PANGBOURNE MEDICAL PRACTICE
PATIENT PARTICIPATION GROUP MEETING
Minutes

Wednesday 8th July 2026, 5.30pm – Boathouse Surgery

1. Welcome

The Chair welcomed members to the meeting and introduced Katherine Sanders from Boathouse Physiotherapy and Gary Dargan, Paramedic, who had been invited to speak to the group.

Members attending – Doreen Hawkins Chair, Rosie Barker Practice Manager, Kate McMahon, Maria Abrams, Alex Horn, John Creagh, Barry Ashdown, Mal Sandham, Louisa Nicoll, Alison Coles, Kit Marriott, Bozenna Brooker.

2. Apologies

Apologies were received from Linda Price, Diana Smith, Sarah Dixon.

3. Katherine Sanders – Physiotherapy Service

Katherine explained current changes to NHS physiotherapy access in West Berkshire. The NHS contract is being tightened and, from now and certainly by October, patients are expected to receive one assessment before moving to a six-week patient-initiated follow-up pathway. Patients will usually be given exercises to try independently and should re-contact the service if these are not helping. Further appointments will be based on clinical need.

Patients aged 16 and over can self-refer to West Berkshire physiotherapy, provided they do not meet any exclusion criteria on the self-referral form. Patients with a history of cancer or other relevant concerns may need to be referred by their GP first. The self-referral link is available via the surgery website/NHS route.

Private physiotherapy fees were confirmed as £80 for an initial appointment and £60 for a follow-up appointment. Private appointments are longer, with initial appointments up to one hour and follow-ups up to 30 minutes. NHS appointments are usually up to 40 minutes initially and 20 minutes for follow-up.

4. Gary Dargan – Role of the Paramedic

Gary explained how paramedics work within the practice. All patient forms are reviewed by a GP and triaged by the duty doctor. Patients may then be allocated to a GP, nurse, paramedic or other appropriate clinician. Gary and Mia provide acute-care appointments in the surgery and have open-door access to the duty GP where needed.

Gary explained that paramedics can assess a wide range of acute presentations. They can order blood tests, take bloods, carry out ECGs, refer for X-rays and some CT scans, and prescribe within their scope. Gary noted that he will often discuss cases with a GP, particularly while extending his prescribing practice. Long-term medication reviews, such as diabetes, asthma, blood pressure medication and antidepressants, remain more appropriate for GP or specialist clinician review.

Bozenna asked whether paramedics could refer for gastroenterology investigations such as gastroscopy or colonoscopy. Gary explained that this would usually be handled by a GP. If a patient presented acutely and there were significant concerns, the paramedic would escalate appropriately, including to A&E if needed.

John asked about the difference between paramedics and physician associates. Gary explained that he has ambulance service experience, including work as an emergency care assistant and as a frontline paramedic, and is now undertaking/done a Master's degree in Advanced Clinical Practice. The ACP role requires formal training and registration.

Defibrillator

Gary also answered the query from the previous meeting about defibrillator use. Local defibrillators are available, including at the pharmacy and Co-op. In an emergency, people should call 999; the call handler will provide the access code if a defibrillator is nearby and needed. The defibrillator gives voice instructions and diagrams, assesses the rhythm itself and will only advise or deliver a shock where appropriate.

Gary said he would be happy to run future community sessions on defibrillator use and what to do while waiting for an ambulance. This could include practical advice on key safes, alarm buttons and useful medical information for emergency crews.

The group discussed Message in a Bottle/Lions pots. Gary confirmed that ambulance crews still look for these and that stickers on fridge door are helpful. The pot is kept in the fridge and can contain key medical conditions, medication lists, next-of-kin details and the location of ReSPECT/DNAR forms. Alex offered to place Message in a Bottle pots in a basket downstairs and members agreed that a poster should be displayed on the noticeboard.

Kit, gave positive feedback about care received from Gary and Mia, saying they had been extremely well looked after and that the practice was fortunate to have them.

5. Matters Arising from the May Meeting

Patient information board

** Alex had updated the patient information board information. The group agreed that leaflet holders would help display information more clearly, rather than leaflets lying flat. A four-pocket leaflet holder was suggested. The surgery explained that an oil painting, loaned anonymously following a local church fundraising auction, will be hung above the patient information area, so there is limited scope for an additional wall board at present.

John said the new rolling video display in the waiting room was much improved, but some subtitles were difficult to read or appeared cut off. Rosie noted this feedback.

QR codes were discussed. The group felt that a mixed approach would be best: small posters with clear information plus QR codes for those who want to access further details online. Alex offered to help create QR-code posters where needed.

Book and jigsaw sales

The reduction in jigsaw prices appears to have helped, with only two jigsaws left. More book donations are now needed. Members may bring books to the surgery or to future meetings.

Chair/committee roles

The group was reminded that members normally serve for three years and may remain longer if there are no new patients waiting to join, provided the committee remains within the maximum of 15 members. Doreen confirmed that she will have completed three years as Chair by November. Louisa expressed interest in becoming Chair. To date nobody else has expressed an interest. Alex had offered to take on the secretary role; Rosie confirmed that this would be acceptable. The vice-chair vacancy remains to be considered if required.

Seating arrangement in the waiting area

Feedback on the revised waiting room seating arrangement was positive. The group felt it was better than before and Rosie confirmed that the arrangement is working for the surgery.

Breastfeeding/privacy area and self-monitoring

Rosie explained that the self-monitoring equipment is now in the waiting room behind a screen. The former self-monitoring room had been trialed as a breastfeeding/private space, but feedback suggested that some patients were avoiding the self-monitoring area in case they walked in on a breastfeeding mother. The additional sign/screen has therefore been removed. Staff are aware that spare rooms can be offered privately to any breastfeeding mother who requests one.

New dispensary area and consultation rooms

The new dispensary area is working well and provides a larger, brighter working space. Two new consultation rooms are now available. Rosie explained that this does not necessarily mean more permanent practice staff immediately, but it reduces hot-desking for Mia and Gary and gives greater flexibility for nurses, clinical pharmacists and other clinicians to work face-to-face where needed.

Shared communication

Only three members had so far confirmed that they were happy to share their contact details including their mobile numbers for a WhatsApp group. Members were asked to let Doreen know before the next meeting if they consent to sharing their details and joining the group. The consent form had been circulated with the minutes. Update below.

6. Surgery Update – Rosie Barker

Rosie reported that the recent CQC inspection had taken place. The practice has received the draft report for fact-checking before publication. The practice remains rated Good across all five domains. The previous full inspection was in 2018; inspections had been disrupted by Covid, but the cycle is now restarting.

A new trainee dispenser, Harvey, has joined the surgery and will work towards the NVQ2 dispensing qualification.

Rosie explained that Dr Manjdadria remains on long-term sick leave and may return in mid-August on a phased basis. Locum GP cover is in place, including Dr Martin Kenton and Dr Woolley's wife with additional cover arranged where needed. Rosie noted that this is not the usual model for the practice, but it is necessary to maintain capacity during sickness absence and the summer holiday period.

The GP Patient Survey 2026 results are due to be published on 9th July 2026.

Book sales since the last meeting raised £47.77, bringing the total fund to £1,136.31.

FFT results were discussed. John noted that the results were around 98% positive, which speaks for itself. Rosie confirmed that Friends and Family Test results are circulated to all staff each month, with names highlighted where relevant so positive feedback reaches the appropriate team members.

7. Alison – Review of Visit to Royal Berkshire Hospital

Alison reported back on her visit to the radiology department at the Royal Berkshire Hospital. The visit included a talk on the history of radiology and a tour of the new LINAC machine used to deliver radiotherapy. Alison noted that the machine costs approximately £2–4 million and requires a purpose-built bunker with very thick concrete walls. Installation is complex and it takes around six months to commission before patients can be treated.

Alison also described seeing how patients are positioned and how masks are made for radiotherapy to the head or face. She had previously seen the robotic surgery equipment at the hospital and said both visits were fascinating. She praised the hospital staff as dedicated and impressive.

8. Any Other Business

Plant pots outside

Sarah Dixon has not yet been able to begin looking after the outside plant pots as she is currently on holiday. She plans to start when she returns, depending on the weather.

Next speaker

Tanya, Clinical Pharmacist, is due to attend the next meeting to talk about her role.

Social prescriber Liz Slocombe to be asked to attend the November meeting.

Alison asked about the social prescriber and the role within the surgery. Liz was mentioned as the surgery social prescriber and as a useful contact for support around practical issues such as key safes, alarm buttons and community support.

Members were invited to email the group with any items they would like added to a future agenda.

9. Next Meetings

The next meetings will take place at Boathouse Surgery at 5.30pm on:

- Wednesday 9th September 2026
- Wednesday 18th November 2026

Action Points

Action	Lead	Notes
Source/provide leaflet holders for the patient information table.	PPG / Surgery	Holder suggested.
Review rolling video display subtitles so they are larger/fully visible.	Surgery	Feedback from John.
Create small posters/QR-code resources where useful.	Alex	Mixed paper/QR approach agreed.
Display Message in a Bottle/Lions pot information and place sample pots downstairs.	Louisa? / PPG	Include poster on noticeboard and basket of pots if available.
Consider future community session on defibrillator use and what to do while waiting for an ambulance.	Gary / Surgery	Gary offered to run sessions when possible.
Bring in additional books/jigsaws for the surgery book sale.	Maria	Book stock is currently low.
Confirm consent for WhatsApp/contact sharing before the next meeting.	All members / Doreen	Only three members had confirmed so far.
Sarah Dixon to begin looking after outside plant pots when back from holiday.	Sarah Dixon	Weather dependent.
Tanya, Clinical Pharmacist, to speak at next meeting.	Surgery	Next meeting item.
Members to email future agenda items to the group.	All members	Before the next meeting.

** Patient information board had been changed before the CQC inspection. Query: is the information taken down in the reception office for Alex to collect?

Members who were present at the meeting and happy to share their details completed the form which Doreen will keep on file.