

Minutes of the Patient Participation Group  
Clayton  
21 August 2025

**Present:** Sabiha Khaliq (Manager), Kathy Bairstow (Minutes), Sylvia Fawbert-Harvey, Janet Wilkinson, Sandra Shallcross (Chair), Simon Jennings, Louise Lewis (Partner) Brikhabhi Krishan, John Samuel, Dapo Ogunursi, Sinder Dhariwal, Adeeba Malik, Carol Thirhill, David Harvey, Dale Town, Wilma Nichols.

**Minutes of last meeting:**

These were agreed and accepted.

**Introductions:**

In Adeeba's absence, Sandra Shallcross kindly agreed to chair the meeting. The group then introduced themselves briefly. It was noted that all patients were from Allerton.

**Staffing/Practice Update**  
**Recruitment**

Four receptionists were shortlisted for interview. Unfortunately, none of them turned up for interview. For this reason, we are looking at different ways to recruit, but with the proposed new system, fewer staff may be needed. We will be moving away from receptionists triaging, so this will take some stress out of their role. Part-time hours are also being considered but must cover core hours.

**Access to the Practice**

Currently patients can access the Practice by visiting reception, apart from clinician appointments.

- Clayton is open from 8am – 6pm Mon-Fri
- Allerton is open from 8am – 6pm Mon – Thur, 8am – 1pm Fri

**By phone**

- Phones are open from 8am-12pm and 1pm-6pm
- Phones are closed from 1<sup>st</sup> Thursday of the month from 12pm for practice protected learning time. At this time, an external provider from Local Care Direct will answer any emergency calls and the on-call doctor will monitor.

## What we have done to improve access:

- Reduced the length of the phone message
- From November 25, increased access by reducing the amount of phone cover by a third-party provider

## Online

- PATCHS – unlimited admin requests from Mon-Fri (7-2pm) – 72hrs response time
- PATCHS – up to 15 clinical requests per day Mon-Fri (7-8am and 1-2pm)
- NHS App
- Website

There are 15 clinical PATCHS slots each day and unlimited admin access between the hours of 8 am and 2 pm. The response time for the admin slots is up to 72 hours. Clinical PATCHS will be looked at as soon as possible.

There was discussion among the group about the limited capacity of the clinical PATCHS but clinician capacity is limited. However, with improved access in due course, this number could be increased.

## Extended Access

Extended Access is a Primary Care Network service that the practice pays for to provide appointments outside of practice core hours. They are:

6:30pm-9:30pm Mondays, Tuesdays and Fridays

9-5pm on a Saturday.

Hollyns has several appointments available through this service, but it is currently not being fully used. There was a discussion about this as patients are not being made aware of the service. Receptionists will be reminded that this service is available and should be given out to patients as appropriate. Blood tests and cervical screening can also be booked through this service. If Hollyns don't use the allocated slots, other practices in the network will. Unfortunately, 20% of patients who have been allocated these appointments have not turned up, which is a complete waste.

## GP Survey

Patients have told Hollyns very clearly that their biggest concern about the Practice is access to appointments. This is something that is being looked at to make sure resources are used more effectively. To do this, Sabiha has sought advice, and the Integrated Care Board have suggested that contact is made with Ling House surgery in Keighley who found themselves in a similar situation. With help from The Practice Level Support team, they have greatly improved their efficiency. Sabiha and a partner have been in discussions with them and are considering using

their improved patient access. Ling House surgery does this by using a completely different triage surgery.

Hollyns are looking to replicate this to have more equity whether seeking appointments by phone, online or walking into reception. They will do this by implementing a new triage form online, in reception and on the phone. People in reception or on the phone will have their forms filled in for them by receptionists, if necessary, however it is preferable for a patients to complete a PATCHs request themselves if able. Once completed, all forms will go into the same triage programme that will be screened by a GP/clinician who will advise admin staff to contact the patient and either offer them an appointment or give further advice.

### **NHS App**

This app is widely available to people who use online services. It can be used to, access online records, online consultations, messaging and ordering prescriptions. This is a very efficient service but currently only 777 registered patients out of 10,652 patients aged 13 and over use it. There is a trial at the moment concerned with cervical screening. There is also a plan to encourage more people to use it, and a digital awareness day is being considered.

### **GPIP/Modern General Practice**

From September the Practice has been funded to access the Practice Level Support scheme to look at workforce and workflows for three hours each week between September and February. This is the same agency who helped the Ling House surgery. Unfortunately, the results will be too late for the annual GP survey, but there should be improved satisfaction by the 2026 survey.

### **Questionnaires**

The questionnaires from the 2024 survey handed out at the flu clinics have been amended and are now online and in each reception area.

### **NHS 10-Year Plan**

This includes moving services:

- Out of hospital to local communities
- From analogue to digital,
- From sickness to prevention

The group wondered about how local communities would be to patients, also who would manage the plan.

### **Any other business**

One group member had concerns about a newly qualified nurse and misunderstandings at a blood test as she had not checked the name or date of birth of the patient. Louise told the group that this will be reinforced to all the nurses.

There was a wider discussion about people not always having the best experience with receptionists. Sabiha will investigate this. She also advised that admin staff will be moving away from booking directly into the appointment rota and move towards complete triage. Where possible care navigation will be done at all levels to help reduce avoidable patients. The practice aims to move away from the 8am and rush and offer appointments to patients based on clinical need.

Two members of the group found their tests results on text were very confusing. They were told a working group is currently looking at how to do it better. They were told that people without text access would receive a phone call if any further action was needed. It was also advised that if you do receive a test result via SMS (text), further details regarding the test results can be found either on the NHS or SystemOnline.

### **Flu clinics**

These start in September for some patients, and the remainder will start in October. The practice will offer pre-bookable appointments and drop-in clinics at Clayton on 4<sup>th</sup> October and Allerton on 11<sup>th</sup> October.

Sylvia and David have kindly offered their support during the weekend flu clinics.

### **Date of next meeting: tbc**