Patient Participation Group Annual Meeting minutes
Old Police Station
Tuesday 21st July 6 30pm – 7 45 pm

Present: Jeff Price (JP) (Chair), Dr R Zamir (RZ) (GP partner), Mrs A Goode (Practice Manager), Mrs Teresa Newman (TN) (Assistant Practice Manager), and 12 patient group members

Welcome, apologies and introductions

Jeff Price welcomed everyone. JP explained that he was performing the role for a further 12 months. The practice is most grateful to Jeff for continuing in the role. Jeff explained that the PPG and the Surgery Friends charity have currently merged meetings, so that members do not need to attend 2 separate dates. Meetings are held with surgery staff, mainly Amanda Goode and Teresa Newman, and have also been attended by GP's (sometimes via zoom meetings). The surgery friends meeting is then discussed afterwards so that finances of the charity are kept separate to patient feedback and discussion of surgery services. An equipment wish list is discussed and the charity has provided donations to the surgery for items which are not provided by the NHS, but enable the surgery to offer specific appointment types to patients to save travel to a local hospital. Detail was given regarding monies spent and plan for this year. One of the attendees commented that they were very pleased that the charity was spending the money on items needed.

JP explained that this forum was not for patients to discuss individual concerns but to look at the overall picture of the practices' services and communication with the group.

Minutes of the AGM 2025 (JP)

The minutes were discussed, along with matters arising which were noted as items on the agenda.

Practice report – Dr Zamir, Amanda Goode and Teresa Newman

Amanda Goode passed on a message of thanks from the reception team, as they have suffered from staff sickness absences recently, which has left the team short staffed, and they would like to thank patients of the surgery for their patience.

Friends and family comments – 95% of patients who completed the anonymous survey, after recent contact with the surgery, reported very good or good experiences for the last 6 months – 1650 surveys completed (34% of total patient list). Jeff commented that this survey was much more useful than the national GP survey, which only reports on around 3% of the patient list and is always at least 6 months out of date by the times results are published.

We have increased our secretarial hours to help with their workload, a target set last year, which has increased again over the last year. Hospital waiting times and waiting lists increase General Practice workload. An attendee commented that they could understand why secretarial and admin request have been increasing, due to issues with hospital appointments and cross county hospital challenges.

Total triage, using online forms for most patients, was implemented by the practice in January this year – we were attempting to provide all options for patients – from walk in bookings, urgent on the day, email and online/website queries, routine advance appointments, and this was becoming unsustainable due to the high volume of workload. Other practices had implemented the total triage system successfully and we researched this system and have now implemented this. We are still

tweaking this as we progress and learn, to ensure it is accessible to all patients. We receive around 320 online requests per week. Jeff asked for a show of hands from the attendees to ask if the online system had been used and a number in attendance had used the system with a successful outcome.

We have a new reception team leader and have recruited 3 new receptionists to replace retiring/staff leaving.

Our telephone system with a call back option to save queuing – 32,372 calls taken with an average queue time of 5 minutes in the last year. We are currently looking at options for improving the phone system menu and there have been reduced telephone waiting times observed since we introduced our online booking system via the website forms.

Online services – 81% of eligible patients are active on the NHS app, 61% of over 16's have our own clinical system online access, with 58% having access to full medical records.

News from the surgery is circulated via the surgery website, with monthly newsletters produced and also distributed in the Campden bulletin and our facebook page is being updated.

Offering appointments with PCN staff- first contact physio who does sessions at Campden, Mental health nurse and child and young adult wellbeing clinic, women's health including coil and HRT clinics often on Saturdays, social prescribers including adult, child and digital link worker with sessions to help with using NHS app, etc, frailty team work successes. Extended access clinics with nurses providing face to face appointments in the evenings and GP's providing telephone consultations.

New GP Dr Walker has started and is working 3 days per week, replacing Dr Hodgkins 2.5 days per week, an increase in appointments for the surgery. It was noted by patients attending that Dr Hodgkins was an excellent GP who would be missed by the patients. A query was raised regarding "part time" GP's and why GP's were not in attendance every day each week – AG and RZ explained that a full time GP is now 4 days per week due to the total number of hours worked each day, therefore many GP's do not work full time in General Practice due to the pressures of workload. The role of a GP has changed substantially in the last few years and cannot be compared to the GP role of years ago.

Dr Zamir gave an update on the surgery as a teaching practice. The practice is continuing to teach students and junior doctors to encourage them to consider General Practice as a career. We have had excellent GP's in training this year such as Dr Bryson Odigwe, who is very popular with patients. We now take on Foundation year doctors as well as specialist training GP's and we have changed from Bristol to Worcester medical school for students, who are more local and independent. We have also undertaken a learning organisation approval process with the North Cots PCN.

Dr Zamir also explained that GP practices in Gloucestershire are also working collaboratively to look at the government initiatives concerning neighbourhood plans.

The surgery has Increased flexibility of choice for seeing GP's and ANP's, with continuity of care still maintained as much as possible. However, if patients prefer to see a different GP for a specific condition or for a shorter routine waiting time, this is organised by reception. Dr Odigwe has recently worked with the surgery staff on a "continuity of care" project to support this.

Teresa updated on the chronic condition review recall system, by which patients are called in by birth month, to help with DNA's and avoid duplication of appointments. A question was asked about DNA's and it was reported that these have been fairly stable in recent months, although increase at certain times of the year. It was commented by an attendee that patients may sometimes DNA appointments that they feel they have not asked for, however Dr Zamir explained that such reviews are important for monitoring patients medical condition and for prescribing of drugs.

AG explained the surgery's view on current challenges and priorities –

- Maintaining staffing levels – difficulties with funding mean that many practices are having to consider each staff vacancy to see if it is a crucial role to avoid potential redundancies – this is not due to workload but due to funding pressures. We have unfortunately suffered as a practice from some long term staff sickness absences, and, as a small surgery, this has more of an impact on staff and patients. The local medical committee in Gloucestershire has updated their newsletter for patients explaining current challenges and funding issues, which has been published on the practice website and Campden bulletin - general practice receives only around 7% of the NHS budget, despite delivering approximately 90% of patient care.
- Medication supply issues increase our dispensers' workload. We are looking at ways of patients leaving a message for dispensary if patients cannot access online ordering.
- Patient parking – increased numbers of doctors and other staff such as the First Contact physio and Clinical pharmacist seeing patients in the building has resulted in parking issues around the surgery.
- New build update – another meeting is arranged for this Thursday, to be attended by AG and RZ, for the handover of Gloucestershire Integrated care board to the new, larger organisation, which will soon be overseeing GP surgeries.

Update on attendance at Gloucestershire wide Patient participation group meetings

JP reported that he had attended and recent initiatives include local pharmacies organising texts to patients informing them once a prescription is ready to collect, to save waste journeys to pharmacies if items are not available. An attendee also commented that the local pharmacy in Chipping Campden provides an excellent service and also delivers if needed. An attendee mentioned that Covid vaccines were also available at the pharmacy, alongside the practice, and wondered about numbers vaccinated. AG would look at figures administered.

(Information added after the meeting, 72% of over 75 year old patients received the Spring covid vaccine. Of these vaccines, 72% were given at the surgery and 28% at pharmacies. 53% of immunosuppressed patients received the vaccine, of these 74% were given at the surgery and 26% at pharmacies)

Report on correspondence with local community hospital for better use of Moreton hospital

JP reported on his limited progress with the greater use of Moreton Community Hospital. This had been an issue raised at last year's AGM. Initially JP and Mark Reckitt had called upon the support of a governor on the Gloucestershire Hospitals Board. It transpires that the Community Hospital Trust charges considerable amounts for using the Moreton Hospital. The Integrated Care Board has had to

book sessions well in advance and still had to pay the charges regardless as to whether the facility was used. JP has since made contact with Paul Hodgkinson, a Gloucestershire County Councillor who holds the Cabinet responsibility for Health. He was facing similar problems with the underuse of Cirencester Community Hospital. He attends the HOSC, the Hospital Scrutiny Committee and has raised the matter at Scrutiny. It will be a full agenda topic, maybe November. JP feels that we are raising this issue at a higher level.

Patient survey

JP explained that a patient survey had been produced, with the PPG members and practice input, to send to the patient list with emails on patient records. Paper copies will also be available from the surgery. This will be ready to send out during September. This survey will hopefully give us a more accurate picture of the issues facing our local patients. Moreton Mann Surgery has recently done such a survey with over 700 patients responding.

Any other business

The forum was opened for further questions. None noted. AG asked attendees to contact AG or TN with any further reflections following the meeting. A list of attendees was taken with consents given for Jeff to contact the attendees.

All thanked for their time for attending.
Date of next annual meeting JP confirmed that this would be held in July 2027 and advertised beforehand.