

Minutes of PPG Meeting held on  
 Tuesday 78<sup>th</sup> January 2026, 12:34pm at  
 St Johns the Evangelist the Beacon on the Hill

Present:

Danny Shaves **(DS)** Chair for PPG  
 Judith Binger (JB) PPG Member  
 Stephen Binger (SB) PPG Member  
 Penelope Collins (PC) PPG Member  
 John French (FC) PPG Member  
 Lesley Levane (LL) PPG Member  
 Debby Seldon (DS2) PPG Member  
 Chris Wynne (CW) PPG Member  
 Claire Gorman (CG) Practice Manager High Glades  
 Jess Thomas (JT) Head Receptionist for High Glades

Apologies:

Maureen Hinkley  
 Carole Shaves  
 Zoe Godden **(ZG)** Management Administrator on behalf of High Glades

		ACTIONS
	<p><b>(DS)</b> Opened the meeting and thanked everyone one for attending and announced the apologies as listed above. He also went on the welcome Claire Gorman and Jess Thomas the the Practice Manager and Lead Receptionist respectively</p> <p><b>(DS)</b> Advised that the Minutes had been circulated and no comments had been received. All present agreed that they should be accepted as accurate and were duly signed by the Chairman.</p>	
	<p><b>Matters Arising from the minutes of the last meeting.</b></p> <p><b>(DS)</b> Said that he had received no notification of matters arising from the Minutes and no one present had anything to raise.</p>	
	<p><b>(DS)</b> The next item on the Agenda is the constantly repeated item of requiring a group secretary and explaining that it is not the responsibility of practice staff to undertake this job. There was then a discussion as to how the Minutes are produced and the difficulties in putting that into an NHS format. This led to an explanation of the PPGs purpose and its limitations.</p> <p><b>(SB)</b> Started a discussion as to the usefulness of the PPG and an explanation based on his long term and oft mentioned problems with the current telephone system and the inadequacies of the answering service. <b>(CG)</b></p>	

	<p>explained that the surgery was in the middle of a contract term so the changes that can be made are very limited.</p> <p><b>(LL)</b> Explained the problems and frustrations she has had using the telephone system which, at times has led to abandoning the call after excessive waits which might be expensive for patients with limited “free calls”. She finished by saying how impressive things were once she was able to connect. <b>(CG)</b> responded saying she would mention the .... Later. <b>(SB)</b> finalized his comments saying that we should be involving our local MP if we are stuck in a terrible telephone contract. <b>(CG)</b> said this was something she could bring up with the Senior Management Team.</p> <p>It was suggested that members of the Senior Management Team attend our meetings and <b>(CG)</b> said she would ask if this could be implemented through the Operations Delivery Manager (Alison). <b>(DS)</b> added that they have attended from time to time but nothing regular.</p> <p><b>(SB)</b> advised that he had sent an email covering these points but without response. <b>(DS and CG)</b> said that they had not received any such email and asked for it to be resent. It may be that it was sent to Zoe Godden who is off work.</p>	
	<p><b>(DS)</b> Then apologized for not having welcomed the two new members to the group, being Debbie Selden and Lesley Levene. Each of those present then announced themselves and gave a short note of why they had joined the group and what experiences they could bring to it.</p>	
	<p><b>Consideration for appointment of a Group Secretary and Election of Chairman</b></p> <p>The Chairman again explained the difficulties of operating without a Secretary and what the limited requirements of the secretary were. Both of our new members showed an interest in assisting in the future when their current commitments made it more feasible.</p>	
	<p><b>Surgery report</b></p> <p><b>(CG)</b> Advised on the “Accessibility” on the website. She explained that they have gtried to change the format to make it more user friendly for people with sight, dyslexia and other difficulties. This is accessed from a small blue badge of matchstick man on the lower right of the screen. She said that they are also trying to make an audible version but this is proving much trickier. Alterations on this button will be memorized until you change them again. Prompted by <b>(SB)</b> the meeting was advised that there are considerable changes to the website content and this was ongoing.</p>	

	<p>(CG) Explained that at present they have highlighted something aimed at the 13-17 year old patients but they want to expand this to make it more useable for different age demographics to show the information, etc. required by those age groups.</p> <p>Prompted by the members CG then explained that the current 13-16 demographic and their requirements which includes privacy even from their parents or carer. There are issues of consent and access methods that are specific to them and that have to be addressed so as to engage them.</p> <p>As mentioned this is the pilot group but wants to be expanded to other age groups as soon as practicable. There was a discussion then involving the fact that a 13 year old can deny his parent/carer knowledge of its health, etc. (CG) explained that this was not a practice decision but governmental based. The group felt shocked at how low age was for this right, many thought that 16 was more appropriate. (CG) said that this was out of their hands.</p> <p>The discussion expanded slightly into the way of making contact with the young patients who are not willing to come forward and it was generally agreed that you have to go to them, at schools and colleges as youth clubs are now almost extinct and they do not come to a surgery. CG explained that this was the reason for this update to the website and also mentioned the loss of youth orientated medical services, etc. (LL) said that this was a national issue and that we should be pressuring our local MPs to take this up.</p> <p>(SB) Then asked how many children registered with the surgery fall into this 13-17 age group (CG) said the figures were obviously fluid but that she could provide that information for the next meeting but she would estimate that it was currently about 2½ thousand. CG also agreed to provide an age breakdown for the surgery as a whole. More information will also soon be available from the NHS Sussex ICB.</p> <p>(CG) then went on to explain that The “Engage Consult” online consultation system is filtered totally through the NHS and the information is through a portal and only goes to the practice. (LL) asked if it was a private company that runs the system where confidential information is being disclosed by patients. Our system is contractually required to be open Monday to Friday from 08:00 until 18:30. We actually open at 06:00 to allow people that are working or have children , etc. to gain access. The use of medical and administrative advice is increasing daily. The practice does not just use a triage system but also has a doctor attached to it every day and leads to more prompt response. (LL) said she found the “Engage &amp; Consult” system was quite complex even for someone that is computer savvy. She also said she believed this would be much easier for some less tech-savvy people if they were able to talk to</p>	
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	<p>a receptionist about a future appointment rather than hours on a telephone. If the receptionist were able to do that may also reduce the abuse, etc. that they receive from dissatisfied clients. Many patient want to talk to staff to resolve issues. It may be a national issue but maybe our practice can do something.</p> <p>A member asked why it was not possible to attempt to make an appointment for several days in advance for non-urgent attention. (CG) explained that there are a defined number of appointments and if they are taken up in advance there is nothing left for urgent matters on that day. The truth is that there would be no difficulty in pre-booking every appointment. She also explained that the triage helps matters but there can be as many as 250 triage calls a day.</p> <p>Again, a member asked if it was simply a matter of needing more doctors to which (CG) responded with a simple “Yes”. She also agreed that Nurse Practitioners are undertaking appropriate work in the absence of GPs and doctors are choosing to leave GP practices. She informed the meeting that as a training practice we, at present have three trainee doctors and are hoping we can keep one (one leaving area and one to do research).</p> <p><b>(SB)</b> said several years ago he agreed to take on the role of IT Champion to assist our patients with the new technology. However, difficulties were placed in his way, lack of a computer then the problem of keeping a keyboard hygienic. Resolutions were offered by him but came to nothing. It was explained that project run out of steam when no one could push it forward due to restrictions being imposed.</p> <p><b>(CG)</b> Informed the meeting that we have another GP due to join in the late Spring. That would mean that we have 2 partners, 5 salaried GPs, various locums, our two advanced nurse practitioners and an advanced clinical practitioner. We also have two pharmacists one is an advanced clinical prescribing pharmacist and 2 health care assistants.</p> <p><b>(SB)</b> asked whether it was possible to put up photographs of the staff to make the surgeries more user friendly. <b>(CG)</b> explained that this had been tried but there is a reluctance but due to difficult encounters between staff and patients which, in some cases, has spilled into the staffs’ private lives. <b>(DS)</b> said that he had seen websites where doctors had put up their photo’s but these had been slowly withdrawn. (CG) added that it is a daily occurrence that a patient is aggressive and leads to a “threatening behaviour letter”. Patients cannot be removed from the practice list and we still have to deliver the care that they need.</p> <p><b>(DS)</b> mentioned that sometimes the reception staff are not very welcoming leaving clients to stand at the counter whilst they carry on with something else, rather than acknowledge the presence. <b>(CG)</b> Explained that this was unacceptable. There was a discussion about privacy, etc. and methods of resolving these problems.</p>	
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	<p>A member asked how many people manned the Call Centre and (CG) said that it was between 3 and 7 but only three at the moment. There was discussion as how to alleviate the problem and the difficulties in using things like working from home and privacy issues. Also the cost of employing extra staff.</p> <p>A member then asked why our hard-pressed GPs now managing the Tressel Unit at the Conquest Hospital. (CG) said that every GP in the area does that because it is believed that those GPs are in a better position to discharge those patients because they will come to a care environment and they are predominantly patients of local surgeries. A point was raised about responsibility for care whilst in that area of the hospital with a case being discussed. However, this was a matter the surgery could not comment on.</p> <p>(LL) said it is obvious that there are a number of matters that should be discussed with our MPs. (DS) said that maybe we should liaise with other surgeries for a joint approach. (SB) did not agree that we should bother to join with other surgeries but should go directly to the MP. The Chairman asked for a consensus on approaching other PPGs before approaching MP and this was achieved.</p>	
	<p><b>Dates for future meetings</b></p> <p>It was agreed that our next meeting would take place at the Upper Church Road church at 12:30 on Tuesday 28<sup>th</sup> April 2026 being the last Tuesday of the month.</p>	
	<p>As there was no other business the Chairman closed the meeting at 14:07 with thanks to our hosts at the church..</p>	