

PPG Meeting Minutes

Tues 13th May 2025 5-6pm

	Present: SFMC Laura Scarborough (Managing Partner), Dr Gorajala (GP Partner), Nikki Hultum (Assistant Manager), Emma Brown (Clinical Pharmacist) PPG Members G Kelly, D Dawson, A Toft, Z Richardson, J Topping, P Brear, J Byron, Celia McCartney, M Ray, D Rhodes, G Buck, K Goode, C Church	
5pm	1. Welcome & Introductions LS welcomed the group and gave overview of expectations of the meeting agenda. <ul style="list-style-type: none"> 7 New PPG members have signed up following our last meeting and recruitment drive 	LS
5:05pm	2. Action Log from Previous meeting LS gave an update on actions from the last meeting: <ul style="list-style-type: none"> Practice to promote ARRS staff - 1st session with Emma today, creating spotlights for our ARRS staff to add to TV screen PPG Charter - signed and added to website Make one PPG meeting an online lunchtime meeting - to be scheduled for Sept or Nov Patient Newsletter - now introduced (& TV screen added) - 65 new subscribers Calls from unknown number - investigated further and an issue with the phone settings which has now been resolved Generic complaints data requested - see following, along with feedback Information on Enhanced Access to be made more visible - add to poster in reception, website and on new TV screen Comments from members:	LS

	<p>A Member asked that we could clarify who our partners are for Enhanced Access services. LS advised that our partners are ISSA medical centre, Longton Health Centre, the Beeches Medical Centre and Fishergate Hill. Many patients offered additional services at partner surgeries still prefer to wait until they can get an appointment at St Fillans. Enhanced access appointments at St Fillans are Thursdays 6:30-8pm.</p>	
5:10pm	<p>3. Complaints & Feedback</p> <p>LS ran through the complaints data as requested</p> <p>In the year to 31/3/25 - the practice received 18 complaints:</p> <ul style="list-style-type: none"> • Appointment availability - 1 • Prescription issues - 3 • Prescribing errors - 2 • Clinical treatment - 4 • Delay in diagnosis - 2 • Other - 6 <p>All complaints investigated and responded to. Of the above 5 were upheld, 10 partially upheld and 3 not upheld</p> <p>• Friends & Family Test Feedback</p> <p>For the year to 31/3/25 - practice received 1,984 FFT responses</p> <ul style="list-style-type: none"> • 1,619 Very good, 264 Good (95%) • 65 Neither good, nor poor (3%) • 34 Poor, 2 Don't Know (2%) <p>Comments from members:</p> <p>A member raised that she is aware of many complaints in the community and brought with some examples, but these have not been formally raised to the practice.</p> <p>PPG members were encouraged to reiterate to friends and family that the practice cannot investigate issues unless they are reported to us. We have a complaints process that is available on our website. You can also email the practice on lscicb-gp.stfillans@nhs.net or ask to speak to the practice manager to discuss any issues.</p> <p>Members were reminded that the PPG is not the appropriate forum to raise specific issues about their own</p>	LS

	<p>family and friends – please contact the practice separately to discuss these.</p> <p>A member raised a concern that patients may feel nervous to raise complaint in fear of being ‘marked’ and treated differently. Can these patients be reassured that negative feedback is also welcome. LS noted that patients would never be removed for complaining and we would encourage all types of feedback positive or negative.</p> <p>Further group discussions were held about timelines of complaints, accountability and processing procedures. It was noted that the management team monitoring patient deductions in case of themes not related to leaving the area.</p> <p>LS noted that the practice closely monitors all the FFT feedback, including the negative ones to identify any issues that need addressing.</p> <p>Action – St Fillans to consider how they encourage further feedback from patients and update current data held from latest survey.</p> <p>A member raised a complaint that the email address patients use is incorrect on the website. No bounce back email is sent, only a response saying that the email address is not monitored and it is not clear that the old email addresses the member has used is no longer in use.</p> <p>Action – NH to raise with IT that the old email address bounce back needs to be clear. Check all email addresses on the website are up to date.</p> <p>Update post meeting: email addresses on the website are correct. The old email address used by the member does have a forward on to our new generic email. On investigation it was found that email had been actioned, but the action had not been communicated back to the patient. NH to follow this up and advice admin team ensure patient contact in future.</p> <p>A member raised a point that on our latest survey in 2022 that the wording needs to be addressed on future surveys not to differentiate between patients who complain and ‘wonderful’ patients who leave positive comments.</p>	
--	---	--

	<p>Action – St Fillans noted the point and cannot edit previous survey and images but will be aware for future actions to make sure the patients feel no differentiation to their ‘importance’ regarding the feedback they give.</p>	
5:20pm	<p>4. Practice Updates</p> <p>LS ran through the latest Practice Updates</p> <p>New Staff</p> <p>A member asked for clarification on ARRS, and other acronyms used.</p> <p>Action – PPG presentations to include where possible brief keys for members alongside abbreviated terms when discussions roles.</p> <p>Reception Refurbishment</p> <p>A member raised concerns about that patient confidentiality is still at risk at the front desk and how can we make it more private when people are discussing medical issues.</p> <p>Action – PPG members to give some constructive ideas on how we can make the reception area more private but ensuring accessibility is not lost for any patients with additional needs or disabilities.</p> <p>It was noted that this issue is the same throughout the NHS – probably worse in hospitals, A&E etc</p> <p>Action - St Fillans to advertise more prominently that patients can ask to speak to a receptionist privately if they have concerns about confidentiality.</p> <p>New Services</p> <p>Members raised concerns over the changes that are currently in progress regarding patients not being able to use the hospital to get their blood tests and the lack of local services in Penwortham regarding treatment room.</p> <p>Discussions were had amongst the group regarding capacity and communication to patients regarding these new services.</p>	LS

	<p>Members were advised that St Fillans have been providing some phlebotomy to patients despite not being funded for this for years, to ensure patients get the care they need. From May onwards we will be ramping up the phlebotomy that we provide under a new Local Enhanced Service (LES). Patients should not see any difference, other than that they may be more likely to get a blood appointment at the surgery rather than elsewhere. The service is primarily for GP requested bloods, with a small proportion of hospital/consultant requested bloods.</p> <p>A member raised that the treatment room service in the area was terrible and that patients should be able to get this care at their GP surgery. LS agreed that the service currently commissioned by the ICB (integrated care board) is poor, but advised that St Fillans was not currently funded to do this work. A simple wound care LES has been introduced from 1st May which means that patients requiring straight forward wound care (e.g. removal of stitches or simple dressing changes) can be dealt with at the practice by our nursing team. LS noted that this is not a replacement for treatment room as we do not have the equipment or expertise to deal with complex cases – these would still be seen by treatment room or urgent care.</p> <p>It was noted by a member that there have been some incorrect communications from secondary care/third party services around both blood clinics and treatment room. LS advised that this was a breakdown in communication between the ICB and the service providers which has caused chaos for patients and the practice. This has now been rectified by the ICB.</p> <p>The practice undertook a mock CQC inspection in March – feedback was good and we are working through the recommendations.</p> <p>Our patient walking group is back in place – just turn up at 11am at the practice for a 45 minute slow walk. One PPG member has attended and can recommend.</p> <p>Action – PPG members to spread the word of the walking group to any interested party</p> <p>The practice is currently raising money and awareness for Breast Cancer Now in support of our colleague who is currently undergoing treatment. The nursing team are organising a fund raising event in September – details to</p>	
--	--	--

	be shared when available. We are looking for local businesses/organisations to donate raffle prizes.	
5:45pm	<p>Introduction to Clinical Pharmacist – Emma Brown</p> <p>EB gave a brief presentation covering:</p> <ul style="list-style-type: none"> • Role of the Clinical Pharmacist • Guidelines / Queries / Medicines Review • Role of the Clinical Pharmacist within a GP Setting • Structured Medication Reviews – Overview and criteria to be eligible to be invited. <p>Members comments:</p> <p>A member asked how the appointments are schedules/prioritised and are dangerous medicines also reviewed by the surgery and does this fall under the SMR.</p> <p>Members asked if they could call in and request a SMR for themselves and others despite not being invited.</p> <p>A member raised a query that she herself had been into to hospital and despite not meeting all the criteria felt she would have benefitted from a call from the clinical pharmacist.</p> <p>A member raised a point that they do not know these roles exist and they need more promotion.</p> <p>EB answered all the discussion points raised and a member raised a point that the hospitals do often ‘use GP’s as a get out of jail card’ and often discharge patients referring them to the GP as hospitals are overwhelmed too.</p> <p>Another member reiterated that there is a breakdown in communication between Primary and secondary care settings within the NHS. LS noted that this is sometimes due to the different IT systems that are used.</p> <p>Action – St Fillans to improve awareness amongst patients regarding the use and benefit of CP role. Increase advertising of the role and the benefits of a SMR on social media and the TV screen within practice.</p>	EB
6pm	PPG input	

	<p>a. ideas to promote patient walking group b. ideas to promote surgery locally</p> <p>Members Comments:</p> <p>A member asked if we are trying to recruit more patients and do we have the capacity to clinically meet the needs of more?</p> <p>A member raised a concern that we need to encourage a younger demographic and get younger families into the surgery and what are ways we can actively do this?</p> <p>A member raised that the use of visual aids of staff and what they specialise in may be useful.</p> <p>Members advised by LS that we do have the capacity to take on more patients and as advised previously that the demographics of patients affects the frequency of use of services. We do try to recruit new patients but feels input from the PPG may help.</p> <p>The staff have been approached about their visuals and some clinicians have raised that they do not wish to have their images shared publicly.</p> <p>Action – PPG members to consider what they think the positive points of St Fillans are, and how to promote to potential new patients. Add as an agenda point for discussion next time.</p> <p>One member noted that our online triage system is a massive benefit.</p> <p>Another member mentioned that GP specialities such as Menopause and/or mother/baby groups could make the surgery stand out.</p> <p>Date of next meeting: - Tuesday 16th September at 12:30pm Online meeting via Microsoft Teams – link to be circulated before meeting</p>	ALL
--	--	-----

Minutes: Nikki Hultum
Approved by: Laura Scarborough