

New Bank Health Centre – PPG Meeting 4 Goals

(Prepared for meeting on 4 Feb 2026) - Robert (Bob) Davies: admin@bobbigmac.com

A. Key objective

Make appointment access possible without requiring an unscheduled office-hours call.

*It is currently **impossible** for some people to access appointments, mainly night workers, because of the mandatory office-hours unscheduled call.*

This blocker has to be **circumventable** by design, not handled by special-casing individual patients.

B. What has improved since November?

- **Admin requests on PATCHS are now open out of hours** (since **14 Jan 2026**).
 - Good step, but it does not yet solve appointment access.

C. Why the call requirement still blocks access

- A mandatory unscheduled call excludes people who cannot pick up in working hours (shift workers, carers, people at work, people without privacy/signal, some disabled patients).
- The website should allow **submit anytime, handled in-hours** for appointment requests to support patients who struggle to get web access in office-hours, or just to reduce procrastination.
 - Many people handle 'admin' like healthcare in chunks when they can fit it in around work, and simply preventing them from starting the process at any time, is an access failure.
- If missed calls trigger closure or a "start again" loop, the process becomes not just inconvenient, but punitive.

PATCHS doesn't resolve the issue of appointment requests closing if 2 missed unscheduled calls.

- Simple quality of life for patients: remove/solve the blocker OR make requests reopenable

Questions:

1. Is the unscheduled call requirement intentional or an oversight?
 - Who decided this?
 - Can this change to include either a bookable-slot picker (available in PATCHS) or SMS round-trip via accurx?
 - If by design, what problem is it solving and is that more important than making it convenient for patients?
2. Is blocking appointment requests out of hours intentional or an oversight?
 - Who decided this?

- Can this change to 24hr availability?
 - If by design, what problem is it solving and is that more important than making it convenient for patients?
3. The patient survey has a very low response rate (10%), far below the national average (~25%). Why?

D. Recent reviews

Nov 2025 to Jan 2026 has only a handful of new reviews. There are fewer severe flashpoints than previous months, and might suggest overall improvements, but the remaining issues are still clear.

- **Positive:** one reviewer says appointments have “always been good” for them.
- **Follow-up gaps:** tests/results not communicated.
- **Prescription process:** repeats rejected despite being on the system.
- **Appointment handling:** cancellation after a long wait; distress; no apology.
- **Staff attitude:** complaints of rudeness.
- **Continuity/expectations:** patient felt the appointment context wasn't carried through.

E. What success looks like

- A night worker can submit an appointment request out of hours and receive a text message or email response offering them an appointment
 - (ideally with a bookable slot picker, but a roundtrip would still be an improvement).
- No request is deleted because a patient missed an unscheduled call.
- Patients can use message/SMS (not just start on web, wait for phone call) for non-urgent coordination, with clear urgent-care signposting.

The repository is regularly updated: <https://github.com/bobbigmac/nhs-complaint-dec-2024>.

Personal note: I've been complaining about this for 6 months under GTD Healthcare, with no change on this specific process. Initial escalation next-steps are outlined in the repository, but I'd prefer to see the process fixed at this practice (and reviewed for all GTD practices) than to turn it into yet another Healthwatch letter-writing campaign. I don't think the accessibility issue is disputed by staff (maybe I am just not communicating the issue clearly), but we do need to know if/when this will be fixed, and if not, why not?