PPG Meeting held on: Thursday 30th July 2026 at 17.30 hrs

Attendees: [redacted]

Item	Subject	Action

1. Welcome

PM opened the meeting and welcomed all PPG members

2. Minutes of last meeting and actions

RM reviewed the outstanding actions from the previous meeting and provided an update on progress.

Car Park Signage: All signage has now been ordered and installed in the car park by Ian, the Caretaker.

Practice Website and Facebook Page: RM had previously asked members of the PPG to review the practice website and Facebook page and provide feedback on any areas for improvement. Members advised that they had not yet had the opportunity to do this. RM reassured the group that this was not an issue and suggested that the item be revisited at a future meeting.

Dr Bruce's Garden: Work on Dr Bruce's garden has been delayed while the practice has been carrying out a significant clear-out of old equipment and materials. A skip has been ordered to assist with this work. RM advised that, once the clear-out is complete, attention will return to the garden project, although this could be in the Spring time is now likely to take place in the spring.

3. New Check in Screen

RM advised that the new self check-in screen has now been installed. The new system, provided by Jayex, is an upgraded version of the previous check-in screen and offers an improved patient experience.

RM also advised that a banner will be installed alongside the screen displaying a QR code. During busy periods, patients will be able to scan the QR code using their mobile phone to check themselves in, helping to reduce queues at the reception area.

A suggestion was made that the new self check-in screen could be enhanced by directing patients to the appropriate waiting area within the building after they have checked in. Members felt this would help patients navigate the practice more easily and reduce any uncertainty about where they should wait for their appointment.
RM agreed to meet with AS, IT Manager to implement this.

4. New Flooring

RM advised that new flooring has been ordered to replace all existing carpet tiles throughout the practice. The current carpet tiles are old, worn and difficult to keep clean, and no longer meet the standards expected for infection prevention and control. The new flooring will improve cleanliness, maintenance and the overall environment for both patients and staff.

5. Staffing Update

RM provided an update on recent staffing changes within the practice.

Dr Khan and Dr Ghazala have now left the practice, and Dr Cook will be leaving on Tuesday 6th August. All three doctors were Specialty Training (ST) Registrars who were completing placements as part of their GP training programme.

RM also advised that the practice has successfully recruited a new GP, Dr Hamza, who previously completed a placement at the practice as an ST Registrar. Having now qualified as a GP, Dr Hamza will be joining the practice on 12th August.

6. GP Patient Survey

RM advised that she had intended to display the latest GP Patient Survey results on the meeting room screen; however, due to technical issues with the computer, this was not possible.

RM confirmed that she would send the survey link to the PPG members following the meeting. She explained that the GP Patient Survey is commissioned by NHS England and is sent to a random selection of patients each year.

The results showed that there are areas where the practice could improve. A discussion took place about how the survey scores might be improved, and it was agreed that this would be explored in more detail at a future meeting.

7. New process for ordering of prescriptions

RM outlined the forthcoming changes to the prescription ordering process, which will take effect from **1st September**. From this date, community pharmacies will no longer be able to order repeat prescriptions on behalf of most patients.

PM asked why this change was being introduced. RM explained that the aim is to reduce medicines waste and make better use of NHS resources. She advised that pharmacies can only order medications based on the repeat list they hold. If a medication has been stopped or amended by the practice, the pharmacy may not be aware of the change, resulting in medicines being ordered that are no longer required.

RM confirmed that the practice has already begun communicating the changes to patients through text messages, the practice website and the Facebook page.

VC asked about obtaining proxy access so that she could request medication on behalf of her father. Hayley explained the process for setting up proxy access and what information would be required. During the discussion, it was noted that Vicky's father receives his medication in blister packs. RM clarified that patients who receive blister pack medication are exempt from the changes, and their pharmacy will continue to manage prescription ordering on their behalf.

8. Winter Planning

RM provided a brief update on plans for the 2026 winter vaccination programme.

She advised that, from **1st September 2026**, flu vaccinations will be offered to the first eligible cohort, including immunosuppressed patients, pregnant women and children. All other eligible patients will be invited to receive their flu vaccination from **1st October 2026**.

RM also explained that patients who are eligible for both the flu and COVID-19 vaccinations will be able to receive both vaccines during the same appointment if they wish.

VJ asked whether it would be possible to have the vaccinations separately, as she had felt unwell after receiving both together previously. RM confirmed that patients can choose to have the vaccinations at separate appointments if they prefer.

9. Defib – Dr Bruce

RM advised that the community defibrillator has now been installed at the centre in memory of Dr Bruce.

HH shared photographs of the installed defibrillator with the group. RM confirmed that she would check with Amy, the IT Manager, to ensure that this had been shared on the Aldergate Medical Practice Facebook page.

10. Waiting Room Screens / Notice Boards – Content?

RM advised that she is exploring a new project to improve the patient waiting area and asked members of the PPG for their ideas and suggestions. She invited the group to consider what information or resources they would find most useful if they were waiting for an appointment.

A discussion followed, with several suggestions being made. Topics included providing information to explain when clinicians are running late, promoting support available for carers, improving signposting to local services, displaying information about prescription ordering, and raising awareness of the impact of missed appointments.

11. Terms of Reference

RM asked the group whether the PPG Terms of Reference had ever been formally signed by members. VJ, the longest-standing member of the group, advised that she had signed a copy many years ago.

It was agreed that the Terms of Reference should be reviewed and included on the agenda for the next PPG meeting. Members will be asked to sign an updated version to ensure that the document accurately reflects the current membership and arrangements of the group.

12. Any Other Business

Phone Message

VJ commented that she felt the telephone message played when calling the practice was too long.

HH and RM explained that the current message is standardised across the PCN and forms part of a wider project led by Caja. However, RM and HH agreed to review whether there is any opportunity to shorten the message.

HH also advised that patients who know the extension they require do not need to wait for the full message to finish. They can enter the extension number as soon as the recorded message begins, which will bypass the remainder of the announcement and connect them more quickly to the relevant department.

During the discussion about the telephone message, HH explained that all clinical triage requests are assessed by a GP.

VJ suggested that this information should be included within the telephone message and communicated more widely throughout the practice, as many patients are under the impression that triage decisions are made by reception staff.

RM agreed that it would be beneficial to make this clearer and confirmed that the practice would consider including this information in patient communications and displays within the surgery.

Annual Reviews

VJ asked RM whether she had been able to find out more information regarding annual reviews for patients with conditions such as bronchiectasis.

RM apologised and acknowledged that this had been an action from the previous meeting but had been overlooked. RM confirmed that she would look into this and provide feedback to VJ following the meeting.

Google Reviews

VJ asked about the process for leaving Google reviews, explaining that she had been unable to add a new positive review. Instead, Google had updated her original review, meaning it did not appear at the top of the list as a new review.

RM advised that she would look into how Google reviews are managed and provide feedback at a future meeting.

New PM

The group commented that they had seen a significant improvement in the practice since RM joined as Practice Manager.
Members agreed that RM has a strong patient focus and is always willing to listen and respond positively to suggestions and ideas. They expressed their appreciation for the positive changes that have been made and the continued commitment to improving services for patients. RM thanked members for their kind words.

12. Date of Next Meeting

24th September 2026