



# **Tadley Medical Partnership PPG Open meeting and AGM**

27<sup>th</sup> May 2026

# Introduction

- Great to see that so many of you are so interested in Tadley Medical Partnership.
- Fire exits, assembly point and if you need help tell someone
- We have a virtual PPG group to ensure that you are consulted and can contribute on important issues. Many of you are already part of this group but please give us your email address if you are interested.
- The PPG is an independent voluntary group which liaises between patients and the practice. We work with the practice to support and influence health provision and illness prevention where possible.
- So, we act as an intermediary if you want to raise any issues and we ensure that action is taken forward for others as well as yourself. The practice is extremely responsive and proactive and prioritises patient concerns.
- We also act as a sounding board for the practice when changes are being planned.
- There are 13 members of the PPG as well as the practice senior leadership team. Introduction of all here today plus apologies.

# **Aim of the Open meeting**

- This is in lieu of an AGM and fulfills the same purpose but the title Open Meeting was more popular in the past so we used this again.
- This meeting is facilitated by the PPG and members of the practice are here due to the good relationships that we have built with them.
- This is an opportunity for you to hear about Practice challenges and developments and PPG initiatives. We want to encourage greater consultation, so that we can develop possible strategies for moving forward.
- Thank you for letting us know your questions, thoughts and concerns in advance. There can not be answers to everything today, but knowing your concerns, and things that are going well allows for greater feedback for you at this meeting.

# Structure of the meeting

- Welcome and introduction
- Apologies
- Overview of past year from the PPG perspective
- Ongoing PPG initiatives and future developments
- What we can do to help improve our health and wellbeing
- Challenges for the practice and changes made recently
- Discussion led by the GP partners focusing on questions and comments sent in advance
- Open discussion – follow up questions from what you have heard today and positive comments
- Closing remarks

# What has the PPG been doing?

- Contributing to discussions and communicating these to the PPG committee and the wider Tadley patient group from:
  - The HIOW PPG ICB meetings
  - The North Hampshire PPG meetings
  - The Basingstoke PPG meetings
  - Tadley Wellbeing Forum
  - Tadley Community lunch
- Responding to comments received on [ppg4tadley@gmail.com](mailto:ppg4tadley@gmail.com)
- Taking part in new initiatives and research
- Working with young people at the Hurst school to discuss their health needs and what they would like from health services

## **Wider PPG meetings**

- HIOW PPG– discuss new initiatives and common issues over area e.g community resilience, neighbourhood hubs, use of the NHS app
- North Hampshire PPG- 11 PPGs sharing best practice. Met with local MP to discuss challenges to health.
- Basingstoke PPG – even more local issues, share info and experiences and collaborate when possible

# Local meetings

- Community lunch – local groups share information and present initiatives local to them, for example use of the NHS app
- Tadley wellbeing forum – monthly meetings including all those who have an interest in health and wellbeing – churches, schools, Cross Link, Food Bank, Age Concern, Loddon Valley Lions, Green Health Tadley, elderly day care, Citizens Advice, local councillors and from TMP, me as Chair of PPG, Social prescribers, Health and Wellbeing nurse, Cancer care nurse and Dave Newman and sometimes a guest speaker
- Dementia friendly activities, arts, crafts and music Bluebird Care Hearts and Minds Café 10.30-12 last Thursdays of the month Pamber Heath Memorial Hall £3 per person including tea/coffee and cake.

# Hurst school meeting

- We met in March with school council members representing all the years in the school. Highly articulate and mature pupils who are self aware and honest.
- Loneliness was discussed last year but less was less of an issue for this group but they felt that they could do more outside activities
- We discussed social media & messages arriving on phones etc. They said that they would report worrying messages to school staff who would help .
- When they are concerned about anything the school take this very seriously and respond quickly and generally within the day.
- They feel that school staff genuinely care about them and listen to their views and issues and they are happy to be at the Hurst
- This positive feedback from pupils boosts staff wellbeing & morale
- The pupils apparently enjoy our visits and feel listened to and these visits will continue. The school council members are happy to act as a focus group for the PPG and practice so we can hear their thoughts..
- This is one way we can increase age diversity within the PPG

## **Issues discussed at wider PPG meetings -**

- **Individual, household and community resilience –**
- Strategies to cope with major events e.g flooding, extremes of weather, infectious diseases, transport accidents, pollution, fuel shortages, cyber attacks, terrorism, loss of essential services
- Designed to “Prepare, Respond, Recover”
- Sign up for alerts, think about having a household emergency plan and grab bag
- **Neighbourhood health hubs –** in the early stages of development. Will explore lived experiences & insights, engage with residents & receive feedback to further improve health and care services locally. Currently Primary Care Networks in place.
- **Read Easy –** for adults who have challenges with reading free and confidential one to one reading & coaching with [www.readeasy.org.uk](http://www.readeasy.org.uk) [basingstokenetworker@readeasy.org.uk](mailto:basingstokenetworker@readeasy.org.uk)  
Chris Baker 07745 526589 or 07359 407481

# **Issues discussed at wider PPG meetings**

## **Urgent Care -**

- Urgent care and emergency care are different
- Urgent care - For injuries or illnesses that need attention quickly but are not life threatening. These include NHS 111 and follow up services such as Urgent Treatment Centres (UTCs), GP care in and out of hours, dentists, pharmacies and emergency optical care
- Emergency services should only be used by those who most need them – A&Es and ambulance service via 999
- Use pharmacies whenever possible
- Opticians provide emergency eye care – contact them directly – Optimum Vision and Leightons in Tadley
- Aiming for “timely and right care, first time, every time”.

## **Issues discussed at wider PPG meetings Urgent Treatment Centres -**

- UTC Standards – 7 days/week 12 hours a day minimum. For investigating and diagnosing minor injuries and illnesses. There are issues about patients understanding the service.
- Basingstoke 8am-8pm every day. For sprains, broken bones, wounds, minor burns, illnesses. X rays available. Walk ins possible but appts through 111 best
- Also North Hants Urgent care – out of hours GP services via 111
- Newbury Minor Injuries unit – not for illnesses 8.30-6 M-F and 9-5 Sat/Sun via 111

# Urgent Care questionnaire

- Basingstoke UTC- contract up for renewal and decision is being reviewed.
- Please complete this by 21<sup>st</sup> June  
<https://survey.ntropydata.co.uk/surveys/JG2026IUC2>
- They are looking for people to complete this in relation to their experiences of accessing urgent care services so they can be improved.
- They particularly want to hear from people whose voices are not always captured in surveys and who may face barriers accessing services – e.g older people, carers, people with disabilities, minority ethnic communities, LGBTQ+ community etc

## Research initiatives

- Skin Vision project – 6 month trial for Wessex Cancer Alliance concerning ease of using the app
- “Bridging the participation gap: comparing PPG and practice decision maker perceptions of meaningful participation in service decisions in general practice”
  - Carried out by medical students at Imperial College London
  - Individual interviews with GPs, practice managers and PPG members which I and Dr Dave Newman took part.
  - Group discussion with PPG chairs to discuss findings and preparation of a presentation to share with medical students
  - Common denominators – frustration with low attendance and lack of diversity in PPGs, also the importance of valuing the patient voice and the need for training and education.
  - Challenges –barriers to meaningful participation and what this actually means. Is this mere compliance or true engagement?

## **Future PPG work**

- Ongoing work with the Hurst school to increase communication with young people.
- Monitoring of reviews and comments
- Ongoing attendance at all current forums and new consultations
- Taking part in any compassionate Tadley work
- Focusing on feedback we receive and developing strategies in line with these comments
- Continuing to develop more active consultation groups

## **There continues to be a major culture change for us all**

- We used to request an appointment and this would be booked in, however there was often quite a wait.
- Now we explain why we want an appointment and this is prioritised according to clinical need. If this needs to be the same day, triaging allows this to happen.
- This “total triage” is carried out by experienced clinicians
- We now contact the practice by phone, in person or online. Please contact online if you can because there is only one triage list. Referrals are prioritized speedily according to level of need.
- We were used to always seeing a doctor, usually a Partner. Now our specific need is referred to the most appropriate clinician, who is not always a doctor.
- We were used to face to face appointments but this is not always necessary and phone calls save time for all involved

# Practice perspective on systems

- Total Triage is now totally embedded and working well
- This offers patients a convenient way to contact the surgery without needing to call or come in
- Patients are gradually getting used to the new way of accessing services
- Fewer patients are needing to call first thing in the morning or come into the surgery unnecessarily
- We can submit medical or admin requests 8-6.30 M-F
- Please order repeat prescriptions in plenty of time particularly around bank holidays so they don't run out of medications.
- If you need to more than one month's supply of medications contact dispensary or preferably submit an online admin request giving a clear reason why.
- The phone lines are more manageable during the day but just before or after bank holidays are particularly busy.
- The practice are very aware that not everybody can contact them online. For those who can please use online resources. This helps to keep the phone lines & reception team more available for those who are unable to use the online services.

## **Named GP**

- If you are unsure who your GP is submit an admin request or if you are not able to do this phone the practice and ask.
- GP Partners no longer have their own patient lists. This has reduced their considerable admin time. However, they are still very clinically active and are accessible to patients and carry out triage. They now have more time to teach and coach others and attend meetings and manage the running of the practice
- You now have more control over the clinician you see. You can arrange a follow up with the same person and any results can go back to them. You can have greater choice of clinician and continuity of care.

# Challenges for the practice -1

- **The new GP contract** – the intention is to increase efficiency and improve patient access, but it is putting additional strain on already stretched services. Workload and admin demands are rising while funding has not fully kept pace with increasing patient needs
- **Increased workload and expectations** – more care being shifted into the community so that GP practices are expected to care for ever more complex patients. It places emphasis on providing same day access for urgent care and taking on work previously carried out by hospitals eg advice and guidance. These changes significantly increase the day to day workload for teams

## **Challenges for the practice -2**

- **Workforce pressures** – recruitment and retention continue to be major challenges. Fewer doctors are choosing to be GP partners and existing staff are facing increasing levels of stress and burnout. While responsibilities are expanding under the new contract, staffing shortages remain unresolved. However, at TMP several new GPs have been recruited which has stabilised the team
- **Pressure on patient access** – improving access is a central aim of the contract through measures such as online consultations through core hours, and user-friendly booking systems. However, in reality patient demand often exceeds available capacity making it difficult to consistently provide same day urgent care.

## **TMP cares for 19,599 patients and in April 2026....**

### **April 2026– over 20 days**

- 2,338 GP/ANP face to face plus 5,150 phone contacts.
- 939 blood tests, 2,567 nursing appointments and 196 home visits
- 4,357 inbound calls
- 2,766 medical/ admin requests through reception
- 3,157 on line medical/admin requests
- 12,680 prescription requests
- 8,501 documents processed

### **Average per day**

- 117 GP/ANP face to face + 256 phone contacts
- 47 blood tests, 128 nursing appointments and 10 home visits
- 218 inbound calls
- 138 medical/ admin requests through reception
- 158 on line medical/admin requests
- 634 prescription requests
- 425 documents processed

## **To put these statistics in perspective**

- There are 23 GPs (13.5 FTE), 4 ANPs, 1 paramedic, 5 pharmacists, 2 social prescribers, 2 wellbeing practitioners, 2 Health & wellbeing coaches, 1 proactive care nurse, 5 practice nurses + Health Care Assistants, phlebotomists. Non clinical roles include reception, secretarial and admin staff & practice managers.
- So, when there are comments about not being able to get an appointment at the practice this is just not true if there is a clinical need.
- This represents an incredible workload for practice staff and I think you will agree how fortunate we are to have such a hard working practice

# **What can we as patients do to help ourselves**

- We need to focus on managing our health needs as best we can by adopting healthy lifestyles and monitoring our health. We can not expect the practice to do everything.
- Use the NHS app. Look at your results, vaccinations, order prescriptions etc and use the total triage system to request appointments
- Use the TMP website which has very helpful resources about treatment options and then self refer if you can and visit the pharmacist if appropriate
- Share information with others who do not have Smart phones or IT access
- Make sure that you cancel all appointments that are no longer relevant or required at least 3 hours before the time. This will enable others to use the valuable appointment time.
- Do not phone or visit the surgery when you can use online services. You will go into the same queue and it is no quicker and takes yours and practice time and adds to parking issues.

## **Park responsibly in the practice car parks**

- Do not park in the layby with double yellow lines opposite the entrance to the Practice as this is for Ambulances only. Drop offs here can be helpful for ill and mobility impaired patients but please do not park your car here and be prepared to move if an ambulance needs this area.
- Do not park on the hatching by the disabled bays
- Be careful about your speed on entering the car park and stop for the pedestrian crossing
- Parking spaces are very tight so please make sure that you park within the lines
- Be careful when opening car doors not to damage other cars parked nearby
- If parking in a Disabled Bay, ensure that your Blue Badge is displayed in the windscreen.
- Be aware that people can be walking slowly in the car park and be careful about driving in to and out of spaces
- Remember that people are often feeling ill and can have mobility issues or they can be older people or children –drive carefully

# **Give feedback constructively and positively**

- Give feedback to the practice about queries, concerns and positive points.
  - They will follow up and a review will take place and appropriate action will take place act as appropriate.
  - Do not do this anonymously because they can not resolve this with you and you will not receive feedback on the issues you have raised.
  - Dissuade others from using social media to complain if you can. It spreads negativity and is not viewed by the practice and comments can be hurtful to individual members of staff.
- Use the Friends and Family feedback form
- Be as constructive and positive as possible. We are lucky to have such hardworking and responsive team members at the practice

# Closing comments

- Thanks so much for coming tonight
- Please can you let us have your email address and contact details for PPG Committee use if you have not done so already
- TMP care for people who are acutely unwell and offer an excellent, high quality and person centred approach and they genuinely care
- Have you any positive comments that you want to make about the Practice.