

Park Lane Surgery

Patient Participation Group

Minutes from the PPG meeting dated

Tuesday 13th May 2025

Venue	Park Lane Surgery
--------------	--------------------------

Meeting Time: Start: 7.00pm

Finish: 7.55pm

Attendees

- Helen Conaghan (HC)
- Tracey Moore (TM)
- Richard Brims (RB)
- Sue Camfield-Brims – Secretary (SCB)
- Neville Townsend (NT)
- Emily Michaelides (EM)
- Sarah Wingrove (SW)
- Keri Highfield (KH)
- Bette Hindmarch (BH)
- Jan Taylor (JT)
- Mike Taylor (MT)
- Jane Grayling (JG)
- Catherine MacLeod (CM)

Apologies for absence received from

Dee Mistry

Agenda

1. Matters arising from previous meeting
2. Practice Manager Issues – System Updates
3. Practice Manager Issues – Staffing Updates
4. Practice Manager Issues – Premises Updates
5. Practice Manager Issues - PCN Updates
6. Any Other Business
7. Date of next meeting

Minutes

1. Matters Arising

RB opened the meeting and thanked everyone for attending.

RB noted that the Code of Confidentiality should be adhered to at all times.

RB asked if there were any comments from the previous February Minutes and pointed out that there had been some amendments to these. No issues were raised so these were passed as read.

RB asked that going forward, any apologies for absence would be appreciated.

Practice Manager Issues Points

HC provided the meeting updates here.

2. System Updates

HC explained that the surgery had been closed this afternoon for staff training between 1.30pm – 17.30 as it was a PTL (Protected Time for Learning Afternoon). All surgeries in Hertfordshire close for 1 afternoon per month, for 8 of the 12 months per year, as arranged through the Integrated Care Board (ICB). Cover is provided by Herts Urgent Care (HUC). Park Lane Surgery conducted Triage/Navigation training for all staff to look at ways of improving the service currently provided.

Discussions took place around the problems being encountered concerning the triage system and the fact that it was almost impossible to establish from a form, in some cases, what was urgent and non-urgent. It was therefore decided that from October, if not earlier, the surgery would introduce a new system whereby in the case of routine appointments and admin matters patients should complete the form on the website but in urgent cases patients should ring the surgery directly. The lines of communication would stay open from 8am – 6.30pm.

3. Staffing Updates

HC introduced Tracy Moore (Assistant Practice Manager) and advised that going forward she will be joining HC at future PPG meetings. TM is a familiar face at the surgery having worked there for over 20 years.

HC said that the surgery had now employed two new Doctors:

Dr Alex Chupin – 4 days per week (8 sessions)

Dr Roz Hawkes – 3 days per week (6 sessions)

Four pharmacists were now employed between the Primary Care Network (PCN) working two mornings per week at Park Lane. HC advised that Abbas is newly qualified but a great asset to Park Lane. A report on all patients who are on medication and who need a medical review each year has been downloaded for the purpose of looking at the safety of patients' medication.

EM raised the question that as we now have pharmacists working within the Practice could patients be educated in directing their medication requests to the pharmacist rather than take up a doctor's time.

HC pointed out that Yvonne White, the newly appointed Matron, was doing a very good job and Yvonne was responsible for triaging on Tuesdays, Wednesdays and Thursdays and Dr Khaira was responsible for Mondays and Fridays.

HC noted that not all patients were conversant with the internet and in these circumstances, patients could still ring the surgery, and a receptionist would complete the relevant form for them.

It was raised if Dr Kaleel still works as a locum one day a week at Park Lane, but HC said that as we now have our full quota of doctors he did not. The Integrated Care Board (ICB) every year provides additional 'winter pressure' allowance funding but the ICB's budget has been cut by 50% so it is likely that this will be withdrawn for 2025.

HC informed the meeting that the Phlebotomist now operates out of Room 1 and not in the small room to the front of the building.

4. Premises Updates

The rebuilding of the wall at the front of the building had now taken place.

5. PCN Updates

The PCN still hold clinical appointments at the HUB, which is Amwell Surgery on a Saturday. Each of the 4 surgeries from PCN, Park Lane, The Limes, Amwell & Hailey View Surgery have allocated GP and nursing appointments available on a

Saturday to help meet patient demand and for patients that are unable to attend the surgery during weekdays. They also offer physiotherapy and anxiety sessions.

6. Any Other Business

EM raised the point that when receiving a text from the surgery it doesn't state the name of the patient within the text or even their initials. This can lead to confusion if there is more than one patient within the family with the same mobile number. HC said she would look into this.

In relation to blood test results that need a follow up, SW asked what an acceptable time scale was for a doctor to call you back when necessary and HC replied that it depended on the type of blood test and the results. If there is a concern, then the doctors will usually ring the same day.

TM explained that when a doctor refers a patient to the Booking Team the results have already been looked at and it is the Doctor who decides what action needs to be taken i.e. whether it is urgent or whether they need to see the patient within a particular timescale.

A group discussion then took place regarding test results and if the partners were the only ones looking at these. HC said that other doctors within the surgery were now looking at the results as well but in the case of the doctor not being at work that day the partners would then look at these results instead. It was also decided at the partners meeting that when test results come back and the doctor has reviewed them, the doctor will then be the person that texts the patient should further action be necessary. When test results come back as normal the patient will not be informed in these circumstances. Generally, it was felt that patients would rather receive a text from a clinician rather than non-clinician staff.

MT raised the issue of a new Government funding initiative for GP surgeries. [Post meeting the web link was shared with HC who advised she would look into this further].

CM raised the question of communication and asked whether there was a way in which patients could be made aware of what they were entitled to from the NHS. TM pointed out that on the NHS website there were links that guided you to various sites which may be helpful to patients.

A discussion took place as HC wanted to know if there was any way the PPG could think of ways to try and put something back into the local community. HC suggested a Food Bank where a box would be provided, and patients would contribute items of food. Although this was a lovely idea, once again, with reduced patient numbers actually coming into the surgery, it was thought that not many items of food would actually be received. Other ideas were discussed but as, yet no alternative was forthcoming.

Finally, NT raised the topic of Any Other Business. RB clarified that time permitting this is an important last agenda point that would always be available for members to raise any appropriate matters.

The meeting finishes at 7.55pm

7. Date of next meeting

Tuesday 2nd September 2025 (Provisional)