Mountwood Surgery PPG Meeting, 20th April 2023

In Attendance: Colin Berthelsen, Mary Egan, Mary Perkins, Susan Smee, Stefan Sieradzki

Apologies: Dr Liz Hermaszewska

Absences: Shannon Hanbury

Dr Liz briefly attended to offer her apologies for not attending the current meeting and to pass the results of the survey (‘Why not happy with GP appointment times tell us why’ & ‘What do you want to see’) to Colin for analysis.

The absence of Sharon from the meeting was discussed. It was agreed that Colin would contact her regarding her non-attendance. [This took place and Shannon explained that she had to attend Thursday PCN meetings, but would be attending regularly from next month’s meeting]

Members expressed disappointment that no surgery representative was present to answer questions raised at the last meeting re receptiveness of the surgery to patient/PPG issues and these items will be raised again on or before next meeting.

Members also discussed the processing of prescriptions and the working of the process between the surgery and Sharman’s chemist.

Issues with electricity at the surgery were discussed, specifically no light in lift used by PPG members. This led to general maintenance of the building being discussed.

According to anecdotal information emanating from NAPP new GPs now prefer to be salaried and an opposition minister has produced a paper which stated that the opposition is committed to making all GPs employees of the NHS. Members speculated about whether such an approach had been costed and whether it would have a negative effect on unpaid work over and above scheduled work hours by staff. Discussion then extended to the generally poor current state of the NHS including IT related issues such as the growing data collection and analysis which took up so much time and the lack of any resultant benefits. A further example was, the effect of racial inequality in trainee GP’s, the burden of excessive administration, excessive management layers and strike actions in the NHS and how all of this can adversely affect GP practices. All GP’s as part of their training have to do a so-called rotation in a surgery. Members swapped stories of the dire effect of recent strikes on hospitals’ coverage of essential services. The drift towards haphazard and extended use of private health facilities was also alluded to including the negative financial effects on the efficient running of the NHS. A better approach involving a more systematic and planned mix of public and private facilities was briefly discussed. Inadequate pay in the NHS and its’ effect was discussed. The changing nature of what NHS covers – more expensive equipment, aging population etc. Weekend working of hospitals, cost of medical degrees, drift of UK trained doctors abroad, NHS treatment of foreign nationals, approaches to health systems in other countries was discussed.

Colin mentioned he attended a zoom meeting of PPG’s in Hillingdon which was poorly attended NAPP meeting of PPG representatives and NHS which was poorly attended, having at most six practice PPG Chairs and four from CCG. The common problems discussed included difficulties in PPG access to patients contact data to invite them to contribute directly or indirectly to their practice PPG. The idea of sending out text messages to encourage patients to become involved with PPG was discussed between the PPG’s with all in agreement – hose who had and those like Mountwood PPG that want to try this route. Members felt that increasing PPG membership across ages, sexes, religions, nationalities etc. would confer a stronger voice for the PPG in dealing with the surgery.

The meeting next discussed organising presentations for patients. In that context ‘Age For All’ organised presentations were discussed as an example. Members agreed to continue to press the surgery for assistance in finding speakers. Timely communication to patients of future events was discussed. It was felt that PPG should involve the surgery in finding speakers. The successful organisation of such meetings by the former Health Station was discussed as a model for organising future meetings. The best venue for the meeting was discussed (waiting room vs upstairs meeting rooms).

Other services that PPG could provide given a larger and active membership was discussed.

PPG Week as discussed including disseminating what PPG is and what it can do. It was agreed to contact Dr Liz / Simon regarding this.

Under AOB Mary Egan had prepared a list of questions for the surgery. Regrettably these could not be answered at the current meeting due to non-attendance by any surgery staff.

Under AOB presentations about healthy lifestyle including healthy nutrition were discussed. Stefan agreed to consider a presentation at a future date.

Mary agreed to contact Shannon about paying for the NAPP and her attendance at PPG meetings.

Colin will look at the survey results and circulate any findings of interest to the PPG.

The next PPG meeting was scheduled for May 18th. 2023