PPG Forum Meeting, 27th October 2026, SVMP Meeting Room

Minutes

Attendees	John Beavis (Chair) Richard Mackay (Deputy Chair) Julie Orr (Secretary)
Communications & Social Media	Antionette Ashworth (Lead),
Patient Engagement & Feedback	Sheila Wonnacott (Lead), Tina Kebby, Winifred Wallace, Frederick Thompson
Directory of Support Services	Richard Mackay (Lead), Antoinette Ashworth
Other	Alison Winter, sub-group tbc Alison Roast, PPG Member Gill Hartwell, PPG Member Bev Glass, Deputy Practice Manager
Apologies/Absentees	Jennifer Slinn, Patient Engagement & Feedback Sarah Fielding, Communications & Social Media Sian Ricketts, Directory Dick Jones, Communications & Social Media (absent)

1. **Welcome, introduction of new members and apologies**
   i. John welcomed the new PPG member, Alison Winter who will be joining one of the sub-groups in due course.
   ii. John noted the apologies as listed above.
   iii. Jennifer Slinn, a new member of the PPG has joined the Patient Engagement & Feedback team and has sent her apologies for this meeting.

2. **Minutes and matters arising**
   i. The minutes of the PPG Forum meeting of 4th August 2026 were approved.
   ii. Outstanding actions – as per the Action Grid, many of the actions have been completed.

   a. <u>Pharmacy First not being able to deal with UTIs for those aged over 65 years</u>.
      a. John has discussed this with James Roach, Hampshire and IoW ICB Director who clarified that this was the case; advice would be for someone over the age of 65 to contact their GP practice.
      b. John will continue to liaise with James Roach over relevant matters.

   b. <u>Monthly article in the Advertiser</u>
      a. Sarah has put a survey in the Advertiser and on Facebook and will share the results after the deadline of 1st December.
      b. The first Newsletter has been created and circulated widely. It was hoped that SVMP could provide around 200 paper copies to be circulated around the local area.

   c. <u>Terms of Reference</u>
      a. Will be updated for the 2027 AGM.

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3. SVMP Update

The Deputy Practice Manager gave an update from the Practice Manager on the following areas:

STAFF UPDATES

i. **Doctors:** new joiners, working days, leave etc.
ii. **Clinical staff:** recent qualifications and training which will benefit the practice including: Registered General Nurses via a Nursing Associate apprenticeship, Respiratory Lead Nurse, Advanced Nurse Practitioner, prescribing of medication, phlebotomy, ECGs etc.
iii. The practice was hoping to extend its hours for phlebotomy appointments but noted the appointments could be no later than 3.30pm due to the last sample collection for QA hospital being 3.45pm.
iv. **Non-Clinical staff**: updates to the Admin and Reception teams and recruitments to create more resilience for staff absences/sickness.

PRACTICE NEWS

eConsult

v. With effect from April 2027 the cost of eConsult (or a similar software package) will have to be met by the Practice, with the amount of funding received from the ICB to be confirmed.
vi. Several different packages (recommended by the ICB) are being considered and practice staff have recently attended showcases for Anima, Accurx, Blinx, eConsult, GP+ Triage, and have Rapid Health. E-Consult would be updated.
vii. The practice will shortlist the options in due course and will keep the PPG updated, timescale to be confirmed. If possible, the PPG would like to have some input.
viii. The practice would ensure the system was suitable for the patients, partners and urgent care team, and was safe and manageable.
ix. It was agreed that considerable staff training would be required for a new system or even an updated e-Consult system.
x. Question: do all Gosport practices use the same system, and if they do not, how this affects communication between the practices? It was confirmed that there were different software packages used by the Gosport Practices including the Extended Access team, but this would not affect how they communicated with each other as they were all on one clinical system (EMIS) and could see patient information.

Target Afternoon Training, 26th November, afternoon

xi. All GP practices in Fareham and Gosport will be closed for the afternoon. This has been arranged by the ICB who also provide extra cover for the 111 service.
xii. Some clinicians will be attending off-site training whilst other clinicians will be completing their annual CPR and BLS training. Non-clinical staff will remain on site for training.

Primary Care Network

xiii. The PCN has provided the practice with some additional pharmacy technician hours. There are three members of staff and they will be working on letters from hospital which have medication changes, contacting patients to synchronise medications, and doing the initial part of a structured medication review, which the pharmacist will follow-up.

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xiv. Following a strict protocol and with input from the GPs, they are starting patients on medications such as statin, and Inclisiran – which is an injection that can reduce cholesterol.

Pharmacists

xv. There are currently two pharmacists supporting the practice with medication queries and structured medication reviews.

xvi. The practice also has the option of booking patients for respiratory reviews and HRT reviews at Rowner Health Centre.

Portsmouth Diagnostic Centre

xvii. At present GPs are unable to directly refer for MRIs or CT scans. These can only be ordered by clinicians working in secondary care i.e. hospitals. Unfortunately, the practice cannot see this changing any time soon. It will be down to the hospital where the patient is sent, as the request comes from them.

xviii. Currently, QA sends patients for MRIs to either QA or Fareham Community Hospital and the practice is hopeful they will use the Diagnostic Centre as they are aware of long waiting times for these procedures.

xix. Mammograms and routine scans are usually done locally, for any others they refer to the breast clinic who will then arrange appointments directly with the patients.

xx. X-rays and ultrasound scans are requested by the practice. Patients are either advised to call the department approximately 5-10 days later, or patients can wait for the department to contact them. The appointments are booked directly with the patient at a preferred site.

xxi. For any cardiac and respiratory screening, the practice would have to refer to that department, who then contact the patient with an appointment.

xxii. The practice has not received any information regarding blood testing at the Diagnostic Centre yet, however, they will advise of any contact numbers when they are informed if this is the case.

xxiii. In conclusion, SVMP patients can and may be seen at the new Centre, but it will usually be from a referral from the hospital.

xxiv. Question: how does this work with referrals by the musculoskeletal team. It was confirmed that patients are referred by SVMP to the physiotherapy team, who can then make referrals to the musculoskeletal team**,** and the musculoskeletal team can do the referrals for MRIs etc.

xxv. John will raise the issue of there being a delay for patients in referrals having to go via QA hospital – he will contact James Roach and possibly PALS as there is also time and cost element to the NHS regarding this.

xxvi. The PPG noted that although it was open 12 hours a day, the location was difficult to access especially using public transport.

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Mental Health Hub

xxvii. Early next year, there are plans for a local Mental Health Hub where patients can self-refer either by telephone or walking into the Hub. Patients will be assessed and appointments can be made with NHS Talking Therapies, CMHT, OPMH.

xxviii. Patients can also be provided with support to contact Housing and Social Services, and other support regarding substance misuse, homelessness, and veterans.

xxix. At present it was not known where the hub will be located.

4. PPG Work Programme – priorities for the next 6-9 months (Paper: Process to agree priorities)

i. Purpose

ii. The purpose was to identify a small number of achievable priorities where the PPG can make a useful contribution, and where there is a realistic opportunity to achieve an outcome that improves service for patients. To obtain the support of Forum members to the agreed activities and priorities.

iii. The process would be first setting a list of priorities and then all Forum members ranking them high, medium and low and the results will feed into the Action plans for next year.

iv. This will be developed further at the Planning meeting in November. See agenda item 5: Next Steps.

v. Patient Engagement and Feedback

List of possible areas identified of what patients would want improved:

E-Consult

vi. Improved Communication; it was noted that having more feedback of the useful/successful things the practice was doing would be informative to the PPG and patients. An example of this was how there was a team of people working on each e-Consult to ensure the patient was getting the most appropriate treatment.

Choice of method of contact and times of suitable appointments,

vii. This can vary as each person has different work/personal commitments. It takes time to change an appointment that has been sent out without any prior input from the patient. A two-way conversation would be better for some people or the option of having the choice of booking online if that is their preferred method.

viii. It was noted that some type of appointments could be booked online which gave people a choice of dates, however the practice limits these appointments as previously people had booked inappropriate appointments and many were not attending.

Input into SVMP building plans especially accessibility.

ix. The queue for the receptionist is in the way of patients trying to get to the signing-in screens.

x. The practice has had some input into the plans, however the budget and plans fall under the remit of NHS Property Services. The practice has suggested changes to the ramp, the glass panelling affecting the corridor into the waiting room, wheelchair access, changes the pillar to be more open-planned, and privacy around reception area. Changes to the size of

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several rooms has been suggested e.g. making a larger room into 2 smaller rooms, although this would affect the rent that the practice would need to pay if they used them.

Up to date information on SWMP website

xi. Having recent changes on the website would be useful. E.g. advising patients that the process for booking phlebotomy appointments has recently changed.

Discussion around Patient Engagement

xii. Communications with patients was key to the work of the PPG and the difficulty in trying to engage patients was experienced by other PPGs; working collaboratively might help with this. More engagement with patients and getting their feedback would allow the PPG to concentrate on what is important to patients.

Facebook and Feedback Email

xiii. The PPG Facebook group now has 103 members, an increase from 97 in the previous three months. Members were asked to share the group with suitable contacts. It was noted that fewer people were generally using Facebook as a social media tool.

xiv. A recent video on Facebook regarding the work to the courtyard garden had been well received and more videos will follow.

xv. To date, no feedback has been emailed to the feedback email address.

xvi. The Deputy Practice Manager confirmed that patients do not have to provide an email address and contact telephone number when they registered, however it would help with practice to patient communication. This would not be relevant to the PPG who does not have access to patient information.

Putting effort into the following to help patients

xvii. Working with other PPGs and local organisations will enable ideas and experiences to be shared. John and Richard attended a meeting with one of the other four PPGs in Gosport and the Gosport PCN. It is hoped more PPGs will join the group meetings in due course to enable this collaboration to be developed further. Another meeting was planned for 27th November, and it was expected that a representative from the PCN will attend.

Influence activities of Gosport Primary Care Network.

xviii. SVMP website has a link to the PCN which has considerable information. Some of the services are accessed via referrals from the practice, and some services can be accessed by the patient by self-referring. This should be publicised more.

Other organisations

xix. Explore opportunities for joint development with other PPGs for example, publicity and promotion (for example the Support Directory).

xx. Working with local pharmacies

a. Pharmacies provide many more services than the Pharmacy First service and this should be widely promoted. Examples are:

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b. Blood pressure checks, Contraception services, including the contraceptive pill and emergency contraception, Smoking cessation support, Vaccinations, Chlamydia screening and treatment, Cholesterol and blood sugar testing, Substance misuse including needle and syringe exchange schemes, Weight management advice.
c. It could be useful to work with Boots to see what services they offered.

xxi. Directory of Support Services

a. The Directly can be useful to patients across the local region and it was hoped that support with both helping to keep it updated, and publicity could come from other PPGs in Gosport to help to reach a wider audience. Two group members have resigned due to ill health, so more help is required.
b. There is a considerable amount of work in keeping the Directory up to date and a new edition will be published on 8th November.
c. Accessibility with looking at the Directory on both android and iphones is problematic.
d. The advertising of the Directory needs to be co-ordinated within the Communications plan. It was not possible to see how many people have accessed the Directory to date from the SVMP website.
e. The suggested way of sharing would be to link to the SVMP website where the most up to date version would be showing. If other organisations downloaded the Directory, and did not update to the current version, there was a risk they could be using out of date information which would diminish the value and reliability of the document.

xxii. What will deliver the best outcomes for patients?

a. Following this meeting, a list of activities will be produced, and Forum members will be asked to rank them high, medium and low which will then feed into the Action plans for 2027 which will be discussed at the Planning meeting in November.

xxiii. Forum Meetings

a. Areas to consider at the Planning meeting include:
    a. Should a GP attend to answer specific questions where their knowledge or authority could help? How do we identify specifically what we want them to address?
    b. We could feed our questions via the Deputy Practice Manager instead and receive an update at the beginning of each meeting? Sarah to address at the Planning meeting.
b. Getting a PPG which represents the patient population is very important and looking at the times of our meetings is key to enabling members to attend meetings.

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xxiv. Structure of Forums

a. Areas to consider:
    a. Do we need to define the roles or alter the number of Forum members to deliver what we have discussed?
    b. How does marketing, communication, and surveys fit in the current groups? Sarah has taken over the role of Communications Lead.

5. Agree Next Steps

i. Forum Leaders Action Plan

a. All Forum members will be asked to complete a survey by 9th November. The survey will ask them to rank a list of potential actions into high, medium and low.
b. The results of this survey will be sent to Forum Leaders on 10th November and will be discussed with their teams. A draft Action plan to be produced by 18th November.
c. The results and the Action plans will form the agenda and discussion at the planning meeting. How to engage with patients will form part of this discussion to ensure our priorities fit in with patients needs.

6. Any Other Business

i. Public meeting – a possible future idea.
ii. Better Letter – AI system. The Deputy Practice Manager explained how this worked after a question from a member of the PPG.

a. BetterLetter software is being used by the practice in the clinical system; the previous software was DocMan. It is part of an AI service which is used by most practices.
b. Any communications that the practice received goes via this software. It picks up various items within the communication that could potentially be coded onto the patient's record. Examples could include blood pressure readings, or a new diagnosis etc.
c. Once this has taken place, it is essential that those entries are correct and there is a team of people who are responsible for going through the communication. They might remove irrelevant information if necessary, and then they would ensure that all the relevant information is saved to the patient's records.
d. If there are any medication changes, any follow-ups required, blood tests etc then it is sent either to the pharmacy team, or the GP etc.
e. The important thing is that it is always checked by a human.
f. The PPG asked if there was a data protection issue with AI having access to records and it was confirmed that it would not have access outside of the communication it is interpreting.

7. Date of next Meetings

i. Planning Meeting for Forum Members: Wednesday 25th November, 9.30am

ii. (Forum) PPG Forum Meeting: Tuesday 19th January 2027, 10.00am
iii. (ALL PPG Members) PPG AGM and Forum Meeting: Tuesday 20th April 2027, 10am

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ACTION GRID

	Action Plans and Priorities for 2027	**Responsibility**	**Deadline**	**Status**
1	Forum Members to complete the survey of priorities for 2027, ranked high, medium, low which feeds into the draft Action Plans	Forum Members	9th Nov	Started
2	Draft Action Plans – Forum Leads and teams	Forum Leads	18th Nov	Started
	Communications and Social Media			
3	Survey in the Advertiser and Facebook	Sarah F		Started
4	Facebook – sharing of the group to encourage more members	ALL	Ongoing	Started
	Directory			
5	Accessibility for both android and iphones to be addressed	Antoinette	Ongoing	Started
	Patient Engagement and Feedback			
6	Consider developing resource guides for post-discharge support and end-of-life care.	Sheila W		On hold
7	Explore the use of and information available from patient surveys in collaboration with the practice	Sheila W		Open
	Other Priorities			
8	Research and feedback options to the Forum on how we might make the PPG membership more representative of the Patient population.	Sarah F	Ongoing	Started
9	The PPG should promote Research Opportunities through newsletters, social media etc**.**	Sheila W		Open
	External Communications			
10	Collaborative working with other PPGs and external agencies	John B, Richard M	Ongoing	Started
11	Portsmouth Diagnostic Centre – access for referrals not via QA – discuss with James Roach and PALS	John B		
12	Primary Care Network of services for practice and self-referral			Not started
13	Working with local pharmacies to promote the range of services they offer	John B	Ongoing	Not started
	Working with the Practice			
14	Input into the new software package for 2027	Tbc		Not started
15	Work with the Practice to agree a mutual understanding and expectation of the Terms of Reference and what is needed from the Practice and the PPG to deliver them such as: • Practice to help identify cross-section of patients to be represented in the PPG and promote the PPG to them. • Practice to keep PPG informed of new developments prior to implementation. • Practice to identify trends in feedback and inform the PPG. • PPG to work closely with the Practice on initiatives to reduce workload & improve patient satisfaction. • Practice to help PPG engagement with patients. Practice to help to identify where the PPG can influence local provisions of health and social care.	John B / Richard M On going &ToRs	April 2027	Open
16	Simplify the Terms of Reference, clarify responsibilities and where appropriate consolidate activities for presenting for approval at the next AGM.	John B / Richard M	April 2027	Open

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