



**Minutes of the St Luke's Patient Participations Group (PPG)
Friday 21st August at 13:15
To be held at St Luke's Surgery – Waiting Room**

Present: Dr Lucy Joslin – GP Partner (LJ)
Magdalena Nowak – Administrator to Practice Manager (MN)

1. Welcome and apologies:

LJ introduced practice staff and welcomed new and returning attendees.

2. Minutes of the meeting Friday 15th May 2026:

A copy of the previous minutes previously emailed to attendee were reviewed. All minutes are available to view on the practice website.

[Microsoft Word - PPG Meeting Minutes 15.05.2026.docx](#)

Updates from Previous Meeting

- Accurx Scribe continues to be used within the practice, although usage varies between clinicians.
- Flu clinic planning is underway, and "Save the Date" text messages have been sent to patients.
- The bike rack installation remains pending.
- The practice continues to await its next CQC inspection.
- GP trainees and medical students continue to be hosted by the practice.

Previous minutes approved with no amendments.

3. GP Patient Survey Results

LJ presented the results of the annual national GP Patient Survey.

Survey Overview

- 350 questionnaires issued.
- 124 responses received.
- Response rates consistent with national survey participation levels.

Key Findings

Overall Experience

- 86% of respondents rated their overall experience as good.
- 64% rated their experience as very good.
- Compared favourably with:
- National average: 77%
- Surrey Heartlands average: below practice score

Contacting the Practice

- Positive feedback regarding:
- Telephone access.
- Website access.
- Understanding what would happen after contacting the practice.

Members acknowledged that the introduction of total triage has reduced telephone waiting times and improved accessibility.

Reception and Administrative Team

- 86% rated reception and administration staff as helpful.
- Positive comments were made regarding the professionalism and friendliness of reception staff.

Appointments and Clinical Care

- Feeling listened to.
- Involvement in decisions regarding care.
- Confidence and trust in healthcare professionals.
- Respect and compassion shown during consultations.

Patients raised concerns about their ability to see their preferred GP consistently. The discussion highlighted that the practice operates a list-based model to support continuity of care wherever possible. However, GP availability can be affected by factors such as annual leave, part-time working arrangements, and varying levels of clinical demand. It was also noted that the total triage system may result in patients being directed to the most appropriate clinician for their needs rather than their preferred GP. Some patients commented that they would be willing to wait longer for an appointment in order to see their usual GP.



The practice acknowledged these concerns and confirmed that continuity of care remains a key priority. While there are challenges in balancing patient preference with timely access to care, the practice continues to monitor and regularly review its processes to support continuity wherever possible.

NHS App and Website Feedback findings showed:

- 75% found it easy to contact the practice via the website.
- 63% found it easy via the NHS App.

Members noted that the practice website is often the quickest way to submit triage requests. The NHS App is primarily used by patients to access test results, view medical records, and request repeat prescriptions. The group also discussed the duplication of reminders and notifications generated by NHS systems, noting that patients can sometimes receive multiple messages relating to the same appointment or healthcare activity. The practice acknowledged this feedback and explained that some notifications are generated automatically through different NHS platforms and communication systems.

Long-Term Conditions and Community Support findings showed:

- 65% felt they had received sufficient support from local services and organisations to manage long-term conditions.

Dr Joslin outlined the ongoing development of Integrated Neighbourhood Teams, which aim to bring together GP services, community nursing, social prescribing, social care, and voluntary organisations to provide more coordinated and holistic care for patients. The discussion highlighted the benefits of closer collaboration between services, enabling better communication, improved support for patients with complex needs, and a more joined-up approach to healthcare and wellbeing within the local community. Members welcomed the update and the potential for enhanced patient care through these integrated working arrangements.

The results of the recent Patient Survey are attached to these minutes for members' information and review

To view the survey results online follow the link provided [GP Patient Survey](#)



4. Any other business

Social Prescribing

The role and benefits of social prescribing were discussed during the meeting. Social Prescribers can support patients with a wide range of non-medical issues and wellbeing needs, including access to community support groups, assistance with financial concerns, housing issues, mental health support, and exercise and wellbeing programmes.

A member shared a positive experience of using the social prescribing service, highlighting the valuable support received in managing chronic pain and improving mental wellbeing. The feedback demonstrated the positive impact that social prescribing can have on patients' overall health and quality of life.

The practice provided an update that three new Social Prescribers have recently joined the service, increasing the support available to patients. The practice also confirmed its intention to further promote and increase awareness of social prescribing services to ensure more patients can benefit from the support available.

GP Chaplain Service

Members discussed the GP Chaplain Service and shared positive feedback about the support it provides. Patients who had used the service reported positive experiences, highlighting the value of having access to emotional and practical support. Members felt that the service offered patients an opportunity to speak with someone who was able to spend more time listening and providing support than is typically possible within a standard GP consultation. The practice confirmed that it has received positive feedback from service users and recognises the important role the GP Chaplain Service plays in supporting patients' wellbeing.

Communication Between Primary and Secondary Care

Members discussed the sharing of information between GP practices and hospitals and the importance of effective communication across healthcare services. The practice explained that hospitals are increasingly able to access relevant parts of GP records, helping to support more informed patient care. However, GPs still rely heavily on discharge summaries and correspondence from hospitals to ensure that patient records are kept up to date and that any necessary follow-up care is arranged appropriately.

The practice also advised that ongoing meetings are taking place between primary and secondary care teams to improve communication, streamline information sharing



processes, and support better continuity of care for patients. Members welcomed these developments and highlighted the importance of improving data sharing between healthcare providers while ensuring that patient confidentiality and information governance requirements continue to be maintained.

NHS Health Checks

A question was raised regarding the availability of "MOT-style" health checks. The practice explained that it offers NHS Health Checks to eligible patients as part of a national programme aimed at identifying and reducing the risk of conditions such as heart disease, stroke, diabetes, and kidney disease. These health checks are available to patients aged 40 to 74 years who do not have an existing long-term condition. Patients were encouraged to contact the practice if they believe they may be eligible or would like further information about booking an NHS Health Check.

Long-Term Condition Reviews

A member raised concerns about the need to attend multiple separate appointments for long-term condition monitoring, with examples including asthma reviews, blood pressure monitoring, and anticoagulation reviews. Members commented that attending several appointments for different aspects of their care could be inconvenient and time-consuming.

The practice acknowledged this concern and explained that there are a number of challenges in combining reviews into a single appointment. These include the involvement of different specialist clinical staff in carrying out specific reviews, limitations within current recall systems and clinical coding processes, and the length of appointment time required to complete multiple reviews safely and effectively. The practice confirmed that this remains an area under ongoing review and that opportunities to improve the coordination of long-term condition monitoring will continue to be explored where possible.

Staff Training and Education

The practice outlined its approach to staff training and professional development, emphasising its commitment to maintaining high standards of patient care, safety, and regulatory compliance. All staff are required to complete a programme of mandatory training, which includes Basic Life Support, Infection Control, Safeguarding, Fire Safety, Prevent Training, and Information Governance. These training requirements are regularly monitored to ensure staff remain up to date with current guidance and best practice.



In addition to mandatory training, the practice supports ongoing clinical education and professional development through a range of activities. These include weekly educational meetings, consultant-led teaching sessions, referral reviews, and other Continuing Professional Development (CPD) opportunities. Members recognised the practice's strong commitment to learning and education, including its involvement in the training of medical students and GP trainees, which contributes to the development of the future healthcare workforce while supporting a culture of continuous improvement within the practice.

Medical Student Teaching

The practice confirmed its ongoing participation in the training of students from Surrey Medical School and highlighted its important role in supporting the development of the future healthcare workforce. Members were informed that the level of student involvement varies according to their stage of training. First-year medical students primarily observe consultations to gain an understanding of general practice and patient care. More senior students undertake supervised patient assessments, while final-year students participate in more advanced supervised clinics, helping them to develop the skills and confidence required for independent clinical practice.

The group recognised the value of the practice's educational role and its contribution to training future doctors. The practice emphasised that all student involvement is appropriately supervised and that patient consent is sought whenever students are involved in consultations or clinical activities.

Long COVID Services

A member asked about the support available for patients experiencing Long COVID symptoms. The practice explained that dedicated Long COVID services have changed significantly since the height of the pandemic and that referral pathways have evolved over time. In many cases, patients requiring ongoing support are now referred through chronic fatigue or related specialist pathways, depending on their symptoms and clinical needs.

The practice also advised that specialist Long COVID services are commissioned through Surrey Heartlands and may be provided at locations outside of Guildford. Patients with ongoing symptoms are encouraged to discuss their concerns with a clinician, who can assess their needs and consider the most appropriate referral or support options available.



Data Security and Patient Records

A member raised concerns regarding NHS data sharing, the use of artificial intelligence systems, and the involvement of technologies such as Palantir in healthcare. The discussion focused on how patient information is protected and how decisions about data sharing are made within the practice.

The practice reassured members that data protection and patient confidentiality remain significant priorities. It was explained that the practice has a designated Data Protection Lead, Dr Charlwood, who oversees information governance matters. The partners carefully review all data-sharing agreements before deciding whether to participate and have, on occasion, chosen to opt out of certain data-sharing arrangements where concerns were identified. The practice also confirmed that any artificial intelligence systems are only considered following appropriate governance, regulatory review, and approval processes.

Members were reassured that patient confidentiality remains a key consideration in all decisions relating to digital systems, technology, and the sharing of patient information.

Further information regarding the NHS Federated Data Platform (FDP) and its supplier, Palantir, has been attached to these minutes. The attached letter provides additional information about the platform, its purpose within the NHS, and the safeguards in place to protect patient data and confidentiality. The same information is also available on the practice website for patients who wish to access it.

5. Date of next meeting

To be confirmed.