

## Clarendon Lodge PPG Minutes

Date & Time:	Tuesday 28 <sup>th</sup> October 2025, 17.00-18.30 hours
Place:	Clarendon Lodge Medical Practice
Present:	Martin Blows (Chair), Robin Verso (Vice Chair), Sarah O'Malley, Carolyn Pickering, Jean Murphy, Peter Beard, Nigel Fox, Veronica Nanton, Stephen Gallagher (Business Manager CLMP), Amy Miller Also in attendance: Dr Lawton (CLMP GP)
2. Apologies & Resignations:	Apologies: Pauline Pears, Heather Storr Resignations: Bridget Winn has decided to stand down. She was one of the founder members of CLMP PPG group.

### **3. Minutes and Matters Arising from the last meeting**

Discussion & Actions:	<ul style="list-style-type: none"> <li>The last minutes stated that Emma was to update the action log, this has been done by Martin.</li> <li>The remaining minutes for 16<sup>th</sup> September were accepted as accurate.</li> </ul>
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### **4. Correspondence/Feedback**

Discussion:	None received.
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### **5. Review of actions**

Discussion:	Warwick Hospital repeat medication information. Carolyn advised that the person looking into this is currently off sick but she will continue to pursue. All other updates were discussed later in the meeting.
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### **6. Surgery News and Updates**

Discussion & Actions:	<u>PCN/PPG Integrated Neighbourhood Teams (INT)</u>
<b>Actions in bold</b>	<ul style="list-style-type: none"> <li>Dr Lawton updated the meeting with the latest INT developments. It has been confirmed that Leamington will now have its own INT. Originally it was suggested that Leamington would merge with the East (Southam, Harbury, Fenny Compton and Kineton). As it was seen that each INT should cover 100,000 patients, there are 84,000 in North/South Leamington, hence the suggested merger but the East will now also have their own INT.</li> <li>Six principles have been set for INT – <b>Dr Lawton to confirm these</b></li> <li>Formation of the board will be January 2026. A meeting has been arranged at Warwick Gates Community Centre on 10<sup>th</sup> December. All PPG Chairs will be invited to send a representative.</li> <li>This process has been slow due to NHS England going. ICB are going to be in cluster groups. Coventry and Warwickshire will join Hereford and Worcester. The current Chief Executive Simon Trinckett of Hereford &amp; Worcester has been appointed to run the new cluster team.</li> <li>INT will be targeting those patients that use a huge amount of the services available.</li> <li>The multi-discipline team will be of benefit to all patients.</li> <li>Dr Lawton doesn't want the INT to just focus on hospital admissions but to put preventative methods in place to stop patients becoming poorly.</li> </ul>

#### Staff Changes

- Offers have been made to a New GP, New Reception Manager, Care Navigator, waiting for them all to respond.
- Still recruiting Care Navigators
- Care Co-Ordinators to be employed using the ARR Scheme

#### Website Development Update

All the reviews that we have completed have now been submitted to Stephen to pass onto Steph. These will need to be reviewed. There are still ongoing issues which need to be looked at. The practice must make sure with the Website provider that everything will run correctly on both PCs and Mobile Phones.

#### Rapid Health Update

- The main call volume to the surgery in September/October is down by 20%. The practice is able to measure calls coming in and abandoned calls. The calls could be abandoned as people go to the website.
- The Free Text box is proving to be really useful.
- There were four reasons why the practice decided to go with the Rapid Health Triage System:
  - It would take too long to fully train new care navigators to triage the patients.
  - It is contractual requirement by the NHS
  - Patient feedback showed they want to be able to see the same GP for continuity of care

	<p>4. The old system was open to abuse as patients could ring up every day and get an appointment.</p> <ul style="list-style-type: none"> <li>• 20/25% of patients cannot fill out the form, half refuse and the other half can't because they are too elderly or have no access. Some patients also do not have an email address. There are about 17-20 phone calls a day.</li> <li>• Rapid Health is only available during the time when the surgery is operational. It is not available during the weekend until 6.30 p.m. on a Sunday evening.</li> </ul>
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## 7. Digital Champions Project

Discussion & Actions:	A paper was circulated prior to the meeting. We need to advertise for volunteers on the Practice Website and through the PPG Newsletter. Hopefully we will attract some younger people. Volunteers need to be users of the NHS App and be confident in creating accounts. <b>A venue needs to be approached in order to hold a meeting.</b> A number of venues were suggested: St Pauls Church, Oak Social Club, Victoria Lodge, Ahmadiyya Centre, Lillington Hub.
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## 8. Transcription Software

Discussion & Actions:	Five GPs are currently using AccuRx Ambient Scribe whilst talking to patients. The GP must get consent from the patient prior to the start of the consultation. The benefit of this is that the GP can listen fully to the patient without typing the notes at the same time. The GP must check the summary, correct or add any additional information at the end of the consultation. This service is only available free of charge until April.
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## 9. Potential Future Structure for the PPG

Discussion & Actions:	A paper was circulated prior to the meeting. It was suggested a leadership/management group of 3-4 people would be required. This group could also look at items that the practice require consultation on between meetings. It is suggested that a shared Google drive be set up so the team could access all relevant documents. <b>Martin, Robin, Amy, Sarah &amp; Carolyn agreed to meet separately to discuss further.</b>
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## 10. Feedback from SW Patient Engagement Group

Discussion & Actions:	Representatives from 32 practices are invited to attend, only 16-18 actually attend. <ul style="list-style-type: none"> <li>• Tamworth in Arden have a Wall Board showing calls waiting etc., Stephen confirmed CLMP has one.</li> <li>• Shipston are doing more work with Carers especially young carers.</li> <li>• Update on INT, 5% of the population use 52% of NHS resources in the area</li> <li>• Healthwatch is to be abolished by April 2027. The feedback they are currently receiving regarding online Triage Systems are negative.</li> </ul>
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## 11. Friends & Family Report

Discussion & Actions:	Two papers were circulated for August and September prior to the meeting.
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## 12. November Newsletter

Discussion:	Items to be included: September Friends of Family data ( <b>Heather</b> ) Clarify when patients can access the Rapid Health Forms ( <b>Stephen</b> ) Request for Digital Champion Volunteers ( <b>Robin</b> ) NHS online ( <b>Martin</b> ) <b>Carolyn will meet with Stephen and put together a general overview of the staffing roles within the practice for a future Newsletter.</b>
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## 13. Dates for next meetings

	<ul style="list-style-type: none"> <li>• Tuesday December 9<sup>th</sup> 2025</li> <li>• Tuesday January 20<sup>th</sup> 2026 to include AGM</li> <li>• Tuesday March 3<sup>rd</sup> 2026</li> <li>• All meetings to take place 17.00-18.30 hours at CLMP</li> </ul>
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<b>14. Any Other Business:</b>	Peter asked whether it was possible to have on the checking in screen whether a patient needs to sit in the downstairs or upstairs waiting room. He also pointed out that there was not a newsletter in the leaflet holder on the PPG notice board. <b>He has offered to make sure that there is always some available. Peter to check with Martin how to obtain copies.</b>
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