Ivel Medical Centre

Patient Participant Group

Minutes of Meeting Held on 29th September 2026

Present: Chris Day, Claire Hyland, David Wheeler, Rita Andrews, Gillian Gordon-Macintosh, Helen Bell-Day, Georgina Howson, John Hampshire

Practice Members: Paul Lindars, Shubhangi Sharma (Apologies from Dr Singh)

Apologies: Alan Porter, Christine Taylor, Harold Ross, Jean Gunton, John Palmer, Joyce Bilcock, Joy Cooper, Julia Ainsworth, Peter Davies, Keith Coxon, May Ross, Sandra Richardson, Trudy Emery

1. **Total Triage Appointment System Update** – for a 2-week period (end of August/beginning of September) was a testing time. Number of forms per a day on occasion were over 150. The practice had the lowest staffing capacity at this time due to sickness and leave/vacancies. On two occasions they closed just the URGENT same day element of the appointment system down to help manage the demand. They are now working with the care navigators on improving efficiency and workflow. IMC have recruited one new care navigator called Claire and another post is out to advert. The system opens at 8am and urgent section is sometimes disabled around noon but could be earlier/later depending on number of forms.
   Chris questioned about getting a follow up appointment via the system as he has been unable to do so. **There is a 72hr notice period to respond to non-urgent requests.** Patients should be able to get follow up appointments. IMC are putting in place system so clinicians will have the ability to book review appointments themselves. If patients are unhappy or have issues with the system, they are advised to use the feedback / complaints system.
   Saffron will be using the same booking system as IMC.
   Care Navigators took part in standardisation with practice training last week.
   ACTION: IMC to look at follow-up requests and availability to see if there is an issue and resolve, as necessary.
   ACTION: IMC to review non-urgent appointments process.
   ACTION: IMC to audit system to see what percentage of forms are not being processed consistently.

2. **Staff Training** – Care navigator training as above. They are also having training to help them understand the front page of the Patient Records, which will allow them to understand patients' requirements e.g. they may need blood tests before an appointment. Care Navigators and front desk roles are interlinked. Reception desk is a meet and greet and has good customer service skills Care navigators work in the back office triaging the forms and calls. They also undertake urgent tasks, emails etc.

3. **Staffing Update** – IMC now has a new Paramedic called Leah who is currently working with Dr Singh and now holding her own clinics for minor elements or simple issues.
   1 x Care Navigator role is out to advert.
   1 x new Physician Associate role has been recruited to – Esha Rathor who is now in post.
   1 x new prescribing clerk has now started – Lisa Higlett. Doing well.
   Pharmacist – one has been interviewed with a view to supporting the practice with governance arrangements and potentially some project work e.g. to enable support for patients with Long Term Conditions when they start.
   Junior Pharmacist – the aim is to employ somebody 4 day/week. Start date to be agreed.

4. **Flu Vaccinations** – no longer available at the surgery due to dropping demand and good availability in community pharmacists.

5. **Respiratory Problems caused by the hot weather** – the surgery found that patients with current long-term conditions e.g. asthma were affected by the extremely hot weather and it increased the numbers of exacerbations. RA was affected.

6. **Covid vaccinations** – available at Biggleswade Pharmacy, Boots? in Market Square and Brittania Pharmacy in Sandy.

7. **Ambient Voice Technology**– AVT is also known as AI Scribing. It is software that listens to conversations and documents it in patient records. IMC are not adopting AVT at the moment. ALL information in the conversation is put into the notes. The current system at IMC works on form templates and codes the information. This can be audited. AVT could be used if it coded items correctly and is concise.

8. **Summary Care Record** - (SCR) - the clinical system pulls correct coding date through into the SCR and this can then be shared with hospitals and community teams. It does not state the patients' medical conditions but does state allergies, current medications, acute medications and medication that have been stopped.
   ACTION: All Patients can look at the SCR via SystmOnline.

9. **Any Other Business**
   a. DW RA are now members of Sandhills PCN PPG - the next meeting is next week.
   b. b. JH thanked PL for the triage form pamphlet. Copies are at front desk and on IMC website. This was circulated previously by DW.
   c. Water Fountain – a request has been made for a water fountain to be placed in the waiting areas. PB is looking into this.
   d. 2 x Fans have been purchased and now placed in both waiting areas.
   e. Books/Films – DW recommended a book called **Dear Life** by Rachel Clarke, who was a TV journalist and who later became a doctor. A very good read. In it she mentioned a film called Wit that they all had to watch on their first day in medical school. The film stars Emma Thompson and Christopher

Lloyd. It's about an academic (ET) diagnosed with Stage 4 ovarian cancer and her treatment. Not an easy watch.

Waldemar Haffkine was a bacteriologist who developed the first cholera and plague vaccines. He worked in India in 1896 during the severe plague outbreak that hit Bombay (Mumbai) that killed over 10 million people in several waves lasting until 1925.
There is an interesting account of his life on BBC News if you click on the following link.

Waldemar Haffkine: The vaccine pioneer the world forgot - BBC News

f. ICB wants to know the number of patients having blood tests at surgery.
g. IMC now has an increased number of blood test slots and hopes that most patients with LTC/ chronic disease can have tests done there rather than go to the hospital.

10. **Date of Next Meeting –** January 2027 tbc