

# Woosehill Patient Participation Group

## Supporting the Doctors, Nurses & Staff of Woosehill Medical Centre

### Minutes for the Meeting on 18<sup>th</sup> November 2025 at 1:00pm

**Present:** Michael Taylor (MT), Marjorie McDonald (MM), Anna Overd (AO), Suzanne Fenwick (SF), Rowena Beech (RB), Chris Allen (CA) & Simon Shaw (SSh), Andy Wells-King (AW)

We have to suspend section E(1) of the PPG terms of reference as regard to a quorum, to & including item 4 of the agenda MM was asked if she agreed as the only other member here, which she did.

#### 1. Apologies: Sallyanne Streatham (SS)

#### 2. Introductions

Everybody introduced themselves so that our new members knew everybody else. This was originally item 4.

SF was asked if she would like to join us and agreed but has problems which might impact on her time she can give. AO is involved with people with learning difficulties and would like to overcome problems which they might have with the way things go. They were both welcomed & we hope that their time can be utilized around their commitments.

AO asked if it was possible, could she bring a guest with learning difficulties who might not be from this practice so that we can see the problems they have. There was some feeling that confidentiality could be breached so they would have to sign the confidentially agreement as all our members have.

#### 3. Minutes

The minutes were agreed.

#### 4. Matters Arising

There were no matters to be discussed.

#### 5. Appointment of Chairman & Secretary

Our new members were asked if they would like to be considered - they declined so as the only other members the present incumbents were re-elected that is Michael Taylor as Chairman & Marjorie McDonald as secretary.

#### 6. Andy Wells-King talking about how New Wokingham Road copes

AW - the PPG at New Wokingham Road was begun about 15 years ago. They have a chair, secretary, treasurer & now a vice chair. Hopefully AW will be able to use the vice chair to take some of the pressure away. The PPG cannot actually meet in the practice anymore, the room which they used has been taken over as offices now, so they met in the kitchen which proved impractical so they now meet in one of the members houses. They have never had a doctor at a meeting, it hasn't bothered AW as he thinks that a doctor has more important things to do, but they do have 2 members of the practice staff come. They keep the PPG informed of what is happening in the practice.

They help with the Flu/Covid clinics on 2 Saturday Mornings.

They have a Christmas Party for mainly the elderly who might be on their own, not able to get out easily so transport is provided for those who need it. The surgery is closed for a couple of hours so they can do that.

They have a walking group which AW leads. He thought it would be mainly ladies on their own who had difficulty going out on their own and who didn't want to join big groups who walked 5 or 6 miles. But there are easily as many men as ladies & they also have couples too. Altogether they have at least 30 regular members. They walk from different places so there is transport to consider, however there are members who will pick up those without transport. They keep it to about 40-50 minutes, as they walk 2ce a month & they walk from 12 different places it means that they do each one twice a year. An important note is that there is always a café nearby.

They also have a second-hand book arrangement with the surgery - every Friday afternoon one of the members goes to tidy up the books & put them in some sort of order. They pay to take the books & this is the reason that they have a treasurer. The money they collect then goes to charity. The one they send the money to is 'My Cancer My Choices' they have given this charity £4000. So far this year they have given 2 contributions of £500 one to 'Air Ambulance' and the second one just given to 'A specific area of RBH' They wait till they have £500 & then send it to a charity. They have just gone back to doing this as it stopped during COVID.

They also produce a newsletter ... Diabetes, Mental Wellbeing, Being Aware, their next one will be on dementia but not until September.

MT thanked AW for his talk about a very busy and active PPG.

## 7. Ruwantha Fernando on-line system from triage before appointments

RF was introduced to the group

1. One reason for this new method of triage is because many people ring up & ask the receptionist for advice. Of course this cannot be given as the receptionist is not medically trained. Therefore the duty doctor looks at the medical needs of each patient in turn, notes the specific area the patient needs & then they are either rung, or texted to make an appointment, have a telephone consultation or referred to the area needed (eg physiotherapy) It should be noted that not all appointments go through this procedure - nurses, pharmacy etc can still be made by telephone. Sick notes, prescriptions (other admin) etc are all done by the triage doctor. The time of acceptance of all of these request had to be sensible otherwise someone would need help in the middle of the night - this obviously would be a difficult thing to respond to. Most patients would like immediate attention, some are easy to do - repeat prescription etc. A message is then sent to the reception team who relay the message to the patient. If an appointment is necessary then either reception are informed or a text sent to the patient, this way everyone knows how it works.

1. The duty doctor decides which response is needed

2. The response is one of the following text (stating that the patient should speak to reception), telephone by a doctor, physiotherapist, pharmacist, reception with a message, sick note sorted, prescription sent to (patient's) pharmacist

This also means that most requests are sorted the same day whereas in the past a telephone call at 09:00 would possibly mean please ring tomorrow at 08:00 as all

except emergency appointments are full. The feedback from patients seem to think this is a good way to work as there is a response pretty quickly. A lot of people use the NHS app, others use the website. It was mentioned that a lot of people had a problem with the NHS app, and when a Saturday morning was planned to help there were so many people that it became chaotic. If people are on the NHS app they can see the results of tests easily but if they are not on the app then they need to ring the surgery for those results. The question was raised as to whether patients not using the app were known so that provision could be made for that. There was a lot of discussion about what should happen if a result is flagged, would it still be the job of the patient to ring the surgery? Or would the surgery contact the patient? If the patient has learning or mobility problems then, the surgery has an alert if the patient is unable to get their own results, so that they could be contacted.

Some discussion as to whether some people could not access these apps - old computers which cannot load the app, old or other computer illiterate people who cannot cope with the technology. There is still the opportunity to either ring or visit the surgery to get help in filling the forms. It was still felt that some people when told they had to get an appointment on line now would not feel they could ask (embarrassment, feel they are left to suffer etc) It was thought that those in this situation would benefit from something on paper to lead them step by step - would they be able to understand & follow the instructions. It was felt that if it was done by baby steps it might work. SS asked if a newsletter went out - at one time 'yes' presently 'no'.

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thanks were given to RF for his enlightening talk, firstly of the use of the computer, then looking at the possible problems & ways round these.

RF said patient feedback regarding the new booking system has been positive. AO asked how they got this feedback. RF said it was via the patient feedback text survey sent after an appointment. I have not received a text feedback survey for a long time. RF said he'd look into this.

AO expressed concerns that some people are unable to use the new online booking system, like some of the elderly and people with learning disabilities. AO gave an example of when an elderly person with a learning disability phoned to make an appointment and was told to go and fill in the online form. They weren't offered any help to do this. Rowena said she will bring this up at the next staff meeting and remind reception staff that they must offer to help fill in the online form if needed. AO asked how details of the new booking system had been shared with patients. It had been shared on the website, at the surgery via a message on the tv screen and a recorded message that patients would hear when they called to book an appointment. So, if a patient doesn't regularly go to the GP they won't know about the change until they try to phone and make an appointment. AO asked if information could be emailed and posted for patients with a learning disability, I was told it was too expensive to post letters to everyone. AO asked if letters could be given to patients when they visited the practice.

## 8. Practice News

There has been a couple of changes of Office recently, firstly RB has moved upstairs and the duty doctor has RB's old office in the corner next to the reception office & able to see what is happening in reception ie to be accessible to all.

No new doctors however there are 2 new receptionists who have worked in reception (in other surgeries before) so they will adapt to our way of working much more quickly. One of the new receptionists is full time & the other is part time.

Caroline, another receptionist is leaving in January so that has gone out for recruitment.

There was a lot more discussion about the ways of letting people know how to use the technology a little bit of discussion about the newsletter & a sheet to help with making appointments. We have to be aware of the situations of the less able - some live at home with parents who will help them but there are just as many living alone in the community which is where AO and her colleagues come in, as do other 'charities' etc. So if we contacted them to get help, it might not reach everyone in the less able group, but it will help.

## 9. The Webinar

This was about DNA's reasons & resolutions. Some of these are people who miss 6 or

more appointments, it is difficult to take these in isolation, there must be a reason for so many to happen, finding a solution could be very difficult. It could be difficulty in getting to the surgery, those with medical memory problems, and of course many others. Letters are often sent but if the recipient does not read (yet another problem)

## 10. Any other Business stated above

The Posters were discussed Everyone seemed happy with the layout & content but MM was concerned with the bullet points not being eye-catching enough, but couldn't find the ones that SS sent her, some she could copy but the best she couldn't. The QR code MM couldn't get it to go to the PPG part of the website. MT had tried it & it didn't work but he tried again this morning & it worked perfectly. There was some discussion about this but no absolute answer.

RB will put the leaflets out & asked SSh was he still happy to come to the surgery to hand some out. MM still concerned that she could not get the 3 columns the same size as there is a wider column at the beginning of each page this means that they will not fold properly. It was suggested that RF might be able to help. Everyone thanked him. MM asked the question about printing & RB & CA both said they had a colour printer and that they had asked if it could be done.

There was some discussion about the virtual group but CA said it was too much work as they had over 2 000 members.

There was a question as to why a questionnaire didn't always go out after an appointment. Some seemed to think it did whilst others didn't.

## 11. Date of the Next Meeting

10<sup>th</sup> March (Tuesday) at 1pm

cc. MT, SS, SF, AO, ST, RA, KA, RB, CA, KL, SSh & MM