

NOTES - JOINT COMMITTEE OF THE PATIENT PARTICIPATION GROUP (PPG) AND BEARSTED
MEDICAL PRACTICE

Tuesday 28th October 2025 at 1.00pm at the surgery

1. Welcome and introduction.

Fiona welcomed all to the meeting and Hannah introduced Jo Palmer who has recently been appointed Compliance Officer for the practice. She will help to ensure the practice meets regulatory and legal requirements and undertake internal audits.

2. Present

Fiona Brown, Chris Dobson, Sarah Harrison, Sue Henderson, Sue Jackson, Goff Norrington, Jo Palmer, Hannah Warren, Bill Shepherd, Derek Stevenson.

3. Apologies

Non - all members present.

4. Minutes from Meeting on 29th July 2025

The minutes from the previous meeting on 29th July were approved and signed by the chair

5. Matters Arising from 29th July 2025

Action 5.1: Fiona to supply additional Healthy Walking leaflets to be distributed amongst the clinical staff, particularly the nurses who work with patients to manage various conditions. Fiona had not yet supplied the additional leaflets and undertook to do so. Chris noted that for the first time he could recall, a new walker said they had been directed to the walking group by their GP.

Action 5.1: Fiona to hand additional Healthy Walking leaflets to the reception staff for distribution amongst the clinical staff.

Action 5.2: Chris / Fiona to provide an article to the Bearsted magazine to advertise the PPG.
(Complete)

Action 6.1: Sarah to check what educational resources are available to help expand the use of the NHS App. Sarah noted that there is some information on the website but would explore further.

Action 5.2: Sarah to see what educational materials are available to help with using the NHS App.

Action 6.2: Sarah and Fiona to reiterate the value of good information in triage requests within their (AGM) presentations. **(Complete)**

Action 6.3: Dr Warren to investigate the workings of the Urgent Care Centre at Maidstone hospital. Hannah clarified that the Urgent Care system funnels patients via the normal A&E triage system and that there are no specific signs or patient channels for the Urgent Care system. The practice directs very few patients towards it because it is only used for urgent cases where there is no capacity at the practice. Thus a patient who submits a triage request that the triage team believe requires an urgent response but when there are no remaining appointments that day, will be directed to the Urgent Care facility at the hospital.

It was agreed the absence of an obvious "Urgent Care Centre" might be confusing for the patient and it was agreed that the triage response text should be amended to clarify that the patient will still be subject to the normal A&E triage process at the hospital.

Action 5.3: AccuRx text directing (the few) patients to the Urgent Care Centre to be modified to note normal A&E triage processes will be applied.

Action 6.4: PPG members to send any suggestions (re. improvements / changes to the building) to Sarah copy other PPG members. None had been identified but Sarah noted the list of potential improvements proposed as part of lease renewal was already extensive. **(Complete)**

Action 8.1, 8.2, 8.3 all related to the preparations for the AGM. **(Complete)**

Action 11.1: Hannah to identify a contact for Sue (in relation to the message in a bottle scheme.)
(Complete.)

Action 11.2: Sue to progress the contact with the Lions and potentially link the Lions directly with the practice. **(Complete)**

The Frailty Team are using them and have been issuing around 10 per week. The Dispensary have also been handing them out. The contact has been made with Mike Henderson and Hannah asked that thanks be passed to him for an excellent contribution.

Action 5.2: Sue to pass on the thanks of the practice to Mike.

6. Update on Practice matters.

Not a great deal to note.

Recruitment is ongoing for reception and the appointment of Jo Palmer as Compliance Officer was restated with her working two days per week.

The Triage team are gearing up for winter.

Hannah noted that the practice does get some winter pressure funding tied in to contractual arrangements. What might add to the normal winter surge is unknown but there is usually something with last year it being linked with childhood illnesses.

7. Increasing PPG membership

Opportunities presented by the National Association of PPGs (NAPPG) update on GDPR and patient communication.

The NAPPG had produced a paper confirming the importance of PPGs within practices and placing a duty on them to assist in growing the membership to make them representative of the patient population. The PPG have tried without success to achieve that representation but are hampered, quite reasonably, by having no access to patient lists.

Despite the NAPPG paper stating that the Information Commission had agreed that practices **could** communicate with patients about PPGs, Jo noted that the Integrated Care Board (ICB) was currently taking a different view stating that practices should only communicate on clinical matters and not use their system to ask patients if they wish to opt in or out of the PPG.

Jo agreed to approach the ICB to explain that such communication was not marketing but was part of the obligations of practices under their contract to work with patient groups.

Action 7.1: Jo to present a proposal to the ICB that the practice can use text messaging to alert patients to the existence of the PPG and to communicate relevant information to them.

There was a lot of discussion about whether or not the PPG should retain the "Virtual Group" comprising the email addresses of patients who have opted in. In its current form it is not representative of the whole population with numbers in the hundreds versus a patient population of 16000. Furthermore, within the system, which is currently looked after by Sue Jackson, there are many email addresses which return "unknown" responses. Also, it was noted that some responses to the notification of the AGM were not received by Sue.

It was agreed that any way forward could not include PPG-related responses from patients going to practice staff and so there would have to continue to be an email address for such responses. For example, if the practice were able to send a text to the patient population highlighting the AGM, it would include something such as "if you wish to attend please email the PPG email address with your interest" including the latter address within the text.

Historically the PPG has also sent out electronic versions of the Newsletter. If the PPG are to meet a wider audience with the Newsletter, then a text to the patient population with a link to the PPG section of the website where the Newsletter can be found would be really helpful.

Hannah noted that if such a system were to be implemented, the practice would not use AccuRx because it would be too costly but would use a different system where the character limit would need careful control.

It was agreed that, subject to ICB agreement, the whole patient population would be regarded as members of the PPG unless they opted out and would be communicated with as such. The basic system of engagement would comprise an alerting text with either a link to the PPG section of the website or an attached PPG email address for situations where a PPG member response is required.

8. Next Newsletter content.

A number of items were suggested for this issue:

- a message to parents about the opportunity of "Pharmacy First" for minor illnesses. Fiona noted that the wording for this would need to be provided by a clinician.
- a report relating to equipment bought by the PPG with reference to the Bearsted Parish Council grant.
- early notification of the Quiz Night.
- a report about the Message in a Bottle scheme.
- (potentially) a request for drivers to deliver medicines to patients unable to get to the dispensary.
- Flu/COVID vaccination queue jumping (see AOB)

Action 8.1: Sue H and Fiona to work with practice staff to develop the newsletter.

Fiona noted that whilst it was hoped the majority of readers would read the electronic version on the website, some printed copies would be required. The funding for this needed further discussion outside the meeting. Derek had provided information on the price his contact would charge.

Chris thanked the practice for their increased support for communication with patients and noted that he believed there were many more opportunities to clarify existing services or amended ones. This might mean more frequent newsletters or videos.

9. Health Event 22nd November

Hannah noted that preparations were continuing and all speakers had been identified. However, a problem had been identified with AccuRx in that she could not get the system to send out a 1.5 hour appointment slot to the 4000 target audience. She intended to trial an alternative involving several hundred of the target group, asking them to express an interest. Since Fiona is within the target audience, she suggested she could be part of that test communication.

Hannah confirmed she was obtaining a projector and Chris confirmed he would get the screen.

10. PPG Update

There was nothing of significance beyond what had already been discussed.

11. Healthy Walking update

Nothing major but as noted under Matters Arising a new walker had been directed to the group via her GP, the first such referral Chris could recall. There was continued support for the walking group by the practice and the PPG noting that the social aspect of it was extremely important for some of the walkers with a number of widows and widowers amongst the walking group.

12. Finance

Finances to date attached. Goff noted that an additional £100 would come back from the Quiz Night hall deposit with £80 going in the other direction towards continued membership of the NAPPP.

£500 of the balance is related to the remainder of the Bearsted Parish Council grant. All of this would be allocated to the purchase of the new Dermatoscope which will cost in excess of £1000 with the balance paid by the practice.

Some leaflet and newsletter printing may be required but it is anticipated that the Quiz Night will bolster the funds by around £600.

13. AOB

Sarah was not able to provide an update on the availability of volunteer drivers but would do so.

Action 13.1: Sarah to provide an update on the availability of drivers for medicines delivery. If it is still an issue an item could be included in the newsletter.

Bill noted he had received a complaint relating to repeat prescribing. Hannah explained that the practice is moving towards more "batch prescribing" whereby a patient who is stable with regard to their health condition could receive the equivalent of a twelve month prescription which would sit with their nominated pharmacy thereby eliminating the need for them to request repeats. This would resolve the complaint referred to by Bill.

There had been a number of complaints about the length of the queue for Flu/COVID vaccinations at the first clinic, with some waiting over 30 minutes. Hannah noted there had been two issues in the morning. Firstly, an IT problem had meant very slow recording but of greater significance the fact that many patients arrived in the morning even if their appointment was for the afternoon with them liking to get the vaccination out of the way during the morning. She noted the afternoon was very quiet even though the numbers should have matched those of the morning. The practice does not like to turn the queue-jumpers away but might have to consider doing so if the situation repeats.

14. Proposed dates for future meetings

PPG 19th January 2026 Joint 27th January 2026

PPG 20th April 2026 Joint 28th April 2026

PPG 20th July 2026 Joint 28th July 2026

AGM 17th September 1900hrs (proposal)

PPG meetings 1030hrs on Mondays, Joint meetings at 1300hrs on Tuesdays.

