

# ELM HOUSE SURGERY AND CATOR MEDICAL CENTRE

## PATIENT PARTICIPATION GROUP MINUTES

**Wednesday 12<sup>th</sup> February 2025 at 12.30pm**  
**in the Muirhead Room at the Beckenham Beacon**

Present	Initials	Apologies	Initials
John Hilliger (Chair)	JH	Nolene Harris	NH
Dr Haroon Yazdani (GP Partner)	HY	Graeme Thomson	BT
Geoff Cook (Secretary)	GC	Yvonne Mason	YM
Diana Davidson	DD	Helen Parker	HP
Jane Ching	JC		
Simon Chalk	SC		
Cecile Duerinckx	CD		
Tony Meheux	TM		

Agenda Item No.	Agenda Topic	Action Points
1	<b>Introduction to the Meeting (JH)</b>  A warm welcome was given by the Chairman	
2	The minutes from the previous meeting were agreed as read	
3	<b>Practice Update (HY)</b> <ul style="list-style-type: none"> <li>- Dr Linsenmaier on long-term leave. His leadership and presence is greatly missed in the team who are sharing his GP roles/responsibilities.</li> <li>- Dr Logeswaran is Finance Lead</li> <li>- Dr Yazdani is Complaints Lead</li> <li>- His named GP role shared between the GP team</li> <li>- Dr Holdridge doing ALs minor surgery</li> </ul> <p>2 long term locums recruited to cover his appointments during his absence</p>	
	<b>Anima vs Accurx (HY)</b> <ul style="list-style-type: none"> <li>- The practices feel that Anima is the best option for triaging.</li> <li>- ICB cannot backdate payments for cost of using it.</li> <li>- Payment was through the PCN so the practices are not out of pocket.</li> <li>- Waiting to hear from ICB re funding</li> <li>- We are hoping not to have to switch to Accrx.</li> <li>- Accrx is good for messaging patients, is an excellent resource but the triage aspect is not generally felt (by the practices and the ICB) to be the best.</li> <li>- Anima has a red, amber, green system of prioritising health care requests. Accrx does not have this and is more time consuming to use.</li> </ul>	

	<b>Complaints</b> <ul style="list-style-type: none"> <li>- Some complaints still persist re Anima</li> <li>- Local Facebook Group lobbying against using Anima</li> <li>- Some complaints going direct to MP or NHSE or the ICB rather than to us in the first instance.</li> <li>- We see complaints as a positive as it gives us a chance to improve.</li> <li>- Liam Conlon, MP has been invited to visits the practices on 17/02/25 to see Anima in action and to meet the triaging clinicians.</li> <li>- HY to discuss with NP about a PPG member joining the visit.</li> </ul> <p>GC advised feedback received is much more positive about Anima than the number of complaints received. He will send the PPG a copy of the January 2025 feedback received</p>	<b>GC</b>
	<b>Medical Students</b> <ul style="list-style-type: none"> <li>• 6 medical students at the practice for 8 weeks starting in June 2025</li> <li>• Gives them good experience in their training</li> <li>• Gives them more confidence</li> <li>• We might be able to suggest changes to the current training they are undergoing on their curriculum.</li> </ul>	
	<b>GP Automate</b> <ul style="list-style-type: none"> <li>- A pilot scheme being used to help reduce clinician Admin time</li> <li>- Uses AI to read blood results, sends text messages to patients re guidance if blood sugars or cholesterol slightly raised.</li> <li>- Saves work for clinicians but adds work for Clinical Pharmacists</li> <li>- Practice has funding for the pilot</li> <li>- A decision will be made at end of pilot if to be used</li> </ul>	
4/5	<b>Update on Flu/RSV</b> <ul style="list-style-type: none"> <li>- HY advised clinicians are as busy as ever so not sure if flu vaccines made a difference or not</li> <li>- Seasonal challenge with spike over Christmas period with upper respiratory tract infections</li> <li>- Anima allows us the flexibility of seeing more patients</li> <li>- GC to circulate an update on this to PPG members</li> <li>-</li> </ul>	<b>GC</b>
6	<b>PPG Supporting the Practice in an ongoing project (JH)</b> <ul style="list-style-type: none"> <li>- HY suggested that the PPG needs to be a self-sustaining group</li> <li>- Providing items for agendas</li> <li>- Chairing meetings</li> <li>- Greater diversity in membership needed to reflect local population</li> <li>- Needs a plan to re-invigorate the group</li> </ul>	

	<ul style="list-style-type: none"> <li>- SC feels that the PPG needs to be more dynamic</li> <li>- Complaints could be used to invite complainants to join the PPG</li> <li>- NAPP costs £80p.a.</li> <li>- Offers an online platform of support, ongoing telephone guidance on best practice, improvements, process, how to retain members etc.</li> </ul> <p>GC suggested more involvement from the PPG itself to engage with the local community more.</p> <ul style="list-style-type: none"> <li>- HY suggested volunteers could be located in Reception</li> <li>- PPG could meet independently to formulate a plan on how to engage with patients more</li> </ul> <p>Ideas on how to engage more with patients to be sent to JH who will circulate to PPG members once collated.</p> <p>A discussion took place about the benefits and disadvantages of having and not having meetings with a quorate.</p>	JH
	<ul style="list-style-type: none"> <li>- <b>Dates of Next meeting:</b></li> <li>✓ <b>Wednesday 14<sup>th</sup> May 2025 2025 at 12.30pm in the Muirhead Room</b></li> <li>✓ <b>Wednesday 13<sup>th</sup> August 2025 at 12.30pm in the Muirhead Room</b></li> <li>✓ <b>Wednesday 12<sup>th</sup> November 2025 at 12.30pm in the Muirhead Room</b></li> <li>✓ <b>Room bookings confirmed</b></li> </ul>	