

Great Chapel Street Medical Centre

PPG Meeting Minutes

Date: 13th February 2025 at 1pm.

Attendees: (AS) and (IP) and Siobhan Moriarty, Practice Manager

1. Welcome

SM welcomed both patients to the first PPG meeting of the year. She introduced herself as the new Practice Manager, taking over from Miles, and mentioned that she joined the team in August last year.

2. Walk in Clinics

IP began by sharing that he found the walk-in clinics very accessible and had no issues booking appointments. He expressed that he felt happy and at ease with the process.

AS agreed that the walk-in clinics were helpful, especially when she suddenly felt unwell and needed to see a GP on the same day. However, she raised a concern about the waiting room environment, mentioning that some patients become frustrated and impatient while waiting. She noted that the reception team does explain the process, but patients still seem to get annoyed. This can sometimes make her feel anxious and distressed. AS asked whether the practice acknowledges this behaviour.

SM explained that the practice has a zero-tolerance policy and a warning and removal protocol in place. Patients who exhibit unacceptable behaviour receive a warning, with an explanation that repeated incidents will result in the ending of their relationship with the practice. In severe cases where police intervention is required, the patient is immediately removed from the practice list.

3. Living/ memorial wall, art packs and Gallery

IP liked the idea of a memorial wall, saying it would be a meaningful way to honour deceased patients with dignity and respect. He highlighted that some patients, especially those who have moved to the UK and may not have family, would appreciate being remembered in this way.

AS acknowledged the sentiment behind the idea but expressed concerns that seeing the names of deceased friends in the waiting room might be emotionally distressing. Both IP and AS agreed that a more general acknowledgment without listing individual names might be a more appropriate approach.

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SM then introduced the idea of displaying artwork created by patients in the practice. AS believed many patients would be interested but emphasised the need for clear guidelines, such as:

- How long artwork would be displayed
- Whether patients would have access to view their work
- How the selection process would be managed?

AS suggested that SM visit St Martin's and Skylight, which run similar community art projects. Both IP and AS felt that displaying patient artwork could be particularly inspiring for individuals dealing with mental health challenges.

AS also supported the idea of art packs for patients but suggested they be given out permanently rather than loaned.

4. Feedback

IP expressed his gratitude to the GCS team for their hard work and support, particularly towards him. He praised the reception, nursing, SK, and GP teams, noting that they had always treated him with courtesy and respect. He felt no improvements were needed at the practice.

AS echoed IP's sentiments, adding that she feels well cared for and has received exceptional support from all staff members whenever needed.

SM thanked both IP and AS for their valuable feedback and expressed hope that the next meeting would allow for further discussion and progress on one of the proposed projects.

5. AOB

Both IP and AS emphasised the importance of increasing patient representation at PPG meetings so that a wider range of voices and opinions can be heard.

SM agreed and committed to speaking directly with support workers to encourage patients from different demographics to attend future meetings.

Date of next meeting – TBC in May 2025