



## **Ambrose Avenue Group Practice Patient Participation Group (PPG) Minutes 16th March 2026**

### **1. Attendees;**

Active Members; MR; Chair, RD Deputy Chair CS; Secretary,  
LR; Practice Representative, GB; RS; AC;

Virtual members; TI

### **2. Apologies;**

KP, KB

### **3. Practice Update**

AB is stepping down as PM and will become the Finance Manager from April 1st 26. JC has been promoted to the PM role and will attend the next meeting to introduce herself to the group.

MR asked that the groups thanks could be conveyed to AB for all her help and support

**Action;** LR to convey group thanks to AB



There have been changes to the clinical staff with recruitment to a number of vacancies. The clinical staff are now close to those required across specialities.

MR asked whether 'Advice and Guidance' had increased the GP workload. LR was not aware that it had but would clarify and report back to the group.

Advice and Guidance is a non-face-to-face activity delivered by consultant-led services which can be either by telephone or electronically. By providing a digital communication channel, Advice and Guidance allows a primary care clinician to seek advice from another (usually a specialist) prior to or instead of referral.

**Action;** LR to clarify impact on workload from A&G and report back to the group

#### **4; Minutes of January Meeting;**

Approved with correction of typographical errors



## 5. Action Log

Survey was not undertaken as it was felt it would not deliver the information required. It was therefore decided that two questions should be asked;

What would you like to change?

What could be done better?

Results discussed under agenda item 6

LR to ask JR to attend May meeting to discuss blood results.

There was some discussion around whether this would be useful to the group but the majority decision was that it would be helpful.

CS had investigated CPR training but could not progress with this without having a room available. It was agreed that the waiting room at the Tollgate Site could be used and the training offered to Active and Virtual Members. CS to move forward with dates.

**Action:** CS to further investigate CPR training



Removal of screens would be expensive and complicated and is still under discussion.

TI did ask about the Induction Loop system as he has found this to not work effectively and reception staff were not aware of what it did or how it worked. He had been asked to collect an Asthma Questionnaire from Reception but receptionist was not able to find it.

**Action;** LR will take this forward.

The information regarding AI, the practice has information in the waiting rooms of both sites and the information has been added to the front screen of the website.

## **6. Patient Survey**

CS presented the results of the survey, key findings being as follows;

- 62 patients questioned across both sites in February 26
- Of those patients who expressed an opinion on the practice 26% were positive and 73% were negative. Patients were still being told that appointments could only be made via Anima, if patients mentioned this the PPG did inform patients this was not the case.



Many patients noted that the practice had improved in the last 6 months

- 42% of patients expressed a view on Anima of which 35% were positive and 65% were negative. LR commented that the practice could not amend Anima however the system constantly evolved through feedback and patients can make an appointment with answering all questions.
- Less than 50% of patients mentioned Anima
- 8% of patients felt continuity of clinician was important especially for those patients with complex needs
- Several patients requested that it is made clear to patients whom their appointment is with (GP/Nurse/HCA/other). LR commented that Reception should let patients know when the appointment is made and she will look into this further

**Action;** LR to look into this and bring back to the group

- Of patients questioned at Ambrose 14% said they would like more appointments to be available at Ambrose. LR did inform the group that patients could request appointments at Ambrose ( there were at least 2 sessions per day at Ambrose Site ) and they have a number of patients who do this.



**Action;** CS will send spreadsheet of comments and summary to LR for forwarding to GPs for comments. It was noted that it was important to receive feedback from the GPs so the group has assurance that the information is being noted and actions taken. For this reason it is importance for regular attendance by GPs at the meetings.

- A wheelchair user had mentioned that pavement was in a poor state of repair and made access difficult. LR commented that someone had fallen on the pavement but it was a council responsibility.

**Action;** LR to contact local councillor to see if anything can be done

## **7. Programme of activities**

Continue with patient feedback and PPG promotion through monthly sessions across both sites. RH has an information stand the group could use at the Tollgate site. RS did query whether footfall would be sufficient at Tollgate.

Diabetes awareness; Week TBC



Flu support; dates TBC likely to be first two Saturdays in October.

Self Care Week; 16th-22nd Nov. Hold an event at both sites to promote self care.

## **8. CPR Training**

CS to investigate further as above

## **9. Test results talk**

**Action;** All to think of questions they may want answered and submit them to CS by 1.5.26

## **10. AOB**

AC noted that the posters she had dropped into Ambrose regarding the loan of BP monitors from public libraries were not on display.

**Action;** LR to investigate further

AC mentioned that on a number of occasions links had been sent by the practice to book an appointment but these never worked.



**Action;** LR to investigate further

GB commented on the DNA results and asked if this data was interrogated further. LR explained that she did look into this. MR noted that a friend had made an appointment and was then contacted by the surgery with an alternative at a preferable time for the patient however the initial appointment was not cancelled.

CS asked if letters were sent to patients who DNA. LR informed the group that the practice did not currently do this. MR has had experience of looking at DNAs and mentioned patients could be contacted by a 'concerned clinician' to check in on the patient and in doing so highlight the fact the patient had missed their appointment.

**Date of next meeting 18th May 2026 6.30pm**



Action Log	Review Date
LR to convey the groups thanks to AB for all her help in the past	24th March 26
LR to determine impact on workload of A&G	18th May 26
CS to arrange CPR training for the group	18th May 26
LR to investigate operability of the Induction Loop system	18th May 26
LR to speak to reception regarding Asthma Surveys	18th May 26
CS to send survey results to LR	24th March 26
ALL to send questions for submission at blood test talk	1st May 26
LR to investigate why BP loan posters (from public libraries) are not on display	18th May 26
LR to investigate booking links not working	18th May 26