



Stockbridge & Broughton Surgery PPG

Minutes of meeting held on Wednesday 23 April 2026 at 6.30pm in the Surgery

Present

Andrew Brock (Chair) (AB), Ann Spooner (Practice Manager) (AS), Dr Will Dougal (GP Partner) (WD), Alison Deverill (AD), Sheila Fitzpatrick (SF), Rebecca Grainger (RG), Audrey Watts (AW), Gary Richmond (GR) and Peter Storey (PS)

Apologies: Isabelle Assali-Reeve, Tracy Greenfield and Charlie McClaughlan

Introduction

Beryl Hodgson as in attendance with a view to joining the PPG, and Charlie McClaughlan has also seen the surgery PPG promotion and joined the PPG but unable to attend this meeting.

Standing Items

Minutes of the meeting held on 14 January 2026 were agreed by those present at that meeting.

Matters arising

All action points had been completed.

- Rawlings (Stockbridge) were content to undertake ear irrigation.
- A note in the surgery newsletter had been sent to remind patients that the numbers of others visiting with patients should be minimised but as yet, no noticeable difference had been seen.

1. PPG administration

BH's offer to take the minutes at future meetings was gratefully received.

2. Surgery Update

A briefing document was supplied by AS (attached). which provides further information in additions to the points mentioned below:

- Partners had considered a joint request from King's Somborne Neighbourcare and the Parish Council to open a third surgery or move an existing surgery to the village given land and funding opportunities could be made available, and King's Somborne Parish was also the most populous of the villages in the Practice's catchment area. Whilst recognising the arguments submitted it was thought the practical difficulties of implementation i.e. staffing and wide geographical location of other patients, which now totalled over 9000, outweighed the advantages accruing to King's Somborne. However, WD would visit the potential site to enable Partners to gain a firsthand impression of the potential location should the Surgery circumstances change; meanwhile, the offer of PPG help would remain on the table. **Action: PS** would advise Neighbourcare and the Parish Council accordingly. **WD** would physically look at the site
- Broughton CCTV now operating successfully.

- Stockbridge surgery would be redecorated over the Spring Bank Holiday. GR recommended that notices were confined to one space only so as to make it the waiting room more welcoming and to make things such as provided art stand out much better.
- Whilst the Friends and Family Feedback for the first quarter was excellent, there remained 41 responses (3%) of the 1635 received that were below par.

On closer examination, these could be ascribed to 4 main areas:

Physio, Timing, Administration and Behaviour. The main issue however was on timing – i.e. the time people waited for a scheduled appointment which is believed to be as a result of the Practice (supported by the PPG) not to use the Triage model adopted by many practices but to encourage face to face appointments and ensure as far as possible that patients' needs were met on the day. This inevitably could result to delays in scheduled appointments and it was recommended that the comms piece related to the modus operandi of the practice was reiterated both in the newsletter and on screens and if delays looked to be too long to let patients know and give them the opportunity to either come back a little later or rebook at the earliest opportunity if they could not wait any longer **Action AS**

Whilst there was plenty of positive feedback, there were also some concerns raised with the contracted-in physiotherapist service which clearly needs addressing both by ensuring that patients are informed of the remit of the physiotherapist with some further work with the service provider to help improve some of the other points raised. **Action WD/AS**

3. HIOW PPG/National Association of Patient Participation Groups update

AB reported on the latest from the Group which was primarily around the survey of the 24 neighbourhood areas across Hampshire to help deliver care closer to home as part of the NHS's 10-year plan to move activity out of hospital and into local communities (see below). However there was an action similar to our Practice's on DNAs for vaccination programmes but unlike our Practice, they had not correctly recorded all of the information and advised that of 73,739 bookings that were made 29,223 were not vaccinated – but were unable when challenged to advise if that number that did not attend, “as they may have attended and then been found to not meet the eligibility criteria for the vaccination campaign.”

4. NHS Primary Care Neighbourhood areas

The PPG members had all been copied in with the link provided by HIOW PPG Forum to provide feedback on the proposed Primary Care Neighbourhood areas. The general consensus was that rural practices such as ours have wildly differing attributes to those of urban areas such as Andover, Romsey and Winchester, primarily driven by the geographically larger areas and the much lower population and indeed differing needs. It was also felt inappropriate to draw boundaries at this stage when the political boundaries are due to change as well in the next couple of years which could well result in in further unintended changes. The outcome of the consultation was due this week. WD advised that there were are number of rural practices in similar circumstances and that he (and they) were making representations to ensure their voice was heard to deliver better outcomes for rural communities; they believe their strength is to work with groups of surrounding Practices and over time develop localised specialties so that collectively rural communities could be better catered for than trying to change the neighbourhood geographies.

WD advised that the planned outcome was accordingly not due to be delivered this week as previously announced.

5. 3-monthly subscription/surgery prescription review

Whilst the PPG strongly supported the idea of 3-monthly prescriptions instead of the 28 day review as at present, with all of the productivity benefits this would deliver, which the Practice recognised, the crucial issue however is that of finance as the Practice is only compensated per prescription – meaning that moving to quarterly repeat prescriptions would have disastrous consequences for the viability of the dispensary with a 75% drop in income from this significant proportion of dispensary activity. It was noted that most GP practices in urban areas are not dispensing practices because practices can only dispense to patients who live more than one mile from a local pharmacy. If patients are not registered at a dispensing practice or choose not to utilise the service, their medication can be dispensed by pharmacies (either local or remote).

6. Health screening

Full information on health screening is now on the website.

7. Lunch time opening review

The Stockbridge surgery now remains open during lunch time although not the Broughton surgery.

8. Any other business

None

9. Date of next meeting

Stockbridge Town Hall at 6.30pm to 8:00pm on Tuesday 14 July 2026

Acronyms Used

HIOW: Hampshire Isle of Wight

DNA: Did not Attend

**Surgery Update for Patient Participation Group
23 April 2026**

GP Trainees

We currently have four GP trainees: Laura Dinsmore, Haris Reza, Esther King and Lottie Hobby. Lottie is just back from maternity leave.

Covid Vaccinations

Last Friday and Saturday we administered 575 covid vaccinations. We will continue to have smaller clinics in May and at the very start of June.

RSV – Respiratory Syncytial Virus

Initially this vaccination was restricted to patients aged 75-80 years of age. From 1 April 2026 everybody over the age of 75 years is eligible. We made patients aware of this at the covid vaccination clinics and have plenty of appointments to book into.

Premises

Next week we are having CCTV cameras installed in both surgery premises – 1 camera to cover the reception desk and 1 camera to cover the door used by staff to enter / exit. This is in response to follow up on an incident at Broughton.

We will be re-decorating the waiting room at Stockbridge at the beginning of May and then replacing the waiting room flooring. We will then also replace the flooring at Broughton.

Did Not Attend

See separate report

Friends and Family Feedback

See separate report

Report on patients who did not attend their appointment

On 8 April 2026 I ran a search for patients who did not attend (DNA for short) their appointment covering the previous 90 days.

In that time, we had 12,927 appointments booked. This included our physiotherapist, pharmacist, and staff from the primary care network mental health team. Overall, there was a DNA rate of 2.1% (266 appointments which is an average of 21 per week). The latest data I can find in terms of a national comparison was from 2021/22 and gave an average rate of 7.6%.

On reviewing further, it appears that there is a much higher DNA rate for the primary care network mental health team.

This is the data just for GP and Nurse appointments:

	Total appointments during these 90 days	Total appointments not attended or cancelled	Percentage DNA rate	Average appointments not attended per week
GP appointments	5997	88	1.5%	7
Nurse appointments	1724	54	3.1%	4
GP and Nurse appointments combined	7721	142	1.8%	11

The most common appointment types which were not attended during this time were:

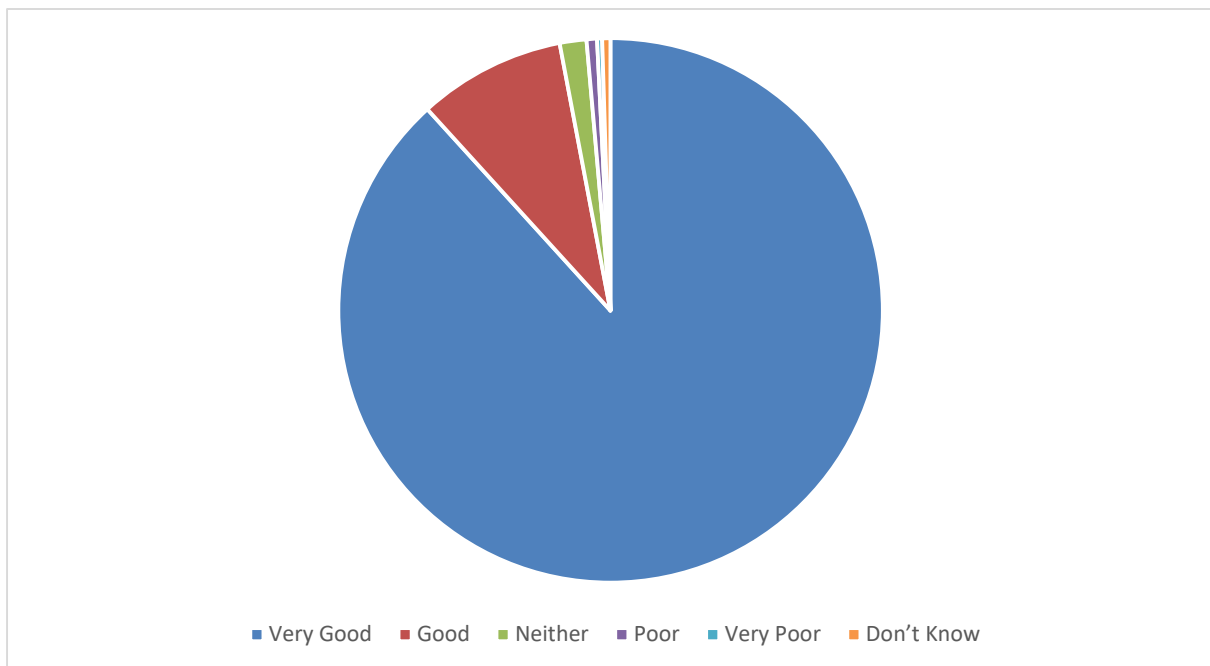
MIND wellbeing worker appointments	12
Physiotherapist appointments	10
Telephone GP appointments	8
Smear appointments	7
Shingles vaccination appointments	7
Diabetic telephone appointments	7
Saturday morning GP appointments	6
Vitamin B12 appointments	5

During this time there were 3 patients who failed to attend 4 appointments. 2 of these were being seen by the MIND wellbeing worker. There were 4 patients who failed to attend 3 appointments, of these 2 were for annual mental health reviews.

**Friends and Family Feedback Overview
January-March 2026**

	January	February	March	Total
Very Good	526	378	539	1443
Good	40	45	58	143
Neither	8	8	10	26
Poor	3	2	5	10
Very Poor	2	1	2	5
Don't Know	5	0	3	8

For the 3 months the percentages are as follows:



Comments by patients who responded poor, very poor or neither

The physio did not listen to what I was saying, mocked me when I tried to describe my discomfort and dismissed my concerns. It was very frustrating and yet again I feel let down by the experience

I arrived at 11:25 for an 11:30 appointment. I was called in at 11:50 and after a short discussion I was informed that no vaccine was available. This was a complete waste of time for the NHS (of which I am a big fan) and for me. I do appreciate the fact that I was contacted soon after by phone and a new appointment has been made.

The physio only gave me a fairly perfunctory examination and at times was extremely difficult to understand due to her very pronounced accent

I was requested to have a blood test following a menopause clinic but it wasn't on my notes so I was sent away. Wasted journey and time off work.

No call came!

Couldn't understand what she said?!

They was running 20 minutes late then become very unhelpful

Disappointing visit. Had booked in for stitches in my leg to be removed but Nurse wasn't willing to do it due to risk of opening calf wound. Eventually had procedure carried out at Winchester Hospital!

The receptionist was lovely and super helpful but the doctor was really dismissive

I didn't get what a really wanted

Only dealt with half the problem

Did not have rescheduled phone call

The appointment was at the request of the dr but didn't know why. I feel their is bad news like 2 week cancer search

Doctor appointment very good. Getting a timely appointment not so good

Was seen half an hour after my appointment time.

Three weeks to get blood test

Waited over 30mins past appointment time. Surgery was not busy! Then a bad experience having my B12 injection. The pain and blood loss was not normal, has was having to wash my jeans and going for a lie down.

My appointment was moved three times and was tried to be moved again for a 4th but I had to push back as I had a follow up booked for next week. I know sickness can't be helped but I rarely come to the doctors unless I absolutely have to and I'm quite anxious about getting some answers to my condition

Waited 3 weeks for an appointment which could have been done over the phone, which subsequently has caused a delay in treatment. GP was running 45 minutes late.

I was given a diagnosis, but the physio didn't bother filling out the exercise sheets with reps etc. Email address is no reply so not helpful.

Called for 2nd shingles jab, but it turned out that I had already had it - so a problem with the IT?
Sadly I needed to change the booking.
It doesn't really have a friendly feel
Doctor was 25 minutes in seeing me not for the first time either not even an apology for the delay
The NHS app is easy to use I feel it is impersonal, I had blood tests done which I can easily see. But haven't had any feedback from the doctor other than my cholesterol.
It felt like she wasn't interested or wanted to be there. She made mistakes on what to prescribe for my foot problem.
I got the feedback on my recent test in 30 seconds. That was the extent of my appointment
Told by Dr Sneider I could collect Tamsulosin from Stockbridge Surgery, but on arrival the prescription had not been processed. Returned to be told Out of Stock, I demanded a script. Again told to wait. When given the script I said I would go the High Street Pharmacy who Pharmacy before they closed. Was advised not to, I asked if Tesco might be OK was told yes. Nonetheless I went to High Street Pharmacy who courteously gave me the med. I advised them that the Surgery are directing patients elsewhere, most unprofessional
I, and several other patients, had to wait for over an hour after my appointment time before seeing the doctor. The receptionist was most apologetic and kept us fully informed. The doctor was also very apologetic and we had a very good consultation.
Unfortunately there was a very long wait from booking an appointment to seeing the doctor (6 weeks). When arriving at the surgery for an 8.40am appointment they were already running 15mins late meaning I didn't get seen until nearly 9am. The actual appointment was fine, but the wait times have been very slow.
40 min wait for asthma nurse. Checked with reception to make sure appt had not been overlooked. I'm guessing there was a post New Year rush.
Phone call was for 4.15 didn't get a call until 5.25. Was too late to answer as driving
The nurse was lovely but it was very painful as it was hard to do.
Service is good, (but had appointment with physio and very disappointed with her, -not very helpful)
Not sure that I was listened to in regard to symptoms & feeling unwell
Clinically very good but long wait

Had to wait quite a while for my appointment
We waited nearly 50mins for the appointment! But I know these things happen! The nurse was fabulous and apologetic

Physio not very good

Physiotherapist

We also had some positive feedback too:

Very confident in instructions being given, lovely physiotherapist

Friendly receptionist (alex). Friendly physiotherapist. Always do the best to fit me in and sort things out

Yesterday had an appointment with the physio, very good, she referred me to duty doctor, same day dealt professionally and well, he referred me to A&E

The physio listened to me and made a plan

Booking an appt. Via Patient Access app was easy and convenient; i cld see all appt slots available and choose. The Physio was superb - asked questions, listened, very knowledgeable, good clear information and direction on exercises to do.

It was very easy to book a physio appointment. I was treated with respect and kindness. The examination was thorough and some useful suggestions and exercises provided.

Not too long a wait. Very helpful session with Physio and useful advice

Easy to make a physio appointment. Easy parking. Welcoming reception. Comfortable waiting area. A quick, efficient and effective consultation.

Very pleased to visit a physiotherapist without a referral

Neighbourhood Health Framework






NHS England has published the Neighbourhood Health Framework, building on the 10 Year Health Plan's vision for **proactive, community-first model of care**, moving activity **out of hospitals and into neighbourhood settings**. This new guidance outlines a range of specific delivery targets, timelines, clear governance structures and introduces three new types of provider organisations.

The Neighbourhood Model of Care

Key goals

-  **Improve services and population health outcomes** and reduce health inequalities
-  **Improve the cost effectiveness of services**, including a significant reduction in demand for acute services
-  **Improve the service user experience**, through faster, accessible and more coordinated care delivery
-  **Empower people** to manage their own health and care and stay well closer to home
-  **Improve outcomes for high-priority groups** through earlier interventions and reduced hospital admissions

How this is achieved

-  Renew the emphasis on primary, secondary and tertiary **preventative care**
-  **Expand neighbourhood-based alternatives to hospital care** (MDTs, virtual wards, intermediate care, urgent response, specialist GP support, diagnostics, etc.)
-  **Use digital tools and integrated data**, to improve access to care, responsiveness and coordination across services
-  **Deliver proactive community-based care** through Integrated Neighbourhood Teams
-  **Focus proactively on high-need populations**, reducing acute demand

Health and Wellbeing Boards (HWBs), ICBs, and local authorities will set **local goals** to improve care, reduce inequalities, support home-based care, and align with local reforms and community initiatives.

Some Key Areas of Focus for Neighbourhood Health



Strengthen neighbourhood health and GP services: Enhance GP access (90% urgent patients seen same day by March 2027), cut bureaucracy, expand digital tools, reform out-of-hours services, and use pharmacies as first points of contact to **improve efficiency, patient experience, and outcomes**



Reduce hospital demand: e.g. 25% outpatient diversion through single points of access for 10 specialities by March 2027. Redesign services to prevent deterioration, providing seamless care through locally defined **INTs**. **Deliver better alternatives** e.g. local 24/7 mental health centres.



More granular priority cohorts: the 10YP notes priority cohorts for neighbourhood care, but this guidance raises specific conditions (CVD, diabetes, COPD and dementia) and adds cancer as a distinct INT priority. All children needing access to an INT will have it by 2028/29.

The framework outlines **3 new types of Neighbourhood organisations:**

Single Neighbourhood Provider

Deliver services within a defined area (**pop. ~50k**), working alongside local GPs

Multi-Neighbourhood Provider

Coordinate services across a larger geography (**pop. 250k+**) to deliver population-focused care

Integrated Health Organisation

Manage whole-population budgets for defined areas and lead commissioning decisions

Enablers for Delivering the Vision

- Estates:** Care will be delivered locally, digitally, or at home, with **Neighbourhood Health Centres** integrating healthcare and community services – targeting 250 NHCs by 2035, of which 120 by 2030
- Workforce:** **Multidisciplinary teams will work across settings**, supported by new roles, skills, and career pathways – details to be included in 10-Year Workforce Plan.
- Finances:** ICBs will lead commissioning and funding, shifting resources from acute care and using flexible, outcome-based contracts to support **proactive, population-focused care**. The financial framework will be amended from 2026/27.

Next Steps

- Next commissioning cycle for 2026/27:** ICBs and HWBs should implement **immediate priorities** – reducing admissions, improving GP access, establishing INTs, and eliminating 52 week waits
- Longer term neighbourhood health strategies for 2027/28:** Commissioners should align national objectives with local priorities, setting clear geographies, responsibilities, and integrated plans, then incorporating this locally owned plan into their refreshed 5-year Strategic Commissioning plan