John Tasker House & Felsted Surgeries

Patient (Participation) Group
Minutes

17th March 2026

6pm-7pm

Practice representatives:
Dr Tideswell (GP Partner), Karen Cakmak (Practice Manager), Tamsin (HR Lead), Gill (Compliance Lead); Jake (IT Lead)

Item no	Topic
1	Introductions Patients were thanked for attending our Patient Group meeting
2	Group ground rules agreed: -listen to each other and don't interrupt -avoid personal matters / individual complaints -be inclusive to one another / encourage participation -maintain confidentiality (Chatham House rules) / phones on silent please
3	Review of previous minutes Dispensary Closures – The issues surrounding this are now resolved. Blood Tests – a further explanation was offered by DT as to the suspension of blood tests, staffing and costs. Anima – being used to assist with documentation scanning Test Results – discussion around how/when these are communicated to patients. Prescription notifications – can these be more frequent etc. as a form of communication. The practice is restricted to the number of messages being permitted but does try to keep patients informed when their medication is ready.
4	Updates from the practice • **Felsted New Build** o The building is going up at speed and legal processes are now ramping up. Meetings taking place with Community Trust and the ICB – documentation being prepared. o The practice senior team are visiting the build soon to review the space and availability of consulting rooms. We hope for a smooth transition into the new building, we are very much looking forward to having more consulting rooms and space for clinicians. We will keep you updated on the progress. • **Uttlesford update** o In our area ICB (Integrated Care Board) there are planned changes from 1st April 2026. Greater Essex will be formed and therefore we will move from Herts & West Essex to the area known as Greater Essex. It is all a little complicated/unsure now, but we hope for a smooth transition. o Uttlesford will join the area of either Braintree and Colchester or join Harlow and Epping. The split in the area may affect the location we can offer blood tests but as yet, we are unaware. Again, we will inform patients once we have the information.

- **GP Contract – new conditions/targets**
  - Answering calls between 8am and 10am
    From 1st April the focus from the ICB will be on answering telephone calls between 8:00 and 10:00am. The target is that all calls are answered quickly. Currently, the telephone waiting time is generally under 5 minutes, and this meets the target, however on occasion this can go to 6+ minutes depending on numbers of staff present due to sickness/annual leave. The reception team do their best to get the calls answered as soon as possible. Patients expressed that they were happy with the response times currently.

    To highlight the number of calls we receive below is a breakdown of the last 30 days.
    8:00am – 10:00am – Average wait time -5m 27s
    Full day – Average wait time – 6m32s
    Our phone lines are open and active daily as is our online request triage from 8:00am – 6.30pm

  - Seeing patients on the day – 90% need to be seen on the day
    This will be a target from 1st April 2026 as per the new GP contract and the practice is already meeting this benchmark.

- **AI (Artificial Intelligence)**
  - We have been researching the opportunity of AI systems to support with answering calls between 8:00 to 10:00am, this would be to continue the support for ensuring all calls between these hours are answered in a timely manner.
  - The option we have considered is the AI function to answer calls within 2-3 rings, take a message and record the patients request. David asked the group their thoughts and most were not overly keen on this concept.

- **Fair Use Policy – triage requests – guidelines**
  - Sometimes we receive 4 triage messages regarding the same issue on the day. Please could patients be understanding that the messages have been looked at and reviewed by a GP and that the practice will be in touch.

    Triage requests (online requests) – Last week
    Monday – 329
    Tuesday – 239
    Wednesday – 177
    Thursday – 198
    Friday – 220
    Average – 232
  - Understanding the pressures on the system – do we want to have only urgent appointments on the day (as some other practices are doing)? This is something for the practice and patients to consider.

- **NHS App**
  - There will be an update to the NHS app in next the next month. This will allow more features to be available for patients. This is part of the NHS 10-year plan, their aim is to update and improve the App. As a GP surgery we have no control of the NHS App, but staff will always try to help as much as they can if patients ask about this.

- **IT Support**

	Jake (IT Lead) joined the meeting as requested by patients at the meeting last time. He has been supporting the practice with all digital and transformation aspects and is an invaluable member of our team. o Jake was asked if blood test bookings/test results could be integrated digitally into the JTH website for ease of access. Jake explained that links to swift queue could not be added nor links to test results. We could add commonly used services and links to their websites onto the JTH website as we have done with MECS (opticians for minor eye issues), Pharmacy First. o Jake explained that we have updated the website recently, as per the requests made by patients last month. o Jake is co-ordinating appointments for long term conditions and sending booking links. • **Virtual PPG – something to explore** o Communication / via emails or on the website We are considering setting up a virtual group for those patients who cannot attend the meetings in person, to allow more participation online. However, we are aware that our Patient Group attendees enjoy the face to face meetings and we will continue with these. • **Car Park at the surgery (JTH)** o Just as a polite reminder, the car park at the surgery has restrictions to allow GPs and clinicians and other staff access and exit throughout the day. There are no parking spaces for patients other than an area to drop off patients with a disability. If using this, please could the driver stay with the car if they are blocking in other vehicles. Thank you for your understanding.
5	Q&A • *Is the surgery part of the medical centre next door?* We are a separate organisation but would like to utilise the services of the hub more. This would be to support the health and wellbeing of the local community. There are many empty and underutilised properties in the Dunmow area these are not available now to us at present – we would like to have more services locally and hope some of these buildings could be utilised in the future if funding would allow. • *I have hearing Issues and have been to Specsavers who offer hearing tests; however, their hearing aids are very expensive* We try to refer patients to Broomfield and PAH but at present we are not allowed to do this due to the hospital's capacity. This may change from 1st April with the change to Greater Essex, we are awaiting details. • *How does MECS work?* The ophthalmologists at local opticians such as Bird & Farley and Specsavers offer this minor eye conditions support. Conditions such as: -sudden or recent reduction in vision in one or both eyes -red eye(s) or eye lids -pain and / or discomfort in the eyes, around the eye area or temples -recent onset or sudden increase of flashes and / or floaters in one or both eyes (appears like a fly, black specks or a cobweb moving across your vision) -mild trauma, for example a scratch to the outer surface of the eye(s) or lid(s)

	-suspected foreign body in the eye -recent onset of double vision -significant recent discharge from or watering of the eye. • *Services for the elderly, do they get a yearly check over?* At the moment we do not offer an annual check for elderly patients, however with national screening programmes for specific conditions, patients are invited in for a review of COPD, diabetes, BP issues and medications review. • *Well woman or Well man clinic – are these planned?* We do not offer these clinics at the surgery, however we have GP's who have special interests in these areas, for example HRT. Last year the PCN (Primary Care Network) held events at Dunmow Leisure Centre on the Menopause and this year the event will be centred around Mental Health.
6	Any suggestions for future topics / meetings Patients said that they would like to speak to somebody from the dispensary next time if possible. They will keep us updated with other suggestions/ideas in due course.
7	Conclusions and date of next meeting -19th May A member of our dispensary team will join us at the meeting to explain the processes within their team and answer any questions.

Ground Rules for Patient Group Meetings

1. This meeting is not a forum for individual complaints and single issues as there will be other procedures for supporting patients with these concerns.

2. We advocate open and honest communication and discussions between individuals.

3. We will be flexible, listen, ask for help and support each other.

4. We will demonstrate a commitment to delivering results, as a Group.

5. All views are valid and will be listened to - respect other's views and don't interrupt.

6. No phones or other disruptions.

7. We will start and finish on time and stick to the agenda.

8. The Practice will listen constructively to patients' views and proposals and will respond explaining what action the practice will take. If no action can be taken the Practice will explain why not.

9. Patients take some responsibilities within the group.

10. All communications issued by the PPG will first be agreed by the Group – no communications about the group will be issued by individual members.

11. The Chair/facilitator will keep the meeting focussed.

12. Brief notes (not detailed minutes) will be made recording key actions and decisions only. Notes will be available in the public domain and will not include confidential matters.

13. All PPG members will work together and support each other to meet the objectives of the group.

14. Confidential matters and discussions are not to be shared outside the meeting.