

Long Furlong Medical Centre – Patient Participation Group

Minutes of Meeting held on 16 April 2025 at 12 Noon on Teams

Attendees: Chair: Malcolm Kear

Medical Centre: Dr Susan Lowe, Debbie Major

PPG: Beryl C, Rebecca M, Wendy M-B, Sandie R, Don R, Virginia P

Apologies: Hazel K, Karen W, Janaina R, Julie T, Email members not able to attend: Marie Z, Lorna W, Kayleigh W

New PPG Members: The Chair welcomed Dr Lowe, who with Dr Barter, will take it in turns attending PPG meetings following the retirement of Dr Elwig. Welcome also to a new member Virginia Playford.

It is also with regret to advise both Carol Blackwood and Jane Nockles have resigned from the PPG.

Minutes of Meeting 30 October 2024 – Accepted, no changes.

Matters Arising:

Malcolm's meeting with Jaz Kundie of Healthwatch Oxfordshire has yet to take place.

[Action Malcolm - Ongoing].

Patient feedback on website usage has been added to the latest survey. Malcolm was sent the draft survey to add any PPG questions. **[Action Complete].**

Review of the LFMC Website: This is ongoing. An update of the original review document will be issued in due course. **[Action Malcolm - Ongoing].**

To facilitate a better review of the website, Malcolm said he would like the PPG to conduct their own survey on ease of use. Malcolm said that having spoken to Debbie, PPG questions would be added to the latest survey. **[Action Malcolm - Complete].**

Malcolm reported that one patient commented Accurx took them around in circles (that after completing the form, another appeared). Accurx to be checked and provider contacted if this appears to be an issue. Debbie said this was not possible but was not aware of anyone else being affected by this problem. **[Action Malcolm / Debbie - Complete].**

Debbie confirmed it was not possible to provide stats on the use of Accurx. **[Action Malcolm / Debbie - Complete].**

Beryl to provide a summary of Google reviews **[Action superseded – see below].**

Google reviews from Beryl. Malcolm said that, prior to the meeting; he looked at a few Google reviews and was shocked to see so many one-star reviews. He then decided to look at all 73 reviews, going back in some cases 7 years. After eliminating any older than 5 years, he reviewed the remaining 66. The findings are:

There were 52% 1 star; 4% 2 star; 6% 3 star; 3% 4 star and 35% 5 star – a somewhat polarised result! In addition, the majority of 1 star reviews cited rude or unprofessional behaviour by the reception staff.

Malcolm consulted Beryl who said she was aware of this situation but not in quite so much detail. We agreed that I should table my findings at the meeting.

Debbie said she was aware of the situation but pointed out there is tendency for people to post poor reviews than good reviews. She also said the receptionist regularly faced annoyed

or angry patients. Notwithstanding that, this is a worrying situation, particularly when patients leave because of poor performance by the Practice, which has occurred on several occasions.

Malcolm paraphrased the nature of one such discussion, to illustrate the problem. Debbie said that all calls were recorded and that she would listen to the recording to decide if any further action was required. She also re-iterated that the receptionists have a very difficult job. **[Action Debbie]**.

However, having so many 1 star reviews must be worrying and should be addressed.

Stats on website pages visited etc to be captured. See agenda item later. **[Action Malcolm - Complete]**.

Can stats be gathered on access to the online Newsletter. **[Action Malcolm - Ongoing]**.

The pharmacy has been reminded to open the car park gate on Saturday mornings – they have the access code. Debbie explained there are two codes, one to open the gates temporarily to let cars in but then close shortly after, and another to open the gates and keep them open. Debbie said she would remind the pharmacy of which code to use. She also pointed out that the pharmacist on the day often changes. Malcolm suggested an 'opening list of jobs' could be used as a guide. **[Action Debbie - Ongoing]**.

Malcolm is drafting a PPG leaflet to be left in the surgery waiting room. Debbie asked if there was a plan to distribute it more widely and Malcolm said he would consider anything to gain wider publicity. Once drafted, Malcolm will circulate it to the PPG for initial review and then send to Debbie for the practice to review. **[Action Malcolm - Ongoing]**.

Don has produced a first draft document on issues surrounding the surgery entrance to which Malcolm is adding his thoughts. Once this is complete, it will be sent back to Don for further review before issuing to Debbie with suggestions for improvement. **[Action Malcolm - Ongoing]**.

When the extension work is started, signage will be produced advising where patients can park their cars. **[Action Debbie - Ongoing]**.

Malcolm continues to try to meet with other PPG representatives and is starting to make a little progress. **[Action Malcolm - Ongoing]**.

Practice changes/developments since last meeting

Two new male GPs are in post. They are:

Dr Dhungana – Started November, covering 4 sessions Thursday / Friday. From 1st May will also cover Wednesdays

Dr Paul – Started first week of January, covering 6 sessions Monday/ Tuesday/ Wednesday

Together with Dr Taylor covering Friday, and Dr Reed covering Monday/Tuesday and the partners Dr Lowe and Dr Barter, there are now a total of 6 GPs permanently based at the surgery allowing at least one being available each day of the week.

Debbie reported that a new paramedic, Kate Moss, has been appointed and she works 4 days per week. The practice continues to advertise for additional GPs.

Extension of surgery: This is now being held up pending the release of funds, which are in place. Once the funds are released, building work will start.

Appointments System

Appointment numbers: During September 2024, 186 telephone consultations and 960 face-to-face appointments, which is an improvement from the last meeting of 300 and 734 respectively. (Continued trend to more face-to-face appointments envisaged)

Of the current patient total, more than 3,000 are still allocated to each of Dr Barter and Dr Lowe, which is still unsustainable. The salaried GPs are allocated the numbers they should have with the rest shared between the Partners. Dr Lowe said the solution to reduce this number was to recruit new Partners.

Malcolm said that some patients are still having difficulty booking GP appointments. Dr Lowe said that having additional GP resource should help to ease this in the future.

LFMC Patient Survey 2025

Malcolm reported that not everyone had received the survey so had contacted Philippa about this. She said she understood that everyone should have received this but would resend it to PPG members who hadn't received it initially. This still leaves the wider patient population who may not have received it. Malcolm said he would discuss with Philippa the method of delivery. The survey was sent out through Accurx, but maybe email would be better. **[Action Malcolm]**.

After Malcolm requested that the PPG have their own survey, particularly on the use of the website, Philippa sent a draft of the survey for the PPG to add their own questions. Malcolm said this should be continued for future surveys.

Results from the most recent survey should be available shortly. **[Action – Debbie]**.

Google reviews have been dealt with above under Matters Arising.

Patient Communication

Malcolm confirmed that his review of the website was ongoing. Debbie said they will shortly be discussing the website with their providers and asked Malcolm for any questions he would like asked. **[Action Malcolm]**.

Malcolm also said that outdated wording on the website had now been updated but that this took far too long. First notifying Philippa mid-January with suggested text replacement, and reminders sent end January, mid February and Mid March, it was only after the Agenda for this meeting was issued that the amendments were made. Malcolm said it would be nice to establish a speedier response.

The next Newsletter will be issued within the next month. A draft will be sent to the PPG to add anything they want.

PPG Items

Stats on use of website – Malcolm reported that there were c.790 hits per day with appointments page the most popular and the translation page receiving no hits. It is hoped that a more detailed breakdown can be provided in future e.g. the top ten most popular pages and the bottom ten the least popular. **[Action Malcolm]**.

Notification of named GP when existing one retires/leaves - Debbie confirmed that although patients need to know of a change in named GP, there is a lot of churn in the allocation of patients to doctors whilst new doctors are appointed. Once this settles down, it is anticipated that patients will be notified of their new named doctor, if there's a change.

Home visits – how many and by whom? - Dr Lowe explained that home visits are dealt with externally by a home visiting team thus not impacting on the existing Long Furlong doctors clinical time. There are 3 visits per day on average.

Price list for Doctors time – are private appointments available? - Dr Lowe said there are no private appointments available at Long Furlong. The price list refers to costs associated with writing letters on behalf of patients and other time not covered by the NHS. Malcolm pointed out that there were costs showing for both private appointments and home visits, and this is very misleading. If these are not available, they should be removed from the website.

[Action Debbie to review].

Off-site appointments e.g. servicing of Radley College - who and how much time does this take up? - Dr Lowe said a dedicated doctor (not named on the website) was responsible for looking after Radley College pupils.

What are Doctors patient numbers and what should they be? - this was dealt with above under Appointments system.

Continuity of care – can patients see the same Doctor? - Dr Lowe stated that patients can see the same doctor for ongoing health problems but qualified it by saying it depended on the urgency of follow-up appointments. Urgent appointments booked may result in seeing a different doctor if their normal doctor did not have any appointments left. Maybe follow-up appointments should be made immediately with the doctor concerned. If this is the case, it should be made clear to the patient. Debbie/Dr Lowe to confirm if this is possible. **[Action Debbie/Dr Lowe].**

Receptionists – use of reception area in the waiting area - The outer reception area (within the waiting room) is often un-staffed. This is not a good look for someone calling in on spec. Debbie said that during busy times in the mornings and afternoons, there is someone occupying the outer area. However, Malcolm pointed out there have been several times when staff are not there, and patients ring the bell. Sometimes it takes several rings and long delays before someone appears from the 'back office'. It was requested that there should be someone in the outer office at all times, if necessary rotating on a regular basis at quieter times. Debbie to see if this can be arranged. **[Action Debbie].**

Issues with signage and notice boards – Dealt with under 'Matters Arising' above.

Is it possible to have face to face meetings instead of Teams in future? - Debbie said they are short of space and the meeting room used before Covid was now occupied by a member of staff. However, she said once the date of the next meeting is fixed, she would see if this is possible. **[Action Debbie].**

Car Park gate closed Saturday mornings – has this been resolved? – See 'Matters Arising' above.

PPG liaising/combining with others in PCN and meeting Jaz Kundi – Malcolm is continuing to liaise with other PPGs both within the PCN and others but said it was a slow process. **[Action Ongoing Malcolm].**

Dunmore Road to Radley Road housing developments.

Malcolm asked if the increase in residents in the new housing developments was impacting the Practice. Debbie said that overall patient numbers were fairly static, so was not currently a problem.

AOB

Virginia said at a recent Physio appointment that the Physio, Beth, was storing her bicycle in the consulting room propped up against a cabinet containing clinical equipment (syringes etc). Other people had also witnessed this too. Clearly, this is not good clinical practice. Debbie said she would have a word with Beth about this. **[Action Debbie]**.

Date of Next Meeting

Subject to checking, Wednesday 23 July at 12.00 was proposed.