**Minutes of PPG Meeting 16th May 2024**

**Present**: Colin Berthelsen, Mary Egan, Caroline Field, John Grossman, Dr Liz Hermaszewska, Gerry Kurzon, Mary Perkins, Susan Smee, Stefan Sieradzki

**Apologies**: Jan Choopani, Sharon Pink

Mary Perkins, a PPG and Health Station member for over 20 years, announced her resignation as deputy chair of the PPG, but will join the ranks of members willing to provide remote access comment and input. Everyone joined Dr Liz in thanking Mary for her invaluable work over the years.

Dr Liz informed the PPG of a new member of staff, Hamera, doing great work on reception, with no staff losses to report since the last meeting. MW is still working on getting a second blood test person. In the meantime the one member of staff, Sylwia, is working very hard – taking bloods up to 60 tests a day. Members commented positively on her efficiency.

As part of the PPG organised talks to patients on health matters Dr Liz provided an update on her meeting with ‘My Health’ manager Emily Glennerster who thought the MW meeting room was great and is to supply details of all the presentation her organisation can make. It will be up to Dr Liz to decide which ones make sense given our patient cohort. It was thought best between 1 to 3 pm when the car park would be less busy and on Wednesdays, no more often than once a month, sometimes less often. Dr Liz to check if there is a conflict with other events at surgery and to propose dates My Health sessions.

Dr Liz explained that the successful smoking prevention initiative funded by Hillingdon will run from another local surgery for a short time. Patients from Mountwood can still attend. Regarding any other initiatives it was a question of finding funding.

The surgery is now be able to put their own material onto the monitor in the waiting room which was a welcome opportunity to promote healthy habits and advertise PPG etc. Dr Liz to discuss with Dr Sabby Kant.

Sharon and Simon had been making some changes to the MW website and Dr Liz asked PPG members to have a look and pass on their comments. The website has improved considerably in the last couple of years. As for the use of general social online media such as Facebook (where MW has a presence) Dr Liz felt they were not the best forum for comments, given that anonymity presented opportunities for unconstructive comments. Family and Friends worked far better in that regard.

Dr Liz provided Colin with various updated feedback for F&F, telephone system other data which Colin will have added to these minutes for the benefit of patients.

DNA data was considered an important tool by the NAPP but Dr Liz stated that it was felt less important at MW nowadays as the surgery was now able to deal more flexibly with patients who did not turn up e.g. follow-up phone calls to errant patients, texts etc.

Dr Liz stated that some patients actually preferred the phone or remote video / photos being sent by patients which can be quite effective in some cases and the process for remote video and sending photos is straightforward for patients. John pointed out that his former dental practice charged patients who did not turn up, something that perhaps might be considered by the surgery / NHS but this is not possible in NHS GP surgeries currently. Susan mentioned a patient who booked appointments a month ahead “just in case” and there ought to be a means of preventing such behaviour. Dr Liz later explained that there are such means, but by and large this is not an issue and of course the surgery does not turn away patients who feel they ought to be seen. It was a question of dealing appropriately with frequent demands. The average patient has 8 or so consultations a year.

Colin updated the meeting with relevant news items form medical journals and national papers that could well affect MW and its patients. He mentioned the apparently decreasing willingness of younger GPs to become partners as distinct from just being employed by a surgery. Half of GPs believe the various groupings of surgeries in the large ICB’s have had a negative effect on the quality of surgeries service to patients. Caroline also felt hubs etc were going to have a negative effect if patients not actually being seen by doctor but by a less qualified person. The discussion of hubs continued with Dr Liz and a number of issues with the use hubs were discussed. It appears that both GPs and patients objected strongly to the proposed hub approach which is currently paused but likely to be revived. Surgeries have about 220 targets they are assessed on and which determine some aspects of funding. Not meeting certain targets in full meant less funding for the surgery. Such an approach was of arguably questionable merit.

John mentioned that it was not easy for patients to see the same GPs in their own surgery. Dr Liz explained the reasons for this (increased numbers of patients registered with the surgery, GPs part time working due to admin workload, etc) and regretted deeply, in common with most doctors, this lack of continuity of care which she agreed was hugely important. AT this point Dr Liz had to leave the meeting.

Colin informed the meeting of lack of cash / staff which led to temporary closures of practices in the area. The possibility of further erosion of GP practices towards a single GP license approach was discussed. Caroline raised the possibility of drift towards a partly patient paid service. Gerry was concerned about the effect of change of government. Mary was concerned about the source of funding. John wondered whether voters would agree to tax rises for a better service. Gerry spoke about difficulties of ring- fencing certain services given competing pressure groups.

Results from remote tests arriving at the surgery are not always processed in a timely manner and the meeting wondered if the surgery had a view on this especially as both NHS and private tests sent dates to PP practices are given out by the respective hospitals to patients, who in turn challenge MW receptionists. Colin to raise this with Dr Liz. The timeliness and quality of the user interfaces was discussed and John felt that ‘Patient Knows Best’ was not user friendly, but faster than Patient Access.

Regarding patient demographics at MW Dr Liz supplied Colin with an age/sex breakdown which demonstrated a good spread of patients across the age ranges rather than the hitherto perceived notion that most patients were elderly – probably based upon older patients generally preferring a F2F meeting – hence patients in waiting room generally above average age. Stefan wondered if the issues of the under 40s were adequately represented in PPG discussions. However, as John pointed out, the needs of the older cohorts placed a larger demand for surgery resources.

Footnote: PPG find it difficult to get under 40-year-old patients to attend meetings as they are often at prime working age – hence the suggestion of trialling early evening meetings.

At previous meeting a discussion took place about PPG events that might need a larger venue and the associated costs. Multiple PPG members present had attended Post Grad Centre at Mount Vernon. Colin followed up and informed the meeting on his progress which was still ongoing. This led to a discussion about the Mt Vernon Cancer Centre / Paul Strickland / Sobell as potential venues. Once venues and costings are available Dr Liz will be approached regarding the possibility of funding.

In closing remarks Colin once again thanked Mary for her contribution over the years and hoped that she thought the quality and quality of members had grown and had reached a minimum core size to be effective., with all members able and willing to contribute to meetings and events.

**Next Meeting: Thursday 20th June 2024 at 2:30pm.**