

PPG Meeting Notes

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Date	Time	Location / Platform	Chair
31/10/2025	12:30	In person – The Lawson Practice / MS Teams]	Uzo
Note taker	Transcribed – MS Teams		
Attendees	Uzo, Emru, George, Ian, Cheryl, Ismail		
Apologies			

1. Key Takeaways

- Discussion revisited previous actions from the May PPG meeting and reviewed improvements made since then.
- Patients raised strong concerns about access to appointments and digital systems (online forms and multiple apps causing confusion).
- The practice outlined its move to the Modern General Practice Model (total triage with GP review of all requests).
- Low PPG attendance (4 people out of 17,000 patients) was highlighted as a significant issue for patient engagement.
- George and Ishmael described difficulties in booking appointments and getting responses to emails or requests.
- Cheryl raised concerns about inaccurate medical records across NHS apps and hospital systems.
- Ian acknowledged the issues but praised the practice’s performance compared to others.
- Practice shared plans to improve reception and waiting areas, including clearer signage, poster decluttering, and a refreshed “patient activity space.”
- Feedback was invited on the self-monitoring room signage and future design concepts.
- Next PPG meeting scheduled for 16 January 2026.

2. Detailed Summary

1. Review of Previous Meeting and Changes Made

Uzo recapped actions from the February and May meetings, including visible changes at reception and promotion of the PPG through posters and remote attendance options. Patients had noticed some improvements. She also mentioned building upgrades such as additional CCTV and updated patient leaflets.

2. Access to Appointments and Digital Systems

George criticised the online consultation and appointment system, saying it was “labyrinthine” and “patient-unfriendly.” He described issues with multiple logins and verifications across different platforms (NHS App, Patient Access, Patient Knows Best, MyChart from hospitals). He felt the system was technology-driven rather than patient-centred, especially for older or less IT-literate patients.

Uzo explained that the practice uses the Modern General Practice Model, where all requests (phone, in-person or online) go onto one triage list for GP review. She acknowledged issues with feedback and said the practice would investigate cases where patients did not receive responses.

3. Patient Engagement and PPG Participation

George highlighted the low attendance (only 4 participants out of 17,000 patients) as evidence of poor engagement. He suggested the practice review its approach and consider an anonymous patient survey to reach a broader audience. Uzo said 350 patients had expressed interest previously and the practice would continue to promote the group.

4. Handling of Complaints and Patient Feedback

George shared examples of unacknowledged emails regarding aggressive patients and concerns about an elderly patient. Uzo stated that the practice has a zero-tolerance policy for abuse and removes patients who breach it. She agreed to check why his emails received no reply and confirmed that every triage submission should get an outcome message.

5. Medical Records Accuracy

Cheryl reported discrepancies in her records between Patient Knows Best and the NHS App, which had affected a travel insurance claim. Uzo offered to meet her in person to review and correct records and explained that the GP record is the master version used for insurance requests. George added that system integration failures are common and lead to data gaps between secondary and primary care.

6. Facilities and Environment Updates

The group discussed plans to improve the reception and waiting areas, showing photos of the current layout. Patients felt the area was cluttered with too many posters and unclear signage. George suggested fewer, larger posters and rotating themes to draw attention. Cheryl and George both noted that check-in instructions about floors are easily missed.

The practice plans to create a “patient activity space” with artwork, reading, and classes, and to update furniture and carpeting. George recommended comfortable seating and a more welcoming layout. Cheryl suggested informing patients by text when new facilities like the health pod are ready.

7. Self-Monitoring Room

The group discussed the underused “Patient Self-Monitoring Room.” George and Cheryl said the current signage is unclear. Uzo showed a concept design for rebranding the space and agreed it needs simpler, human-friendly language (e.g., “Check your blood pressure here”) and clear instructions inside the room.

8. General Feedback

Ian commended the practice for performing better than many others he deals with in secondary care. He asked about online access hours, and Uzo confirmed forms are open 8 am–6:30 pm as required nationally. George recommended a display board showing doctor running times to manage patient expectations. Uzo agreed reception staff should verbally update patients if clinicians are running late.

8. Next meeting

Date: 16/01/2026 Time: 12:30

Action log

Action	Owner	Due date
Investigate missing responses to patient emails (George’s examples).	Emru	ASAP
Review and simplify triage outcome communication to patients.	Admin	Ongoing
Review patient record accuracy with Cheryl Nelson.	Uzo	Nov 2025
Review PPG promotion methods and consider a SurveyMonkey-style patient survey.	Practice management	By early 2026
Redesign reception and waiting areas (signage, posters, seating, activity zone).	Uzo	2026

Revise signage and instructions for Self-Monitoring Room.	Uzo	2026
Continue to improve communication when clinicians are running late.	Emru	Immediate