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**Central Surgery**

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**PPG Meeting**

Date: 16th June 2025

Location: Central Surgery Time: 12:30

**Present:**

**Dr Kumar, Jan Lenny, Jacquie Hardy, Mr Patel, Mr Wardle, Mr & Mrs Vincent, Brigitt Brook, Laura Crow, Sarah Holmes.**

 **Apologies**: Mr & Mrs Grossman, Ralph Weeder.

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|  |  Meeting without set agenda |  |
| **1.** | **Previous minutes**End of year QOF explained. We achieved 93%. Our target would have been reached if not for child immunisations This target was explained. If just one patient declines, then we can never reach our target. Our staff try to encourage parents to have their child vaccinated. The Group wondered if advice/encouragement could be spread through social media or through schools.Our website was discussed. It is being constantly improved. A newsletter has recently been added. JL explained the different categories, and that we have a community section that covers the Southend area. The PPG meeting will be added.The Group are happy with the website and find it interesting. They are happy to receive text messages with any updates on our website.JL is still trying to speak to someone re no toilet facility at the blood test centre in Victoria Plaza. There is a toilet on the top floor of the Plaza for the public.The issue with our BP machines when being loaned to patients and having flat batteries. JL is looking for funding for re-chargeable ones.Rotary or Selco was suggested to see if they can help. |  |
| **2.** | **High-Risk Medication Recall System** The list of these medications was discussed with our pharmacist. We now have a system in place where monthly searches are done to identify patients on these medications. They are then contacted for blood test monitoring. Dr K explained why we do this.  |  |
| **3.** | **Prevalence Project – Improving Patient Records**Interface ran an audit on our long-term condition patients. This helps identify patients who may have been coded incorrectly and in this instance are identified and added to our existing QOF register. For heart Failure 32 patients were identified and 11 confirmed. Hypertension 16 were identified and 12 confirmed. Chronic Kidney Disease 179 identified and 179 confirmed. This was due to incorrect coding. Finally, NDHD 262 patients identified and 233 confirmed. JH and RC reviewed our Asthma patients 38 were identified with 8 confirmed. Learning Disability 52 possible with 6 confirmed. They are now working on our Mental Health patients.We are also looking into our most vulnerable patients and how we can offer help and services to them. Our over 75 patients who have not seen a GP within the year are being contacted by our social prescriber. She checks on them and can help link them to relevant services socially related. |  |
| **4.** | **AOB**The Group asked if Dr K will be taking over small practices, where the GP is retiring.No action will be taken on this until it has been analysed on the effects to our patients or the ones joining. It is in the very early stages and the ICB have advised not to discuss this at this early stage.The Group were not very keen on this being implemented, as it could bring our practice down.A question was raised on our phone system. Can different lines be used for appointments or queries. This would be too hard to implement. We have recently added a phone message to ask callers to phone back later if they have a query. This will allow our urgent calls to get through. Most were happy with our phone and appointment system. The new AI system some surgeries are using, the group questioned if we would be going to use this. Now, we don’t feel this is a system for us. JL said if we were forced to use this then a system would be put in place to help our patients. At the moment our appointments can be booked through the telephone, in person, Systmone or AccuRx. JL uses a system called Apex that monitors our appointments, and at present they are very good. Our HCA has had a few empty clinics and any suggestions to fill these were put forward. We do send text messages to patients with long term condions to offer appointments for BP, Asthma, Diabetic checks etc.One of the group experienced a problem with our telephone appointment system. When the GP called she was unable to take the call, but immediately called the surgery to say she had missed the call. She was told by the receptionist she would not be called back as the GP had called twice. She said she was only called once. JL is going to investigate this. Our policy is the GP will telephone at least twice.One of the group asked how prescriptions can be brought into the same due date.JL explained we have a pharmacist who can do this if they arrange an appointment. You can also write down how much medication you have left in the month and the receptionist will try and bring your medication into line.This will be discussed in our next Practice Meeting for other solutions. |  |