**Minutes of PPG Meeting 18 January 2024**

**Present**: Caroline Afield, Colin Berthelsen, Mary Egan, Dr Liz Hermaszewska, Ginny Nevill, Susan Smee, Stefan Sieradzki

**Apologies**: Jan Choopani, Mary Perkins

**Next Meeting: Thursday 22 February 2024 at 2:30pm.**

The meeting warmly welcomed two new members Ginny Nevill and Caroline Afield. A third new member due to attend got unavoidably held up and expects to attend February’s meeting.

After introductions Dr Liz updated the meeting on surgery news.

The new cloud-based telephone system was performing very well. Better and easier management of calls, in essence. 7000 incoming calls were recorded last October. This and other statistics, including practice responsiveness, will be passed to Colin.

Family & Friends (patient comments) statistics will be passed to Colin by Dr Liz, bringing them up to date for the last year.

Dr Liz explained the current and historical functioning of CQC assessments. Ratings are statistics and complaint (direct or via practice) based. A poor rating leads to an actual inspection. Mountwood has not had an inspection in recent times (2016).

The surgery building is now owned by Assura who rent it back and also manage it, which makes life easier for the practice organising external repairs and maintenance. Assura updated all the lighting to low energy lights in the last few weeks.

Mountwood has developed a relationship with Brunel University- where Prof Goodman is Professor of Primary Care Strategy. Brunel now offers a full medical degree programme and some of the medical students will spend time at the surgery as part of their training. They will be seeing some patients, with full supervision from the supervising GP.

Dr Liz referred to some the layers of administration within NW London Integrated Care Board in the context of the time allowed for training for surgery staff. There are some strict rules regarding this and presents a challenge when it comes to the surgery being temporarily “closed” bar emergency service, for essential ‘All Staff’ training .

Dr Liz also mentioned that Mountwood has a new Facebook page. -which means the practice can inform patients of changes to administration and staff and other and share other health initiatives and events . She encouraged members to visit the said page and comment.

Dr Liz was happy to report that face-to-face patient attendance increased from 60% to 70% over recent months. This is about average for General Practices across England.

The Social Prescriber was unable to attend this meeting due to illness.

Evening meetings of the PPG were discussed again but remain difficult to organise. Dr Liz favoured pursuing other means of expanding the PPG for now.

After Dr Liz the relevant PPG members gave an update on the forthcoming surgery talks by external agencies were discussed.

The event with MHA -formerly known as Northwood Live at Home, is set for 1st February 10 am to 12 noon - it encourages independent living for people in later life.. Susan organised this and was liaising with Dr Liz who had sent out messages to 400 patients between 80 and 90 years old.. Unfortunately, the bulk texting system is expensive and does not allow for responses, so it

was difficult to predict numbers attending. Anecdotally, there was definite interest from patients and ways of dealing with large numbers were discussed. A working assumption was that less than 50 would attend, along with the Social Prescriber. The format would be of a patient drop-in chat and arrangements were to be made for the upstairs meeting room to be prepared. Parking arrangements and details of format will be put up on the practice website. Stefan to help with shifting furniture etc prior to meeting..

The MS Society event on (6th March 10am-12noon Wednesday) was progressing well. Mary Egan is liaising with Dr Liz and MS Society on details. A presentation format, followed by Q&A would be preferable, which MS is open to.

COPD event was progressing poorly due to distance to nearest offices - Susan to pursue.

Stefan reported delays with organising an event with Alzheimer’s Society, but will continue with Alzheimer’s and also with Dementia Society.

Colin offered to pursue a prostate event given that they might now have resources in place.

A Macmillan Cancer event was further discussed. Colin to pursue.

Potential future events were discussed, including best means of securing participation from organisations. Lessons learned from the successful Parkinson’s event were discussed. Subjects including Marie Curie, Age UK, Paul Strickland (cancer), Michael Sobell. Bariatric surgery and replacement hip and knee surgery mentioned. It was important to check with Dr Liz whether practice records allowed her to target a manageable and sufficient number of relevant patients for potential events.

Members discussed and welcomed Dr Liz recent more active involvement with PPG. It yielded more progress with PPG activities.

Some issues with the functioning of the surgery were raised by new members. Colin welcomed their contribution and looked forward to their future participation, as did all.

* A receptionist at the surgery had suggested to a patient that they had to have a computer.
* Another issue was that it was not always possible for a patient to see the same GP.
* PATCHS also continued to be a common source of difficulties for patients.
* Difficulties with renewing prescriptions without online access were discussed.

Although this and similar issues had been raised before it was important for PPG to continue voicing issues that remain of concern to patients. At times raising issue does lead to clarification e.g. the reception can only ask patients for id when online registration is involved and not in any other circumstances (as per last PPG meeting). Further, the practice may be able to improve their processes to address concerns.

Members sympathised with the surgery about the amount of paperwork and the arguably unhelpful data collection it had to endure. Back in the days when surgeries were more self-governing, they were able to make decisions and target investment into areas that best suited their clients i.e. patients. Whereas now, all practices are dictated to by NHS governance and there is very little scope for change, which is why the vast majority of practices in England have unhappy patients. The last national survey of all practices showed that patients wanted to return to making appointments by telephone and where possible see the same doctor. Whereas now, they are forced to use systems based around electronic input of symptoms and await being told about when they could be seen and who was available to see them.

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