

Painswick Patient Participation Group full meeting

3.30-5.00pm Tuesday 3rd February 2026 at the Surgery



Present PPG members: David Perry (DP), Brian Painting (BP), Bill Summerskill (BS), John Finney (JF), Peter Morse (PM) Jo Richardson (JR), Neena Buntwal (NB) Ron Sparrow (RS)

Apologies: Veronika Duffield-Valekova (VDV),

Practice Staff: Jenny Valley (JV), Mandie Hayden (MH) Alice Tribe, Dr Rhys Evans (RE)

Membership Updates:

DP announced the death of member Chris West and welcomed new member: Ron Sparrow from Pitchcombe

Apologies received from Veronika Duffield-Valekova, David Gratton

Resigned: Charlotte Tempest

Two current vacancies: One past waiting list member has been contacted and MH passed DP two applications received in Reception. DP to pursue.

BS suggested that prospective membership might be prioritised to ensure representation from i) carers and ii) veterans given future direction of travel in local NHS Strategy

A request for attendance at one of our meetings had been received from Rendcomb PPG for general interest

DP to facilitate introduction.

1 Visiting speaker: Digital Futures - Kevin Gannaway-Pitts Senior Programme Manager Digital Primary Care, Gloucs ICB

- KG-P – 21 years in the NHS
- The ICB is currently in the middle of uncertainty, losing many staff as it joins the Bristol, S. Gloucs & N Somerset regional cluster
- Cost reductions are necessary to sustain digital growth on a budget of £19 pa per patient.
- His section of the ICB provides training but this is not available to non-employees because of cost limitations.
 - o DP made the point that volunteers in such as PPGs would be very cost-effective if trained.
- Provides software applications to Practices though 3 of the 64 practices in the County buy-in their own
 - o There is a great deal of diversity in the applications these Practices purchase
- Our Practice is now using SystemOne but not the partner app S1-Connect.

- The ICB can only advise Practices over their accountable actions for delivering to the NHSE contract
- NHSE is known to be checking widely on Practice's use of applications, opening hours etc.

He proposed a set of questions that PPGs in their role as patient advocates might ask:

1. Why change App suppliers? (NB there are new technologies emerging constantly and KS advises on these)
2. Gloucs has the JUYI (Joining Up Your Information) system running successfully that ensures that all NHS organisations in the County can access a patient's records
3. Consideration has to be given to inclusion of all the population, being aware of potential unintended exclusion, and impact assessments must inform this
4. Are appointment demands being responded to by the use of advanced telephony apps (yes, in our case)
5. How does the Practice respond to eConsult submissions (DP – we have done a lot to ensure we understand this and pass it on to our fellow patients)
6. What is the value of the NHS App? Discussion followed on this topic:

NB outlined her initial work with the local Friday Club drop-in sessions. (bringing forward item 6 on the agenda)

There are a number of difficulties people have with the App, notably the need to provide personal identification during registration. This is a blocker to digital inclusion

WiFi login in the Surgery also sometimes gives people difficulties.

- NB to send KG-P notes on current difficulties
- BP shared details of the Gloucs Digital Triage service -first point of contact for all things digital in Gloucestershire.
<https://www.grcc.org.uk/index.php/daisi-digital-triage-service>
- KG-P suggested that support in how to use the Practice website's many aspects would also be valuable.

2 Attendance of a Doctor at (some?) PPG meetings

It was agreed that the PPG would prefer to have presence from both Practice management and a GP/Partner to provide the PPG with a suitable level of timely feedback and awareness of current issues

3 Senior Partner's report (special attention to the impacts of national contract changes)

Dr Rhys Evans (RE) attended the meeting but had to break off for some time to attend to a patient's urgent needs

On his return RE reported how regretful he was that the changes in the GP contract last year, applied by NHSE without consultation, have very much increased the number of demands that patients make on the Practice.

Pressures have been multiplied by new requirements for eConsult opening times and that every one that is received must be attended to on the same day. As a result of the publicity given these changed requirements Doctors are receiving an excessive number of relatively trivial questions, and demands for appointments that really should be dealt with by patients' own initiatives or forbearance.

The Patient Group were concerned to learn that on top of ongoing pressures over recent years and the growing reluctance of Doctors to become partners in Practices, the future of the Practice in Painswick could be threatened.

RE stressed that the partners in our Practice are determined to maintain the quality of their service to the community but also expressed fears that current pressures are becoming a threat to the safety of patients and Doctors alike, as decisions are having to be taken without adequate time to ensure thoroughness.

His difficulties in attending PPG meetings are also a symptom of these matters.

PPG took the action to discuss at the next members only meeting and to review PPG communication to ensure that where there was an ability to stress alternatives to calling the GP or to minimise impact on the Practice that it could be documented.

4 Chair's items

DP reported on an issue raised by a patient over privacy in reception and his satisfaction at the Practice's response.

Report on 'Let's Talk Digital' conference, Painswick Oct 2025 – carried over

5 Practice Manager's report JV/Alice Tribe (Administrator)

Alice reported details of the latest Friends and Family report

- 146 Responses, with 76% marking their interactions as Very Good, with 1% very poor.
- The number one word in the feedback was 'efficient'.
- 30 people did not attend in January reflecting a 50% reduction in non-arrivals and associated costs/impact
- JV – renovations continue to consume time and resources.
- As of 3.2.26 7 rooms had been improved to meet Infection Prevention and Control Standards
- 4 out of 7 rooms had been decorated and floored.
- External Funding had been sourced that had covered the majority of the flooring costs and the surgery was required to meet the cost of the painting/decorating/new washbasins
- As of 3.2.26 the Practice was fully staffed with no vacancies

JF raised the messaging on the inbound call routing and the wait times for calls (especially where the Surgery has requested the patient call back) and asked if anything could be done - JV said there were no shortcuts in the system

JF asked if there was evidence of the preventative messaging on the new 'Integrated Voice Response' (IVR) system being effective? JV- No

JR highlighted a recent call where she had experienced a wait time of approx 60mins. JV responded that this was exceptional and highlighted that the abandonment rate was not high indicating that the IVR was doing a good job.

6 NHS App support for the community NB – covered in item 1

7 Help with transport to appointments (paper) DP Volunteer drivers?

It was noted by the group that the previous review of feasibility had deemed this beyond the ability of the PPG and the PPG recorded that there was no change to this situation at present.

8 eConsult – much improved?

Feedback was received from DP in attachment “2026-02 Responses to request for comments on digital” which in summary resulted in almost no mention of eConsult, some praise for online consultation follow-up and a general lack of concern about digital adoption at present.

Also note comments from RE in item 3

8 Closure of NAPP and the move of Healthwatch into the ICS DP

DP reported on the closure of the National Association for Patient Participation NAPP due to a lack of ongoing funding and that Healthwatch would cease to exist as a separate entity outside of the ICB. He observed that this reflected a growing lack of transparency and democracy within the ICB structure

9 update from the PPG Forum

BP shared 3 presentations of note with the links below

- **Training, recruiting and retaining staff in GP services; and alternatives to the ‘partnership model’ for GP services mentioned in the NHS 10 Year Plan** introduced by Dr Laura Halden, Clinical Chair, Gloucestershire Primary Care Training Hub: [Gloucestershire Primary Care Training Hub PPG](#)
 - Indicating an above average GP to patient ratio in Gloucestershire and the training options available to Practices
- **Action in Gloucestershire on waiting lists**, introduced by Dr Christian Hamilton, Associate Director of Commissioning for Elective Care, NHS Gloucestershire: [Elective Waiting Lists Jan 2026 PPG](#)
 - Relative successes of Gloucestershire Hospitals in reducing wait times and the tactics including specialist surgery teams seem to have had a positive effect
- **Update on ICB Changes**, introduced by Caroline Smith, Senior Manager in Engagement & Inclusion, NHS Gloucestershire: [PPG Organisational update Jan 2026](#)

10 Members Only meeting – is this wanted? If so, date?

Members agreed that this would be worthwhile and a valuable part of the PPG strategy. Virtual meetings were discussed but the Group took the view that whilst this may be expedient at times the preference was for Face to Face meetings wherever possible

The meeting closed at 5:00

Date of next meeting to be agreed and circulated