Mount Pleasant Health Centre

Patient Participation Group Meeting Summary

Monday 17th November 2025

Inclusivity Messaging & Reception Area Approach

The practice partners have agreed to implement inclusivity messaging focussed on protected characteristics, presented broadly via waiting room noticeboards rather than the front desk area to protect reception staff from contentious interactions. The plan includes attributing messaging to relevant charities and adding small stickers of those charities on the front door for visual reinforcement to patients. The practice has agreed that the same content will be shared online via the practice website and social media pages to maintain consistency. This follows on from previous discussions and aims to provide information to patients while safeguarding reception staff at front desk.

Telephony Data, Reporting & Operational Adjustments

Telephony data is now more reportable, enabling the development of manual dashboards to track key metrics such as average waiting times, call lengths, call volumes, and peak hours. New reporting is currently in progress, with an initial dashboard being built in line with the existing e-consult dashboard and plans to publish monthly updates on the website and social media once the data has matured. PLS data requirements are being met, although some requests reference 8–9 a.m. data despite phone lines opening at 8:30. Call queue position announcements have been enabled and are viewed positively, helping callers decide to remain on hold, while staff continue to familiarise themselves with additional features such as callbacks. A recent spike in call volumes and wait times was noted, driven by post–bank holiday demand, staff sickness, temporary redeployment of staff to address a critical scanning backlog, seasonal illness in children linked to school term changes, and early flu, with October being particularly challenging; November data is available but yet to be reviewed. The practice is exploring more intelligent resource planning, particularly increasing coverage during the first one to two hours and on Mondays, and is seeking group feedback on which data should be shared and what target service levels, such as acceptable queue times, should be set.

Appointment Triage Model

The practice operates a parity-of-access appointment triage model, with phone calls, e-consults (via the website or NHS App), and front-desk walk-ins all routed through the same structured questioning to generate consistent clinical information. The triage team is typically led by one GP supported by two reception staff, with additional support on Mondays from GPAs, medical students, or trainees as available. A structured

spreadsheet supports routine decision-making, similar to Pharmacy First criteria, while all GPs retain daily acute telephone slots for same-day contact, with brief issues either resolved directly by triage or allocated for GP callback. Appointments are delivered on an almost equal split between face-to-face and telephone consultations, varying with GP availability and in line with contractual expectations. Patient records include documented contact methods, preferred communication routes, and consent or dissent for text messaging, and there is interest in developing a clear patient-facing explanation of the triage process and daily practice operations through printed or online resources.

Practice Level Support Programme

The practice is engaging in an improvement programme, including input from a consultant, to support the implementation of continuity-of-care processes and to review and refine phone messaging scripts and options. Proposed phone messages will be brought back to the group for sign-off at the next meeting, and PLS work will also involve analysis of telephony data to inform operational improvements. In parallel, the practice is introducing a continuity-of-care approach based on patient risk stratification using an Academic Health and Science Network tool adapted for local use, categorising patients as red, amber, or green. Patients identified as "red" represent those with complex, high needs who would benefit most from continuity, with appropriate codes and explanations added to records and used within triage to prioritise booking with the patient's usual GP wherever possible, even for minor issues.

Data Strategy Considerations

A caution was noted around focusing on data points that the practice can meaningfully influence and that will deliver tangible benefit, to avoid investing time and resources in low-impact metrics. This principle will guide prioritisation in dashboard development and the setting of realistic and effective operational targets.

Telephony Performance & Peak Demand Patterns

The primary telephony concern is reducing waiting times so patients are not held for extended periods, with the aim of improving phone access while maintaining availability of e-consults. Demand varies significantly by time and day, with Monday mornings consistently identified as the busiest period, and clear morning peaks across consults informing reception workflows and rota planning. The team plans to use this data to tighten processes and make more informed operational decisions without adversely affecting the quality of service.

Patient Registration Growth

Patient registrations have continued to grow, now exceeding 17,800 and approaching 17,900, with acceleration expected over the winter and progression towards 18,000 patients. While core funding is allocated per patient, it is weighted through the Carr-Hill formula, meaning the number of paid patients is lower than raw registrations, with approximately 14–15,000 weighted patients compared to nearly 18,000 registered. Enhanced services funding is also based on the weighted population and varies according to demographics, such as the proportion of care home patients. There are no funding block thresholds at 18,000 patients, and additional contracts are similarly weighted, meaning that increased patient numbers may impact income, but the overall financial effect depends on the characteristics of the registered population.

Contractual Changes

From 1st October 2025, contractual changes have introduced mandatory data sharing, with pharmacy-issued items now automatically coding into patient records and in-practice vaccinations updating hospital records in real time. Updated access requirements mean e-consult must be available throughout core hours from 8 a.m. to 6 p.m., with additional access windows between 8:00–8:30 a.m. and 6:00–6:30 p.m. The intent of the contract is to ensure patients can book routine appointments, have same-day queries answered or be seen if clinically necessary, and manage prescriptions during these extended periods, rather than being asked to call back the following day.

Contractual Changes

Phone lines are currently diverted to Practice Plus Group during 8:00–8:30 a.m. and 6:00–6:30 p.m., which commissioners (ICB) consider contract-compliant, meaning the practice is technically open. Walk-in handling remains less clear: existing signage directing patients to call the diverted number is acceptable for now but may not meet expected standards over the next six months. No immediate changes are required, though the ICB expects the practice to have a readiness plan to operate fully open doors from 8:00 a.m. to 6:30 p.m. should legislation or contractual requirements change.

Operational Planning for Extended Hours

Evening access is already extended Monday through Thursday, with a GP and two receptionists present, so changes would be minimal—phones might stay on longer, Practice Plus Group may be removed, and e-consults would continue. Morning coverage currently lacks a formally rota'd GP at 8 a.m., though a GP is usually on site; the practice aims to implement a structured plan to ensure GP presence for safety rather than leaving an HCA or nurse alone. Practical adjustments include doors opening at 8:15 a.m. for early arrivals, reception starting at 7 a.m. to answer phones, and potential front-desk staffing shifts from back-office duties. Collaboration across practices is limited: while PCN-level arrangements could theoretically share phone coverage or rotate evening shifts, larger practices show little appetite, and smaller practices may struggle, with no additional funding available, potentially necessitating staff contract changes or adjustments to consultation periods.

eConsult Usage, Trends & User Experience

Following media coverage after 1st October 2025, some practices experienced large increases in online consults, while Mount Pleasant saw only a slight, likely seasonal, rise. Online consults are easier to manage administratively, though clinicians often prefer phone-based interactions for more targeted questioning, and some feel online triage is over-engineered. Overall awareness and usage remain limited, though first-time users generally find e-consults easy and would reuse them. Patient feedback highlights that repetitive or burdensome questions can obscure the main reason for contact, particularly for ongoing issues. Workarounds include instructing patients to provide a clear summary at the top and minimising responses to other questions where appropriate. Some questions support QOF targets and incentivised payments but add friction, while risk-averse triage pathways may be unsuitable for ongoing care.

Data Consultation Tools & Procurement

Rapid development of online consultation options was noted, with many practices adopting platforms such as Accurx. A preferred solution is the System One integrated tool, which allows customisation and avoids repeated questioning by referencing prior data; this option is currently free but will become chargeable from March 2026, and procurement has not yet begun. Procurement in Devon is constrained by lengthy legal processes, budget cuts, and staff reductions, with commissioners not undertaking new procurement this year and aiming to fund existing tools next year rather than introduce new ones. Future mandated frameworks or investments, such as telephony upgrades, could necessitate transitions, though funding support may be limited. The practice plans to review pricing when available and may request to self-fund the System One–integrated solution rather than rely on next year's funding.

Anticipated AI & NHS Digital Changes

NHS England materials were referenced regarding a planned "NHS AI GP" on the app targeted for 2027–28, potentially centralising triage through the NHS app and linking directly to patient records. By 2030, ambitions include smartphone-based diagnostic capabilities, reflecting the rapid pace of anticipated technological change.

Digital Patient Records & Data Sharing

GP Connect functionality has been activated, allowing items that previously arrived by letter or email to flow directly into the system, potentially coded, which should accelerate processing. Pharmacies may access relevant record elements, similar to summary care records, for urgent prescriptions. Mount Pleasant is one of six in Devon signed up to the Devon Shared Care Record, enabling full record sharing, with some shared-care functions being promoted and potentially required next year.

Educational Events & Patient Engagement Strategy

Previous bi-monthly evening educational talks received positive feedback. The team plans to better align future events with public health campaigns, proposing two or three larger engagement initiatives—such as workshops or speakers for World Mental Health Day—while maintaining lighter monthly awareness activities to avoid topic fatigue and sustain engagement. A draft calendar is being prepared and will be shared at the next PPG meeting for discussion and input.

Reducing Did Not Attend (DNA's)

The monthly patient survey contains an open-ended question on reducing missed appointments, with initial feedback suggesting improvements to reminder systems. System One updates now support multiple reminder and confirmation texts in the days leading up to appointments, and the practice plans a practice level supported project to enhance reminder functionality. Timing communication remains challenging: GPs alternate 12.5-minute telephone and face-to-face slots, late arrivals cause schedule drift, and providing exact call times has led to complaints. Messaging has shifted to broader windows, but consistency needs

improvement, with suggestions including pre-call notifications or queue-like indicators. GPs typically attempt calls at two to three times, accounting for poor signal or patients unavailable due to work, with neurodiversity and job constraints highlighting the need to balance specificity and vagueness. A reception team meeting is scheduled to address training and messaging practices.

Practice & PCN Updates

A new pharmacist has joined the team, with the pharmacy service performing well despite recent wider-team sickness. In PCN leadership, Dr Hopkins (Mount Pleasant) is stepping down after three years, and Dr Spriggs (South Lawn Medical Practice) will become the new PCN Clinical Director from 1st January 2026, representing the five-practice network in external forums and engaging with commissioners and partners.

Mount Pleasant Community Pharmacy

Attendees expressed strong satisfaction with the independent pharmacy next door, highlighting faster dispensing, personalised service, medication text alerts, and free deliveries. Concerns were raised about the pharmacy's financial sustainability, though it has surpassed previous Boots' volumes and benefits from improved systems as an independent. Future business growth is anticipated from nearby new developments, alongside continued strong service.

Pharmacy Accessibility & Lighting Concerns

A participant noted that the pharmacy's building design and bright lighting are not suitable for people with light sensitivity, with external lights also described as very bright. A recommendation was made to conduct sensory audits for future upgrades. Mount Pleasant acknowledged that clinical rooms require brighter lighting, but other areas do not, and plans to prioritise waiting room lighting improvements within a year or two, considering motion-sensitive options and sensory considerations. Current yellowing lights are sometimes preferred over harsh white lighting.

Neighbourhood Development & NHS Service Changes

Ongoing strikes are affecting hospital services, though the impact on the practice is limited as trainees typically do not work there. Local initiatives, including neighbourhood working and community left-shift programs, are progressing to move some services from hospital to primary and community care. No Devon sites received phase-one neighbourhood contracts starting next year, with three of five Southwest contracts awarded to Cornwall. While formal investment in Devon may be slower, local commissioners, including the new ICB chair, are advancing the work and plan to learn from Cornwall's experience.

Royal Devon & Exeter Hospital and Nightingale Hospital

No negative feedback was reported regarding Royal Devon and Exeter, and Nightingale continues to receive “lots and lots” of positive feedback. It was noted that, although some services are spread across wide geographic areas, they still receive good feedback at individual centres.

Community & Educational Events

A quiz night is scheduled for 5th December 2025, with teams being encouraged and communications planned. Upcoming activities also include a bake sale and an art sale. There is growing interest in moving from standalone educational talks to event-style evenings featuring multiple health-topic speakers, though no concrete plans have been made yet.

Practice Budget & Premises

The practice must remain financially stable, as partners cannot operate at a deficit and have no additional financial support. This year’s outlook is described as stable, though funds are insufficient for immediate lighting upgrades, with boiler coverage prioritised over winter if needed. The premises are freehold owned by the partners, with broader sector challenges related to Limited Legal Partnerships (LLPs) noted briefly.

Next Meeting Scheduled: Monday 26th January 2026