Clarendon Lodge PPG Minutes

Date & Time	Tuesday 2nd June 2026, 17.00-18.30 hours
	Martin Blows (Chair), Robin Verso, Sarah O'Malley, Jean Murphy, Carolyn Pickering, Heather Storr, Stephanie Buckle, Ronni Nanton, Brian Dandaula (Practice Manager, CLMP), Colin Davis
2. Apologies	Pauline Pears, Amy Miller, Nigel Fox, Peter Beard, GP's
3. Minutes & Matters Arising from Last Meeting	
Discussion & Actions: (Actions in bold)	The Minutes for the meeting on 14th April were accepted as accurate. • Jean raised the following from the April Action Log. **"How to assist patients that are digitally excluded" be reinstated to the Action Log.** She advised that BT and Ability Net reported 61% of the older generation were not using the internet which included making contact with their GPs. It was agreed this would be included on the Action Log until October. • **Martin also had an interesting report to share which was carried out in London. Sarah to send out a link with a copy of these minutes.** A discussion took place concerning various items on the action log that we were waiting for the practice's response. Martin also advised that he and Sarah had a very positive meeting with Brian the new Practice Manager.
4. Correspondence/Feedback from Patients.	
Discussion & Actions: (Actions in bold)	The only feedback received was a complaint about the adverts on the Television Screens in the waiting rooms and whether another channel could be used. Martin felt that there was a lot of useful information on the screens and that nothing should be done about this.
5. SW Patient Engagement Groups (SWPEG)	
Discussion & Actions: **(Actions in bold)**	• Robin reported that a meeting took place on 21st May. They received a briefing about the ICB, although a representative didn't attend. Coventry & Warwickshire ICB were merging with Hereford & Worcester. The staff would be cut back by 30%. This is causing a huge amount of uncertainty both locally and nationally as NHS England is also being abolished. A lot of knowledge would be lost. • One positive point is that they are currently running a Medication Waste Campaign, and it was suggested that they should involve patients. Richard Brooks, Chair of Sherbourne Practice has offered to take the lead with this. • Jean suggested that the medication on patient's repeat prescriptions should be listed with medications that you need to take every day being separated from those you take as and when, as everything is currently listed alphabetically and patients just tick all even if they do not require these. Brian Dandaula, new Clarendon Lodge Practice Manager, joined the meeting at this point and apologised that his previous meeting with Emma (who is leaving this Friday) had overrun hence his late arrival at our meeting. He advised that he and Stephanie would be working on how the practice runs and reporting back to the Partners and will identify if there is a need for them to have any further support. All the members introduced themselves and Brian gave a brief history of his background. • Robin advised Brian as to who SWPEG are. He confirmed that 17/18 active PPGs out of 31 were represented. He advised that they have carried out a benchmarking exercise to see how each PPG preform against each other and there has been very little change since 2022. There is still no integration between PPGs and the PCN. • Most PPGs have difficulty recruiting, which is something that we do not experience. We have a person specification/job description and also, we have a section on the practice website which we can refer potential members to. • Health Watch also gave an update and **Robin will send the link to Sarah to be included with the minutes.** • Robin advised he is Director/Board Member in a voluntary capacity for Health Watch, which is also to be abolished. There is no plan or money from the government as to how this gap will be filled.
6. PPG Terms of Reference	
Discussion & Actions **(Actions in bold)**	An adjustment had been made by Stephanie as to who would attend the meeting on behalf of the practice. Stephanie was going to refer the amended version to the partners to discuss at their next meeting. We are still awaiting a response. **Brian will discuss this with Stephanie and feedback**.

7. Surgery News	
Discussion & Actions: **(Actions in bold)**	Staffing Changes • Dr Birch has now gone on Maternity leave and 2 GPs will be covering. • Emma will be leaving on Friday. • 2 New Admin staff have been recruited on zero-hour contracts until the summer. Building Work The two new consulting rooms have been completed. Stephanie knows the date when the rooms will be ready to use. **Brian to notify Martin in order that Martin can take photos for inclusion in the newsletter.** CQC Standards • An outside body has been appointed to look at and revise the surgery standards and ensure they are all in one place and that there are no gaps. This body will contact staff and PPG members to take part in a survey. The staff handbook needs to be updated. An example of an area that they will audit is "Tools for Patient Safety". Patients' point of view will be considered through Friends & Family and the results from the National Survey. • CQC will carry out inspections remotely in the future and will only have to give 1 weeks' notice, hence the importance of having all documents up to date and stored in one place. Carers Project This was one area that had been highlighted as a gap in the recent meeting concerning the CQC standards. **Brian will be looking into this and giving further updates.** This is an area in which the PPG have been trying to find a way to identify more carers and provide support to them. We have a group of PPG members who are prepared to work on this project but we just need a person from the surgery to take a lead role on this.
8. Total Triage Patient Survey Update	
Discussion & Actions:	• The revised Total Triage Patient Survey Questions had been circulated prior to the meeting. The working group had revised the questions to make the survey shorter and this had been submitted to the practice via Steph for comment. As yet no feedback had been received. • Martin confirmed that he was waiting for approval from the surgery, once received he will prepare the survey, on "SurveyMonkey" and send to all members for trialling. • The practice needs to confirm how this can be sent to all patients that have used the Total Triage System. The survey will also be advertised on the TV Screens, Newsletter and Paper Copy be available in the surgery. **Brian to follow up with Steph.**
9. NHS App Training Update	
Discussion & Actions: **(Actions in bold)**	• Robin reminded the group that 7 volunteers had been recruited which included 2 PPG Members. Two sessions took place in Jan/Feb and trained 32 patients. The practice had agreed that this training should take place every 2 months and train 20 patients at each session. Sessions should take place at St Paul's Church and the practice agreed to cover the cost of the room. • The last session was relocated to the surgery as only 3 patients had been recruited. All three were happy with the training received. The next session is due to take place on 17th June; Robin has no idea as to how many patients had been recruited. • The recruitment process is currently not very successful. Emma was going to send out emails to prospective patients. This has not taken place and Robin understood that text messages were going to be sent now instead. He had requested a meeting with Emma and Tracy to understand what the difficulty was but had not heard anything. The Digital Champions would probably be able to share their expertise into how to recruit more patients. **Brian will follow up with Tracy (Reception Manager)** • Robin had also requested the use of the basement room 16th June 4pm-5pm for a meeting with all the volunteers as yet he was still awaiting a response.
10. How can we engage more patients to receive the PPG newsletter?	
Discussion & Actions: **(Actions in bold)**	• We need to have a better representative of patients receiving the newsletter. There are approximately 14,000 patients and we currently reach approximately 1,000 (7%). • It is not possible to auto enrol patients due to GDPR. Martin currently holds the email addresses for those that have requested the newsletter. • The practice in the past was reluctant to email all patients if it wasn't regarding their health, however Stephen did send an email regarding signing up for the newsletter to batches of patients and Martin received a number of requests for about a week. It is not sure how many batches had been sent out. Currently emails addresses are exported from EMIS and then sent via outlook, but this is capped to 300 patients per batch.

	• It was suggested that perhaps it would be more attractive to patients if the name "newsletter" was replaced with "E News" and the patients advised that this would contain relevant information that would benefit them. • It was thought that now would be a good opportunity to revisit the distribution of the newsletter with a new practice manager in post. • Also, whether the newsletter link or a QR code can be highlighted on front page of Practice website or even as a pop up. • It was also suggested that the newsletter be owned by the Practice/PPG, giving the responsibility to the Practice for GDPR and a couple of PPG members together with Brian could attend a Partners meeting to discuss this. • Colin suggested that it could be sent out on WhatsApp Business, which is free to use. You are still limited to the number of people you can send to at any one time; however, you can set up as many groups as you like. He thought that this may reach more younger people. However patients' mobile numbers would also be required to use What's App and not all patients have one, or indeed have a smartphone. • Sarah advised that young people and their parents do not know that they have to take responsibility for their health once they reach 16. The surgery may not have an email address or contact telephone number for each young person as their parent's details will be held on their record. • It was also suggested that every communication that is sent to patients also has a link or QR Code to the newsletter on it.
11. Friends and Family Data	
Discussion & Actions	The last data received from the practice was March. Brian confirmed that they had been working on the latest data. **The data for April/May would be downloaded and forwarded to both Martin and Heather (Brian).**
12. CPR Training	
	• Colin recapped the group concerning the British Heart Foundation and West Midlands Ambulance Service (WMAS) CPR Training. • In Nigel's absence Sarah outlined that Nigel's running group had received the free training from WMAS at Lillington Primary School. The training lasted 1.5 hours and covered CPR and bleeding. The trainer showed the group how to use a defib. • It was suggested that we ask Nigel if he can obtain a couple of dates on a Tuesday evening at 5p.m. when we can undertake the training. • Members were prepared to pay to cover the cost of hiring a room.
13. Content for April Newsletter	
Discussion & Actions:	No suggestions for the next newsletter currently. **Please email ideas to Martin by the end of June**
15. Dates for Next Meetings (to be held at CLMP @ 17.00-18.30 hours). **PLEASE ADD TO YOUR DIARY NOW**	
	• July 28th (Apologies Ronni & Colin) • September 15th • November 3rd
14. AOB:	
Discussion & Actions:	Carolyn advised that there is currently no manager at the Lillington Community Well-being Hub and therefore nothing was currently taking place. She also advised that she was still pursuing the hospital with regard to a medication leaflet on how to obtain repeat medication.