

Hollyns Health & Wellbeing  
Minutes of the Patient Participation Group  
13 November 2025

**Allerton**

**Present:**

Adeeba Malik (Chair), Kathy Bairstow (Minutes), Dr Sarah Marris (GP Partner), Sabiha Khaliq (Manager), Nicola Farrar (Assistant Manager), Sandra Shallcross, Janet Wilkinson, John Samuel, Pam Matwijciw, Mr Matwijciw (Mat), Dale Town.

**Apologies:**

Kirshan Bhikhabhai, Wilma Nichol, Carol Thirkhill, Sinder Dhariwa, Adeeba opened the meeting and welcomed all attendees.

**Introductions:**

Adeeba welcomed the group for her last time as Chair and each participant gave a brief introduction.

The minutes from the previous meeting were reviewed and approved without amendment.

**Matters Arising**

The new SystemConnect triage model was introduced to the group. It is gradually being introduced from 10 December 2025.

**New PPG Chair**

The PPG terms of reference were briefly discussed and as the group had previously decided to have just the one PPG Chair covering both Allerton and Clayton, Sabiha went through the application process for this role. Nomination forms are to be sent out to all PPG members with a deadline of 5 December 2025.

Adeeba was thanked for her 14 years of service to the PPG and was given gift from the Practice and PPG.

**Staffing update**

One GP is leaving; however another salaried GP has accepted the post and will fill the relevant sessions. As there are now more doctors available than jobs, the Practice is finding vacancies easier to fill than previously.

There are two new Patient Service Administrators PSAs (formerly known as Care Navigators) in post. Dale queried their role and the high level of staff turnover. Nicola explained that as the service was primarily telephone based, it wasn't an easy role, and some staff couldn't cope with difficult patients. Most Practices are finding

administrator retention difficult. With the introduction of Total Triage, the practice hopes to have better retention within the PSA role.

### **Update from Bradford Physiotherapy**

Amy Knight, from Bradford Physiotherapy, explained the links between her organisation and the diagnostic physiotherapists who work part time with the Practice. People who see the Practice physios don't receive any complex therapy but may receive some basic exercises or be referred to other relevant services such as Podiatry. More complex needs are met through referral to Bradford Physiotherapy and, if necessary to secondary care services.

Sylvia told the group how successful her mother's physiotherapy sessions had been at BRI but stressed how important it was that her mother had complied with all the advice given and did the prescribed exercises. Although discharged now, she also has a 6-month window to seek further advice from BRI, without having another referral. This was just in case she had a flare-up of her symptoms, and she was now part of the SOS group.

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

Since September the Practice has been working with Practice Level Support which has been funded by the ICB to help improve accessibility. As per GP contract changes from 1<sup>st</sup> October 25 the Practice online consultation tool has been switched on for the duration of core hours for non-urgent appointment requests, medication queries and admin requests. These requests are uncapped. The current online consultation tool is PATCHs. The patient either fills in an online questionnaire themselves, or this is done by a PSA on the phone or in reception. These changes are mandated by the government (Secretary of State Health and Social Care – Wes Streeting). As the practice has not moved towards 'Total Triage' yet, the practice in effect is running two appointment systems. This has proved too difficult and is not meeting the Practice needs. It has also proved inaccessible to many, as mentioned on the Flu Clinic Surveys.

Sandra was concerned that people would not like giving personal information to a PSA in front of a queue in reception. Sabiha and Nicola have already sourced a private area at the side of reception for this to be confidential.

To replace PATCHs, the Practice has been working with the ICB to look at the processes in use and to find ways to improve access. The outcome is to use a new system, starting from 10 December through SystemConnect, which is simpler to use than PATCHs.

## **SystemConnect**

This is an online triage and consultation system that is integrated with the patient record system. It allows patients to submit requests directly to the Practice between 8am and 6:30pm weekdays without creating an account. This can be done by accessing the practice website [www.hollynshealth.co.uk](http://www.hollynshealth.co.uk) Although it is not necessary to create an account with SystemOnline/Airmid, it is ideal as patient requests are matched to the patient record automatically. PATCHs will no longer be available from 10<sup>th</sup> December 25.

To access SystemConnect/Airmid or NHS App a pass code can be requested by completing an 'online consent form' and the patient will need to bring two forms of documentation including one photo ID.

People without internet access will be advised of the new system by letter. Those who are struggling with online access will be able to access the 'Total Triage' system by calling the surgery to request an appointment or ask for advice. Practice Service Administrators can complete an appointment request on behalf of the patient over the phone. There are plans to have Tablets in reception to show people how to access and use SystemConnect and there are information days at both Allerton and Clayton on 27 November 2025. There will also be drop-in sessions at both sites on 3 December 2025. Local communities, such as Café West have already been told about the new system.

### **The process of 'Total Triage'**

The patient goes online and states what is wrong with them, or they telephone the Practice, and a Patient Service Administrator will fill a form out for them. Their enquiry will be automatically sent to the Triage team, who may offer a telephone or face-to-face appointment, signpost to another service (e.g., pharmacy, physiotherapy), or provide advice or prescriptions without needing to attend the surgery. Appointments may be offered on the same day if urgent or within the week if routine. This triaging will allow patients' needs to be assessed within one working day and, if appropriate an appointment given.

A Practice in Wrose has already been using SystemConnect and they are finding it much more effective and efficient than PATCHs.

### **Patient Questionnaires**

Approximately 200 questionnaires were completed during the recent flu clinics. Sylvia asked for suggestions about increasing that number at the next flu clinics. Kathy suggested having clipboards and pens available as people needed somewhere to rest the papers while moving through the queue. Also having extra volunteers to help people fill them in would be useful. She noted that this had improved numbers the previous two years when she was involved. Kathy agreed to input the questionnaires again this year.

### **Any Other Business**

Janet felt that having an ultrasound scan at a local clinic instead of at BRI was much better. The wait was also much shorter.

Janet expressed concern that when routine medicines needed reviewing, they were not always done in a timely manner by the Pharmacy Team. Other members agreed and shared experiences of requiring emergency prescriptions from their dispensing pharmacists. Sabiha will investigate this and suggested she invite someone from the Pharmacy Team to the next PPG.

Date of next meeting: TBC