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PPG Meeting Minutes 29.1.25

Attendees: Natalie Jones, JW, MP, HF, SM

Apologies: JC, AT, CG, SG

1. Cloud telephony – We discussed access to the surgery via the telephone in relation to the surgery’s contractual obligation to have a cloud based telephony service. We have experienced quality issues since we moved to this system due to the limited capability of the internet cabling, which is somewhat beyond the control of the telephone service provider. We therefore are not currently looking to change providers but may do so in the future (this plan has the support of the PPG). Our average call numbers are 550 on a Monday, 450 on other days of the week, with the average wait time being 1 minute. We don’t have a call back service due to the cost of adding on the functionality. Evidence suggests that if you have this service, the wait time to speak to a receptionist exceeds the average wait time in the queue.
We also discussed the 0830 rush to call the surgery – NJ explained that though patients are often reminded that they need to call before 10am if they want to be added to the triage/duty doctor list, this is perceived as needing to call at 0830. Since we do not cap our triage list, there is no need to call first thing, patients simply need to call before 10am. It was agreed that this should be published more widely to support education of patients.
2. Dr Chorley would like to inform the group that she is retiring at the end of March, and Dr Beveridge has accepted a Partner role.
3. Triage appointments vs routine GP appointments – JW opened a discussion about the benefits of being added to the triage list and getting “reassurance” from a GP on the day versus having to wait a week or 2 for a routine appointment. NJ explained that though we are somewhat unique in not capping our triage/duty doctor list, we have to have some mechanism whereby we can identify those patients that have an acute problem that needs advice and treatment on the day vs those patients who have a less urgent/ongoing problem. We discussed at length the fact that often patients only feel reassured after contact with a GP rather than accepting the signposting of a receptionist or pharmacist, who are trained to ask questions to identify those with an acute need. They are also trained to find the right appointment type for different patients with different conditions. However, patients often insist on being added to the triage list, and then may receive a text asking them to make a routine appointment.



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This led to a further discussion about DNA rates, and SM reminded NJ that DNA data was to be posted to the website but this hasn't happened – NJ will ensure this is updated more regularly. He also asked if it would be possible to call patients to remind them that they have an appointment booked as despite text reminders, patients still sometimes do not attend. NJ agreed to do a deep dive into the DNA rates – is it particular appointment types? particular patients? – to then trial calling patients to confirm the appointments the day before.

We also discussed the increased demand at local A&E departments, which is mooted to be because of the decreased number of appointments offered by GP Surgeries. NJ explained that there is an increased demand in hospital emergency departments and also in General Practice – more appointments are being offered than ever before in surgeries, all NHS service providers are seeing an increase in patient demand/contacts.

4. West Sussex PPG Meetings – no-one from this group was able to attend. NJ has had feedback that it was mainly attended by charity and community groups.
5. Wheelchair – JC (not present) asked that we discuss whether a wheelchair should be on site for the use of patients who become unwell. NJ explained that storage and maintenance of a wheelchair made it impractical to have one on site, and there are additional Health & Safety issues that have to be considered.
** the lack of a wheelchair will be added to the Practice Risk Register*
6. Crawley Wellbeing Service – MP has recently had contact with the Crawley Wellbeing service who have offered to come and speak to the PPG about the services they can provide. Agreed that this would be an interesting meeting, NJ to arrange (may be arranged as a standalone meeting so as not to impact on PPG meetings).
7. Weight-Loss injections – HF asked if we had seen an increase in demand for weight loss injections. NJ explained that these are only available on the NHS for patients with certain conditions, but that patients could buy them privately online, and there has been an increased number of patients choosing to do this.
8. Website information – SM has reviewed the website and there is some information that is lacking. NJ has compiled a list of the information that should be available and will update the website ASAP.

Date of next meeting: 2.4.25