

Minchinhampton Surgery Patient Participation Group

Committee meeting held on Wednesday 2nd July 2025

At 7 pm at Minchinhampton Surgery

M1 Welcome attendance and apologies: Apologies were received from Ian Mcpherson, Ann-Marie Marlow and Janet Payne.

Present: Eve Jackman (Chair), Graham Spencer (Vice Chair), Maggie Cornock (Secretary), BrianWhittaker (Treasurer), Dr. Freddie Walker (GP Partner), Kerry Thompson (Practice Manager), John Cleever (Pharmacy Liaison), Pam Wright, Jennie Crook and Colin McCleery

M2 Minutes of previous committee RegularMeeting (Wednesday 5th February):

The minutes have been circulated and approved.

M3 :Update from Practice Manager (Kerry):

Kerry gave an update on the Friends and Family Survey received via text requests sent after each patient's consultation. February – total responses were 201 with 200 online. Of that that 98% were good or very good (92% very good) and with 2% neither good or poor. March - 202 responses Most were good or very good again with 2 poor, 3 very poor and 7 neither. April – 156 responses. Most were good or very good with 4 poor and 3 neither. May 172 responses. Most of them were again good or very good with 3 poor and 1 very poor. June - as before good or very good with 1 very poor, 2 poor and 3 neither. Kerry suggested that the number of responses may have gone down as some people have repeat consultations so do not keep responding.

Many comments are just requests for information. For example, "Could there be a pharmacy at the surgery?" Examples of complaints - entrance not being clearly indicated, the check in screens not being in an clear place, not knowing which part of the waiting room to sit in and therefore not hearing your name called by the clinician, too long to wait for a routine appointment, especially if you wished to see a specific GP, questioning why the receptionist cannot let them have a quick call or give an instant appointment. There was an issue with the correct vaccine not being available at one patient's consultation and another where the labelling of a blood test, by the patient, was not checked and a mistake not being picked up, meaning the lab did not process the test. Nothing was escalated beyond the surgery.

Issues were dealt with, sometimes via a phone call from the GP, with any problems traced and dealt with to avoid future problems. Receptionists are trained to follow a fixed path from enquiries which patients may not understand. There are some new so staff training is ongoing. Jennie felt that the reception system was less efficient when she visited recently. Kerry wondered if this is because a single person is now on their own at reception separated from the other staff. The staff also said that they miss the contact with the patients. The previous interaction between staff, when they were all in one small room,

allowed for interaction and support. Kerry says that there have been ongoing discussions with the team on this subject.

Waiting times, to see a GP, are reviewed each week and compared to other practices in the network. Kerry meets the other practice managers every week. Dr Weir is retiring next week but a new female GP has been recruited. She will not start until the autumn as she has to give notice. In the interim two of the GPs are providing extra sessions and a locum will also provide cover. Tech solutions may be imposed from above but will be adapted for local circumstances. Processes are constantly reviewed, for example – the triage process and duty doctors with a drop in clinic a possibility in the future. The daily triage process is always open to patients. The practice remains partner led with direct contact between GP and patient maintained.

Dr. Walker thanked the committee for the diagnostic sets, which are proving extremely useful. He reported that there was a surge of patients after the new surgery opened. He thought that this might have been due to the new premises and also that some patients came from a local surgery that had moved to an AI booking system for patients. It has leveled off now as one of the attractions was a shorter wait for appointments which then rose as the demand rose, at Minchinhampton, thus removing that advantage.

Dr Walker gave an update on the start date for the private dental practice. This has been pushed back to the autumn as there has been a delay in getting building work carried out. There will also be private providers, at the surgery, who will also take NHS patients, where there is excess demand, to reduce waiting lists in urology, dermatology, health harmony, and GP care but not for physiotherapy. There is a dilemma regarding advertising their private services which is being considered.

M4 Pharmacy report: (John Cleever)

There is still an ongoing drugs shortage. John states that this is causing distress to pharmacists with 95% having problems and 73% saying it is putting patients at risk. As the Minchinhampton chemist is part of the Boots chain they, as a large company access to drugs was more easily. Prescriptions are being dispensed fast at around 6,500 per month. Colin praised the pharmacy. He was prescriber an emergency drug at GRH but the hospital pharmacy did not have it. He took it to Minchinhampton Boots and was told that it was in short supply. However, it was dispensed within 2 hours. John will convey the PPGs congratulations on their efficiency.

The pharmacist has asked to speak to one of the GPs at the surgery. Dr. Simpson will contact them.

M5 Patient Transport Report

Janet was unable to attend at the last minute. She reported that the drivers were very busy. Numbers for May and June are to follow. Two new drivers have been recruited – Alison is carrying out their DBS checks after which they will be offering lifts.

A6 Treasurer's Report (Brian Whittaker)

There is £6,000 on the current account and £57,500 in the investment account with the Coventry which will accrue £2,000 interest on maturity. He will assess the interest rates, offered by them before the account matures in October, and discuss where to reinvest this money with the committee. The amount reinvested will depend on the expected demands on funds in the near future.

Brian outlined the problem that is occurring with many people and businesses not accepting cheques. He thinks that the PPG may need to set up an account with Lloyds to facilitate online transfers. At the moment he is using his own card and then writing himself a cheque as reimbursement,

A7 Chair's Report ((Eve Jackman)

The lasting memorial to Gerald has been set up via the provision of the new diagnostic sets purchased for the surgery.

We will have a stand at the Autumn Fayre, shared with the Minchinhampton Surgery Charitable Trust. It will be from 12 noon until 5 pm. Could members of the committee help with provision of raffle prizes for the tombola and help, for an hour or so, at the stall?

It was proposed that we give Dr Weir a £50 voucher to allow her to choose something at a garden centre. Also we will pay for the food catering, at Horsfall House, for her farewell on Thursday 10th July.

There has been some concern over the lack of awareness of the existence of the PPG amongst patients. This led to a discussion between Graham, Eve and Maggie that expanded into how we might best be a support for patients and surgery staff. (The agenda notes for discussion were circulated to all the committee for comment). A date will be fixed for these to be discussed between the partners and Maggie, Graham and Eve.

A8 Raising Awareness of the PPG and Events Publication (Maggie Cornock)

As mentioned above the committee has been concerned about the lack of engagement with the wider patient base at the surgery. The AGM was publicised by Maggie asking local businesses, the school and the library to put up posters with the details of the AGM. She also placed many of these posters on lamp posts around the town. However this was met with hardly any increase in attendance, apart from committee members and some of the drivers.

An article has been sent, by Maggie, to Minch Life and the Parish Magazine. This was based on notes provided by Pam Wright a new committee member after a discussion Eve and Maggie had with her before she joined the committee. Kerry has asked for this to be sent to her for possible inclusion, in whole or part, in the practice newsletter. Hopefully it will raise awareness of the PPG.

In addition, Eve has contacted some people with a view to holding talks on various subjects of interest to patient. These could give them information about medical subjects and give them some further information about the help and support available. These could also raise awareness of the PPG and attract a wider age group to the committee.

There has been a contact, through, Kerry, from Jennie Wheeler Bland, from the NHS partnership providing a digital, self-management app to support all common muscle, bone and joint conditions and injuries, as well as women's health and pelvic health and persistent pain. Eve will follow this up to see how we can publicise this for patients.

A9 Any other Business

Graham asked if patients could email GPs. Dr Walker said that part of the new system would provide for an online consultation but the partners are reluctant to do this as symptoms may not be clearly explained and patients have varying degrees of proficiency to do this. There is a form, online, to ask for a request for contact. The forms are monitored by reception and forwarded to the appropriate clinician. Dr Walker said that e consult might, in the future, be useful for such things as extending sick notes.

Colin noted that the system online site does not seem to allow one to edit notes, written at the time of booking an appointment, if circumstances change. Also he had found that after he had attended GRH, the discharge notes appeared as a link via the paperclip icon but he was unable to open and read them.

The next committee meetings will be held on September 3rd and November 5th.

The meeting closed at 8.30 pm

