

**Minutes of Drayton Surgery Patient Participation Group (PPG) on Wednesday  
26th March 2025**

**Present, Apologies and Welcome**

Mary Ramsay Chair, Josh Batchelor Operations Manager, Kerry Joof  
Patient Services Manager, Maria Martin, Portsdown Group Practice Operations Lead. A.P. T.D.  
S.M. A.F. N.R. D.W.

For the benefit of the prospective Portsdown PPG members each surgery's  
Management team member explained their role within their own Surgery.

Apologies M.V

A.A. has resigned from the group due to her personal commitments  
J.G. has resigned through ill health.

Mary welcomed Maria and two Portsdown prospective PPG members who were present  
to observe how Drayton PPG operated. Mary explained the group has autonomy, she  
gave a brief outline of the meeting format and told observers we would give time to  
explain the procedures and processes and be happy to take questions.

A.P. gave a brief summary of how Drayton Surgery PPG started and has evolved since,  
explaining the purpose of the group as acting as a critical friend and support to the  
surgery. The group represents the demographics of the Surgery's patient population.

Thank you to S.M for taking minutes

**PPG catch up, minutes of last meeting and PCN meeting**

The minutes of previous PPG and PCN minutes were agreed as being correct. These  
minutes will now be put into public domain.

As laid down in Terms of Reference the chair position this year is up for re-election.  
Mary offered to stand aside if any member wished to take post, she was re-elected  
unopposed for next 2 years.

**Surgery update and questions**

A.F. explained the purpose and reason for the format of the update and questions. It has been acknowledged that this system gives the group a better view of the surgery and NHS.

### **Questions for March meeting**

**With the abolishment of NHS England, is it thought that GP surgeries will have more autonomy**

There has been no guidance issued about how this will work as yet. It is assumed that the department for health and social care will continue doing what NHSE were doing as the reason for abolishment was duplication of work. However, we shall see. I doubt it would mean more autonomy for surgeries themselves...

**There were a number of ways that people could order repeat prescriptions. Now however, the Drayton Surgery prescription email address has been discontinued. - is there a reason?**

The prescription email has definitely not been discontinued. As it says on the prescription page of our website:

If you do not have SystmOnline or the NHS or Airmid app, you can email prescription requests to [hiowicb-p.draytonprescriptions@nhs.net](mailto:hiowicb-p.draytonprescriptions@nhs.net).

**Patients now have to be triaged before being given a GP appointment. Do the GPs feel there are disadvantages to this from their point of view?**

The GPs feel this is the best way to go to avoid inappropriate appointments. The reason for triage is to make sure that people who **need** to see a GP, see one. As we have discussed many times before, we are a multi-disciplinary team and it is not always appropriate for a patient to see a GP with other, specialist clinicians available.

**The surgery phone now offers an additional option of patients being put directly through to the mental health hub.**

**-How will the three parties involved benefit? ( The Surgery, The Mental Health Hub, The Patient.)**

**-How will the option to access the Portsmouth Mental Health Hub work with the surgery's Mental Health Facilitator?**

**-Are there additional resources dedicated to improving waiting lists and providing more immediate access to treatment or therapy.**

This is still very much in a pilot phase currently and we are regularly reviewing data with the Mental Health Hub team. The benefits to patients is that they will get quick access to a specific team who work within mental health and are able to suggest and signpost to other services in a quicker timeframe than going through a GP. In turn, this will free up capacity for GP's to consult with people with other health conditions. Our Mental Health Facilitator works between our PCN and the Hub so is very involved within the process.

**The additional telephone option is being trialled for 3 months. What criteria will be used to evaluate the success or failure of the trial**

We are reviewing the data sets provided by the mental health hub which shows us how many people have gone through directly from our phone lines and appropriateness of those calls.

**Does the surgery regularly (say, monthly) assess demand (eg, requests for appointments, E-consults) and the surgery response? Does it vary significantly month by month**

We regularly review eConsult usage as we have a weekly report for that and are able to audit the telephone demand for appointment requests. We regularly look at appointments data to see if there are trends and have systems to do this for us. Whilst we are not always able to change things due to rota's going on in advance, we do have GPs who work extra sessions when demand is high.

There are many factors that affect demand including school holidays, season and weather.

It was proposed and agreed that each month the PPG chair would be supplied with ongoing stats. **Action: Practice Business Manager/Operations**

(During the question session a discussion developed as to the variation in operating E-consult between the two Surgeries.

For the benefit of Portsdown patients a brief explanation was given as to Additional roles, e.g. Social Prescribers of whom Mary gave a summary as to how Drayton PPG liaises and supports their services and events.)

**It was recently reported that last year of 7.4 million appointments in Hampshire and the IOW there were 0.5 million missed appointments(i.e. 7%). Does the Drayton surgery experience significant missed appointments?**

Our *DNA* rate has remained below the NHSE average and currently sits around 2-3%. This is inevitable however we are happy that our DNA rate is not high.

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### **AOB**

There was no AOB

### **Meeting Close**

It was agreed the meeting was very beneficial in sharing ideas. Something that could be built on.

Mary closed the meeting by thanking everyone for attending and told Portsdown members they were welcome to keep in contact.

Meeting closed 18.30 pm

### **Glossary of terms**

**ANP Advanced Nurse Practitioners**

**DNA Did not Attend**

**PPG Patient Participation Group**

**PCN Primary Care Network**

**GDPR General Data Protection Regulations**

**TOR Terms of Reference**

**CCG Clinical Commissioning Group**

**ICB Integrated Care Board**

**ICS Integrated Care System Integrated Care Board**

**ICP Integrated Care Providers**

**FTA Failed to attend**

**CQC Care Quality Commission**

**QOF Quality Outcomes Framework**