was raised – do GPs attend the PPG meeting? Yes they do and have done so, it was suggested a GP attending to do an update would be good-not even for the whole meeting even a short time slot.

## AOB

Reference was made to the congenial and cooperative tone of the meeting and expressing optimism that the PPG can make a positive contribution to CMP. Some referred to difficult instances in other groups where personality issues have distracted the PPG from its main aims and purposes.

## ACTION LOG

PPG Constitution-review text	July meeting
DNA data	Standing item -for July meeting
Telephone Cancellation facility to avoid DNAs	Work in progress report back in July
Website traffic statistics	Continue to monitor
FFT questionnaire	Standing item – review again in July
Patient information materials	RW will present in July
QR codes for waiting room	AM-will start with HWB hub

**Next Meeting** Mon 07/07/2025 18 00 – PH Further meeting in August online date tbc