

306 Medical Centre

Minutes of PPG Meeting held on Thu 11 Dec 2025

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

	Agenda Item	Timings
1	Meet & Greet	12.15 - 12.30
2	Welcome & Introductions A warm festive welcome to everyone with festive music and mince pies.	12.30 – 12.35
3	Minutes of the last meeting and any matters arising <ul style="list-style-type: none"> The minutes of the last meeting (11 Sept 2025) were agreed with minor corrections. Also, for the purpose of the record, it was confirmed that the deferred minutes of the meeting dated 12 June 2025 had now been reviewed for accuracy. MD conveyed gratitude to Mr Lipsidge for his help. Matters arising <ul style="list-style-type: none"> Draft letter to Helen Hayes MP and Ellie Reeves MP copying the SEL ICB, circulated for review. KO thought the paragraph introducing our concerns should be pushed to the beginning, though generally the letter was fine. He suggested that the invitation to invite MP to PPG on Thursday and thought we should mention when meeting would be held. TT thought this may not be feasible due to parliamentary voting on Thursdays. MD said we would try facilitating a mutually suitable date and an invitation extended to our PPG members. TT mentioned that she would be meeting Ellie Reeves MP tomorrow and Helen Hayes MP later in the month and will flag our concerns. It was agreed that the letter should be sent by mid-January 2026. To be emailed and copied to all PPG members. It was agreed to finalise the draft with PPG volunteers. MD to email select members, TT and RB to help. 	12.35 - 12.45
4	Practice Slot – A. Online Triage Update <ul style="list-style-type: none"> MD gave an overview of online triage and the challenges for general practice. He explained that the practice had decided to take a pragmatic approach to review triage requests as they would with telephone appointment requests with effective training for the practice team. 	T

General - No Additional Protection

- The practice had made this decision as we continue to provide appointments to patients online and it was felt that if we decided to go down GP triage it would mean fewer appointments daily and longer wait times, as we would have to reallocate a GP from the existing pool.
 - Some neighbouring practices are triage only, so all patients must complete the online form and that is the only means to communicate with the practice.
 - MD explained contractual obligation to reply to triage requests within 24 hours and explained to TT that it is a standard format. However, we still provide choice with emails, webforms, NHS App.
 - MC gave a case for seeing or speaking to patients as opposed to giving any clinical advice online by email/text. He explained that the practice position based on providing safe care and a practical approach to safely manage workload.
 - Triage requests have increased threefold at as we have heard in the media that online triage has increased but what we have not heard is that the real reason is that in many practices this is the only means of access for appointments. Many practices were no longer taking phone calls for appointments and signposting patients to triage. However, we continue to provide online appointments and telephone calls to book appointments.
 - TT felt that sometimes patients do not say they are feeling sick and was happy that we offered appointments instead of just replying with advice.
 - TT asked if we sent personal responses for triage requests. MD explained that we take a consistent approach with standard templates to reply and where these requests are considered urgent a same day appointment is usually offered.
 - The impact and numbers would be monitored in the next 3 months, whilst the practice would continue to provide a choice of access options to suit our patients.
- B. Prescribing Incentive Scheme Indicator PPG feedback questions:**
- Do you think the practice repeat prescribing process is clear and understood? Would you describe the process as timely, safe and effective? Are there parts of the process that can be improved
 - The consensus was generally positive. MD explained the process on receipt of clinic letters which are reviewed, changes made and patient advised accordingly. MC and MD advised that we rely on hospital instructions/clinic letter and we would not rely on the patient for any doses change instructions.
 - RB asked if we were happy to receive direct requests for prescriptions. MD explained that this is preferred as it enabled us to manage patients care better and patients can easily track the requests. MD advised patients can order their medication 10 days before they ran out.
 - TT pointed out that the practice auto response states 2 working days to process requests but usually they as processed much sooner as she noted from her NHS App, which tracking her request.

	<ul style="list-style-type: none"> • RB said one of our big plusses was human communication at the practice and that was the consensus. 	
5	<p>Open Session – PPG Members Slot & Updates</p> <p>a) Newsletter - TT asked if we have the contractual obligation to send newsletters to patients and suggested that we did perhaps a New Year’s newsletter and let patients know what’s happening. MD explained that we did send newsletters quarterly in the past but now used our website for updates.</p> <p>MD gave stats on the hits on the website and explained that the online traffic showed patients engaged with our web pages.</p> <p>b) Noticeboard - TT also thought there maybe value to having a notice board outside with the newsletter. MD explained that we now send leaflets with vital information via sms so patients can download and read. MD pointed out that the practice would in the future move away from paper noticeboards to online screens like the call screen in reception, to help declutter as suggested some time ago by the PPG.</p> <p>c) Continuity of Care - TT thought we ran a good service with continuity of care despite whether she has appointments with different doctors. MC explained that this was our ethos and we strived to ensure we had the same GPs for patient continuity. We were unusual as we managed to provide a service with a personal touch when the NHS push seems online and promotes a conveyer belt like service.</p> <p>d) Synnovis and pathology issues - KW asked about the Synnovis blood tests and wondered if there was an update on the duplicate issue and quality. MD explained that the investigation concluded a phlebotomist error where patient details were not carefully checked with the patient at the time of taking the sample.</p> <p>MD advised that we now have a primary care liaison but was not optimistic from experience if things would change as often directives were imposed on general practice without considering the practicalities on the ground. He explained challenges with the new urine collection bottles, amongst other ongoing challenges with Synnovis.</p> <p>MC outlined the new process of taking urine samples with the syringe process which was difficult and time consuming. She felt that many patients would struggle. MD explained that the practice had escalated the challenges with Synnovis and the ICB, particularly the hazard and safety implication in general practice, but it would seem these fell on deaf years as someone higher up in the hierarchy had agreed this change without consulting the end users and stakeholders.</p>	MD

General - No Additional Protection

	<p>MD advised our pathology system may be changing from next year, to a paperless pathway. Details will be provided when this is implemented.</p> <p>TT asked how that would work for patients with dementia or no smartphone. MD advised that all this will do is remove the paper forms, but the booking arrangements will stay the same as they are currently. Support will be provided.</p> <p>e) Pharmacy Issues - TT reported that some pharmacies did not give personalised attention/interaction and did not speak to her about her medication. MD explained the challenges independent pharmacies face with cost pressures and many struggle to provide a personalised service and meet rising patient expectations.</p> <p>f) Influenza - KO asked about the influenza situation and wondered if patients needed to wear masks. MD explained that that was down to individual choice and vulnerable patients may consider this to mitigate risk. MD regretted that he had considered masks and wipes to the meeting but in the rush forgot these.</p> <p>TT felt that masks were not helpful and led to poor hygiene and self-contamination due to putting masks in pockets or touching one's face. It was felt that we should protect ourselves as best as we can and stay home if we are poorly and wear mask if symptomatic or vulnerable.</p> <p>KO asked if you still had to wear a mask with the flu vaccination. MD explained still appropriate as the strain may have changed from that in covered by the vaccination, but the vaccination will give some protection irrespective.</p>	
6	<p>AOB</p> <ul style="list-style-type: none">• A special mention to Mr Richard Harwood, our PPG member who passed away earlier in the year.• Special thanks extended to all our PPG members for their time, invaluable contributions, support in 2025 and over the years. This engagement helps us ensure that we can continuously improve, provide an effective service and care for our patients• Group PPG photos taken and agreed to be posted on our website:	13.00 – 13.15

General - No Additional Protection



- The meeting was brought to a festive close with refreshments and festive mince pies and panettones for PPG members.

Date of next meeting agreed: 12 Mar 2026 at 12.30pm
The meeting was brought to a close at 1.25pm

Tentative 2026 Meeting dates for the diary: 12 Mar, 11 Jun, 10 Sep, 10 Dec