Minutes of PPG meeting at Nower House 8 July 2026

Present RH, EE, VT, AH, WF, KD (receptionist manager)
Apologies BD, JB, JP, SM, WB

Welcome and introduction

Use of **PLAUD** explained for note taking to facilitate minutes

Introduction and Launch of "Emma" – AI Virtual Receptionist

- Emma is an AI virtual receptionist launching via a soft start on July 15, 2026, initially for a few afternoon hours, with gradual scaling up Final confirmation depends on the July 9 meeting and completion of data imports
- Emma answers incoming calls within three rings and can handle high concurrent volumes; available via phone and website (web chat-style form)
- We have a one-year package initially - Medwyns practice is implementing the same system a week earlier, providing us with lessons they learned

Rationale

- Addresses high reception turnover and demand pressures from sickness/leave
- Aims to reduce phone queue times and over 50% missed calls
- Our current callback requests (to avoid waiting in queue) now exceed 500/month
- Aligns with the government's ten-year AI in healthcare plan

AI already in use at DMP

- **Anima** processes hospital letters/correspondence
- **Abtrace** automates chronic disease recall texts

Staff impact

- Not a staff replacement – it frees reception from initial call handling to focus on core tasks
- Human review and triage (admin vs clinical; duty doctor prioritization) remain unchanged – the same system reception currently uses

- Reception manager expects improved responsiveness, fewer abandoned admin tasks, and better patient care

Security

- Data handling is unchanged; Emma completes the same form as reception. A clear, standard security message is needed for patient reassurance

How Emma Works for Patients

- Emma verifies identity (DOB, postcode), captures reasons for contact, asks relevant questions, summarizes, and confirms before sending to reception staff for action
- Patients can request a human at any time and will then be put back in queue to reception
- Handles multiple languages and translates notes to English
- For urgent symptoms (e.g., chest pain), Emma can direct to staff or advise emergency services; duty doctor prioritizes urgent clinical forms (breathing issues, pain, young children) for immediate booking
- If a call cuts off, Emma sends a text to resume the queue position

Scope and access

- Emma is 24/7 for administrative tasks (e.g., medication requests) but clinical requests are still only during normal hours
- Emma can signpost to appropriate services (eg Pharmacy First for minor issues like UTIs) after symptom questions
- All dialogue is saved to the patient's clinical record
- NHS App promotion continues for patients preferring online interactions

Exclusions and Special Cases

- These are vulnerable patients including patients with severe mental health issues, care home residents, palliative care patients, and those with learning disabilities (LD)
- This list bypasses Emma, routing directly to a human receptionist
- Process for adding new vulnerable patients needs clarification and an update mechanism

At this point the promotional video was shown

Patient Communication and Promotion

- Emphasize “virtual receptionist called Emma” over “AI,” reassuring unfamiliar or resistant patients
- Use multiple channels: leaflets, posters, Facebook; recognize limited social media reach
- Consider in-person volunteer presence to inform patients during launch but volunteers will not operate the system
- The video could be uploaded to screen in waiting room, but there is only one waiting room screen; shorter, subtitled, or muted versions preferred due to brief wait times and accessibility concerns (remove background music)
- Investigate technical feasibility for upload and format
- Training video example (common cold call) is not ideal; content and audio should be adjusted for relevance and accessibility

Routing

- Emma’s forms enter the same admin/clinical pathways; clinical requests go to the duty doctor
- In-person reception uses the same form; no priority difference between Emma-originated and in-surgery requests
- Operating hours-phone lines open from 8:00 AM, consistent with reception hours
- On-site support - Team members (including AH and KD) will be on site during soft launch to assist; any teething issues expected within the first 1–4 weeks

Topics for discussion at future meetings

- Men’s health and local services - Mole Valley has the highest male suicide rate in Surrey; men’s mental health identified as a strong candidate topic
- “Men’s Shed” highlighted as effective for side-by-side engagement; Bill can support a local initiative; potential speakers (David or Alan) considered
- Men’s club at Box Hill launched June 19, 2026 (24 attendees); prostate health talk by Dr Dhoull; plans for social gatherings at a local pub
- Promote community resources and family events on surgery boards; explore services for children/teens in Dorking, Westcott, Box Hill
- Plan an autumn evening session on diabetes for newly diagnosed patients

Date of next meeting September 8, 2026, at 11:00 AM; venue TBD (Dorking Manor or the volunteer centre). EE will check volunteer centre availability

- Focus on one specific topic to ensure dedicated effort - men's mental health favoured)

Action plan

- *July 9 2026 meeting to finalize Emma's July 15 soft launch and confirm exact launch hours.*
- *Align with Medwyns to capture lessons learned prior to July 15.*
- *On-site staff presence scheduled for July 15; define roles and patient support plans.*
- *Prepare patient-facing scripts/posters/leaflets explaining Emma and how to reach a human receptionist; develop FAQs.*
- *Confirm technical feasibility and format for the waiting room video; produce shorter, subtitled/muted version.*
- *Train reception staff on Emma pass-through calls, bypass requests, and standard data security messaging.*
- *Monitor post-launch metrics: call answer times/rings, queue lengths, form volumes, patient satisfaction; assess scalability to avoid receptionist backlog.*
- *Manage VIP list processes, including adding new vulnerable patients post–go-live.*
- *Speaker 1 to share Emma slides with participants after personal briefings; confirm July 15 go-live on July 9.*
- *Speaker 1 to coordinate with Bill on Hillside support visit after launch; organize farewell event before August 21, 2026; inform remaining staff (Wendy Butcher, the two Sues, Sarah Marsh).*
- *Plan September 8 meeting logistics; Elaine to confirm venue; consider inviting Men's Shed representative (David or Alan).*
- *Speaker 1 and Kriti to prepare and distribute minutes and meeting details*

AI Suggestions

Risk of delay to the July 15 launch pending July 9 decisions and data imports; define conting
Clarify the process and ownership for adding new vulnerable patients to the VIP list post–go-live.
Specify soft launch hours and communicate to staff and patients.
Finalize waiting room video length/format; produce an accessible cut.
Establish and train a standard response on data security to address patient concerns.
Plan backup coverage for low reception staffing during early launch to prevent form-processing backlogs.
Set success metrics (e.g., calls answered within three rings, missed call rate, patient satisfaction) and communicate targets.

Assign ownership and process for gathering/promoting local community events on the surgery board.
Confirm the September 8 meeting venue and finalize the primary topic (men's mental health recommended).