**PPG Meeting 10 April 2025**

**Attendees:**

Diane Taylor (DT); Gaynor Lloyd (GL) , Keith Perrin (KP); Brenda Baker (BB); Grace Balogun (GB); Khairoonnissa Asaria (KA); John Carroll (JC)), Ian Preskett (IP);

Apologies: Valerie Stanislas (VS) Gobind Grover ;Elizabeth Wulff-Cochrane

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| **TOPIC** | **INFO** | **COMMENTS** |
| **Matters arising from last meeting** |  | N/A  |
| **List Size** |   | **7917**– a decrease of 32 patients since the last meeting which is standard movement for the surgery.  |
| **Staffing changes** | 2 changes | Delina receptionist – Returned from maternity and extended leave. Fatma (Phlebotomist) on Maternity leave and has delivered a healthy baby boy.We are still recruiting for a GP and have interviewed at least five GPs since the last meeting, without success. The problems we are encountering are: GPs wanting high rates of pay, unwilling to commit to the PCN and unwilling to do home visits, both of which are key for the practice.ARRS\* staff: No changes since our last meeting. We are still in need of a Physiotherapist. |
| **Appointments/DNA Rates (“Did Not Attend”) and telephone appointments generally** | Improvement | The DNA rate has significantly reduced ; see below for comparison figures for the previous year. However, it is slowly increasing again as the weather improves. DNAs are a great detriment to the practice, especially when so many patients are unhappy with their wait times. In total, January to March 2025 missed appointments equated to the following wasted NHS time, which could have been offered to other patients. Of course, the GPs and nurses fill that time with filing results and other patient-related activities wherever possible.GP – 810 minutesNursing – 600 minutes**January 2025:**GP appointments 11 49 Nursing/HCA appointments 6 9 **Total DNA appointments 17 58 70% decrease****February 2025:**GP appointments 29 32 Nursing/HCA appointments 5 66 **Total DNA appointments 34 98 65% decrease****March 2025**GP appointments 41 51 Nursing/HCA appointments 29 76 **Total DNA appointments 70** 12745% **decrease** |
| **Complaints and Comments** | 2 | We have had two GP complaints since the last meeting. 1. Involved the GP running late, and the incorrect patient record being displayed when the patient entered for a consultation.2. Involved a patient being unhappy with the attitude of one of our GPs in a consultation and a disagreement about the issue of a fit note . Both complaints have been dealt with and closed. |
| **Survey**  |  | DT Had provided a draft survey to the PPG Core Group. This gave rise to lots of discussion understanding, the desired outcomes and issues patients face. Many suggestions were made, including looking back to previous surveys. The surgery wishes to get the survey out as soon as possible to ensure we are hearing our patients 'voice, and to formulate an action plan to achieve any necessary improvements. Actions for DT:Amend the survey to reflect the changes discussed.Share the previous survey as this may be preferred. |
| **Vaccinations** |  | The surgery continues to have poor uptake for childhood vaccinations (or does not receive details from parents who have had their children vaccinated abroad so is unable to note their children's records). In particular, the following vaccinations:

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| Third DTP \*1 containing vaccine before 8 months |
| 1 or more MMR\*\*2 given aged between 12 and 18 months |
| DTaP/IPV \*\*\* 3 booster and 2 MMR vacs under 5 years |

\*1 tetanus, diphtheria and polio\*\*2 measles-mumps-rubella\*\*\* 3 '4-in-1' vaccine, helps protect against four serious diseases: Diphtheria, tetanus, pertussis (whooping cough)We ask patients who opt to vaccinate their children abroad to bring in details of the vaccination so it can be added to the child’s English medical record. Also we are asking for suggestions from patients for ways we can reach non- English-speaking families to encourage vaccinating children.MMR continues to have low uptake in the under 5 age group. We again discussed the dangers of measles and the availability of measles vaccinations for adults als. |
| **Telephones** |  | The surgery has overall received positive feedback regarding the phone lines. Patients are happier they know where they are in the queue and have the option to be called back to prevent holding on without losing their place in the "queue". .However, there was a vast increase in te numbers of telephone calls received by the surgery early this year (in one month, over a thousand calls extra). This has given rise to much longer waiting times for an answer. there are concerns which have been raised by some of the PPG who had negative experiences recently. An initial suggestion was to ask if the supplier could put in a "Cancel appointment" option early in the automatic answer to the calls, on the basis that time-poor patients would be less likely to hang for lengthy periods "just" to cancel an appointment. Ease of casncellation is vital so that an appointment can then be offered to someone else. .Actions:1.DT to contact X-on (supplier) and request the ‘cancel appointment’ option is added nearer the start of the options list to prevent staying on hold unnecessarily.**In progress**- Ticket has been raised with X-On for the amendment.2.Telephone question to be clearer in survey.**In progress- Surveys to follow.** |
| **e-consult** |  | Approximately 12 per day. No issues raised. They are still being processed quickly. |
| **Next Meeting: - 17th July 2025 1pm** |