

Minutes of PPG Meeting held on
Tuesday 22nd July 2025, 12:30pm at
St Johns the Evangelist the Beacon on the Hill

Present:

Danny Shaves **(DS)** Chair for PPG
 Glenys Sandell (GS) PPG Member
 Chris Farrell (CF) PPG Member
 Carole Shaves (CS) PPG Member
 Stephen Binger (SB) PPG Member
 Judith Binger (JD) PPG Member
 Jean Nash (JN) PPG Member
 Chris Wynne (CW) PPG Member
 Abigail Older (AO) PPG Member
 Lynne Older (LO) Carer
 Bob Hart (BH) PPG Member
 Rev. Toby Lancaster Priest in Charge of the church
 Zoe Godden **(ZG)** Management Administrator on behalf of High Glades
 Claire Gorman (CG) Practice Manager High Glades
 Jess Thomas (JT) Head Receptionist for High Glades
 Tryphena Perkins (TP) Surgery Pharmacy Team member

Apologies: John French
 Penny Collins
 Louise Elcoate
 Sarah Dadson
 Bob Hart
 Lorraine Quinn-Stokes

		ACTIONS
	<p>(DS) Opened the meeting and thanked everyone one for attending and announced the apologies. He also went on the welcome Claire Gorman the new Practice Manager who would be giving her report later but explained that, whilst she had been with the practice for some time, she had only taken this position on 21st July after Cameron White's sudden departure.</p> <p>(DS) Advised that the Minutes had been circulated and no comments had been received. All present agreed that they should be accepted as accurate and were duly signed by the Chairman.</p>	
	<p>Matters Arising from the minutes of the last meeting.</p> <p>(DS) Said that he was not aware of any matters arising from the Minutes that were not included in the Agenda and none of those present raised anything further.</p> <p>The Chairman then explained that the next item on the Agenda was to be a talk by the practice Surgery Pharmacy Technician. Due to other commitments this item has been moved to the end of this meeting.</p>	

	<p>Consideration for appointment of a Group Secretary and Election of Chairman</p> <p>The Chairman again reminded the group that we were without the assistance of a Secretary and that Zoe Godden had been helping out with the recent assistance of the recorded meeting. He advised that this group was meant to be independent from the practice and a practice employee should not be doing this work. He again asked for a volunteer and the only one to step forward was Carole Shaves who said she would take on the role reluctantly whilst pointing out that she was the Chairman's husband if members thought that this was too incestuous. There were no objections or other offers.</p> <p>The Chairman went on to say that the next meeting (in October) has been traditionally the "AGM" when a Chairman and Secretary were appointed. He explained that, whilst he was willing to continue for the present, he did not want to prevent any other member taking on the job. Again, there were no offers to take on the role. The election will be included in the Agenda for the next meeting.</p> <p>SB asked why the PPG existed at all as information could be circulated by the surgery. The Chairman and members of the practice explained the statutory requirements for the group. A short discussion ensued in which the positive outcomes on the practice of our meetings were explained as were the limitations, imposed by the various governing bodies, on what the practice was able to change or do</p> <p>SB again mentioned the problem of the telephone system and alternative methods of running such a system. ZG explained that the practice was unable to even contemplate much change until the current contract ended and there are limitations imposed as to what can and can't been done.</p> <p>SB asked for us to have sight of the contract and the meeting was told that this sort of information was confidential.</p> <p>GS did add that we have been able to change to messaging part of the telephone answering but we now seem to be stuck in listening to a long message about the surgery and PPG constantly repeating itself which becomes very irritating. ZG said this can be reviewed.</p> <p>CW said that there doesn't seem to be a way of telephoning to get help with a non-urgent matter without going through the whole triage scenario early in the day. ZG referred the meeting to the "Engage and Consult" system but not everyone was happy or able to deal with that. CG added that if you can get talk to the receptionist and explain that you are trying to save the triage time she may be able to assist by asking you for photos etc. so that it can passed to a clinician for action.</p> <p>GS said a problem with "E&C" is that when you ring it you find it is closed as being full because it opens at 6a.m. which is a ridiculous time. CG said that they will</p>	

	<p>be changing this for all-day “E&C” from the late Autumn. Details of when and how it works will be put on the practice web-site.</p> <p>DS said that the practice matter will look at this suggestion to improve the way that the non-urgent matters can be dealt with more efficiently. He added further that the possible technological resolutions are not controlled by the practice but by the governing bodies.</p> <p>Surgery Report and liaison with PPG</p> <p>The new Practice Manager, Claire Gorma, introduced herself to the group with a resume of her involvement with this practice and the hand-over from Cameron White. In view of the shortness of time she had been unable to prepare a detailed report with facts and figures</p> <p>However, she was able to report on the introduction of a new system called “Health Port” that is being installed at the end of July in the High Glades surgery which takes height, weight, blood pressure, etc. readings. The staff will need to be trained to support the patients in using this equipment. The information taken goes straight to the patients digital clinical notes. Hopefully, more information will be available for the next meeting.</p> <p>ZG added that in the past the practice had provided the meeting with “Did Not Attend” and other statistics but the group at that time had indicated the information was just repetitive. It was agreed that this information should be re-instated.</p> <p>There was then a short discussion as to the “DNA” process and where the chaser letter was not working.</p> <p>CS said that she always receives a message to say that she has a letter in her Patient Access. Others agreed that this was the case. Preferred method of communication can be added to medical records.</p> <p>Again the Chairman thanks CG for her input particularly in view of the very short amount of time that had passed since her appointment.</p> <p>GS then asked what effect the building of 500 new homes in Harrow Lane plus the closing of Little Ridge Surgery have had on our surgery’s patient list and potentially the need for additional medical and administrative staff. ZG said that it had made little difference to the patient list which fluctuates between 18,500 and 19,000. In answer to a follow up question ZG explained that the surgery does not have the physical room for additional clinicians, etc. This prompted the question as to how many doctors, clinicians and other staff were employed by the practice.</p> <p>Clinical Team GP Partners – Dr Ed Johnson and Dr David Fox</p> <p>Salaried GP – Dr Sue Levi, Dr Rosie Dudson, Dr Rachael Hughes, Dr Clare Mailing, Dr Nevine Nassif.</p> <p>Locum GP – Dr Vimalendra Ratheesh</p>	
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	<p>explained, as an example, the complications of this problem as some branded drugs have very different clinical (and possibly dangerous) effects to other similar drugs and care is essential in the prescribing. There can also be very substantial cost implications. The period for repeat prescriptions was also discussed and she explained that things like controlled or high risk drugs are restricted to a 30 day regime</p> <p>SB asked if there was any way to make the patients aware of the actual costs of their drugs. The answer was that the idea had been considered for by the authorities for years but with no decisions as their were fears that if the cost of some medications were known some patients might stop taking that necessary medication.</p> <p>GS asked if the cost of drugs had any part in the prescription process. It was explained that if one brand is cheaper than another but otherwise the same, the cheaper might be sought. But the clinical need is the driving force. Also it was explained that when drugs lose their patent protection copies of it can often be manufactured at a much lower cost.</p> <p>CS said that the prescriptions contain a message about the "Review Date" which can be long exceeded giving her own example which is 18 months past. The response was that the Medicines Team are gradually going through all these and trying to catch-up but it is difficult. However, if you feel that a review is necessary, you should contact the Team and ask for that review.</p> <p>CG added that in the future technology might assist with information being added to your notes on an appointment so that it is clear to everyone what is being prescribed with doses.</p> <p>SB asked about the future use of AI for help with medicines, etc. and we were informed that this would be a national matter and no one was aware of any move in that direction. Other than technical considerations there are also ethical implications of course.</p> <p>AO explained a situation where she receives medicines ant different times and its difficult to remember to re-order, what help is there. TP said that if she was contacted she would try, where possible, to get the medicines all in line for delivery together.</p> <p>CF explained that his wife often receives her medication made up of different boxes and coloured tablets which an older person finds most confusing.</p> <p>TP explained that with generic medicine the pharmacist provides what they can get from the wholesaler so resolving that problem is difficult.</p> <p>The Chairman then thanked TP for attending and helping us understand how the system works and what her team does.</p>	
	<p>Dates for future meetings</p> <p>DS reminded the meeting that we meet each October (as the AGM), January, April and July and fix the date as the last job of every meeting. He suggested</p>	

	that rather than do this, we agree, for example, that we meet on the last Tuesday of each of those months so that the dates are obvious. It was agreed that this would be a good method and Tuesday fitted well with our host's (the church) calendar. On that basis the next meeting would fall on 28th October at 12:30 with the meeting continuing at St Johns the Evangelist the Beacon on the Hill, Upper Church Road.	
	As there was no other business the meeting closed at 13:50 with thanks to Rev. Tobias Lancaster for his hospitality in the use of his church building.	