

MINUTES OF THE PATIENT PARTICIPATION GROUP OPEN AND ANNUAL GENERAL MEETING HELD ON WEDNESDAY, 30th MARCH, 2022 AT 7PM

Those attending: Jeff Cunliffe (Chair), Tony Hazeldine (Vice Chair), Valerie Marsh, Jean Biggs, Diane Koupepides, Stella Stocker, Karen Nash (Practice Manager), Dr Assad Pasha (Partner) and five other patients

1. Apologies for Absence:

Mark Gardiner (Secretary), Deborah Roberts, Jeannine Newham and Stephanie Cruickshank

2. Welcome and Introduction

Jeff Cunliffe welcomed everyone to the meeting and thanked them for showing interest and attending this evenings' meeting.

3. Annual Report

Jeff explained that the aim of the Patient Participation Group (PPG) is to improve the patient experience and work with the doctors and staff to ensure Woodcote Medical works as well as it can for everyone. Every patient at Woodcote Medical is automatically a member of the PPG. The group has a committee which includes a Chair, Vice Chair, Secretary and others, who are mostly at this meeting, but we would welcome more patients to give up just a few hours a year to help us achieve our aims.

The last year, starting in April, 2021, was very much like the previous year and we were unable to physically meet in the surgery and our meetings were virtual. The whole group met on line in the evening on a quarterly basis with the Chair and Vice Chair meeting over lunchtime in most of the intervening months with the practice and the practice manager. The practice manager updated us on staffing issues, including progress with recruitment and the impact of COVID on staff availability. We received monthly statistics including patient numbers, numbers and types of appointment, and appointment "no shows" by patients. We regularly discussed the availability of appointments, numbers of F2F appointments, telephone call levels/waiting times, improvements to the telephone system and suggestions for improving the arrangements for telephone appointments. We also discussed adverse social media comments, planning and performance of flu and COVID clinics, monitoring referrals, Coulsdon Medical Centre, CENTEC, assistance with local investment group grants and patient surveys, doctor workload analysis, consideration of a new appointments system and patient access. Finally, Jeff expressed the PPG's sincere thanks for the treatment and care the practice has provided during the last year and in particular to Dr Pasha, Karen and Deborah for all their support. He hoped that now the country is getting back to normality we can hold PPG meetings in person at the surgery and we can resume our open meetings like the very successful Sepsis meeting.

4. Elections

In the absence of the Secretary Tony managed the elections. Firstly, as Jeff was willing to stand again as Chair and there were no other nominations he was duly re-elected as Chair for a further year. Tony was also willing to stand again as Vice Chair and as there were no other nominations he was duly re-elected as Vice Chair for a further year. As Mark Gardiner felt that he would be unable to continue as Secretary and there were no nominations the position was unable to be filled. All the existing Committee members – Valerie Marsh, Jeannine Newham, Jean Biggs, Diane Koupepides,

Stella Stocker and Stephanie Cruickshank - were willing to be re-elected and were duly-elected. In addition, John Gallagher agreed to help when his skills were required.

5. Post Covid Day to Day Running of Woodcote Medical

Dr Pasha pointed out that Covid is still active and the practice needs to keep those who are vulnerable safe. This is why precautions including the wearing of masks will continue at the practice. He confirmed that face to face consultations are taking place and will continue whenever there is a medical need. He explained that all GP practices are under pressure due to the lack of capacity, greater demand and expectations and under resourcing for many years. It was therefore necessary for doctors to concentrate on chronic and serious health management and using their skills, experience and expertise to maximum effect. The practice will continue to triage requests for care and treatment probably using AI algorithms in the first instance so that patients will be directed to the most suitable clinician which could be a pharmacist, social prescriber, advanced medical practitioner, paramedic, or a prescribing nurse. He was concerned that minor ailments and needs should not be allowed to clog up the system so ensuring that the more serious and chronic medical conditions are given the necessary priority. He explained that patient safety was paramount and those in greatest need should be given priority. A patient acknowledged that change was needed but was concerned that the processes and procedures were not in place to make the new arrangements work. Dr Pasha accepted this and explained that it would take time, effort and a great deal of goodwill for the new arrangements to work properly.

6. Social Prescribing

Unfortunately Stephanie Champion, our social prescriber, was unable to attend the meeting so Karen explained that the referral system to social prescribing was working well. It was dealing with many community issues such as isolation, benefits, housing needs, form completion and befriending which would in the past have involved GPs.

7. Any Other Business

There was no other business. Jeff thanked everyone for coming and his colleagues on the PPG committee for all their help and support, particularly Mark for all his work over the years. He said that the PPG looked forward to arranging further open evenings.