**Notes of WSP PPG Meeting on 8th July 2025**

**1.Welcome and Introductions**

JM welcomed everybody and introductions were made in this first meeting of the expanded Watling Street Practice PPG, following the patient representative recruitment exercise.

EW was thanked for his administrative work in getting us here.

**Present**

**WSP**

Dr Amit Goyal, (Clinical Director), Judith Williams, (Business Manager), Golda Ann Cook (Service Delivery Manager & Digital Transformation Lead, Edwin Botelho (Practice Manager and PPG liaison), Sheryl White (Reception Lead)

**PPG**

John Marshall (Chair), Gill Thompson Janice Barnfather, Michael Cato, Cathy Gilhespy, Sue Graham, Crad Allerton, Barbara Fothergill, Sue Hallam, Dick Hallam, Doug Moody, David Outtram

**2.Apologies**

Joan Crossan, Malcolm Maslin

**3. The Watling Street Practice PPG.**

**a) Role, remit, membership and Terms of Reference**

The Terms of Reference were now available on the website for all patients to see.

The membership term for Core members is 3 years. The office holders (Chairman and Note-taker) will be appointed by the Core members from within the Core members and will serve for 12 months. For ease of administration, the office holders will serve until November 2025 and the current Core members will serve until November 2028. Retiring office holders and core members, retiring members may offer themselves for re-appointment.

WSP will administer the membership list. Diversity is difficult to attain but hopefully the Associate PPG (APPG) members online will improve that.

Was the TOR based on a particular source? Several versions were considered but it had been decided by the Practice and existing PPG members that starting off with as open a way of developing was best.

**b. Meetings, frequency and venues**

Meetings will be held quarterly at Great Holm at 12.30pm The next meeting will include access via Teams for our two APPG members.

The possibility of having hybrid meetings with participants on screen and others in the room was proposed but not supported as an option.

c**) Communications**

CA introduced his first draft of proposals for a Communications Policy and Strategy to cover both communications within the PPG and with non-members i.e. patients. It was agreed to establish a Working Group comprising CA, MC, DO and EB who will meet and then report back to the members before the next PPG meeting on September 16th. Core members were requested to email their comments and suggestions regarding CA’s first draft to CA and EW ASAP.

Any documents to be discussed at a quarterly meeting should be circulated in advance

The need to always use ‘bcc’ i.e. blind copies for PPG group emails was emphasized by a number of those present.

**d) Use of AI in the Practice**

Dr Goyal then described the new Heidi system whereby notes written using AI of a consultation between a patient and the clinician are reviewed and then added to the patient’s file.

Because of problems nationally it is currently temporarily withheld but “My colleagues keep asking me when we can have it back”?

It was emphasized how secure the system is concerning patients’ individual data.

Currently the system is free to users but as usual, once it is embedded in the working practices that will be withdrawn and it will have to be paid for, almost certainly by WSP. There is no financial help from elsewhere.

Rapid Health - this is the latest patient request triage system. A longer menu to fill in, but an option to offer not just a today appointment (if available) but more helpfully, one in the next 5 days, or the next 2 weeks, plus the option of which site and which of the available clinicians the patient would prefer to see.

The number of phone calls has risen because of the introduction of this system but it is hoped and expected that these will reduce, as once again patients become used to a new system. The receptionists will complete the form for those who need help, as they do now.

One PPG member commented very positively about their experience of using it - “I couldn’t believe it” [watlingstreetpractice.com](https://emea01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.watlingstreetpractice.com%2F&data=05%7C02%7C%7C4e172fd3a4d84995c2c608ddc074a5b0%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C638878329426518247%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=xcHNqY3kXUGqmMH8fG8BwXl7bFmCo7sGXgC3wRwSzk0%3D&reserved=0)

The link to Rapid Health is [Homepage - WatlingStreetPractice](https://www.watlingstreetpractice.com/)atli [wn[watlingstreetpractice.com](https://emea01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.watlingstreetpractice.com%2F&data=05%7C02%7C%7C4e172fd3a4d84995c2c608ddc074a5b0%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C638878329426518247%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=xcHNqY3kXUGqmMH8fG8BwXl7bFmCo7sGXgC3wRwSzk0%3D&reserved=0)gstreetpractice.com](https://emea01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.watlingstreetpractice.com%2F&data=05%7C02%7C%7C4e172fd3a4d84995c2c608ddc074a5b0%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C638878329426518247%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=xcHNqY3kXUGqmMH8fG8BwXl7bFmCo7sGXgC3wRwSzk0%3D&reserved=0)

**e) ‘Reflections’;** a question and answer session for members to raise and WSP management respond to generic and specific service delivery issues **NB** patient complaints are NOT a matter for the PPG, they are dealt with via a different route

1. There was a considered discussion about the choice of location for patients when offered an appointment. Previous experience of one patient in one of SS’s far-flung villages having to travel further afield, at twice the cost of the taxi fare has resulted in the reception staff being better trained in becoming aware of an individual’s personal circumstances, either by familiarity with or by discussion when arranging an appointment.

If patients tell the receptionist or clinician of any personal conditions which affect their ability to make an appointment this is recorded on their medical notes.

2. A member asked how quickly the Practice should respond to a complaint? WSP management quoting the procedure advised that “*If it is not possible to conclude any investigations within the advised timescale, then the complainant must be updated with progress and revised time scales on a regular basis. In most cases these should be completed within six months unless all parties agree to an extension.”*

In fact, 99% of complaints are responded to within the 30-day target

3. A member raised a common request *viz* “I want to see my own GP”. Generally, patients’ appointments are made depending on urgency and available medical staff. However, if a doctor says they want to see a patient in a fortnight for example, that doctor has the facility to make that appointment there and then.

4. The WSP Spring / Summer Newsletter, issued in June newsletter was welcomed, and the Chairman drew attention to some possible ambiguities in the wording, especially relating to the Rapid Health Smart Triage; Access for Children protocol. WSP Management noted the comments.

5. Correspondence between a patient and the Integrated Care Board (ICB) regarding the way in which clinical services are now organized and delivered by WSP across the 3 sites, post reorganization. The patient was concerned that overall, the merging of the 3 practices had made accessing services more difficult for patients than previously.

JW explained the choices involved in merging the 3 practices.

1. No merger
2. Soft merge i.e.: merge but continue to run as 3 separate practices
3. Hard merger: come together under one contract, with one partnership and becoming one practice albeit delivering services from 3 locations.

Hard merger was chosen because it created a practice of size and strength that protects it from factors such as Govt/policy change and ageing workforce. It allows economies of scale. Importantly it continues to be a GMS contract, a general practice contract that operates in perpetuity for as long as a partnership exists.

Merger has essentially secured the future of general practice, delivered under a partnership model, for patients within our catchment.

No merger, or soft merger left each site vulnerable.

Had any of the sites been unable to continue to deliver GP services, the contract would almost certainly have gone to tender and would almost certainly have been offered to a PLC, working under an APMS contract.

APMS contracts generally run for 10-15 years before they are re-tendered.

PLCs often have different objectives to partnerships.

An APMS contract does not seem like a good option for our patients.

 These observations were echoed by some members who had experienced both models.   
  
The PPG is a reacting rather than an initiating body and the WSP stands ready to have in-depth conversations about suggestions or ideas which might be applied to the practice’s activities and its ways of working.

**4. ICB (Integrated Care Board) update**

As part of central government’s plans for NHS reorganization, this is a summary of change to come with less money available.

The proposed ICB will combine BLMK with Cambridgeshire, Peterborough & Hertfordshire and reduce the budget allocated for each patient from £37 to £18/£19.

The ICB will lose 600 of its current 1800 staff.

Nationally, Healthwatch and NHS England will be axed, as will the NHS Property Services (affecting SS only).

We were given a general update that the CQC (Care Quality Commission) is likely to visit within the next 3-6 months (advised by ICB and CQC)

This will be the first time for WSP, though it is not yet clear if all sites, two sites or one site will have a physical visit.

MKUHT is working to reduce its list – some progress being made on reducing list for elective care

WSP is also working with MKH via interface meetings to eliminate the present inability to add a doctor’s name to documents sent by the hospital to WSP plus sorting out prescribing information.

**5. Individual site news and AOB**

Due to the informative but lengthy discussions under item 3.e) ‘Reflections’ these items were deferred until the next meeting.

Before the meeting closed one PPG member who had been involved in the initial co-working with two other practices, pre-Covid voiced his thanks and appreciation to WSPractice members present and their colleagues for all the complex work involved in getting the Practice to its current stage of development.

The meeting closed at 14.05   
  
**Dates of next Core meetings (all at Great Holm 1230 – 1400):**

Tuesday 16th September 2025   
Tuesday 25th November 2025