**Forge Close Surgery Patient Group**

**Meeting Minutes**

**Forge Close Surgery**

**7 June 2023, 7pm**

**Attendees:**

Orla Penruddocke (Acting Chair), Dr Mano Mageson, Patricia Bacca, Deirdre Bainbridge, Joy Halligan (Acting Secretary), Doreen Hobbs, Mary Mills, Andrew Ramsay and Claire Smith.

**1 Apologies for absence**

Apologies have been received from Stanley Bradshaw (Chair), Debbie Barrett, Gail Hilder, Nicole Hosking, Eimear Penruddocke, Nicola Mushet, Harry Shannon and Wen Wong.

Nicole Hosking had asked for her name to be removed from the list of members of the group due to work commitments.

**2 Minutes of previous meeting and Action Points**

The minutes of the previous meeting on 8 March 2023 were agreed, with the addition of an apology for absence from Gail Hilder.

The Action Points from the previous meeting were discussed:

* Dr Mageson reported that the surgery’s new website is up and running and he said that members of the Group should feel free to submit any comments on the layout and content. There wasn’t space on the heading banner to include the Patient Group but there is a section lower down on the home page. The pop-up message about using e-Consult has been removed from the website. It will be possible to ask the developers of the website to make adjustments.

The link to the Patient Group page on the website is: https://www.forgeclosesurgery.co.uk/practice-information/patient-group/

* On the subject of Dr Mageson’s suggestion of a Patient Group for Hayeswick PCN (Primary Care Network), he reported that the Clinical Director of Hayeswick will be changing soon, having served three years in the role. It’s hoped that a new person will take over in the next few months and it might be possible to ask them to come to speak to this Group. However, if there’s no interest from the new Clinical Director, there is the possibility that Forge Close could take a lead on this subject.
* There was no interest from Hayeswick PCN in having a stall at the Hayes Fair in June.

**2 Dr Mageson’s Surgery Update**

Dr Mageson reported that all GPs are now offering a mix of face-to-face and telephone appointments, for both on-the-day and future appointments booked up to 4 weeks in advance. Appointments can also be booked in advance via the NHS App.

Appointments for blood tests and to see the Practice Nurse can be booked up to three months in advance.

Dr Mageson was asked about the number of DNAs (patients not attending) at the surgery. He said that these happened mainly with appointments booked in advance. A text reminder was useful in prompting patients to cancel the appointment if they intended to do so, thereby freeing up the appointment for someone else.

Dr Mageson explained that the doctors were trying a new system for informing some patients about test results. Rather than asking the patient to make an appointment to discuss the result, the doctor will call the patient directly. It’s hoped this will be more efficient.

The frustration of calling the surgery at 8am and, on getting through, being told that all the appointments on that day are taken was expressed. Dr Mageson said that access to GPs has been an issue for a long time and the surgery was working hard to address the issue, by offering a range of ways to see, speak to or consult a doctor.

Dr Mageson talked about altering the layout of chairs in the surgery waiting room. Group members favoured placing the chairs around the walls, rather than in rows.

Dr Mageson asked group members for their suggestions for re-wording the surgery’s telephone message to make it shorter. The following wording was suggested:

*‘All calls are recorded for monitoring purposes. Please call back after 3pm for test results.*

*We will answer your call as soon as possible. Please bear with us.*

*Please see the practice website for future appointments and details of the eConsult service.*

*We ask that you are polite to our staff who are trying to help you’.*

Dr Mageson confirmed that some of the new clinical staff mentioned at the last meeting have now started regular sessions at the surgery. There is one Pharmacist working on Tuesday afternoons, one on Thursdays and one on Friday afternoons and the occasional Saturdays. They will carry out medication reviews for the surgery and he is trying to look at ways of organising a blood test prior to the medication review, rather than the other way around. A Physiotherapist in offering telephone appointments.

Pharmacists who are dispensing prescriptions should be able to let patients know when their annual medication review is due. Dr Mageson said that pharmacies are often under pressure with staff shortages, coping with lack of medication supplies and the requirement to manage certain conditions.

**4 Patient Questions**

There were none.

**5 Communications**

* **Noticeboards within the waiting area**

It had been suggested at the last meeting that now that more patients are coming into the surgery, it might be a good time to take a fresh look at items on the noticeboards, checking on their relevance and introducing new topics, such as the PCN.

Dr Mageson confirmed that the noticeboards will be re-sited in the waiting area and the content reviewed. Orla suggested the boards could be used to promote new services such as the Bromley Minor Conditions Eye Service or One Bromley, as well as the roles of the new health professionals working in the surgery.

**6 Forge Close Talks**

Dr Mageson confirmed he is liaising with a contact at the London Bridge Hospital about arranging future talks.

**7 Development of the PPG**

* A request had been made for the meeting to be made available via MS Teams for a member who was unable to attend in person. It was agreed this might be a possibility in the future, if there was sufficient demand.
* Fliers advertising the Patient Group are still available at the reception desk.
* Dr Mageson said he could arrange for the minutes of Patient Group meetings to be posted on the noticeboard in the waiting area, as well as on the website.
* Orla said it would be appreciated if the Social Prescriber could meet with the group to explain more about her role or alternatively, for her to write a piece for the website.
* Orla said that she had checked the PPG (Patient Participation Group) email recently and had found messages on clinical issues sent in error by patients. She wondered if the PPG Group email address was too similar to the surgery one.

Dr Mageson said it would be possible to close down the current address and create a new one. He will investigate.

**8 Any Other Business**

Dr Mageson said that there is a new Doctor (Dr Soysa) carrying out locum work at the surgery.

Joy is acting as Secretary for the Group in a temporary capacity. If anyone is interested in taking on this role, please let Orla know.

**General Action Points from the meeting:**

* Members of the Patient Group to feed back any comments or suggestions about the surgery’s new website to Dr Mageson.
* Dr Mageson to pursue the idea of a Patient Group for Hayeswick PCN when the new Clinical Director has been appointed and to ask the new Director if they would like to speak to this group.
* Dr Mageson to invite the Social Prescriber to the next meeting of the Patient Group or, if that’s not possible, to ask her to write a piece about her work which could also be posted on the website.
* Dr Mageson to find out about creating a new email address for the PPG and closing the previous one.

**Next meeting: Wednesday 13 September 2023 at 7pm at Forge Close Surgery.**