WOODLANDS & CLERKLANDS
GP PARTNERSHIP

Minutes of Patient participation Group meeting

Thursday 23rd January 2025 – Tilgate Golf Course

In attendance from W&C: Vanessa Baker (Business Practice Manager) Denise Comper (Operational manager) Dr Omar Abdulle, Dr Harminder Panesar, Dr Rubey Dullo, Rebecca Martin (Nurse lead)

In attendance from the PPG: Joy Cross (Chair), Caz Williamson, Mike Wickings, Geoff Lambert, Pat Lambert, Brian Dodge

Joining via Teams: Maggie Last (Secretary), Karen Schofield, Marie Featherstone, Nick Cameron

Apologies received from:
Ajeet Panesar, Hannah Millsted-Bowdery, Celia O'Connell, Francis Pole

1. **Introductions**	Actions
2. Matters arising from Minutes of the last meeting of the PPG • Pease Pottage It had been proposed that 200 additional patients from the Pease Pottage area would be taken on by Woodlands and Southgate practices and this has now been approved. • Westvale The plan for practice provision at Westvale is still proceeding, with the hope that the building will be ready from April 2025. It has been suggested that there should be only one patient list, with the option of accessing an appointment at either of the three practice locations. • PPG Meeting times VB provided the data from the meeting times survey and it was decided that Wednesday or Friday were the preferred day for meetings at a time of 6.30 pm. The results of the survey will be distributed to the PPG. • Prescriptions Distribution remains inconsistent and may require review of a long-term system management considering synchronising all prescriptions. There had been a recent medication administration glitch.	
3. Performance Report VB shared the performance report from last quarter for Woodlands and Clerklands. December had indicated particularly high demand and capacity had also been impacted by GP sickness. The report indicated comparisons between this quarter (Q3) and the previous quarter (Q2). Data represented includes: numbers of incoming calls, queue lengths, wait times, repeat callers, outcomes of calls, met and unmet demand amongst other datasets, including national data. This quarter is a much busier quarter because it is the winter.	
The major focus of the meeting was to discuss the current appointments system which requires patients to telephone the surgery at 8am and give as much information as possible to the Reception Team which is recorded and then subject to triage by a doctor who will decide upon the course of action, whether a face-to-face appointment, a telephone appointment or alternative advice. The Performance report indicated a wide range of advice outcomes. There exists significant dissatisfaction with this system for a number of reasons including:	

• Length of position in the queue (up to 90 calls may be queued) • Hearing their number in the queue can deter patients from calling who may require attention. The Performance report indicates the percentage of patients who abandon calls. • Reluctance to give details of symptoms to a non-clinician • Not being in a position to take a call back due to work place commitments. This can be particularly problematic for those with long term conditions. • The length of time taken to call back. • Disparity between how doctors work which could impact upon call-backs. • Dissatisfaction with not actually seeing a doctor face-to-face. The point was made that the number in the queue goes down fairly rapidly as the doctors start to call back at 8.00 and clear the calls. This was clearly evidenced in the Performance report. There are windows for call-backs.	
4. **Modern General Practice Module** - VB shared information around the Modern GP Module – digital triage, how this would work, and the different styles available. There was now a real push to establish Digital Triage by GP Practices. Patients are expected to submit an online request for an appointment using an online form. The patient would be required to answer a number of targeted questions. Where patients are unable to complete an online form, the reception team would complete it on their behalf over the telephone. All requests will go to a triage desk and be assessed for a booking or signposting to an alternative service or advice. AI may be used to support the triage process. A doctor will make the judgment as opposed to the reception team and there will be a fixed return contact time of three hours. • VB invited feedback from PPG re Digital Triage module: Issues to date have included • the long-winded nature of some of the online forms, which have too many questions. • Unfair access may exist where patients are unable to use a computer or do not have one. • The triage process does not necessarily gauge the appropriate needs of the patient depending upon how well the form has been completed. • Requests have taken too long a time to be processed. Why telephone triage for all, could certain condition ie chest infections be booked straight in as a F2F appointment? OA and HP responded with an explanation around reducing unnecessary footfall into surgeries, as well as many patients feeling that they may have a particular ailment ie chest infection when actually it may not be the case. Kaz made the suggestion that there could be a structure with perimeters in place for obvious F2F appointment OA and HP gave some examples of how similar symptoms can indicate something unconcerning, or equally very concerning. HP referred to Digital Triage as being a possible way to address this. **Action: Agreed that this is a point to take away for Partner discussion**.	**VB/DC/Partners**

• RD invited PPG to make any suggestions as to what they thought could be a way forward to improve appointment system. • Missing a call from the Dr – when a Dr Call is missed the Dr doesn't automatically call back, meaning the patient has to get back in what is sometimes a very long queue to have the call reinstated. – It was asked if it could be considered for the Dr to automatically attempt a second call without the need for the patient having to call in again. • Waiting for a call for either an entire morning/afternoon or on occasions for an entire day can be very frustrating and can come across as patient's time not being valued. There have been occasions that a call is not received until near to 8pm. Also to consider that patients who work in the public sector are just not able to be free to take a call at any point during the course of a Morning/afternoon/entire day. Could it be considered to provide a window of time to expect the call, ie 2hrs? **Action: Agreed this is a point that can be taken to Partners for discussion**	**VB/DC/Partners**
5. HP gave an overview of the Duty Dr role	
6. VB asked for feedback on any other areas: • JC not keen to have AI triage, but all present agreed that a trial of the Digital Triage System managed by a clinician would be a good idea, but would hope not to have to complete a form that was too lengthy. • Results missing from on line record – was advised to contact the surgery to discuss • Surgery reception area looking quite dull, consider brightening it up a little, possibly a fish tank – Caz volunteered her help in achieving this • JC talked about the PPG going into each surgery to talk to patients and get their thoughts and ideas, she would be willing to do Woodlands if someone else were able to do Clerklands. • JC voiced concerns regarding the lack of attendance at the meetings from Woodlands patients 7. List of PPG questions passed to JC to bring up: Communication – patient was contacted to arrange a call regarding blood tests, when Dr called they said they were not aware of what the call was for Batch prescription – item missing Accuracy of admin – shared care agreement didn't match medication dose. DC/VB advised that these kinds of things should always be addressed as a one to one with someone at the surgery so that it can be looked into in more detail and in a timely manner. JC suggested that the PPG could get together prior to the next meeting to discuss what they can offer to support the surgery and plan how they could gain wider thoughts/input from the patients. **Action: JC will try to arrange a meeting before the next planned PPG**	**JC**
8. Additional news items Dr Santhiya Sivanesakumar returns from maternity leave on 01st February	

Dr Afua Mbababzi and Dr Sami El Ammouri have now both accepted permanent GP roles The practice is awaiting April NHSE funding to review the resource plan for 2024/25 The practice is evaluating whether to move to a birth month annual long term condition review. This will be raised as an item at the next meeting.	
9. Future PPG dates: Wednesday 23rd April, Horley – there will be feedback from the Partners Awayday at this meeting. Thursday 17th July, Tilgate – a reduced version of the Annual Complaints Review will be available for the PPG to review at this meeting. Wednesday 29th October, Crawley The meeting closed at 8.05 pm. Note: VB provided four sets of slides which support these Minutes: PPG Performance Quarterly Report Q3 Oct – Dec 24 PPG Modern General Practice PPG Survey Results PPG Survey Meeting Day Times	