PANGBOURNE MEDICAL PRACTICE

PATIENT PARTICIPATION GROUP MEETING

Minutes – Wednesday 18 November 2026
5.30 pm – Boathouse Surgery

1. Introductions and apologies

Those present: Doreen (Chair), Rosie Barker (Managing Partner), Alex Horn (Secretary), Bozenna Brooker, Mal Sanham John Creagh, Kate McMahon, Diana Smith, Nick Bott, Barry Ashdown and Sarah Dixon. Liz Slocombe, (Social Prescriber) and Dr Morgan joined for their respective agenda items.

Apologies: Maria Abrams, Linda Price and Louisa Nicoll.

The group welcomed Nick Bott as a new member. Members introduced themselves. Doreen thanked Alex for taking the minutes and for preparing the patient feedback summary.

2. Social prescribing – Liz Slocombe

Liz explained that social prescribing provides holistic, non-medical support by helping patients access community, voluntary and specialist services. Patients may be referred by GPs, other practice staff or external professionals, or may self-refer. Liz works across Boathouse Surgery and Theale Surgery, for approximately two days a week at each practice, and supports Boathouse patients when working at the surgery.

Social prescribing can help address factors affecting health, including loneliness, isolation, caring responsibilities, housing, financial concerns, transport, anxiety and difficulties accessing services. Liz spends time understanding a person's circumstances and signposts or connects them with suitable local or national support. This may include helping someone make initial contact with a group, for example where anxiety or transport makes joining difficult.

The group discussed awareness of the service. Several members had not known what the role involved or where to find information about it on the practice website. It was noted that the staff page currently gives Liz's job title but little explanation. Rosie agreed that clearer information about the role should be added to the website and considered for posters and the waiting-room video display. The group also discussed sharing information through local parish magazines and community channels. Alex offered to help share relevant information through the Pangbourne Parents Facebook group when suitable details are available.

Liz explained that she is already busy and has a waiting list, so information needs to direct patients through appropriate practice routes rather than encourage unmanageable direct contact. Patients can contact the surgery or use the online triage/contact routes; reception staff may also identify patients who could benefit from support.

The group discussed gaps in community provision, including long waiting lists for some support services and a shortage of volunteers. Help with completing complex forms was identified as a particular unmet need. Libraries and parish councils were mentioned as potential partners in supporting access to information, computers and volunteering.

Doreen thanked Liz for attending.

3. Matters arising from the July meeting

- Waiting-room video subtitles: Rosie confirmed that she had reviewed the display and the subtitles appeared to be correctly sized and visible. The action is complete.
- Small posters and QR codes: Alex is rebuilding the list of useful information and will create QR codes where appropriate, to reduce the amount of printed material.

- Message in a Bottle: Information remains on the noticeboard and two sample bottles are displayed downstairs. Further bottles are available from reception. It was confirmed that ambulance crews still check the fridge for these bottles in an emergency.
- Defibrillator and first-aid training: Gary is completing his Advanced Clinical Practitioner course, expected to finish in January, and is keen to offer community defibrillator training afterwards. Rosie has also been approached by a doctor offering free paediatric basic life-support sessions for the community. Further details are awaited.
- Books and jigsaws: Maria has continued replenishing the jigsaws and books; Sarah has also added books. The group thanked members and local patients/friends who donate stock. Jigsaws remain £2 and were considered good value.
- Outside plant pots: A member of surgery staff has taken over responsibility for the pots, which are looking well.

4. Surgery update – Rosie Barker

- The reception back office is due to move into the current meeting room, allowing the original meeting room to be reinstated. This is to provide a more confidential and soundproof space, away from the physiotherapy waiting area. The January meeting is expected to take place in the original meeting room.
- The practice has secured council funding for and have ten new adjustable medical couches and a new phlebotomy chair. The old couches are awaiting collection.
- Staff changes: Jade has joined as Healthcare Assistant; Ellie has joined as a nurse; Lynn, the phlebotomist, has increased her clinic from three to four days a week. Ula, a clinical pharmacist, is on maternity leave and is being covered by Danusha. Dr Kenton continues to provide regular locum sessions, with additional locum cover planned over the winter.
- A new automated telephone option allows patients to hear details of upcoming appointments and cancel appointments without speaking to reception. Patients can still remain on the line to speak to a receptionist.
- Book and jigsaw sales raised a further £60.56, bringing the PPG funds to £1,252.47.
- Friends and Family Test (FFT) responses remained very positive. Response numbers increased during the flu and COVID vaccination clinics, and the proportion of positive responses also increased.
- A January handover meeting with Rosie, Doreen and Louisa to take place before the next PPG meeting.

5. Questions for Dr Morgan: use of artificial intelligence

Dr Morgan explained that AI is used as an aid rather than as a replacement for clinical staff. The online triage system may ask additional questions based on the symptoms entered, helping the practice assess urgency and gather relevant information. Patients are not required to answer the additional questions if they do not wish to.

The practice also uses AI-supported software to summarise incoming clinical letters and suggest relevant coding. This has helped clear a backlog of letters. Staff review the suggested information and remain responsible for checking and approving the final record. Personal patient details are not entered into general AI tools.

Members discussed the benefits of time-saving alongside the risks of inaccurate or misleading outputs. Dr Morgan confirmed that clinical decisions and final outputs remain the responsibility of the relevant healthcare professional. The practice does not anticipate replacing reception staff with AI.

6. Feedback – September and October 2026

The committee had previously read the patient feedback summary ahead of the meeting. Overall satisfaction remained very high: September recorded 96% positive feedback from 458 responses, and October recorded 97% positive feedback from 925 responses.

Positive comments regularly praised the friendliness and professionalism of reception, clinical, nursing, paramedic and dispensary staff; the quality and compassion of clinical care; prompt responses to online requests and call-backs; vaccination clinics; and the practice environment.

Areas raised for improvement included appointment delays and limited updates when appointments were running late; communication about rearranged appointments, tests, medication queries and follow-up; some patients feeling rushed

or not fully heard; and accessibility, including toilet facilities, transfer equipment, parking and privacy when speaking to reception.

7. Website – complaints procedure

Nick noted that the online complaints form did not itself explain the complaints process, timescales or appeal arrangements. Rosie explained that this information is included in the complaints leaflet, which is available on the website through the search function and the complaints and feedback page.

It was suggested that a direct link to the complaints leaflet should also be added to the complaints form page, so that patients who reach the form directly can easily find an explanation of the process.

Action: Rosie to arrange for a link to the complaints leaflet to be added to the complaints form page, or otherwise make the information more directly accessible.

8. Committee membership and change of Chair

Doreen confirmed that this was her final meeting as Chair after three years in the role. Louisa Nicoll will take over at the January meeting. Doreen was thanked for her work and support, and presented with flowers and a bottle of Moet Chandon from Rosie and the Surgery GP's.

The group had agreed a maximum membership of 15 when the new Terms of Reference were updated in April 2026. A further application has been received, which would take the group above that number. Barry confirmed that he is stepping down and was thanked for his contribution to the committee and wider PPG activities, including the Art Café. Four other members have indicated that they would be willing to stand down if there were a waiting list of applicants. Doreen will meet the prospective new member for an introductory conversation.

The group discussed the PPG funds, originally intended to contribute towards replacement couches. As the practice has now secured funding for the new couches, it was agreed that the £1,252.47 should remain available as a contingency fund for urgent equipment needs, such as replacement of a blood-pressure monitor.

9. PPG noticeboard

The group discussed making PPG information more visible now that the self-monitoring area has moved. The wall space to the left of the oil painting, near the table, was identified as a suitable location for the PPG board and information.

10. Any other business

Bozenna praised the Pangbourne pharmacy's blood-pressure monitoring service, describing her experience of borrowing a monitor for 24-hour monitoring and receiving a printout, which was also sent to the surgery. The group noted that information about pharmacy services is displayed in the practice.

Action: Rosie to feed this positive feedback back to the pharmacy at her forthcoming meeting and review how the service is publicised.

11. Close

Doreen thanked Rosie for her support and guidance, thanked members for their contributions, and wished Louisa well in taking over as Chair. Members were wished a happy Christmas and a successful 2027.

Next meeting: Wednesday 20 January 2027, at 5.30 pm.

Actions

Lead	Action
Alex	Rebuild the list of useful patient information and create QR codes for suitable resources.
Rosie	Add a fuller explanation of the social prescribing role to the practice website; consider posters and the waiting-room video display.
Alex	Help share information about social prescribing and relevant paediatric training through the Pangbourne Parents Facebook group when details are available.
Rosie / practice	Progress the proposed community paediatric basic life-support session and share details when confirmed.
Gary / practice	Revisit community defibrillator training after Gary completes his course, expected in January.
Rosie	Add a direct link to the complaints leaflet from the online complaints form page.
Rosie	Feed back the positive comments about the pharmacy's 24-hour blood-pressure monitoring service and review how pharmacy services are publicised.
PPG / practice	Relocate the PPG information board to the more visible wall space identified beside the oil painting.