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WOODLANDS & CLERKLANDS GP PARTNERSHIP

Minutes of a Patient Participation Group Meeting

Thursday 22nd February 2024, Woodlands Surgery

In attendance from W&C: Vanessa Baker (strategic business manager), Denise Comper (operational manager), Dr Jon Birch, Dr Manoo Gupta, Rebecca Martin (nurse lead), Megan Birch (digital lead for the primary care network)

In attendance from the PPG: Brian Dodge, Celia O'Connell, Jay Lucan, Joyce Cross, Timothy Wright, Sharon Munro, Ruth Mortimer

Agenda				
1. Introductions				
2.	What is a PPG? Megan shared some examples of what PPGs can do from the National Association of Patient Participation, as well as other local surgeries. Vanessa opened the discussion up to the group as to what they might like to achieve as a group, and how they would like the group membership to be formed. Dr Gupta said he was looking forward to working with the PPG and that they had the potential to be "Health Champions", working with staff to help improve services in house but also to raise the voice of patients to other organisations, such as hospital providers, commissioning bodies. Tim suggested that the group could be a good forum for people with specific support needs, such as parents of children with mental health issues.			
	On membership, Jay felt that a core group with recurring members would be more effective. Celia agreed and said that if a group gets too big, it becomes difficult for members to have a voice. Brian pointed out that the group may get too narrow, and that it needed different views to be effective.			
	ACTION: For next meeting, to make sure that participants from this group receive an invitation to ensure their consistent opportunity to attend, as well as inviting others.	MB/VB		
3.				
	Vanessa went through suggested ground rules – see slides.			
4.	Staff & Services Vanessa went through some of the different staff roles at Woodlands & Clerklands. Dr Birch and Dr Gupta supported by explaining some of the clinical roles such as physician associate and pharmacist. Some participants shared positive experiences of appointments with our First Contact Physiotherapist and PAs. Some participants shared that some of the new roles and services in the practice are positive, but time-limited, with next steps a challenge, e.g. once the physio has referred through to hospital, hospital appointments may not be scheduled, once someone has been seen for a time-limited period by our primary care mental health services, it is difficult to get ongoing support.			

5. What do you think? Vanessa asked participants to write on post-it notes firstly something they felt the practice did well, and secondly an area where the practice could improve. Good points: friendly and efficient staff, good online services/presence, phlebotomy service on site, multiple services, prescriptions online, good prescriptions (mostly), consultations good, listening, receptionists, referrals (efficiency). Areas to improve: before any writing had occurred, Tim said "You know we're all going to say the same thing!" and the rest of the room agreed that the main issue was appointments. Some aspects of this issue: appointments gone by 9:45am, patients advised to attend urgent treatment centre instead, appointments system, why a call back system and not an appointment, appointment time on phone + face to face, being able to speak to a doctor. Dr Birch explained the logic behind a doctor-first triage system, highlighting that for many patients their query can be dealt with efficiently during a quick telephone call, and this makes sure that the doctor has enough time to make sure they can see face-to-face anyone on their list who needs it. Vanessa mentioned that statistically, we've seen that only a third of patients need to be seen face-to-face. Dr Gupta also mentioned that the on-the-day system as well as being quick, reduces the amount of "did not attends", commonly referred to as DNAs. Joyce asked whether the surgery did video calls. Dr Birch and Dr Gupta said that technically it was possible, and the GPs had done this during the pandemic, but the video call system isn't ideal and generally if they need to see someone they really need to see them in person. In terms of general capacity, and why appointments run out, Dr Birch explained that all GP surgeries are seeing increased list sizes. There are no new GP surgeries in Crawley or Horley, but both towns have had new housing developments built, with more coming. He explained that although surgeries technically have the option to "cap" their list, it doesn't end up restricting the amount of registrations, as everyone has the right to a GP surgery so the end result is that the patient is allocated by the local authority to their nearest GP surgery, and the surgery has to accept the registration regardless of being capped. Dr Gupta talked about the construction work done at Clerklands to build two new consultation rooms, but this is the maximum we can do to increase the amount of

Jay also raised that she usually ended up seeing multiple different doctors. Dr Birch thanked her for raising the point and said the practice was aware that the system doesn't always promote continuity of care, but said that people could always ask to speak to the same GP they spoke to before, particularly if about the same issue, and we would always do our best to accommodate this. Dr Gupta said we have now added the days that clinicians work onto our website on the 'Our Staff' page so people could look this up before calling if they wished; participants generally weren't aware of this.

Other areas for improvement raised:

space we have for clinicians to work out of.

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	a.	Blood clinic used to be a walk-in, now is booked appointments: Rebecca shared that the walk-in system had resulted in very high workload for phlebotomists who have a time pressure as the clinic needs to finish before the bloods are collected by the hospital couriers. Denise shared that we still end up doing roughly the same amount of blood tests, but with an equal and expected amount of patients each day, rather than some days with high		
		surges which were difficult to manage. Joyce said that the walk-in system was more convenient for patients, but was appreciative		
		that the surgery does have its own blood clinics on site.		
	b.	Frustrating that pharmacists can review but not alter or update		
		medication: Dr Gupta said that both of our pharmacists are currently in training to become independent prescribers, so this		
		should stop being an issue.		
	C.	Friends and Family Test survey doesn't allow multiple responses so if you attend multiple appointments and receive multiple texts asking you to fill it out, the website won't let you - Megan fixed		
		this on her laptop during the meeting.		
	d.	If clinicians want to review patients in a couple of weeks, please		
		can they book patients in themselves rather than asking them to call again – Dr Birch confirmed this should already be what		
		clinicians are doing. One participant raised a specific example	DC	
	0	which Denise agreed to feed back. Medication reviews – Jay highlighted that at the moment this		
	e.	doesn't feel proactive, as medications are sometimes only		
		reviewed after a patient has requested them, which can result in		
		delays so some medications are issued before others. Vanessa shared that this is an area the practice is already aware of and is		
		working on, moving towards getting medications reviewed		
		proactively before the issues run out with the help of our practice		
		pharmacists. Celia also shared that she had had issues with inaccurate information from some members of the Patient		
		Services Team about prescriptions having been issued or not;		
		Denise advised that whilst this one example sounded like human error, she wanted to share how the PST was structured, with two		
		supervisors and a team of trained prescribers within the wider		
		PST team. If anyone has queries about their medications, they		
	f.	can always ask to speak to one of these staff members. One issue that was raised was the difficulty of getting through to		
		the surgery if calling back after a missed call – people were		
		experiencing a "busy" tone which shouldn't be technically		
		possible! Between the meeting on 22 nd February and these minutes being typed on 23 rd February, we have looked into this,		
		and think we have identified the issue with help from one of the		
		participants who has kindly gone through her call history with Megan – the outgoing call from the surgery didn't come from the		
		main surgery number, and the participant redialled this number		
		rather than the main surgery number. We have now raised this		
		with our phone system provider, who have confirmed that outgoing calls should show as if they are coming from the main		
		surgery number. Megan will continue to look into this.	MB	
6.		ity & access		
	Megar slides.	n ran through some statistics from January at the surgery, see		
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7.	Friends & Family Test Megan shared some of the responses from January, see slides. We read every response so thanked everyone for continuing to fill out this survey, as well as the other surveys we have shared with our virtual PPG.	
8.	Closing remarks Vanessa thanked all for attending, said we really want to get this group working. Dr Gupta: we really want to provide a good service, so your feedback is valuable. Denise: when patients are happy, we're happy!	

Next meeting will be at Clerklands Surgery, or more likely in the church hall next door to allow for a bit more space, date to follow.

Patient Participation Group Woodlands & Clerklands February 2024



Agenda

- Introductions
- What is a PPG?
- Ground rules
- Overview of practice services and staff
- What do you think?
- Capacity and access
- Friends & Family Test



Introductions



What is a PPG?

From the National Association of Patient Participation:

A Patient Participation Group (PPG) is a group of people who are patients of the surgery and want to help it work as well as it can for patients, doctors and staff.

PPGs can play a number of roles, including:

- Advising the practice on the patient perspective
- Organising health promotion events
- Communicating with the wider patient body
- Running volunteer services and support groups to meet local needs
- Carrying out research into the views of those who use the practice (and their carers)
- Influencing the practice or the wider NHS to improve commissioning
- Fundraising to improve the services provided by the practices

...but it's up to you!



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commissioning ractices

Ground Rules

- Be courteous and respectful of everyone in the room
- Take care to protect others' confidentiality
- Be constructive, not destructive
- Avoid individual issues work for the benefit of the whole practice community











What do you think?

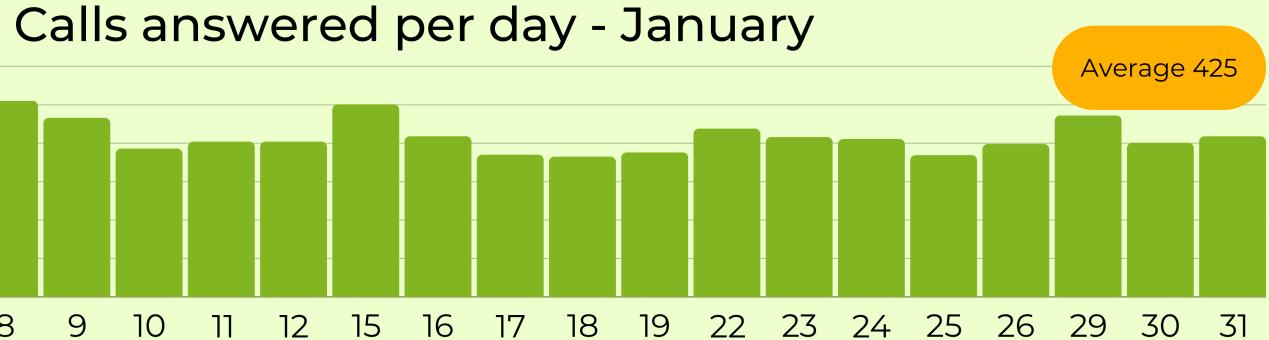
30 mins



Access & Capacity - Telephones

minutes











Friends & Family Test - What went well?

- "Came out to get me from waiting room. Very friendly nurse making it a relaxing and non stressful experience."
- "Fitted my disabled son in for an appointment last minute... The doctor was amazing with him! He waited in the car with his dad which made him much more calm... Dr waited for us and helped us with doors etc. Dr was really chatty to him and super friendly and calm."
- "Very thorough and gave me all the answers I needed. Above and beyond what I came in for. Always pleasant to come to Woodlands Surgery. THANK YOU."
- "I had an appointment with the nurse to have an injection. They are quite painful, but she spoke to me throughout and made me feel comfortable. She was really friendly."
- "The reception team are always so pleasant, cheerful and very helpful."
- "Seen same day and referral for scan next two days. Who can complain about that?"



What went well? The key words

efficient professional quickly Tracey treated check arranged waited attentive easy talk symptoms Rebecca appointment time spoke_{follow} Friendly professional result friendly helpful made nice phone call dealt Thank supportive efficient appointment feeling surgery help procedure felt Dr gave good back saw always helpful friendly seen knowledgeable home extremely excellent listened home extremely excellent caring went problem job straight away takes able issue make feel concerns put treatment answered questions

Number one adjective was once again "friendly" - love that!



What didn't go so well?

- "Waited for a call back that we never received so resulted in A&E"
- "Rude reception staff"
- "It was supposed to be an nhs health check but all it was, was a tick box exercise, so you could say completed and claim your money from ph"
- "The minor op could not be undertaken as my cyst had subsided. Hardly surprising considering I was given antibiotics in November and had to wait some 2 months for the op appointment."
- "Waited for about 45 mins to be seen for vaccine appointment, asked receptionist if I had been overlooked after about 25 mins of waiting."
- "10 mins before my appointment, after I had arrived in the car park, I got a call saying my appointment was cancelled. I waited to rebook with the reception staff which went fine, but I hour later I got a message to say my appointment was cancelled and moved to the next day (which I couldn't do) so I had to call back and rebook"
- "Got cancelled for the 2nd time"



What could we do better?

seen GP improved registered sort difficult practice wasn t change wait call back came bit patients surgery GP call service first system_{keep} Give think appointment make want say contacted year book doctor need time told meant long receptionist ok occasion Messages phone Everything rush mins due see doctor t think anything

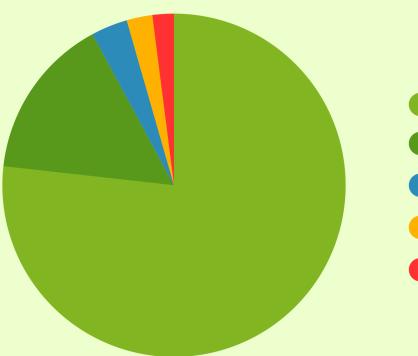
The main thing mentioned was difficulty in getting an appointment. People also mentioned not receiving calls and needing to call back. The 8am telephone system was mentioned a few times, with people saying it needs review.

Summary of 244 responses



How was our patients' experience in January?

• From 495 responses:



• On a five star rating, that gives us an average of:





- Very good
- Good
- Neither good nor poor
- Poor
- Very poor