

## **Patient Reference Group Meeting**

### Minutes

Meeting held on Wednesday 21<sup>st</sup> January 2026, 18:45

#### **Attendees:**

Yvonne Pope: Interim Practice Manager  
Dr. Tahlil Rashid – GP  
Rachel Lee – Chair  
Marilyn Marston  
Mike Malyon  
Pat Dedman  
Maggie Galvin  
Roma Woricker  
Gordon Black  
Martyn Hart

#### **Apologies:**

Pam Gooding  
Gail Anspack  
Hazel Jarvis  
Pauline Anniss  
Hazel Honey

Rachel welcomed everyone and introduced our Interim Practice Manager; Yvonne Pope

Yvonne explained she was here to fill the Practice Manager role until a new permanent Practice Manager was appointed. She had been a Practice manager for some time and was seen as a trouble shooter that could help Practice's out.

Dr Rashid explained that Yonne had been brought into the Practice because Christian Jennings had to leave suddenly for personal reasons.

#### PRACTICE UPDATE

##### **Update on AccurX**

Dr Rashid reported that the Triage system was working well, telephone calls were reducing but of course staff members were still available for patients that couldn't access the digital system.

##### **Premises update**

Dr Rashid said that NHS Estates had put a temporary hold on all extension plans that required planning permission. Although the Practice had considered Ingatestone Library they couldn't move forward until they had some certainty over their future. To that end the Practice was meeting with NHS Estates soon and would endeavour to find how they could expand now, preferably under one roof.

#### FEEDBACK FROM PATIENT REPRESENTATIVES

##### **Independent Patients Reference Group**

Yvonne explained that other Practices didn't run the Patients Group, this group was for patients and although the Practice would provide the room and a GP it was the PRG's meeting and it should manage itself. She expected it to provide feedback from patients using representative's own networks, for example feedback on the website, or on the services that patients experience also the PRG could be used as a sounding board for new or changing systems.

### **Telephone queues**

The Practice was asked why, on the telephone system, when it said you were first in the queue one could wait another 10 or 15 minutes? Dr Rashid said that it was probably because the receptionists were helping patients face to face. For example, filling in a AccurX triage form for someone who couldn't do it themselves. This brought a further question in that when the receptionists do that everyone in the waiting area could hear all the personal details. Dr Rashid noted there was a Tablet device that was could be used for that and either a patient could do it themselves or a receptionist could help. It was suggested that perhaps when a member of staff helps a patient, they do it at the back of the waiting area or somewhere "private". Yvonne agreed to look into that.

### **No ability to reply**

A question was asked about one-way e-mails or text messages, it was frustrating not being able to reply. Dr Rashid suggested that one-way messages were sent because it was felt a reply wasn't necessary, but if the patient felt it was then they could always use AccurX.

### **Confusing Text Messages**

Another question was raised by a number of PRG members about the text messages saying that you have an appointment at the New Folly, but when patients get here, they find it was a telephone appointment! And vice versa. Yvonna said she would look into this and get the wording to be clearer on what type of appointment it was.

### **Unhelpful receptionist**

The Practice was asked what a patient should do if they felt that a receptionist had been aggressive to them? Yvonne said they should phone her or send an email and she would deal with it. However, it was pointed out that the receptionist still do not wear their name badges so this could be difficult. Yvonne said that was because when they did; they received negative comments on social media, but she would discuss this with the reception staff and get back to the PRG.

### **Home Visits**

Dr Rashid was asked if it was true that the Practice didn't do home visits anymore? He said they still did; it was rare he agreed and normally for palliative care. But there was a separate home visit service which the practice could send out.

### **Practice doesn't accept letters**

A question was brought up about receptionists not accepting letters any more. Examples were given such as notes for doctors and hospital letters. Yvonne said that the receptionists should accept hospital letters, and when she meets with the receptionists she will see if there is a way that letters can be categorised for acceptance or not. Dr Rashid said there was always a risk with paper, in that it can get lost, takes time to be scanned in and if still in paper form can't be shared. He said that it was much better for patients to attach letters or hospital notes to an AccurX enquiry if they can. But the Practice recognises that can't be done by every patient and Yvonne's discussion with the receptionists should help there.

### **Changes to how Practices work**

Following on from Home Visits, the meeting noted that the Practice seems to be changing from a model that was based on continuity to one that is all about access. Dr Rashid agreed that it is a different world now. It was suggested that something about this would be interesting in the Parish's Newsletter which goes to every home in the Parish. Marilyn said she would ask the Parish's communications officer to contact the Practice before the next issue so something can be contributed.

### **Post-natal services**

The Practice was asked how it looked after post-natal services, Dr Rashid said through the health visitors and the district nurses, but not as closely as they did since they had been separated out, but they had good relationships with them. Community services had been reduced over time, but there was a Community Matron now who led the service.

### **Ingatestone Summer Show**

The Practice was asked if they would be interested in taking part in the Summer Show in July? Dr Rashid said they would and asked if he could be reminded sometime before about the details.

Rachel ended the meeting by saying thank you for everyone attending.

### **DATE OF NEXT MEETING.**

Wednesday 15<sup>th</sup> April 2026, at 18:45, at the New Folly.

### **FUTURE MEETINGS**

Subsequent meetings would be held on Wednesday 15<sup>th</sup> July 2026 and Wednesday 14<sup>th</sup> October 2026, at 18:45 all at the New Folly.

All patients are welcome to attend in the first instance please contact the Chair Rachel Lee at [rmplee@gmail.com](mailto:rmplee@gmail.com) so that you can agree to be put on the email contact list and receive emails relevant to the PRG.