

## 306 Medical Centre

### Minutes of PPG Meeting held on Thu 12 June 2025

**Present:** Staff: Mo Dawood (MD-PM), Dr M Chawdhery (MC), Patricia Giddarie (PG)  
**Patients:** Alan Robertson (AR), Tina Thorpe (TT), (KL), Kwame Ocloo (KO), Clive Cockram (CC), Sandra Floy (SF), Phillip Lipsidge (PL), Kathleen Lipsidge (KL), David Barlow (DB), Roger Beckett (RB)  
**Online MS Teams:** Nil  
**Apologies:** Khurshid Qureshi (KQ), Vajira Wignarajah (VW), Richard Cooke (RC)

	Agenda Item	Timings
1	<b>Meet &amp; Greet</b>	12.15 - 12.30
2	<b>Welcome &amp; Introductions</b>  <b>A warm welcome to our new member, Mr Roger Beckett</b>	12.30 – 12.35
3	<b>Minutes of the last meeting and any matters arising</b>  The minutes of the last meeting were agreed with minor corrections, to be uploaded to the website.  <b>Matters arising</b>  <b>Cyber Attack Synnovis</b> - Whilst these issues have been resolved, we are now experiencing issues with the pathology technology which intermittently goes down.	12.35 - 12.45
4	<b>Practice Slot</b>  Update & Questions  1. Recent updates in General Practice (GP) include improvements to online services, changes to appointment booking procedures, with a focus on patient access and efficiency. Additionally, there are ongoing initiatives to address GP shortages and ensure access to care.  2. Changes to requirements for patient online consultations access from Oct 2025, to remain open during core hours. The emphasis is to make this the main access point for all non-urgent appointment requests, medication queries and admin requests. This means any practices using email and web forms may switch those off eventually to meet the monitoring requirements. Triage access is required to be available from 8am–6.30pm and any requests acknowledged within 2-3 working days. MD explained the challenges with managing demand and capacity. He explained that other practices were considering reducing some appointments to deal with the expected demand.  PPG Group felt that this initiative would degrade the easy access the practice is renowned for. It was strongly felt by all, that the PPG should challenge this. It was the ease of access that was the main factor patients	12.45 – 12.50

	<p>registered with the practice, and it was this reason why TT, CC, and RB registered here.</p> <p>It was agreed that the group would write to Helen Hayes and Ellie Reeves copying the SEL ICB, as there was concern that this may degrade the excellent access provide at the surgery and there was a feeling this was levelling down. Action TT and MD prepare a draft letter on behalf of the PPG and share.</p> <p>AR and TT also felt we should invite Helen and Ellie to come down and meet with our PPG, who give their feedback in support of the practice. RB would be very happy to try and arrange a meeting with Helen and some of the MPs he knows.</p> <ol style="list-style-type: none"> <li>3. The 2025/26 contract aims to address funding pressures in primary care, with a 7.2% increase in core funds, <u>according to the NHS Confederation</u>.</li> <li>4. Vaccination and Immunisation Service fee increase from 10.06 to 12.06 for routine childhood immunisations but stay the same for routine adult and other immunisations.</li> <li>5. Advice and Guidance (A&amp;G) - An admin fee of £20 payable for advice and guidance pre-referral.</li> <li>6. Practice Charter on website for transparency. The practice has had one since the 90's.</li> </ol> <p>The practice is now striving to push back on any optional non-NHS work and pushing back on un-resourced work.</p> <p>RB said that the government need to be aware that the older generation who may not be tech savvy and provisions for the next 20 years need to ensure they are not left behind. E.g. blood tests at Tessa Jowell which must be booked online. TT had problems getting into Synnovis and had to log in 20 plus times to work this. MD reassured members that technologically challenged patients will be accommodated and we will usually strive to support them as practicable.</p> <p>MD explained that hospitals may have to also make efficiency savings, and some were considering freezing recruitment to manage the cost pressures.</p>	
5	<p><b>Open Session – PPG Members Slot &amp; Updates</b></p> <ol style="list-style-type: none"> <li>a) RB asked if we had managed to identify our efficiencies. Our ethos is having the patient at the forefront of everything we do, to ensure the patient has a good experience when using our services. Our objective is to make access easy and equitable for everyone.</li> </ol> <p>Some practices plan their diaries based on clinicians and their priorities. Our</p>	12.50 – 13.00

	<p>priority is the patient, usually. MD gave the example of the dynamic appointment diary, how and when we release appointments at regular intervals to eliminate the 8am rush. He explained how we give our patients the flexibility to convert slots from telephone to face to face or the other way around, by calling reception to make the request. For this to work all our clinicians are expected to work from the surgery as a patient may turn up 10 minutes before their telephone appointment if they wish to be seen face to face. We provide a good proportion of telephone appointments also as these are often convenient for working patients and they are our main cohort (Southwark has a large proportion of young patients)</p> <p>TT said that the surgery was like a close-knit family business, happy to work together and communicate together. MD confirmed that. He added that we try hard to maintain continuity with long standing staff who play a role in holistic care by knowing the patients and recognising any changes in appearance or health.</p> <p>RB said we have a good team here. DB asked if we could produce our reason for success and the support team – PPG would be happy to confirm that this works and a model could be built.</p> <p>TT felt this was down to the practice owning the premises and the small size was helpful for working so efficiently. MD felt that premises whilst important was not the main factor. He believed we provide an enhanced capacity which exceeds demand so helps the practice gradually grow. Whilst this is unusual as most practices struggle to provide the required appointments, but we provide above the required number, out of choice and good practice. We now have about 7000 patients, and this gives us enough resource to make the practice sustainable and resilient. However, space is becoming an issue as we need more consulting rooms for additional GPs and have plans in place to expand.</p> <p>b) TT asked about improvement funding for practices in our area Forest Hill Road Surgery, Gardens Surgery and Nunhead Surgery. MD sought clarity from SELICB to understand why these practices were prioritised and funding not offered to all practices for equity. MD's understanding was that these practices had applied for funding earlier on and were given swift consideration. The concerns were raised with the LMC to query if these practices were treated preferentially and the implications of having their names on Labour Party posters when general practice was expected to be apolitical. It was disappointing that practices like ours who self-funded improvements at a substantial cost to the practice were not acknowledged for proactive patient access initiatives.</p>	
6	<p><b>AOB</b></p> <p>a) TT asked where she should get her flu jabs. MD advised that we would be</p>	13.00 – 13.15

	<p>happy to administer influenza at the surgery, but she was free to choose wherever she felt it was convenient for her.</p> <p>b) Group discussed survey fatigue. It was discussed the survey questions were designed to get expected outcomes and did not often give a free choice to respond, so were somewhat geared for set outcomes.</p> <p>c) CC advised that pharmacy online and do treat anyone over 70 years of age and he wondered if this is how it is with all pharmacies. MD confirmed this may be the case. This may change in October 2025 when pharmacists will have access to medical records/conditions and thus able to treat.</p> <p>d) TT asked if the pharmacy could book priority appointments with the GP like NHS 111. MD said this would be hard to manage and not practical, as we already withhold capacity for NHS111. Pharmacies can simply signpost patients back to the practice or to the practice triage tool for priority assessment.</p>	
	<p><b>Date of next meeting agreed:</b>  <b>11 Sept 2025 at 12.30pm (Meeting Room open from 12.15pm)</b>  The meeting was brought to a close at 1.35pm</p>	

**Tentative 2025 Meeting dates for the diary: 11 Sep; 11 Dec**