

Albany PPG

Notes from meeting held on 12th March 2026

These notes were prepared as a reasonable summary of the essential content of the meeting, not as a transcript

Present

Dave Vizard, Mike Joyce, Jasmine Geake, Phil Bullivant, Linda Hughes, Chris Gibson, Jill Frankland, Kath Williams, Jacqui Mann

Apologies

Trudi Morrison

1. WELCOME

Dave Vizard welcomed everyone to the meeting and thanked members for their contributions to the CQC inspection. The group were very pleased that the Practice had received a good in all areas of grading.

Dave repeated the comments made by Dr Glenton following the publication of the report. 'This is a huge achievement and is because every single one of our team, and I include our PPG in this, played your part, especially listening to and representing our patients.'

Dave explained that unfortunately Trudi was not able to attend the meeting because she was unavoidably away from the practice. Dave explained that he had arranged this meeting with Trudi in November to ensure that a member of the Practice would be able to attend, as this date missed the peak winter sickness period when staff are the busiest. However, on Friday Dave learnt that no one from the Practice could attend. This was due to staff illness and staff leave. The group understood the reasons for this. On occasions there are challenges with communication between the PPG and the Practice. A new email address has been given to the Chair to help to improve this situation.

The PPG feel that is important to have a member of the Practice at their meetings and if this is not possible, for the chair to be notified before the agendas are sent out 2 weeks before the meeting so that a change of date can be considered.

The group discussed that a number of Practices in the area are under immense pressure currently so they understand the challenges that Albany Surgery face.

2. PRACTICE UPDATE

In place of input from the Practice PPG members raised a number of points.

A) GROUP CONSULTATIONS

The group discussed the plan for group consultations to be introduced by Albany this Autumn, commencing with patients with asthma.

Mike stated that the Practice had started this approach previously with Dr Roberts. He ran a session on Cardiology. The Practice then ceased doing these.

Linda stated that these self-help groups were to become the norm with the new emphasis on Community.

Dave said he had viewed the video of one of these sessions relating to diabetes and was concerned to see data from patients attending being displayed on a flip chart. Patient confidentiality would be an issue.

B) PATIENT ACCESS SURVEY

Dave stated that the survey is now attached to texts sent out with Friends and Family Survey. The group would like to know how the Access survey was going, how many patients had completed it and what were the results.

C) PATIENT APPOINTMENTS

Linda stated that there were difficulties in accessing appointments made on SystemOnline. After contacting the surgery to activate this function it still failed to work. She felt the operating systems used could effect access.

Jacqui stated that when using the NHS APP that you cannot connect with SystemConnect.

D) ONLINE PRESCRIPTIONS AND ANNUAL REVIEWS

A member of the group stated that they had put a paper copy of their prescription in the letterbox which when collected had an item missing. They stated that this could easily happen online.

Also, they highlighted that their annual review reminder came by post instead of email, which wasted money on postage. When they rang in they were told they were unable to get an appointment because they were changing the system.

E) VETERAN FRIENDLY PRACTICE

Mike asked whether Albany had fully registered to be a Veteran Friendly practice?

Mike attended a Veteran and Armed Forces event at the Courtenay Centre which was absolutely full and proved to be extremely useful to veterans.

Veterans organisation will now use the term Service Personnel instead of Veterans.

F) RECEPTION

Dave stated that he thought a Receptionist was excellent recently. There was a large queue and the check in screen was working for some patients and not others. With 6 people in queue she spoke to everyone and apologised and said because of staff illness there was no one else to help at Reception. She said for anyone with appointments to come forward to check in. This clearly helped everyone.

A member of group asked a question to do with Triage when a young patient phones in with a personal matter. The Triage can involve personal questions being asked which can make a younger person feel uncomfortable. What is Albany Surgery policy relating to this area?

G) NURSES

Someone also stated how excellent 5 nurses had been who they had recently seen. Their care and understanding was superb.

H) EXPANSION OF PRACTICE

With the extensive housebuilding programme in the area the group discussed the effect that this would have on Albany Surgery. Concerns were expressed that having the capacity for 4000 more patients would affect the Practice.

Phil stated that a reconfiguration of the space at Albany Surgery could make more rooms available (eg there are 21 toilets?) Concerns were raised that funding only arrives 3 months after patients are on the books.

Hele Park Hub was discussed. The Ground Floor will have community facilities. Upstairs will be clinic facilities. Surgeries do not want a satellite operation, such as this as it presents a real challenge staffing wise.

Upstairs area could be used for dentists?

The mismatch of CCG boundaries with electoral areas. Real concern.

I) RDUH

Jacqui stated that there were 1 million appointments at RDUH last year of which 45000 were missed.

Co pilot was being used to summarise appointments in clinics.

Jacqui asked for comments relating to RDUH.

Linda stated that Podiatrists were not happy with training they had received for EPIC. Extra support training in the use of system required.

Linda also asked about transport of older people from North Devon to RDUH. More favourable appointment times required as well as support in transport costs.

Mike asked for information on process and time scale for freedom of information enquiries.

Issue of late letters and resultant missed appointments was raised.

3. UPDATE FROM LINDA HUGHES

Please refer to updates attached to agenda provided by Linda.

Linda raised concerns ref Dementia Strategy and the new neighbourhood strategies.

Concern ref dementia test and questions asked. Needs updating.

Frailty Group - Linda checked if anyone had taken the test. Stigma attached to issue. She mentioned the Age UK For Falls personal alarm. Article on this on next newsletter.

Frailty Unit being established at Newton Abbot Hospital. Newton Abbot Hospital League of Friends have donated £35000 to unit.

Frailty Survey currently being conducted by RDUH.

Linda raised issue of patients attending surgeries across area with symptoms of dizziness, exhaustion and breathing difficulties. Is data on this being analysed/reported? Affecting people across all ages.

4. CHRIS GIBSON

Chris mentioned that he runs sessions with groups using Poetry, plays and magic to cover health issues and social inequality.

There being no other business the meeting closed at 12.05pm

DATE OF NEXT MEETING AGREED FOR THURSDAY 23rd JULY 2026

10.30am - NOON

