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PPG Meeting Minutes 23.10.24

Attendees: Natalie Jones, Colin Guest, Sandra Guest, John White, Maria Paszkiewicz

Apologies: Harry Ford, Steve Manser, Janice Conlon

1. Seasonal vaccinations – NJ outlined the current programme for vaccinating eligible patients against RSV, Flu and COVID
2. Use of the waiting room – NJ explained that there are regular comments in online forums and elsewhere about the waiting room and the fact that it is sometimes empty. We discussed that an empty waiting room does not mean an empty surgery – that GP's sometimes run on time and that infection control measures are most effective when there aren't lots of people sitting together in the waiting room. It also supports the policy of offering patient choice in appointment type (telephone vs face to face), and NJ reminded the group that during the middle part of the day, home visits take place and GP's and Nurses have time to complete their administrative tasks. It was proposed and agreed by the group that a poster with the key points be put up in the waiting room, and also on the facebook page.
1. PSA Bloods – we revisited the subject of PSA bloods. As minuted in January: *we discussed national cancer screening programmes, specifically the fact that there isn't one for prostate cancer. The reason for this is that there is not a reliable test, the PSA blood test and prostate exam tests not themselves given indication of cancer. There is no evidence that screening reduces deaths vs other screening programmes, and there is a risk of treating patients that would never have needed any intervention. Any patients with concerns could discuss these with the doctor, but they may not be offered any testing.* We also discussed proactive blood testing ie if a patient was having X blood test, why not also test Y and Z. NJ explained that in the absence of a symptom or reason to test, a result alone does not tell us very much. The NHS continues to spend time and money on reactive care, with little opportunity to be proactive, particularly while the population take less proactive care of themselves through lifestyle choices.
3. GP appointment information – NJ provided some appointment data, the highlights of which are:
 - a. In the 3 month period to 22nd October, 3379 unique patients were seen in a total of 8523 appointments
 - b. 35.5% of those seen had 3 or more appointments in that time frame
 - c. 56% of those seen had a second appointment within 28 days of the first. *We discussed that this can be interpreted as good patient care, as the doctor is often following up with a patient following the first consultation*



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- d. 74% of those that re-attend are White British
 - e. There were 78 births and 81 deaths in the last 12 months
 - f. Only 21% of appointments are on the telephone
 - g. The average time between booking an appointment and being seen is 8 days
 - h. The average wait time in the waiting room is 5 minutes
 - i. 94 appointments were "DNA'd" in September
4. Average GP Earnings – have now been published to the website as per contractual obligations. The average salary for a GP at Furnace Green Surgery last year was £70K
 5. AOB – SG – can the pharmacist change medications? NJ explained that she can adjust medications on a patients list but cannot issue (prescribe) them, though both she and Cat (Practice Nurse) will be commencing prescribing courses in the New Year.
 6. AOB – SG – do we still have First Contact Practitioners (Physiotherapists) available – NJ confirmed that there are 2 working from the surgery, on Monday and Friday mornings
 7. AOB – SG – does FGS have a Mental Health Practitioner? NJ explained that we do not, and that though there is a clear gap in the availability of Mental Health Support staff, there are few trained/qualified staff that are available should any surgery attempt to recruit. MP said she felt that there would be an increase in the demand for mental health support provision due to the current early release from prison programme. NJ explained that often what is appropriate for a patient looking for support with their mental health is to talk to an appropriately trained sign poster/non-clinical team member, but patients feel more reassured if they talk to a GP.

Date of next meeting: TBC