PUDDLETOWN SURGERY

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Minutes of Patient Participation Group Meeting held at 6.30pm on Wednesday 18th June 2025 at Puddletown Surgery

Attendees: Dr Jonathan Bond, Clare Stickland (Practice Manager), Richard Burden (Chairman), Glad Antell, Victoria Maslin, Ron Smith, John Ridout, Lionel (John) Mayo, Kate Trevett (Care Coordinator), Teresa Baker, Dawn Arthur, Debra Hone, George Grazebrook.

Apologies: Jane Pryce, Jim Gammans (Community Engagement Officer) Anthony Felstead and Angie Benford (Secretary).

		ACTION
1.	RB welcomed everyone to the meeting.	
2.	Apologies as above. AB sends her apologies as had an accident on last of holiday, & unable to attend. We all wish her a speedy recovery. JG send his apologies as part of the NHS England review - JG has been given direction not to attend any PPG meetings.	-
3.	The Minutes from the last meeting on 19 th March 2025 were accepted.	
4.	Matters arising from the last meeting	
	 i. WiFi in the waiting room – CS. Working on some devices, however seem to have issues with older Apple devices. VM sending screenshots of error message for CS to chase up. 	VM/CS
	ii. Neighbour Car Scheme – GA. Continue to look for more individuals to support with driving. Also have Treasurer and Secretary roles that need to be filled. Terri thought they had someone willing to take on the Treasurer role but they have rais some concerns about Terri's role being done remotely. It was reported that Terri felt hurt by the remarks by the individual and feedback was sought from the attendees of the meeting, no concerns were voiced and it was stated by GA, CS and DA that they felt Terri has managed the role very well remotely. CS will contact Terri. DA who is a volunteer for Neighbour Car fed back that she didn't know about the Treasurer or Secretary roles. CS suggested speaking to current volunteers to see if any of them h capacity.	CS DA/GA

CS also happy to put a piece in the next surgery newsletter, we also discussed sharing on social media and perhaps via the volunteer centre. CS will contact Terri to discuss all of the above.

- iii. Experts by Experience KT. We have hit a bit of a roadblock on the Experts by Experience to do with data protection and any fundraising etc. Whilst this is being worked out the Primary Care Network (PCN) is committed to giving a patient voice and perspective to all of our projects. JR from our own PPG has joined a working group of individuals from the PCN, secondary care, the Integrated Care Board and volunteer organisations which are looking at how we better identify and support our military community.
- iv. Improved Digital Literacy CS. Addressed below as part of records update work.

Apologies from Sarah Simpson PCN Digital Co-Ordinator who had a sudden issue with childcare but was able to give an update via email, delivered by KT on the records update and Patients who DNA (Do Not Attend) Appointment projects.

Records Update: Attempted to send to whole patient list (4269), unable to send 195, so 4074 sent via text or email. Received approx. 1033 responses so far (which is a 25% response rate) Ethnicity coding is up from 31.8% to 45.2% (this is the number of individuals with ethnicity coded, not your recorded ethnicities). We have identified 71% (48) more veterans, 12% (40) more unpaid carers.

We have recorded 64% (662) more digital literacies, (488 able, 138 difficulty, 15 unable and 21 that do not use)
We have currently 750 recorded health literacies (661 able, 25 unable and 64 need support)

Sarah had only finished the text campaign a couple of days ago so will allow more replies in before analysing the results in more depth. In the meantime, the Surgery will continue to gather hard copy responses. We have had a very positive response so far.

It was agreed that the 195 people we have been unable to contact is a significant number of individuals and CS has taken that on as an ongoing piece of work to do. CS also explained how the information gathered from the records update can be used to help people who have identified as wanting/needing more digital or health literacy support in the future.

DNA (Did not attend appointment) project

Did some initial data analysis for the project, collected data over a year (Apr 24 - Mar 25). In that timeframe 495 appointments were DNA'd - which is approximately **138.5hrs wasted**.

	365 individual patients DNA'd appointments, the maximum times one patient DNA'd was 8 times! 10 pts DNA'd 4 or more times over the year.	
	the year. Key points Just over half (51%) appts DNA'd were booked with short notice, 0-9 days 54% of all DNAs were with Nurse appts. Patients aged 60-79 accounted for 32%, making them more likely to DNA - even gender mix. White ethnicities make up 80% of repeat DNAs, those from community minorities are less likely to DNA. Those who frequently DNA have complex needs, and suffer from autism, Learning Difficulties, multiple Long Term Conditions (LTCs) (mainly diabetes) and were routine appts rather than acutes. The service improvement survey will be sent to those who DNA to	
	understand the reasons, etc. CS reassured that the message being sent to individuals will be worded in a friendly manner to see if there is something we can do to support individuals that we may not have thought of and in no way accusatory. We have also updated the poster in the waiting room to try and catch people's eye and would like any feedback. VM stated that she noticed the poster and it makes her feel awful so	cs
	many appointments are missed. She has also regularly spoken to people in the waiting room about it. It was agreed to add the DNA stats to the next newsletter and also to trial adding to social media to encourage discussions in the community. Sarah then left the chat but encouraged all to think about any other ideas of how to reduce the DNA rate so we can discuss at next meeting, as this is an ongoing project.	CS ALL
5.	PPG Core Group Meetings Feedback	
	AF has stepped down as Vice Chairman but is keen to remain involved in some capacity. He would like to continue to receive the Minutes etc.	АВ
	No meeting held in May. Plan to hold one in August to plan for Flu and Covid vaccination clinic support in October.	RB/CS/AB
6.	Practice Manager's Update:	
	"Only order what you need" campaign is back for a second year (June 16 th – August 15 th).	
	Why do we need this campaign? Around 50,000 people in Dorset receive repeat GP prescriptions for multiple medications every month. However, it's estimated that 1.6 million items are wasted each year, in Dorset alone! Last year's campaign helped save:	

65,000 fewer prescriptions • £450,000 Nearly 300 tonnes Green House Gas emissions Over 1000 hours of healthcare professional time. What are we asking patients to do? Patients are asked to: Check their medicines before ordering repeat prescriptions ALL Only order what they need - even if it's on their repeat list Speak to their Dispensary/pharmacy team if they have questions or need support Return unused or out-of-date medicines to any pharmacy for safe disposal. These simple steps can save millions in waste, free up healthcare professional time, protect the environment and NHS resources. **Staff update:** We have had some staff changes over the last few months as well as some long-term sickness which has meant that we have all been working extra hard. Sophie, one of our nurse team who had only been with us a few months, left. We have interviews arranged for this week for a Nurse and an administrator/receptionist. Due to retirement, we have just advertised for an Admin team Lead. Blood Pressure Machine: Beaminster PPG have contacted CS to ask if the BP machine has been worth it. CS confirmed it is being used regularly. Clinicians report patients are bringing in their chit with details on and Doctors are advising patients to pop back in a week to recheck in some cases which is likely saving nurse appointments. We are getting a handful of drop-ins a day of people coming to check their blood pressure. CS asked if any PPG members have an hour or two to spare to come and do some more ALL patient education - it would be very appreciated. RB wondered if the poster could be changed to be more inviting and less formal. **Friends and Family Feedback**

March 2025

12 patients left us feedback 83% patients likely to recommend us 0% patients unlikely to recommend us (17% didn't answer or gave a neutral response)

In March you said:

- Excellent service by the staff
- Treatment and explanations are always excellent and today the Dr gave me some really much needed reassurance that all was as it should be at this stage of my ortho surgery
- Excellent nurse service
- There is nothing I would change. Always excellent service.

The Surgery's Response

Thank you for your comments, they are always valuable and help us to continue to improve our service.

April 2025

8 patients left us feedback 100% patients likely to recommend us 0% patients unlikely to recommend us

In April you said:

- Quicker appointments
- It would be useful to have a numbered ticket dispenser outside the front door for patients attending open surgery. This means that patients would be able to sit in their vehicles whilst waiting for the doors to open and not lose their place in the queue, especially in bad weather.
- Move nearer to me!
- No need to 5 star
- Perfect!

The Surgery's Response

- We are working as hard as we can to give you the best access possible to appointments. Please note, open morning surgery is available 5 days a week, where you can see a GP on the same day
- We have discussed having a ticket system for open morning surgery but feel that this may be open to abuse. There is no perfect system however, we do offer bookable afternoon appointments which are available Monday to Friday

May 2025

10 patients left us feedback 90% patients likely to recommend us 10% patients unlikely to recommend us

In May you said:

- The care and support provided by the doctors and the rest of the staff is brilliant.
- Don't change anything. You are doing everything right.
- Nurse blood sample

- I am always being seen very quickly for appointments and staff are extremely helpful. This is the best GP surgery I've had and I'm sad to be moving away.
- Great all round

The Surgery's Response

Thank you for your comments, they are always valuable and help us to continue to improve our service.

7. Update from Kate Trevett, Care Coordinator

Discussed briefly projects she is working on within the Practice around support for the military community and veterans, cervical screening (smears) as there is new guidance coming into effect on 1st July and diabetes prevention education which the Care Coordinators continue to support the doctors with. Also briefly discussed a dementia roadshow that was put on by another Practice in the PCN and offered to support any projects our PPG would like to put together.

ALL

8. Update from Jim Gammans, Community Engagement Officer

As you may be aware, the government announced in March that NHS England is being brought into the Department of Health and Social Care and there is an expectation to reduce staffing and work costs. These reductions in running costs will also extend to integrated care boards, including NHS Dorset.

Recently NHS England published the model ICB blueprint. Following this, Dorset, along with all other ICBs are in the process of redesigning how we could work to best meet the needs of our local population within a mandated reduction in organisational running costs.

We are looking at what functions we keep, grow or reduce, and what we might need to transfer elsewhere or to stop altogether.

Our aim is to lay the foundations for longer-term reform to shift resources into prevention, wellbeing and care closer to people's homes. You may have seen recent news about cluster arrangements. Below is the latest update from NHS Dorset CEO, Patricia Miller:

With this in mind, there is a need to temporarily pause our attendance to a number of meetings which will include PPG and networking meetings. In the meantime, we would like to take this opportunity to thank you all for your valuable input and support to date.

0	Any Other Pusings	
9.	Any Other Business	
	Disposal of blister packs . RB wanted to encourage people to return blister packs from pills to places such as Boots who are part of a recycling scheme rather than put in landfill. He wondered if there was any capacity to return them here. CS was not aware of the scheme and will speak to Deena Dispensary Manager.	cs
	Emailing the practice. RB discussed how he had recently found a way to email the practice to ask a question and wondered if the Reception email should be made more readily available. JB raised concerns about the number of emails that could come through that we would have no way of capping. It would also put a lot of pressure on the admin staff as well as clinicians as each email would need to be read, added to patients record and then forwarded. The clinician would then need to reply directly or send a task for the admin team to reply and add to their record. RB and GG expressed their opinion that emails could be a good option for more admin queries or advice. JB countered that it would be an appropriate use of the eConsult system which has an option or admin queries. It was felt by CS and JB that emails were more suited for messages being left for clinicians that do not require a response. eConsults can be used for admin queries such as fit note requests but that a telephone call during the phone-in times would be the best for any other query requiring a response, which would allow for any follow-up whilst also protecting clinicians' time. If patients do use the reception email an automatic response is sent.	
10.	Date of next meetings:	
	Wednesday 17 th September 2025, 6.30 pm Wednesday 17 th December 2025, 6.30 pm	ALL