**MINUTES OF PPG MEETING 22nd July 2025 VENUE: Number 65.**

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| **Attendance List** |  |
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|  | **Surgery** | **Attendance** |
| JA | Brockway |  |
| CB | Brockway |  |
| MC | Long Ashton | APOL |
| SJC | Long Ashton | NP |
| AG | Tower House | APOL |
| BH | Backwell |  |
| MK | Long Ashton |  |
| VM | Tower House | NP |
| PN | Tower House |  |
| SP | Long Ashton | NP  |
| PP |   | NP |
| DP | Brockway | APOL |
| AP | Tower House |  |
| ReR | Brockway |  |
| BR | Tower House | APOL |
| RR | Brockway |  |
| JR | Tower House | NP |
| DS | Brockway |  |
| DT | Tower House |  |
| HW | Backwell |  |
| RW | Brockway | APOL |
| JY | Brockway | NP |
| PR | TMG |  |
| HO | NTC | APOL |
|  | TMG | APOL |

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| 1 | **MINUTES OF PPG Meeting** **Membership and Attendance**Please see above.Terri Mazur, vice chair (2) resigned because of the current extra pressures on NTC on which she is a councillor. This leaves a vacancy on the committee. We can fill this by co-opting a willing PPG member before being ratified at the AGM. If any member is interested, please contact RR. Minutes from June approved. |
| 2 | **Feedback on Farmers’ Market**: Felt to have been a successful venture, well received and worth repeating. Numerous leaflets were given to people stopping at the stall, the fruit and flapjacks were welcomed and popular. Thanks to DS for organising these and to Waitrose and Ashley Olsen for donations. PR to gather feedback from Dr Parker and the nurse helping her with the BP measurements. It was asked whether there should be a general, bigger event focussing on Arrhythmia and Cardiology?DS said that feedback from patients at the FM was very complimentary. Topics arising from discussions with patients:* Long delays in getting drugs from Pharmacists
* Feedback from Food Facts Sheet on Calcium: Lack of information and knowledge about osteoporosis, what the current GP pathway is, how to find out about getting tested for bone density and access to screening, awkwardness of going to the GP without demonstrable symptoms.
* Nutrition: foods to avoid for Gout.
* Feedback that it had become more difficult to get appointments at Brockway. PR explained that they were 2 GPs down; one had left the practice, and one was on long term sick leave. Steps were being taken to remedy this and a new GP had been appointed; GPs from other surgeries were giving additional cover. Appointments were still well above the national average.
* Appointments via the Website. TMG focus is on the telephone system because it was felt to be preferable given the TMG demographic, and less resources are devoted to the online system. BH pointed out how easy it is to not see the final SUBMIT button on the online request system, particularly using mobile devices and asked whether the system offered TMG alerts at incomplete submissions. It does not, TMG has no capability in upgrades to the web packages they use.
* HW prompted some discussion about ways in which general communications can be sent to TMG. There is a generic email, manned by admin staff and there can be delays.
* Parking Issues for patients, staff, and volunteers now that NS council have introduced charging. TMG have no access to parking permits, although Scotch Horn had been helpful during Covid, they can no longer do this. RR said the NS council had promised a 6-month review of the policy.
* Urology: generally known that Dr Rees has a specialist interest in this, could there be a specialist nurse in this area?

BH said that posts about the FM were put on social media that day: Nailsea Forum, Backwell Friends & Neighbours, Long Ashton Forum as well as PPG and the Diabetes Club pages. The posts acknowledged Ashley Olsen’s and Waitrose’s generosity. The posts had generated several likes and follows. |
| 3 | **TMG:** There was some discussion about the most recent ICB GP Patient Experience quality survey results in which TMG had come 2nd in the entire BNSSG area with a 93% score. To view: <https://gp-patient.co.uk/patientexperience/results?code=L81034>*Question for PR? Are these results under the survey results on the website? Should they be?* |
| 4 | **NTC Wellbeing Officer:** HO was unable to attend but had nothing to report. If anyone has any questions they can tell BH who has been authorised to give out HO’s contact details.Free Physio Workshops by Nailsea Physio at Number 65: DS reported that the Falls workshop she attended was excellent, that numbers at the workshops were improving but Emma Klijn was finding advertising and promotion a challenge. |
| 5 | **Financial Report**Total funds: £ 1172.14 Designated funds: £111.05 Undesignated funds: £61.09Undesignated funds are running low, the PPG will request £250 from TMG at the next AGM. We reminded PR that although event funding was largely through grants, the cost of running the PPG, normally funded by TMG, now included event Public Liability insurance. |
| 6 | **Communications*** Final minutes on the website. Agreed to wait for ratified minutes before posting online.
* Events on the websites: agreed to wait until September.
* Reaching out to schools to improve representation of younger patients on PPG: Diana reported back on progress in contacting both Nailsea and Backwell secondary schools. AP had helped to establish contact with the correct people at Nailsea. Backwell may have 4-5 pupils in VI form who may be interested. There was some discussion of subject areas where student members could improve representation and agreed that Dr Beer’s input should be solicited. Areas discussed included:
	+ Improving engagement
	+ Accessing GPs
	+ Promoting and giving information about donating blood, blood products and organs
	+ Immunisation and screening. (NB much of this is handled at school level, not via GPs, and Backwell no longer has a school nurse. Much is handled via school services)
	+ BH suggested that the younger members could take on some of the website and social media work.
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| 7 | **AOB:**Friends & Family results up until end of June are on the agendaSuggestions & Feedback:* Compliments on service received from paramedic. (PR explained that this is a member of staff at Tyntesfield, similar to the role of a Nurse Practitioner)
* Prescription Hub: complaint via Suggestions that the staff on the Prescription Hub can be unhelpful and grumpy, particularly when asked to do emergency prescriptions, with a request that the staff should be more understanding as people are not always able to know when they will be called away or circumstances may change, or they misjudge the amount of medication left. Limited availability for calls can also make it difficult. PR explained that they are a hard-working team and the phone line availability only after 11.00 is to ensure that the requests submitted on-line can be dealt with efficiently.
* Single topic GP appointments. DT suggested that the single topic GP appointments could mean that the GPs aren’t able to look at the whole person and be able to make connections which the patient may have missed. Also, where the receptionist had already noted the reason for the appointment, GPs seem to have rarely read this. Issues could be compounded when a patient saw different GPs. PR responded that the ethos of TMG is absolutely Continuity of Care; they work on this all the time and have scheduled training for reception staff over the coming months. Receptionists are trained to schedule the same GP where possible for a similar issue, but sometimes patient and GP schedules make this impossible. Whether a GP accepts a second topic is a clinical decision, but the GP is more likely to suggest a second appointment to enable a fuller discussion; similarly, the GP is trained to ask the appropriate questions to make clinical assessments.

Community GroupPN has already made approaches to join this group. HW decided not to follow it up for health reasonsNew Vice ChairRR asked if volunteers could come forward before the AGM if possible. HW asked if there was a job description. RW said that there was no formal JD but essentially to be part of the team driving the PPG forward; a fifth person is an important extra voice and pair of hands. The key task is to attend monthly committee meetings (2nd Monday of the month, rotating around homes of committee members, usually 1.30. Date and time have some flexibility to fit around availability). The committee meeting entails discussions around:* Any matters arising from previous committee / PPG members meetings.
* Any new matters that have emerged
* Plan ongoing activities
* Plan for the upcoming PPG members meeting.

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| 10 | **NEXT MEETING**: Tuesday 23 Sept 2025 **AT**: 7pm **MEETING LOCATION**: No 65 High Street  |