

**Woodlands Surgery**

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**WOODLANDS & CLERKLANDS**  
GP PARTNERSHIP

**Clerklads Surgery**

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**Minutes of a Patient Participation Group Meeting**

Thursday 21<sup>st</sup> March 2024, Clerklands Surgery

In attendance from W&C: Vanessa Baker (strategic business 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: Joy Cross, GL, PL, ML, Celia O’Connell, Ajeet Panesar, Michael Wickings

Agenda	Actions
1. Introductions	
2. What is a PPG? Vanessa introduced the concept of a Patient Participation Group to the new members, including some examples from other local surgeries.	
3. Ground rules See slides – no one had any suggestions for additional rules.	
4. Staff & Services For those who had not attended the previous meeting, Vanessa went through some of the additional roles that we have within the practice. Dr Birch and Dr Gupta supported by explaining some of the clinical roles such as physician associate and pharmacists. Vanessa mentioned the extra services that the surgery along with its fellow in the Primary Care Network have commissioned to support mental health, the Relate Child Counselling service and the adult Emotional Wellbeing Service. Dr Birch reflected that general practice has transitioned from being a primarily reactive service to a proactive service, including monitoring of chronic conditions and identifying risk factors at early stages, which our nurse team and pharmacy team are instrumental in managing. Vanessa emphasised that the additional roles also redirect some work away from GPs, for example medication reviews and amendments which can be done by the pharmacy team, leaving the GPs more time to see patients.	
5. Capacity and access Megan ran through some statistics from February at the surgery, see slides.  Dr Birch noted that one of our main limitations on capacity wasn’t staffing, but room space. We have the two new consultation rooms at Clerklands created by moving the bulk of	

<p>our Patient Services Team to Woodlands, but we cannot create any additional room space at either site as it currently stands.</p> <p>Vanessa mentioned that some surgeries manage their capacity by using a digital or total triage model, where patients are encouraged to fill in a short form online to request an appointment; these are then read by a clinician to respond to by offering an appointment, a call, or a message as appropriate. For those who cannot use the internet, they would continue to call reception who would fill in the form for them, so everyone's access is the same. At the moment, the practice is in very early stages of considering this model, which NHS England is very keen on, and Vanessa said that we would very much want the PPG's input on this if we did consider it more seriously.</p> <p>ML asked about non-attendance rates at the surgery, particularly for nurse appointments which can be booked in advance. Vanessa shared that for appointments booked less than one week ahead, the non-attendance rate is around 1%, but this increases to 8% for appointments booked two weeks ahead. Dr Gupta also shared that even some appointments booked on the same day are not attended, although these are few and far between.</p>	
<p>6. Friends &amp; Family Test Megan ran through some of the results from February at the surgery, see slides.</p>	
<p>7. What do you think? Vanessa invited participants to share any positives about their experiences at the surgery.</p> <ul style="list-style-type: none"> <li>• GL started by saying "you kept me alive". As someone with chronic health issues, he appreciates the messages he receives from the surgery reminding him to book in for his regular checks, and expressed disappointment that it was necessary for the surgery to have a "zero tolerance" message on their phone system. Vanessa said that sadly it is necessary, although we understand that people may arrive at the surgery or over the phone in distress, which can influence their actions.</li> <li>• ML said that everything just works, and again highlighted the efficient call and recall system for managing chronic conditions. She has been a patient at Clerklands for many years and originally picked it because of the attitude to annual reviews. "Everything that needs to be done, happens," she reflected.</li> <li>• Mike agreed that the recall system with messages to patients worked well, and also said that contrary to some of the Family &amp; Friends Test comments, he liked the GP appointment system, saying "once you get through, I've never yet been refused an appointment." He related a</li> </ul>	

story of the GP calling him and asking if he was able to pop in five minutes later, as he lives close to the surgery. Next, participants suggested areas they felt could be targeted for improvement:

- ML gave an example of a time a family member wanted some advice, but not to take up a GP appointment. Megan suggested that there is the “contact us online” functionality for non-urgent queries, which might be an option.
- Celia said it’s sometimes difficult as a patient to know what is and isn’t urgent, and gave an example of booking a GP call on the day after experiencing sudden low blood pressure, but had already gone to A&E by the time the GP called later that afternoon. Dr Gupta advised giving as much information as possible to the Patient Services Team, as they write a summary for the GP in the call notes, and he always scrolls through his list of calls and picks out the ones which look more urgent than others, before proceeding with the rest chronologically. Vanessa said that the Patient Services Team are also able to flag people they are concerned about directly to the GP, and she will refresh the team to make sure this is happening.
- Ajeet said she had had some issues with items from prescriptions not being added to her repeats list and missed from being issued, despite her putting a request in. This has now hopefully been resolved after she asked her specialist to write to the surgery to confirm that the item should be on repeats.
- Joy repeated a point from the last meeting, where she had raised that sometimes some of her prescribed items are issued straight away, while others are still awaiting signing by the time she reaches the pharmacy. As discussed last time, the surgery is actively revising its medication review process, which should reduce the number of items which need additional checks before issuing, meaning this will hopefully occur much less in future.
- Mike said the only thing he could think of was a silly thing, but some of the items on the waiting room screens are in the wrong aspect ratio so he couldn’t always read all the information. Megan said she hadn’t been informed of this and advised Mike to contact her directly if he notices any particular items and she’ll fix it.
- Joy said it would be nice if the hold music on the phone system could be changed to something a little longer, so you didn’t have to sit through as many repeats. Megan said she would look into some licence-free options.

VB

MB

Vanessa asked if anyone had experienced any issues with supply shortages for prescribed medications, as these have

<p>increased in recent months and she was aware it was an issue for many of our patients. No one present had experienced this.</p> <p>Dr Birch asked if anyone had received messages telling them to buy certain items over the counter, rather than receiving them on prescription. This is part of a cost-saving measure across the NHS, asking patients to buy items such as emollient creams, simple painkillers like paracetamol, and low-strength vitamin supplements rather than receiving them on prescription. No one present had received these, but ML said she thought the measure was fair enough.</p> <p>Dr Gupta asked if anyone had tried the 'Pharmacy First' scheme, where patients can attend their local pharmacy for one of seven minor illnesses if they fall into the right age range. No one had, but mostly people were open to the idea. Megan mentioned that unfortunately Horley has fewer pharmacies who have signed up to the Pharmacy First scheme than Crawley, but large chain pharmacies have generally all signed up.</p>	
<p>8. What next for the PPG?</p> <p>The group agreed that henceforth the meetings should continue quarterly, alternating sites between Tilgate and Horley. Invites will continue to be reserved for previous attendees, but with the option for new members to join.</p> <p>It was noted generally that most attendees were from a similar age range, and it would be worth exploring why younger patients hadn't taken up the offer to attend. Celia pointed out that perhaps 6pm was too early for people who work 9-5pm. A few options were discussed to canvas opinion, including a survey sent out to the wider virtual group, or a post being put on the practice's social media pages. Joy suggested a message from the PPG themselves, rather than practice staff, might encourage people to attend.</p> <p>Participants were asked to volunteer for the roles of chair and secretary. The following were duly nominated and agreed upon:</p> <ul style="list-style-type: none"> <li>• Joy Cross – Chair</li> <li>• Celia O'Connell – Vice Chair</li> <li>• ML – Secretary</li> </ul> <p>Joy suggested setting up a WhatsApp group for the PPG so they could easily keep in contact with each other.</p>	

Next meeting will be in Tilgate in June, date and venue to follow.



# Patient Participation Group

Woodlands & Clerklands

March 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
- What next?



## 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!**



## 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



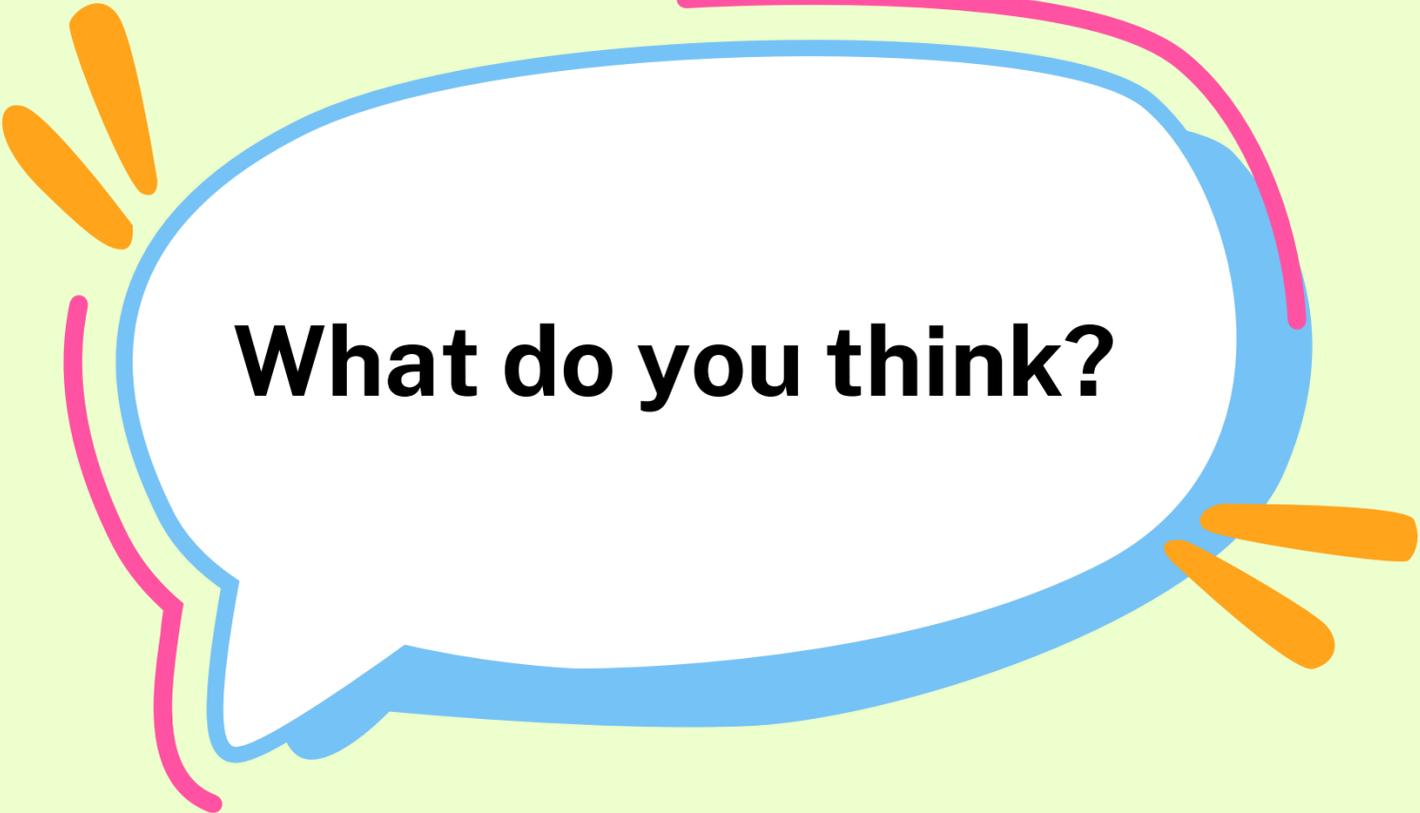
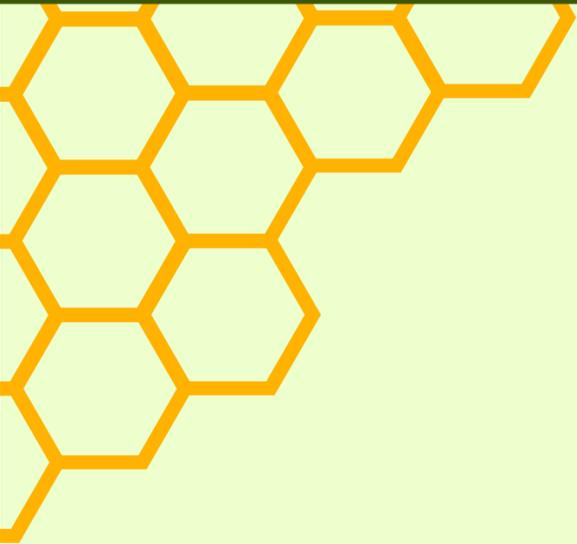
**Any others?**

A colorful speech bubble with a white interior and a blue border. The bubble is decorated with orange and pink brushstrokes around its edges. The text "Any others?" is written in a bold, black, sans-serif font in the center of the bubble.

# Staff & Services

- GPs
- PAs
- ANP
- Nurses, HCAs, Phlebotomists
- Pharmacists
- First Contact Physiotherapist
- Emotional Wellbeing Service
- Relate Child Counselling
- Women's Health Clinics
- ...and more!



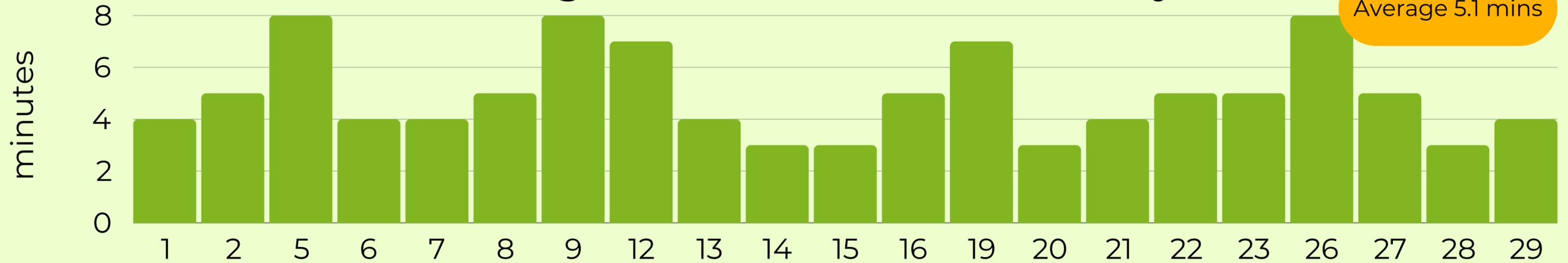


30 mins



# Access & Capacity - Telephones

## Average Call Wait Time - February



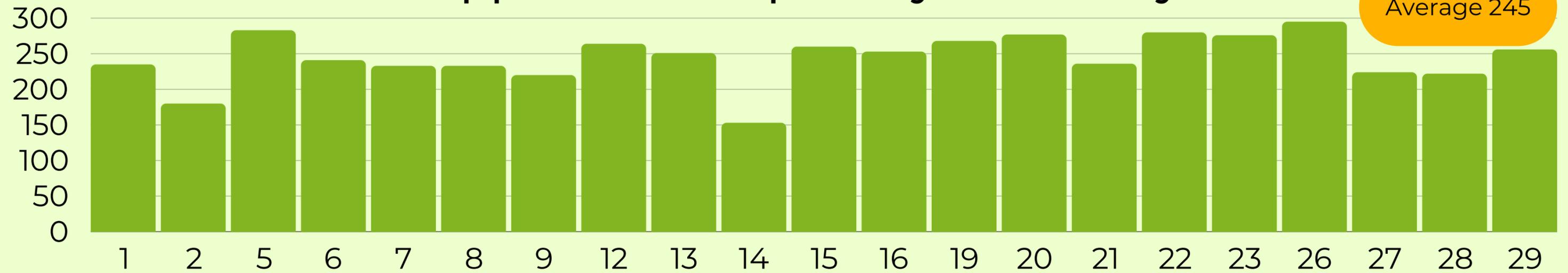
## Calls answered per day - February





# Access & Capacity - Appointments

## GP appointments per day - February



## Advised to call back tomorrow





## Friends & Family Test - What went well?

- “Going to Woodlands is always a pleasant experience. The people always greet you with a smile and are always helpful.”
- “Dr Tolulope was very professional and related with me and my 3 year old with empathy and kindness. She engaged with us with patience, listened to us, answered all our query and explained the rationale behind her decisions. She gave us the care/treatment we needed with compassion and competence. We left the surgery fulfilled.”
- “I got a call back from a GP very promptly and an appointment the same day. Also did not feel rushed, my GP took time to explain all I wanted to know.”

## What didn't go so well?

- “I tried to explain to the GP that I had already had medication she was trying to prescribe me and it didn't agree with me, she argued with me about this too, she then went on for me to try medication I am already on for another 4 weeks so I stopped trying to discuss and agreed to carry on because I felt she wasn't listening to me.”
- “I asked for a blood pressure test as I'm getting bad headaches. I was told I needed to test every day for 7 days which meant I had to buy my own blood pressure machine. I needed to then call back to book a blood test as my private gp said it would be a good idea to get one done.”



## What went well? The key words

made feel comfortable advise received treatment everything  
people receptionist felt brilliant knowledgeable blood pressure wait within  
phone call pleasant called happy needs tests reassuring friendly professional  
Due one Tracey surgery kind staff polite explained Thank quick took time phone  
lot said informativeseen appointment<sup>l</sup> helpful time blood test team  
check procedure well listened **friendly** GP lovely attended  
Bianca feeling problem **doctor** Dr<sup>s</sup> nurse efficient help patient nice  
treat Prompt always **nurse** gave service took talk answers  
booking made day professional understanding friendly efficient appointment times speak  
concerns great Excellent went friendly efficient appointment times speak  
Friendly staff time friendly call back Tracy sorted visit extremely  
health care polite helpful

Number one adjective was once again  
“friendly” - check out how often it appears  
elsewhere in the image too!



Summary of 244 responses

## What could we do better?

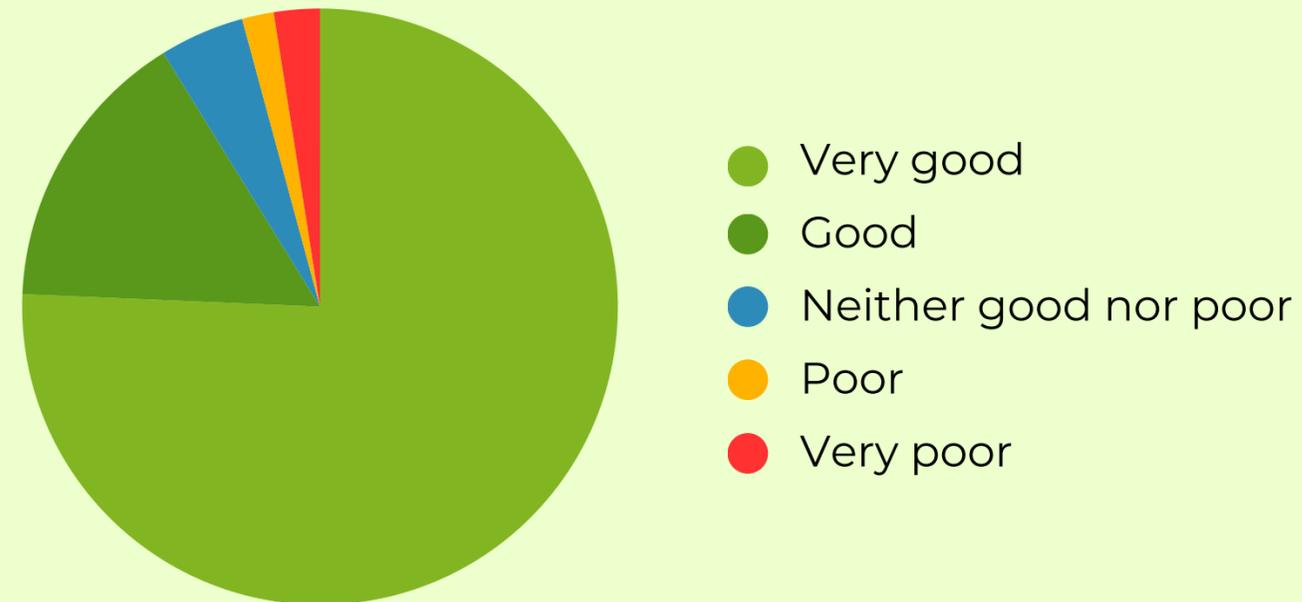
another Try receptionist something  
check really happy face face take nurse resulted  
t call patients need think work  
surgery appointment wait comment  
moment keep made longer  
first given doctor go time see improve people  
service said know hospital looked thank  
think anything will call window day possible

The main thing mentioned was difficulty in getting an appointment, and a desire to be seen face to face. A few people also mentioned not being aware that the clinician was running late or being unsure if they had been checked in.



## How was our patients' experience in February?

- From 522 responses:



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





## What next?

- Nominate a chair
- Nominate a secretary
- Agree on meeting frequency
- Suggest areas of interest/projects for the PPG