

**PUDDLETOWN SURGERY**

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**Minutes of Patient Participation Group Meeting & Annual General Meeting  
held at 6.30pm on Wednesday 17<sup>th</sup> December 2025  
at Puddletown Surgery**

**Attendees:** Dr Jonathan Bond (Partner), Clare Stickland (Practice Manager) Richard Burden (Chairman), Glad Antell, Ron Smith, John Ridout, Lionel (John) Mayo, Kate Trevett (Social Prescribing & Admin Team Lead), Teresa Baker, Debra Hone, Angie Benford (Secretary).

**Apologies:** Victoria Maslin, Jane Pryce, Dawn Arthur, Kim Chatt, Jim Gammans (Community Engagement Officer),

		<b>ACTION</b>
1.	RB welcomed everyone to the meeting.	
2.	<b>Apologies</b> as above.	
3.	The Minutes from the last meeting on 17 <sup>th</sup> September 2025 were accepted.	
4.	<b>Matters arising from the last meeting</b>  i. <b>Neighbour Car Scheme</b> – a new Treasurer has been appointed but there continues to be a need for more drivers. GA noted how enjoyable and rewarding it can be to take people to their appointments. These roles are vital in keeping the Neighbour Car running smoothly and supporting our community. KT will put something on the FaceBook page, encouraging people to make a New Year resolution to join the scheme as a driver, as well as putting it in the next Newsletter again.  ii. <b>Blood pressure machine:</b> CS extended thanks to the PPG members who had supported patients to use the machine. 126 patients handed in their results in October with one very delighted patient winning the fruit hamper. As a result of the success in increasing the use of the machine, it was decided to offer a Christmas Hamper in December for those using the machine, with the draw due to be held on 22 <sup>nd</sup> December. CS noted how helpful it is for patients to be encouraged to use the machine and that it does reduce staff time when patients take their own readings – it also ties in with JG’s scheme to “know your numbers”.	<b>ALL</b>

	<p><b>iii. GP patient survey of &lt;50 age group:</b> 311 text messages were sent out as well as “advertising” on FaceBook to target the younger population in an effort to find out why they weren’t particularly happy with the Practice in the recent national survey. Despite only 11 responses having been received (!) they yielded some very useful comments/ideas and noted their overall experiences were good (18%) or excellent (82%). 8 women and 3 men responded, 1 in the 16-24 age bracket, 1 in the 25-34 and 9 in the 35-44, 0 in the 45-59. There were very positive comments made about what the surgery does well and suggestions for improving the service included:</p> <ul style="list-style-type: none"> <li>• Something to keep the children occupied in the waiting room, eg toys</li> <li>• Times to call for phone appointments clash with school pickup and drop off – makes it difficult for parents to get phone appointments</li> <li>• Bookable appointments earlier in the afternoon to avoid school pickup times</li> </ul> <p>As a result of the first suggestion above, the PPG will look at costs to provide children’s plastic tables and chairs, together with crayons and colouring pads. KT also noted she has a number of “book bags” which were left over from World Book Day which could be given to children while waiting and then taken home. It’s not possible to have actual toys in the waiting room for infection control reasons. KT will continue sending out the survey until the end of the year and will also pass details of someone interested in the PPG to AB.</p>	<p>RS KT KT</p>
<p><b>5.</b></p>	<p><b>PPG Core Group Meetings Feedback</b></p> <p>There have been no Core Group meetings recently. However, RB had written to the All-Party Parliamentary Group for Health in September saying:</p> <p>“You and your APPG members are doubtless aware that GP practices are both in perception and reality the front line of the NHS. The NHS colour scheme, acronym, and layout are fully in one’s face when going to a GP practice web site. <a href="https://www.puddletownsurgery.co.uk/">https://www.puddletownsurgery.co.uk/</a> Our practice has recently had the added expense of changing its existing cloud-based telephone system to a provider that appeared on the NHS Better Purchasing Framework.</p> <p>It is, therefore, ridiculous that NHS GP practices are treated the same as Harley Street private consultants when it comes to paying the additional, higher, National Insurance levy on all staff. The effect of the additional levy is the equivalent of one clinician, a ludicrous situation when the Government, and all MPs, are seeking NHS service improvements.</p> <p>Surely NHS GP practices should be treated the same as NHS hospitals in relation to National Insurance? Instead of improving patient care the additional levy on GP practices is putting the speed and scale of that care at risk.</p> <p>Puddletown PPG, therefore, asks the APPG on Health to use its cross-party influence to persuade Government to treat NHS GP practices the same as NHS hospitals for National Insurance purposes, and apply the lower hospital rate to those NHS GP practices.”</p> <p>The response that followed some two months later in November is as follows:</p> <p>“As you rightly mentioned below, a lot of primary care providers are facing a variety of challenges which is also affecting patients. The APPG for Health is currently hosting an inquiry into improving access to primary care services.</p>	

	<p>We are hosting our second evidence session next week in parliament on sustainability of primary care with a focus on commissioning, workforce, estate/infrastructure and wider barriers.</p> <p>We do have space to attend the session if that is of interest, as we will be hearing from different experts on some of the challenges being faced across primary care and some solutions. We will also have the opportunity for general attendees to contribute to the wider discussion and share their concerns and ideas. If you are interested in attending please do let me know and we can ensure you are on the guest list.</p> <p>In addition to this we will also be publishing a public call for written evidence to hear from a variety of groups on this inquiry and finally we will also be scheduling 1-2-1 online interviews, to hear from a variety of primary care providers and hear about some of their suggested solutions. I'm happy to provide more information on the Interviews once these will be rolled out."</p> <p>It was too short notice to be involved in the first session, however RB will write back to express our interest in the online event and/or the 1-2-1 online interviews. JB noted that this inequality does have a direct impact on the practice and subsequently patients. RS noted his willingness to be part of the feedback sessions.</p>	<p><b>RB</b> <b>RS</b></p>
<p><b>6.</b></p>	<p><b>Practice Manager's Update:</b></p> <p>"The past year at Puddletown Surgery has been both busy and productive, with significant activity across recruitment, training, service delivery, and staff development. Despite wider system challenges, the practice remains fully staffed and committed to delivering high-quality patient care while supporting staff wellbeing.</p> <p><b>Workforce and Recruitment</b> This year has been particularly active for recruitment. Two longstanding members of staff have retired, marking the end of valued and dedicated careers. At the same time, we have welcomed new colleagues and are now fully staffed. We will be saying farewell to Nurse Carolyn, a valued member of our Integrated Nurse team, who is retiring in February after nine years at the surgery. We sincerely thank her for her dedication and the valuable contributions she has made to the practice. She will be extremely missed. We are also delighted to welcome Giselle, a newly qualified nurse, to the team. Additionally, we have said goodbye to Dr Felicia Ikpata, our registrar, who is now a qualified GP and has secured a role as a salaried GP in a local practice. We wish her every success in her new position. In February, we will welcome Dr Kenneth as our new registrar. He is in his final year of GP training and will be with us throughout 2026.</p> <p><b>Excellence Nursing and Training</b> Our nursing team continues to thrive and has developed a strong reputation as a gold-standard training practice within our Primary Care Network (PCN). The team has been actively upskilling nurses from other practices, particularly in travel vaccinations, diabetes care and setting up systems. We have recruited two nurses early in their careers: one within her first year of qualification and one newly qualified nurse. Both will receive structured training across practice and community nursing.</p> <p>Joanne, our Nurse Team Lead, is passionate about education and training and plays a pivotal role—alongside the rest of the nurse team and GPs—in supporting and developing our nursing staff. Vicky, one of our Healthcare</p>	

Assistants, has embarked on a four-year nursing apprenticeship, which the practice is proud to support. As a result, patients may notice Vicky less at times as she balances university and clinical placements alongside her work at the surgery.

**Leadership and Culture** We are fortunate to have a strong, hands-on GP partnership and senior leadership team, all focused on delivering excellent patient care while prioritising staff wellbeing and development. To further support our staff, we have enhanced our appraisal and performance development system. Rather than relying on a single annual review, all staff now meet regularly with their team leads. This approach fosters closer working relationships, more meaningful conversations, and clearer, achievable goals, supporting continuous professional growth.

**Vaccination Programme Success** This year's winter vaccination programme was a great success:

- 82.6% of eligible patients were vaccinated against COVID-19
- 76.4% of eligible patients were vaccinated against influenza

These results reflect the dedication and hard work of the entire practice team. We would also like to thank the PPG for your invaluable support during the clinics - it truly makes a significant difference to both patients and staff and ensures smooth clinic operations.

**Patient Engagement – Blood Pressure Prize Draw** The Blood Pressure prize draw has proven extremely popular this year. It has encouraged many more patients to use the blood pressure monitoring machine, promoting better awareness and management of blood pressure. This initiative has been well-received and is having a positive impact on patient health.

**Challenges and System Pressures** Recent changes within our local Integrated Care Board (ICB) and the disbanding of NHS England have directly impacted the practice. We have experienced increased bureaucracy through more frequent reporting requirements, changes to referral pathways, and less clarity around commissioning processes. Despite these challenges, we continue to advocate for securing future funding to maintain and protect the high level of service we provide to our patients.

I would like to say a huge thank you to Kate Trevett as this is her last evening with the PPG in her role as Social Prescribing Lead for the PCN. She has brought a wealth of information, knowledge, and insight to our meetings, which has been of great value. We are very fortunate that she will continue to work at the surgery. We extend our sincere thanks to the Patient Participation Group for your continued support throughout the year. Together, we remain committed to ensuring Puddletown Surgery continues to provide safe, effective, and compassionate care to our community.”

RB asked JB whether the high levels of uptake in vaccinations locally will suppress the levels of flu being experienced across the country currently. JB noted that, for example, the measles vaccination will cover all variants of measles whereas the flu vaccination will never manage that as there are too

many variations each year, and unless there is a 95% uptake, which will never happen, it will never be completely suppressed. That having been said, the Surgery has not yet been inundated with cases of flu as in other areas.

### **Friends and Family Feedback**

#### **September 2025**

In September 5 patients left us feedback, 100% patients likely to recommend us.

#### **In September you said:**

I wouldn't change anything. Always great service from all staff.

#### **October 2025**

In October 18 patients left us feedback 89% patients likely to recommend us 0% patients unlikely to recommend us (11% didn't answer or gave a neutral response).

#### **In October you said:**

- Nothing – comment by two people
- Absolutely nothing – fantastic service
- Less reliance on online things
- The care and support provided across the whole of the practice is fantastic, by all staff.

#### **The Surgery's Response**

You don't have to use the online services if you'd prefer not to. They're just an option to make things easier for some people, but we can always arrange appointments, prescriptions or advice through our usual non-digital routes. Thank you for your comments, they are always valuable and help us to continue to improve our service.

#### **November 2025**

In November 2025 7 patients left us feedback 100% patients likely to recommend us.

#### **In November you said:**

- I had such good care I would not wish to change anything
- I firmly believe that this is the best practice I have been treated by ever. So thank you.
- My only challenge is that during my time in your waiting area, I could clearly hear the voice of the receptionist talking to both patients attending, answering the phone and speaking to colleagues. Although this might seem more homely I do believe it creates privacy issues. I could hear who was on the phone and their need for either a nurse or Dr appointment or other concern. Perhaps a soundboard or plexy screen of some sort would create a more private space for initial contact with the surgery.
- Longer appointments.
- I am very happy with the service that you all give.

#### **The Surgery's Response**

- We pride ourselves on offering a personal touch by greeting each patient as they arrive at the surgery, so we have always avoided using digital check-in options or screens. As a team, we have discussed the importance of being mindful about

	<p>maintaining patient privacy wherever possible. We have also rearranged the waiting room to further support confidentiality and we will be turning up the radio to help mask conversations where appropriate.</p> <ul style="list-style-type: none"> <li>We have increased the length of our bookable GP appointments to 15 minutes. While we understand that longer appointments can be helpful, extending them further would reduce the number of appointments available overall. Please be assured that we are working hard to provide you with the best possible access to appointments while ensuring each patient receives the care they need.</li> </ul> <p>Thank you for your comments, they are always valuable and help us to continue to improve our service.</p>	
<b>7.</b>	<p><b>Update from Kate Trevett, Care Coordinator/Admin Team Lead</b></p> <p>KT noted this is her last session in her role as Social Prescriber. Lauren has been recruited as KT's replacement and a new Care Coordinator will be starting in January. KT is happy to be contacted directly about any issues regarding the Newsletter (which will continue to run throughout the year as now), with FaceBook entries etc. Hard copies of the Newsletter are available in the Surgery. KT was thanked for her tremendous support.</p>	
<b>8.</b>	<p><b>Terms of Reference</b></p> <p>The Terms of Reference were slightly amended to reflect the frequency of Core Group meetings and signed by the Chairman. The PPG still needs younger members and it is hoped a Deputy can be found who is in that category – an item will be included in the next Newsletter. The Practice is expecting to be visited by the Care Quality Commission at some point in the near future – AB is more than happy to represent the PPG at their visit.</p>	<b>AB</b>
<b>9.</b>	<p><b>Any Other Business</b></p> <p>i. <b>Love Your Liver:</b> RB has been informed that a mobile, walk-in scanner, will be visiting Weymouth on 19.3.26 as part of a “roadshow”. KT will put this on the FaceBook page – but it's likely to be inundated, covering such a wide area. RB also referred to a Love Your Liver scheme in the workplace, probably more targeted at large employers – KT will find contact details for the Dorchester Centre of Commerce and Dorset Council is another suggestion.</p> <p>ii. <b>Bereavement Cards:</b> JG had shared details of a scheme run by the Good Grief Trust whereby cards were purchased to send to recently bereaved patients giving details of available support. However, the support offered was not local so probably not appropriate for our patients and KT noted there is already a pathway for people to be contacted 4-6 weeks after a bereavement when most family support will likely have reduced by then. This is something Lauren is already doing by phone.</p> <p>iii. <b>PPG Membership:</b> AB noted that “active committee member” numbers are down to 13 now – our Terms of Reference allow up to 20. We need to encourage more people to join the group so AB will start a piece for the</p>	<p><b>ALL</b></p> <p><b>KT</b></p> <p><b>AB</b></p>

	<p>Newsletter, saying that people don't have to attend the meetings but it would be good to have people available to volunteer at events etc. DH suggested we need a PPG leaflet that can be handed out, including what we've achieved so far, to encourage people to join. AB will send out what we have already and everyone is asked to contribute to it please.</p> <p>iv. AB noted that the ECG machine used in the Practice was behaving very badly today and took the nurses almost 25 minutes to get it to work enough to print off the readings. On a normal, busy day this would have caused a lot of stress for the nurses and created a backlog in the waiting room. As such AB asked whether the PPG could be tasked with raising funds to purchase a replacement. CS will look into the contractual obligations for having a machine in the Practice and it will be discussed further. LJM and RS immediately donated money towards the cause – which will go into the separate account held by the Practice for donations, gifts etc.</p>	<b>ALL</b>
10.	<p><b>Date of next meetings:</b></p> <p><b>Wednesday 18<sup>th</sup> March 2026, 6.30 pm</b>  <b>Wednesday, 17<sup>th</sup> June 2026, 6.30 pm</b>  <b>Wednesday 16<sup>th</sup> September 2026, 6.30 pm</b>  <b>Wednesday 16<sup>th</sup> December 2026, 6.30 pm (also the AGM)</b></p>	<b>ALL</b>