**PPG Meeting 18th March 2025 at 6.30pm**

**Held at Heaton Road Surgery**

1. **Welcome and Introductions.**

Dr Gall thanked both patients for coming and introduced herself and Kay Bainbridge. Dr Gall apologised about the meeting being a little short notice but as the last meeting needed to be cancelled, we were eager to get one rebooked as soon as possible.

1. **Staffing Updates**
* Dr Gall mentioned that in our last meeting she had discussed that we had been a little short staffed due to maternity leave, some sickness and a few members of staff relocating to other countries. Dr Gall was happy to report that we are "quite stable" within our teams now which is great. Dr Gall also quickly mentioned that our Practice Pharmacist, Karen, had also returned since our last meeting after a long period of leave.
* We are now hosting registrar's again, or as they are now called, Trainee GP's. Dr Gall advised that Dr Francis was our most recent Trainee GP and that we have just welcomed Dr Mohammed.

Dr Gall went through the above staffing updates with the group. Positive feedback given from both patients about our current team and about the service provided by them and the clinical staff.

1. **New Clinical System**

We recently migrated to a new clinical system during the last week of November, into early December of last year. Dr Gall explained that we are one of many practices who have done so, and that the decision had been made so that we could improve our ability to access more information for our patients and share information more easily and efficiently where possible. Dr Gall advised the group that although it took a lot of time and work to ensure as smooth a migration as possible, and it was felt overall that this was a success.

We did encounter some problems after we went live but unfortunately, they were unforeseeable, and we apologised for any inconvenience caused to the patients who may have been affected by this.

We discussed some issues that we had been made aware of, one of which being that some patients medications were not brought over to the new system, or that the medications did transfer over but with no directions on them which caused issues when trying to collect them from their pharmacies. Unfortunately, those errors could only be rectified when we were made aware by the patients, and we did our best to correct them as quickly as possible.

There were also some patients who lost the ability to use their online access, or still had access but couldn't see as much information as they could prior to the migration to the new system; again, this was something we could only investigate this when the patients made us aware, and we have made efforts to rectify this as quickly as we can. There are a handful of patients who are still having some issues with their online access, and this has been escalated.

1. **'Deep End Practice'**

We are now classed as a "Deep End Practice" which means that we are part of a movement of GP surgeries challenging the health inequalities for underserved patients in our area. Dr Gall explained this is the first time we have been able to join this project, and it now means we have access to some funding to help support us in focussing on those patient groups. Dr Gall mentioned that we have been able to concentrate on issues such as the lack of uptake on childhood immunisations and now the number of patients coming in for those are higher than ever which is such a great result. It has allowed us to backfill some GP time to enable us to spend some time consulting with patients on long waiting lists for operations and how we can get them fit and "waiting well". Overall, the "Deep End Scheme" is proving to have a positive impact.

1. **Building update**

Dr Gall informed the group that for some time now, the top floor of the building has been empty. NHS properties have now acquired that floor and there are plans for the surgery to expand up to that top floor, creating a lot more space. She discussed with the group that although we could never meet the ever-increasing demand for appointments, part of the problem has been space. We are limited currently to 7 clinical rooms and only 5 of those are for GP's; therefore, the ability to have more clinical space, would hopefully assist us in being able to offer more appointments in the future. Obviously, this would require some building work, and we had initially been told the work would start in June 2024, but this was then delayed, and we are currently awaiting a new date for the work to begin.

One member of the group asked if we had any plans to use some of the new space to accommodate some groups such as debt advice services and the likes. Dr Gall advised that we have a Social Prescribing Link Worker called Tracy, who works with some of our patients who need help with problems such as debt, housing, welfare rights, and addictions services, and already she does hold some groups for patients including the art group and 'warm hub' events so it may be something we can look into with her when we know what spaces we will have. Dr Gall thanked them for their suggestion.

1. **Any other business**

We we're given feedback by one member of the group who advised they were happy with the standard of care they receive from the practice. Dr Gall thanked him for the feedback.

Dr Gall advised the group that we would try our best to get the next meeting date arranged as soon as we could to give more notice to the PPG members.

No one had any other business to discuss.