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WOODLANDS & CLERKLANDS
 GP PARTNERSHIP

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Minutes of Patient Participation Group meeting

Meeting held on Tuesday 13 May 2025 – Horley Baptist Church

In attendance from W&C: Vanessa Baker (Business Practice Manager), Denise Comper (Operational manager), Dr Manoo Gupta (joining via Teams), Dr Tolu Omokanwaye

In attendance from the PPG: Joy Cross (Chair), Michael Wickings, Celia O'Connell, Karen Schofield, Ajeet Panesar, Maggie Last (Secretary, joining via Teams)

Apologies received from:

Francis Pole, Geoff Lambert, Pat Lambert, Nicky Cameron, Marie Featherstone, Caz Williamson,

1. Introductions	Actions
<p>2. Vision, Strategy and Objectives 2025</p> <p>The Partners Awayday had recently taken place and strategies for the year ahead had been determined. VB introduced a presentation of slides outlining the Vision, Strategy and Objectives for 2025/2026.</p> <p>The presentation outlined the Vision, Mission and Values of the practice, the focus of which is to work towards being an exemplar with patients and their care central to the delivery of services by a highly trained and fulfilled staff.</p> <p>A SWOTS Analysis: outlined the current Strengths and Weaknesses of the Practice as well as Opportunities available for improvement and also considered current and future Threats that might impact upon the Vision.</p> <p>The key objectives for the year included:</p> <ul style="list-style-type: none"> a) establishment of the <i>One Touch</i> approach to care by implementing a Birth Month recall to manage all long term conditions b) continuous review of new and existing technology c) continuous review of existing and future spaces in order to extend practice d) maximisation of current funding and identify new opportunities from a range of sources e) continuous review of human resources f) introduction of Modern GP Practice Digital Triage. <p>There was some discussion of the key points and members of the PPG are advised to read the presentation in full, in order to be fully informed of the strategic direction of the Practice. The slides will be sent with the completed Minutes.</p>	PPG
3. Modern General Practice: Digital Triage	

A further set of slides supported a key focus of the meeting, which was the implementation of a new appointments system. A lot of research had been completed by the Practice who had visited other surgeries and evaluated their systems. Some local practices had already implemented the system with success. It was deemed to offer parity of access and approach to patients and contribute positively to GP health. Online consultations from 8am until 6.30pm would be available. The 8am rush would disappear although patients may still choose to call the surgery.

Digital Triage requires patients to submit a detailed online form of their health issue, which will be in the form of a range of questions. The form will then be triaged by a doctor. The length of form could be considered a major downside but it is crucial that detailed information is given to the doctor for the most effective triage. The questions may seem intrusive but again maximum detail will be important to support the consultation. Every detail on the form will be added to patient records and when the form is submitted a confirmation email will be sent. The online form algorithm cannot draw upon patient data in medical records due to privacy.

The process has been deemed to be speedier than a telephone conversation. Online forms may be submitted at any time, even out of hours, but appointments will only be offered in the core hours of 8am – 6.30pm. There will be a response, which will either suggest a face-to-face appointment, a telephone call or a re-direction to the pharmacy or alternative services for advice. Choices of date and doctor for continuity will be offered.

For patients who are unable to complete the form online, support may be offered by family members or the surgery will complete the form on their behalf. Staff will still be available on the telephone to help with issues. It is likely that patients may see doctors for longer, face-to-face, rather than just a standard ten minutes. Improved timekeeping by doctors will be very important. The content of an appointment will be streamlined by doctors based solely upon the form submitted, which should make face-to-face appointments more efficient.

A system and provider have been decided upon. Negotiations will be completed and then the move to implementation in the summer ready for the busy winter months. Communication to patients with regard to the new system will take place in July. Changes will always pose a challenge for some people and a trial of the system will be crucial. It will take time to implement fully and there would no doubt be some glitches initially. It was asked if the system would be likely to crash with multiple users at peak times.

Vanessa suggested that we hold another PPG meeting in 4-6weeks to discuss how we can support the change. Feedback will be crucial in order to effectively implement and appropriately support the system change.

All present of the PPG approved the decision for the implementation of the Digital Triage Appointments system. The supporting slides will be attached with the Minutes.

VB

<p>4. Nurse appointments</p> <p>Nurse appointments are pre-bookable online and it was requested that an online calendar be seen in advance so that patients can see what spaces are available. The nurse rota is made available online. The Digital Triage system will not cover nurse appointments.</p>	
<p>Agenda items from the PPG pre-meeting +</p> <p>5. Appointments system -under 5s</p> <p>There had been concerns that appointments for children were often difficult to obtain. Under the new Digital Triage system, obtaining an appointment would likely be a swifter process as there would be a separate form to complete for children which would then be triaged differently.</p> <p>6. Reception staff procedures</p> <p>There had been some confusion caused by a member of the reception team over where a patient could obtain their test results. If a test is part of a consultant's appointment the results of that test will be available from the consultant. They will have the results which will eventually be forwarded to the GP Practice in the form of a summary. However, this can take time and confusion can arise in the interim, especially if staff are new. Patients should request test results from the consultant's team in the first instance.</p> <p>7. Wound care and stitches removal</p> <p>GP practices are not necessarily responsible for this service. The hospital should give instructions and patients should check with hospitals on discharge. Surrey ICBs pay the costs for Surrey surgeries to provide wound care and stitches removal, which is not the case in Sussex, who do not pay surgeries for this service. Communication needs to improve.</p> <p>8. Integrated Care Board: Woodlands and Clerklands mix up</p> <p>There had been confusion as to which ICB provided care services for a patient, as Clerklands is in Surrey and Woodlands is in Sussex. As a result, the care required had not been in place. This posed particular challenges for older patients. VB said that in such circumstances the GP practice should be contacted and they would direct patients to the appropriate provider and resolve any problems with 'postcode' care issues.</p> <p>9. Freeze Clinic</p> <p>The Freeze Clinics at Clerklands and Woodlands are held during the same week, which means that if a patient is away their care is delayed. It was asked whether it would be possible to have the clinics in different weeks so if one was missed, the other could be attended. The liquid nitrogen used to support treatments has to be ordered two days before the clinic dates which is the best way to organise its provision on a practical and financial level. The liquid nitrogen is not easy to store as it evaporates, especially if the weather is warm. It is not practical or cost effective to have the clinics weeks apart.</p>	

10. Medical advice

Medical advice has to be sought through an appointment with the GP. Pharmacists can also offer advice, especially medication queries on hospital discharge.

11. Notice boards and Suggestion Boxes

Both suggestions were welcomed. The point was made that often patients can use the facility to complain and be abusive so it would be important to say on the box that only constructive comments were desirable. There are already procedures in place for registering complaints.

12. PPG Meeting times

Some PPG attendees had asked for a later start to meetings – 7.30 pm rather than 6.30 pm. This would depend upon the availability of partners to attend but there could be some flexibility. Teams is a really good idea and perhaps when partners were unavailable the meeting could start later. It was suggested that perhaps a pre-meeting was a good idea as a regular feature.

13. Woodlands coffee morning

Joy Cross had visited the Woodlands practice from 9.30 to 12.30 with coffee and biscuits for a morning to talk to patients about the PPG group and canvass their views. It had been very successful. Notes from the event had already been distributed to VB and members of the group.

VB suggested that a coffee morning could be held every three months before PPG meetings so that patient feedback is fresh. Volunteers are required to run coffee sessions at Clerklands, the best time being Wednesday or Friday morning when the Blood Clinics are held. Joy Cross will canvass Clerklands PPG members to volunteer.

JC

Additional news items:

Westvale will hopefully open in June. There will eventually be two rooms available from Monday to Friday but not every day initially. A range of services will be offered but not necessarily a GP service daily. Westvale appointments will be included in the Digital Triage system.

There had been a trickle of patients from Pease Pottage.

Dr Birch and Dr Abdulle will be working part time only.
Dr Tolulope Omokanwaye has been a salaried GP at the Practice for a few years and has now taken the position of Gp Partner.
Dr Santhiya Sivanesakumar has returned from maternity leave.
Dr Afua Mbababzi and Dr Sami El Ammouri have just been made permanent salaried GP's in the practice. This means that total number of GP sessions is still above the core 70, at 72 sessions a week. Dr Cheema will be taking on the Diabetes lead.

The meeting ended at 8.05 pm.

Future PPG dates:

The next meeting will be held in Crawley (venue and time tbc) on Thursday 17 July. A Teams link will also be available.

