

MINUTES
Of
TADLEY MEDICAL PARTNERSHIP PATIENT PARTICIPATION GROUP
OPEN MEETING 2026

27 May 2026

Apologies: Priyanka Patel, Gil Tomlins, Betty Winmill

Presentation by Claire Chambers, Chair of the PPG. Attached to the minutes for reference.

- Total triage – use this online where possible, there is no benefit in phoning in as the receptionist will complete the same form whilst talking with the patient and the form joins the same queue.
- Named GP – the named GP is not necessarily the clinician a patient will see. The patient has a choice of which clinician to see when offered an appointment.

Presentation by Dr Rohit Chander. A number of statistics were provided, See page 3 and 4 for the full statistics.

- There has been a significant increase in the number of patient contacts despite the patient population remaining quite stable.
- 50% of patients are offered an appointment the day they contact the practice.

Questions to Dr Chander:

Where does practice funding come from.

- Funding is from government, the Integrated Care Board sets the level of funding for each practice and if the practice goes into deficit it will be fined. Dr Newman added that the funding is based on the number of patients on the practice books and how well the practice meets the targets set by the ICB.

Presentation from Dr David Newman. A broad overview of the current situation in the practice, the pressures on the practice and the solutions that the practice are applying to maintain a high standard of service to the patient population.

Dr Newman noted that the government does not understand the importance of the GP partnership model and would prefer a salaried model instead.

The additional National Insurance charges and new minimum wage cost the practice the equivalent of 1 full time GP.

The Primary Care Network (PCN) is working well. Tadley Medical Partnership and Watership Down have effective shared services where costs are also shared, mainly in non patient facing functions. The PCN's will be the basis of the Neighbourhood Health Hubs which are being developed. These will be driven by practices and will cover a wider brief than just physical and mental health. GP's often do not know of government initiatives, Neighbourhood Health Hubs should help in this regard.

Government require availability of GPs in all practices from 8am to 6.30pm. Covering this is not easy as resources are finite but the practice is managing to maintain the required levels. There is a time limit of 48 hours maximum from the time of initial patient contact to respond to the patient.

Following the presentations, general questions were raised by the attendees. In some cases the questions concerned a specific medical issue which was not appropriate for open discussion, in these cases Drs Chander and Newman spoke to the patient concerned directly after the meeting.

Question – Self referral issues. The patient self referred for a physiotherapy appointment, waited 2 months for a response and then the appointment was made at a centre a long distance off. When arranging an appointment direct through the practice, an appointment was offered very quickly.

- The self-referral system for some services is currently experiencing significant demand pressures and may not always function as effectively as intended. If you are facing excessive delays with a self-referral, the practice may be able to help arrange a more appropriate appointment.

Question – getting a 6 month repeat prescription, the prescription request form has changed and it is not possible to order the 6 month repeat

- The online administration request option enables patients to submit prescription requests for anything longer than one month.

Question – self referral resulted in seeing a clinician but wrong discipline and could not help the patient

- Mental health issues are responded to by a mental health team, who can then refer to specific services as needed, this is the most difficult aspect of the triage function.

Question - problems booking late afternoon appointments by phone and unable to do on line appointment request

- Triage is done very quickly after the request is received whether it is received online or by phone. The triage clinician will arrange appropriate slot depending on clinical need. If there are issues in making an online contact, the receptionists are able to help with completing the form.

Question – booking appointment with named clinician.

- When an appointment is offered a list of available clinicians is also provided and the patient can select their preferred clinician.

Question – the practice is doing a good job on IT, but why is it necessary to use different websites and apps for different requirements.

- The NHS has over 60,000 IT systems and most do not talk to each other, and so it is necessary to use different websites and apps in some cases.

Comment made from the attendees that the performance of the receptionists is very much improved in recent times.

Statistics

Caring for just under 20,000 patients.

	May 2023 – May 2024	May 2024 - May 2025	May 2025 – May 2026
Total Admin/Medical Requests (not including practice nurse appts or chronic disease recal/invites)	36,500	58,000	74,000
Medical Requests	28,000	44,000	54,500
Via NHS App	2,000	4,000	7,000
Via Website	16,000	24,00	32,500
Via Reception	19,000	31,000	34,000
Total Inbound Calls			56,300 (double national average) * Average wait time (answered) – less than 1 minute
Prescription Requests			146,000
Documents Processed			102,000

APPOINTMENTS

GP / ANP - Face to Face
30,641

GP / ANP - Telephone
58,633

Nursing Appointments
12,878

Blood Tests
7,513

MSK
2,175

Home Visits
2,161

Pharmacist Team
6998

Mental Health, Wellbeing, YPI
4735

Social Prescribing
2138

NHS Health Checks
644

- **About 50% medical appointments are same day.**
- **72% within 7 days**
- **Number 1 out of 124 ICB for online submissions. Number 170 out of 6,000 practices**
- **Quality outcome framework – achieved 97% of Targets (Loss of points is due to a cohort of families not going for vaccinations)**

	May-24	May-25	May-26
Current Smokers	2004	1852	1797
Overweight or Obese	9235	9368	9438

- In 1993, 15% of UK adults were obese. 30% in 2024 — 2/3 (66%) are now either overweight or obese. Total UK economic cost £126bn per year including productivity. The multimorbidity multiplier.
- Smoking: Total societal cost (England) £21.8bn per year