

**Minchinhampton Surgery Patient Participation Group**

**Annual General Meeting held on Wednesday 14<sup>th</sup> May, 2025**

**At 7 pm at The Porch Room, Minchinhampton Church**

**M1. WELCOME, ATTENDANCE AND APOLOGIES**

**Present:** Eve Jackman (Chair), Maggie Cornock (acting Secretary), Gervase Hamilton (retiring Vice Chair), David Nurden (driver), Coralie Nurden (Transport Co-ordinator), John Bingle, John Cornock, Graham Spencer, Janet Payne (acting Transport officer), Colin McCleery, Pam Wright, Heather Draper (driver), AnnMarie Marlow , Dr. Freddie Walker (GP partner), John Cleever (Pharmacy Liaison) FIRST NAME?? (John's wife) Cleever, John Dawes (driver)

Apologies: Ian McPherson (retiring secretary), Brian Whittaker (Treasure), Kerry Thompson (Practice Manager), Alison Weller (driver), Hilary Kemmet, Roger Sims (driver)

**M2.GUEST SPEAKER – ANDREW CATTERILL:**

Andrew Cotterill (Chair of the Autism and Neurodivergence Partnership Board in Gloucestershire) gave an interesting talk on neurodivergence. He explained that the aim of the board was to support those with neurodivergence. In the population the incidence of neurodivergence diagnosis is- autism (1.3%), ADHD (3-5%), dyslexia (5-10%), dyspraxia (3-5%), dyscalculia (3-6%) and Tourettes (1%). Andrew dispelled the myth that Tourettes always presented as involuntary swearing – it is very rare. Those neurodivergent often have co-concurrent conditions (e.g. 50% of those diagnosed as autistic also have ADHD). Criteria, for diagnosis have changed over time. There is an erroneous view that autism equals intelligence lack but there is as a wide range of abilities and aptitudes as in the general population.

Andrew said that the medicalisation of neurodivergence was not helpful as there is a wide variety of symptoms which, therefore, makes it difficult to pin down a diagnosis. There is a wide range of sensory difficulties - a neurodivergent person may be oversensitive to things like noise, crowds, etc. and some may be under sensitive. Although all people have some areas of difficulty, those who are neurodivergent may have reactions that are much more extreme and further from what is considered as typical in the general population. It may impact on their ability to plan tasks and stay on task. Neurodivergence can impact on sociability (although many learn techniques to cope with difficulties – not meeting people's eyes for instance). Although the effort to try to be "normal" is great, often they do not pick up on social messages – how to react in situations etc. Sadly the incidence of suicide is 9 times the average.

There is 3 to 5 year waiting list for diagnosis of autism and ADHD in Gloucestershire. Support from occupational therapists and access to medication is only available once a diagnosis is made. Similarly the Community Autism Support and Advice (CASA) service is

only available after diagnosis. It is delivered by the Independence Trust and commissioned by Glos County Council. It provides support for individuals with autism spectrum condition, aged 18 and over. There is also the Oliver McGowan fund that was set up after Oliver died when given the wrong medication. This provides training for NHS staff to provide workers with training to provide appropriately adjusted care for people with learning disability and autism.

There are various Gloucester Partnership Boards – Autism/ Carers/ Learning Disability/ Mental Health and Wellbeing/ Physical Disability and Sensory Impairment. These contain, which the links between the Gloucestershire partnership boards provide. A further problem can be attending appointments, which is difficult for many patients, even when diagnosed, as many do not drive and do not have access to a car, reliable public transport or the money to get to these appointments.

Many neurodivergent people's struggles are picked up at school, although access to diagnosis is still subject to long delays. Many older people have lived for many decades without a diagnosis and have learned strategies for dealing with their difficulties. Late diagnosis can be a help in understanding why they have struggled. However, coping strategies can break down in later life- this may be the first time that neurodiversity is shown up.

Andrew took questions from the floor about:-

The effects of social media on autism: Andrew explained that it is mixed. It can be beneficial and positive as it can reduce the feeling of isolation by finding others who have similar experiences. Other times negative comments can escalate the problems.

Is it under or over-diagnosed? Andrew said that schools are now more aware of the problem and parents are more likely to go for a diagnosis. Although children may be reluctant to be labelled "special needs". Older people are under diagnosed as it was not recognised so much in the past. There is a male/female imbalance. There are less female diagnoses as females seem more able to mask the symptoms. The DSM manuals (Diagnostic and Statistical Manual), a system for diagnosing and classifying mental disorders, give guidance on diagnosis but diagnoses are higher among those who use the NHS right to choose.

There were supplementary questions about the possibility that it might be a "fashionable" diagnosis so could there be a problem of over diagnosis? Is mental health over exposed? Is depression a mental health problem or a response to life's challenges? Could some people try harder? Can some people take advantage of this diagnosis possibility when they are not really neurodivergent? Andrew didn't totally refute this but said that this idea could cause a problem when people's genuine symptoms could be dismissed because of this view and that, if they are ignored, they will not keep trying to get help.

### **M3. MINUTES OF PREVIOUS AGM - (1<sup>ST</sup> May 2024)**

These minutes were accepted, without amendment, and approved unanimously.

#### **M4. OVERVIEW OF THE LAST YEAR AT THE PRACTICE: - DR. WALKER (GP PARTNER)**

Dr. Walker said that It had been a great year as the new surgery is now open and despite the delays in completion and a few teething issues, the quality of clinical services has been maintained. The focus is on reducing the wait for routine appointment to the level it was 6 months ago with a target of 2 week's wait, but the addition of 800 new patients is making this more difficult. They are not happy with the situation at the moment. However, urgent matters are still dealt with, on the day, with a call back and, if needed, a consultation on that day.

In response to a question about the ability of the surgery to limit numbers, he explained that, although they had over 8,000 patients the local directive suggested that 10,000 was the limit for their practice. There are geographical limitations with a set boundary for the surgery, although this can be relaxed if the doctors feel it is in the patients interest (e.g. if an existing patient moves slightly out of the area and it is better for them to remain for continuity of care). At present there are 2 trainee registrars at the practice. One is about to leave but 2 more will soon join the practice. Dr Walker said that these helped the GPs at the practice keep up to date.

Services that will become available at the surgery soon, include: A private physiotherapist although they are working towards getting a NHS one, a "Let's Talk" NHS mental health counselor, an urologist who may be able to carry out cystoscopies and a private dental service which should be on site by August. He said that they are in the market for more private services. They have decided against employing physician associates, at this time, as they wish to keep the direct link between patient and GP. Money is going into the practice to employ more nurses but they are moving forward slowly on this. There will be private contractor to give advice on Parkinson's disease treatment, taking NHS overflow. This will be via referral, for a patient, from a clinician.

The information screen is not yet in place but once it is, it will display information, health campaigns and news relevant to patients.

Dr. Weir is retiring after 30 years service at the surgery. She will be much missed by patients and staff. Her departure will also leave a gap in the women's health speciality.

#### **M5. PHARMACY REPORT: JOHN CLEEVE – (PHARMACY LIAISON)**

John reported that, after being short staffed a while back, the pharmacy is now fully staffed. The dispenser was off for 2 months after an accident. The average number of prescriptions dispensed each month, between July 2024 and January 2025, was 3,463 with 6,355 items per month. Medication shortages are now less of a problem. There was a comment from the floor to praise the speed of prescription – filling one person's prescription in less than one day. There was a take up of 99% on the electronic prescription service to the pharmacy.

They are not on target with the Pharmacy First scheme, only seeing 18 people per month with a target of 20. This service does not reduce the need for a GP involvement as, in most cases, people accessing the Pharmacy First consultations are then referred to the GP. The New Medicine Service is working well - a free service that provides support to patients who have been prescribed a new medicine for a long-term condition.

The pharmacy was inspected on 17th September 2024. John provided me with a copy of the report which is précised here:-

The required standards were met in all 5 principles. Governance – operating in a safe and effective manner. Staffing - the pharmacy team members have a range of skills and experience and are given access to ongoing training to further their skills and knowledge. Premises – the pharmacy provides an adequate environment to provide healthcare services with a separate space for confidential conversations. Services – services are provided safely and effectively. The pharmacy sources, stores and manages its medicines appropriately and identifies people who require ongoing monitoring. Equipment and facilities – the pharmacy has an appropriate range of equipment for the services provided. This is kept clean. In summary the pharmacy shows excellent practice demonstrating innovation in its delivery services which benefit the health needs of the community, shows good practice demonstrating positive outcomes for patients and it meets all of the standards set.

John said that the shop manager would like to have a meeting with Kerry (Practice Manager) or Sophie (Assistant Practice Manager) to discuss the report.

#### **M6. PATIENT TRANSPORT SERVICE REPORT - JANET PAYNE (Transport Officer)**

Janet's report is as below:

Firstly I would like to thank all the staff of the surgery. Since their arrival at the new location they, at such a busy time, were able to promote the Volunteer Drivers' Service provided through the PPG.

We currently have 22 drivers. This figure includes 3 recently recruited. However, unfortunately we have lost 2 drivers due to personal reasons. Although we have 22 drivers, who offer different days of the week and, also, not all are able to offer lifts to Gloucester and Cheltenham

The number of trips undertaken over the past three and a half months are - February 53, March, 35 April 30 (Easter break) and May, to today's date, 64.

Together with the additional 22 trips carried out recently for the covid jabs, it makes a total of 204 trips in a total of less than three and a half months. Every effort was made to ensure that the cars, used for the jabs, were fully occupied to save duplicated areas.

On 8<sup>th</sup> May there were only 8 drivers available with 5 on holiday or not offering lifts on that day. Coral was taking the calls and had to tell 2 patients that we could not provide a driver. To Coral's knowledge this is the first time this has happened.

As can be seen from the minutes of the last PPG committee meeting, on 5<sup>th</sup> February, where the total for the period November, December and January (two and a half months due to the Christmas and New year break) was 109. There has been a dramatic increase in demand for volunteer drivers. With the surgery taking more patients it is likely that the driver's group will be overwhelmed.

In view of this the 3 existing co-ordinators will ask the chairman of the PPG for an urgent meeting to discuss how the service can be best able to accommodate the rising numbers.

#### **M7. PPG ANNUAL ACCOUNTS 2024-2025 FOR APPROVAL - Brian Whittaker (Treasurer)**

Brian was unable to be present but provided a written report to present to the meeting as below:

"Thanks to a donation and investment income, our income for the year exceeded our expenditure by £2,336 putting us in a strong financial position.

Our major investment with the Cambridge & Counties Bank will be up for renewal in October of the year and I will be in contact with the bank prior to this date to establish their offers for our investment going forward.

Our current interest rate is 5.2% gross, fixed for 2 years. A 2 year deal is what I will be looking at. Providing the rate is good I will be reporting, to our meeting, prior to October for discussion.

We hold a healthy balance in our current account at Lloyds Bank, enabling us to meet our everyday requirements.

Our accounts have been audited and are available for viewing."

#### **M8. CHAIR'S ANNUAL REPORT (Eve Jackman – Chair)**

Once again it has been a rewarding and busy year for the PPG since our last AGM. We have successfully negotiated and installed a new telephone system, following the death of Gerald Ford, for our busy volunteer transport service. Thanks to Ian Jarvis for his advice and support. Also many thanks to Coral, Alison and Janet for "holding the fort" while the new system was being installed.

Maggie has attended, by Zoom, some of the bi-monthly meetings with some other PPGs in the area and has updated us on various issues that have arisen. She has also forwarded details of the future switchover to digital phone lines from landlines with reference to Digital Voice's information for Telecare users. Some patients have been concerned about the change.

Some members of the committee were involved with distributing questionnaires to Minchinhampton patients regarding “continuity of care” which was requested by the NHS.

The volunteer transport posters are in the process of being modified and we have reprinted the small cards, with the volunteer transport number, which are at the surgery reception. The surgery has also agreed to photocopy future leaflets, when the supply gets low. These are kept at reception at the surgery.

We have been asked to liaise with Minchinhampton primary school, on behalf of the surgery to provide a display of children’s work to be shown on the TV screen in the waiting area. Mr. Moss, the headmaster, was very helpful and we hope the children’s work will be displayed soon. Some of us will remember the tiles that primary school children decorated, that were displayed in the old building, some of which are displayed in various locations in the new surgery. The new work will be changed regularly.

We have listened to ideas for a suitable memorial for Gerald Ford and hope to have a decision by our next quarterly meeting.

As we go into another year we will continue to promote the values and aims of the PPG. We are continually hoping to recruit new members and are actively looking at ways to achieve this.

In May 2024 I had raised the possibility of reintroducing health talks sponsored by the PPG, which had been very successful in the past. Now that we have the excellent facilities at the new surgery, we hope that these talks may start in a few months on a trial basis. This will provide another way of letting patients know about the PPG.

As already mentioned we are able to assist in the purchase of equipment for the surgery.

Once again - many thanks to all our volunteer drivers.

Finally we were delighted to be invited to the opening of the new surgery and the opportunity to meet HRH Princess Ann.

## **ELECTION OF PPG COMMITTEE FOR 2025-2026**

Stepping down are, Dave Nurden, Alsison Gray and Gervase Hamilton out thanks to them for their past help.

Six Officers were nominated

- 1: Chair: Eve Jackman.
- 2: Vice-chair: Graham Spencer. (previous past chair)
- 3: Secretary: Maggie Cornock.
- 4: Treasurer: Brian Whitaker.
- 5: Transport Officer: Janet Payne
- 6: John Cleever (Pharmacy liaison).

## Members of the Committee

7: Kerry Thompson – Practice Manager.

8: Dr Freddie Walker GP Partner

9: Colin McCleery (Ex treasurer).

10: Jennifer Crook.

11: Pam Wright

12. Ian McPherson

The nominations were approved by the meeting for the next twelve months. No other nominations were received.

## DATES OF THE FOLLOWING COMMITTEE MEETINGS

They will be held on Wednesdays - July 2 / September 3 / November 5 at the surgery.

## ANY OTHER BUSINESS (Eve)

Eve reiterated that the equipment request, for two wall mounted diagnostic units, had been approved and that Brian (Treasurer) had confirmed that funds were available. She thanked Dr. Walker for his explanation of their uses.

Eve told the meeting that, although Alison Gray had decided to step down from the committee she has offered to continue carrying out DBS checks for new drivers. Eve thanked her for her past help and her offer to continue with this.

The meeting closed at 8.15 pm

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