

Minutes and Notes from PPG Meeting

2nd July 2025

St Mary's Church Rooms, Overton

1. Attendees –

Dr Nicola Decker (ND) – GP Partner
Susie Altmeyer-Ennis (SAE) – WDH Practice Business Manager
Sarah Arnold (SA) – WDH Practice Manager
Heather Bronks (HB) – PPG Member – Overton
Lisette Kay (LK) – PPG Member - Oakley
Ian Pryce (IP) – PPG Member - Oakley
Pam Kitch (PK) – PPG Member - Kingsclere
Tess Puddle (TP) – PPG Member - Oakley
Tim Parry (TPY) – PPG Member - Oakley
Nigel Dean (ND) – PPG Member - Oakley
Abigail Compton- Burnett (ACB) – PPG Member - Oakley

2. Apologies –

Jean Day (JD) – PPG Member - Oakley
Roz Haines (RH) – PPG Member – Kingsclere
Manda Russell-Robbins (MRR) – PPG Member – Kingsclere/Tadley
Lucy Richards (LR) – PPG Member Kingsclere
David Backers (DB) – PPG Member – Overton

3. Amendments to minutes from the previous meeting – none.

4. NHS App and Digital Help Update.

A successful afternoon for help with the NHS App was run in Overton with Ben Sinclair, HB and IP in attendance.

Ben Sinclair offered to run weekly or bi-weekly sessions in WDH surgeries to help further and patients can also be helped remotely.

PPG member Nigel Dean has volunteered help if needed.

Digital onboarding is effective and lends itself to a regular support model rather than one-off assistance.

App Support can also be an add-on to other community days like vaccination clinics.

SAE highlighted that 16 – 18 yr olds is a very important group to engage with for app usage. IP suggested meeting in schools or youth groups.

ND suggested that people may like to better understand the process behind the E-consult.

5. Patient Access to Medical Records through the App.

Patients now have access to their records, which helps them feel more in control of their medical health. However, there is a need to improve communication and clarify follow-up actions in clinical reporting to ensure patients understand subsequent steps.

BE also highlighted the concern that there is a hidden burden of work as records can be open to misinterpretation when viewed outside of the proper context.

SAE clarified that detailed coded access can be requested by patients from the practice (this is via a form that needs to be complete plus ID). There will be differences in coding between other practices and with records in England compared to the other nations.

ND underlined the need for patients to be able to check their own details.

Recent change to the Summary Care Record in that this is now opt-out only.

6. Using AI in Healthcare documentation and Consultation

The surgery is trialling different providers with another trial starting mid-July for 3 months to evaluate AI summarisation for phone calls and explore its use in translating discharge summaries and consultations into patient-friendly language. SAE and SA.

We have been trialling AI to summarise the very large volumes of patient comments via Friends and Family and this has been successful in summarising themes.

The technology is not yet suitable for triaging appointments with regards to our practice so human oversight remains essential with all AI.

7. PPG E-mail

This was set up to facilitate communication from the community. However, it will be discontinued as the current one is not working and no ready solution is available. HB will continue to use her e-mail as a point of contact.

8. Update from the Practice

8.1 Triage System Updates

The current triage system is working well with room to consider further AI triage once the technology is proven more reliable. This tends to reassure patients that their needs are being met.

Human-based triage is currently working well especially with patients needing to be seen within 2 weeks. There are no current plans to change this any time soon.

8.2 Blood Test Reporting

There is a need to improve the speed that blood tests results come back from the laboratories, however these do always need a clinician to review what is coming back. Not all labs are within Hampshire and these may take longer.

SA to follow up with PK regarding the couple who felt let down by care team in Kingsclere as there were not enough blood appointments. PPG members to be aware that whilst WDH offer hundreds of blood appointments per week, we do not have enough rooms or staff to do all. HHFT also offer blood appointments and as at the hospital will be able to offer many more appointments and times.

8.3 Review of Strategic Priorities and Objectives

The WDH team is united in aligning with eight strategic priorities to enhance both the service quality and the workplace environment.

ND introduced the eight strategic priorities: accessible person-centred care, health and well-being, excellent care, creating an exceptional workplace, continued learning and development, improvement through technology, strengthened collaboration with other organisations and providers and ensuring sustainability and longevity.

Past successes include prevention programmes like vaccination clinics and screening campaigns and updates.

A very efficient telephone service helps reception and doctors manages time better.

8.4 Modernisation of GP services through Triage and Multi-disciplinary Care

The practice has moved beyond a doctor-only model of care to a service offering that includes other care providers like Musculo-skeletal First Contact Practitioners, Clinical Pharmacists and Pharmacy Technicians, Care Coordinators, Health and Wellbeing staff and a Mental Health team reflecting a 'Modern General Practice' approach.

Living well, aging well and dying well is a focus for the practice.

SAE has summarised the 10-yr plan which is available should a PPG member like to read it.

8.5 Tailored Services for High-need Patients

Approximately 4% of patients (around 700) consume 17% of the practice capacity with an average of 19 appointments per year. A new tailored service with structured follow-ups and dedicated or named GP's will improve complex care needs. A daily Proactive Care meeting is held with external organisations to manage patients with dementia and frailty who are either going into hospital or have just been discharged.

Since 2019, the practice (as part of the Primary Care Network) has 22 additional staff including social prescribers.

The practice meets with other support agencies like the Ambulance Trust, police etc involving social care.

8.6 Infrastructure and Property Development Challenges

WDH does not have the ability to expand the number of surgeries that it has. The patient population that we serve has expanded from 14, 500 in 2015 to 19,103 – this increase has happened over the last 10 years.

Expansion of both the actual buildings and car parking with WDH's existing 3 sites is very difficult.

Funding for expansion may be provided by the Community Infrastructure Levy and Section 106 Funding but WDH have not to date, qualified for any funding so any developments have been done by the GP Partners.

BE identified that Manydown may well fall into the remit of WDH but is not feasible for the practice to take on the whole of Manydown (which it is understood will be in a number of waves).

ND made it clear that WDH's vision is to remain as a rural GP Partnership.

TP identified that, as the demographic changes, so too does the service required. SAE underlined the challenge of services moving from the hospital to the community.

BE suggested getting the Voluntary Drivers Group get going again. SA has confirmed that Greenham Trust could be an avenue to explore.

8.7 2025/26 Cardiovascular disease priority and Continuity of Care

Enhanced monitoring to ensure continuity of care through designated and named GP's is essential to improving cardiovascular outcomes.

Patients should be encouraged to monitor their blood pressure using machines available in the surgery waiting rooms.

Weekly meetings with the practice team and external care providers helps manage patients with complex social and health needs and mental health will be a priority. WDH are one of the few practices where 100% of our patients have an assigned or named GP.

ND emphasised the need to encourage patients to take a pro-active step in managing their own health.

SAE asked if the PPG can help encourage patients to keep their contact details up to date including Landlines, Mobiles and Email addresses. Parents should be encouraged to have the Healthier Together App.

Next meeting date – TBC.