

PPG Meeting Minutes

Tues 16th Sept 2025 12:30-1:30pm (via Teams)

	<p>Present:</p> <p>St Fillans Laura Scarborough (Managing Partner), Nikki Hultum (Assistant Manager),</p> <p>PPG Members Joy Byrom, Zoe Richardson, Gill Kelly, Audrey Toft</p> <p>Apologies Celia McCartney, Abi South, Anita Bridges, Chrissie Church, Gillie Buck, David Rhodes, John Topping, Kieran Goode</p>	
12.30	<p>1. Welcome & Introductions</p> <p>Laura Scarborough welcomed members and ran through the agenda of the meeting. Apologies were given.</p> <p>Discussion as to whether an online meeting would be successful or if we should remain with our face-to-face meetings.</p> <p>AT raised a concern that the time of the meeting needs to be later for working people as this may be a stumbling block as to why new members are resistant to join. LS explained that the face-to-face meetings at the practice needs to be during the times we are allowed to close for training (PET sessions) and towards the end of the day as earlier the staff will be in the building during training. We could consider somewhere external to hold the meetings.</p>	LS
12:35	<p>2. Actions from Last Meeting</p> <p>Confidentiality in Waiting Room Members were asked for input on confidentiality issues at the reception area.</p> <p>Following suggestions at the last meeting, St Fillans have improved the signage on reception – stating that if you wish to speak to the reception team confidentially then to ask.</p>	LS

	<p>GK suggested a booth-style cubicle at the end of the reception desk, offering soundproofing and privacy for patients.</p> <p>AT noted high noise levels in the waiting area and suggested a partition between reception and patients. NH raised concerns that reduced visibility may prevent reception staff from monitoring unwell patients.</p> <p>LS noted that confidentiality in the waiting room is difficult, as it is in all NHS settings. Getting the balance right between confidentiality controls and putting barriers in place for patients is important.</p> <p>Patient Walking Group</p> <p>The group continues to run successfully and will aim to operate year-round, weather permitting. Flyers and TV screen promotions are in place.</p> <p>Feedback shared from AB who was unable to attend the meeting but shared thoughts via email – suggestions included flyers to put on reception desk, for clinicians to distribute to any patients they think may benefit and to add to prominent positions e.g. the back of toilet doors in the surgery.</p> <p>Action: NH to produce flyers and implement suggestions</p> <p>ZR suggested using local libraries and supermarkets to display information and producing a “Where to Go” guide linking walkers to local routes and South Ribble Borough Council walking groups.</p> <p>JB noted a wide variation in participant ability levels and recommended offering different walks with additional staff/volunteers to support breakout groups. It was also noted that extra members of staff to support may be needed as numbers increase.</p> <p>AT (as part of Friends of Hurst Grange Park) offered to display flyers locally.</p> <p>Action: NH to provide flyers and inform AT once available.</p> <p>GK recommended engaging with U3A and other local organisations to share resources.</p>	
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12:40pm	<p>3. Practice Updates</p> <p>LS presented slide pack on practice updates.</p> <p><u>Staff Changes</u></p> <p>Karen M (practice manager of many years) has left recently the practice. We have recruited 3 new reception team members who are currently in training. We have 2 new ST3 trainees – Dr Aligali and Dr Shibly. Dr Mustaq remains with us until December</p> <p>JB Asked for clarification as to if there has been any changes to our GP team after mentioning the new trainee GPs in the surgery. LS confirmed that there are no changes to our core team of partners Dr Gorajala, Dr Flowers and Dr Bennett and our salaried GPs Dr Wright, Dr Farrington and Dr Khan.</p> <p><u>FFT Feedback</u></p> <p>Friends and Family Test feedback was shared. 97% positive for Aug-25 despite being short-staffed. 96% positive YTD so far. (See below).</p> <p><u>Building Improvements</u></p> <p>We have been successful in our application for an NHSE building grant to convert 2 of our existing clinical rooms into 4. Awaiting final sign off from NHSE but work should take place before the end of next March. This will allow us to expand as a training practice and provide more GP appointments. Patient check-in screen which has been causing an issue was finally fixed – but an IT upgrade has thrown it out again. Hope to resolve again soon! BP machine is causing a problem and we expect to need to replace – very expensive. ZR noted that when looking for alternatives consider options where you can use either arm in the machine as this has been a problem in the past. Action: practice to consider functionality when sourcing new BP pod</p> <p><u>New Services</u></p> <p>The practice is now providing phlebotomy to patients in-house. We have recruited our own GPA to provide this. Whilst the service was being ramped up we still had community blood clinics hosted at the practice. There had</p>	LS
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	<p>been a lot of issues with them cancelling last minute and letting patients down. The ICB have now cancelled those clinics without any notice, causing more disruption for patients and complaints for us to deal with.</p> <p>ICB have cancelled the Diabetic Foot Screening community service that was provided in practice. Again this was done with no notice or communication and has caused frustration for patients and complaints.</p> <p>The nursing team is now providing the simple wound care enhanced service where by simple wound care is done at the surgery. Anything out of scope of this service should be directed to treatment room. Again there has been some issues with the ICB communicating with the community treatment room which has led to frustrated patients and complaints for us to deal with.</p> <p>The lack of communication and decision-making and the impact on us as a practice have been raised with both the ICB and the LMC.</p> <p><u>Health Campaigns</u></p> <p>Flu vaccination invites for eligible patients have now gone out and will be offered from 1st October.</p> <p>We are holding one Sat morning clinic on 4th October but the remaining appointments this year are scheduled during core hours and enhanced access to give patients a better choice.</p> <p>Practice will be providing covid boosters to eligible patients alongside flu appointments BUT eligibility has changed this year (age 75+).</p> <p>A member asked if patients were able to have their flu and covid at separate times. We cannot offer this at the practice but would advise booking one of them at the practice and then organising the other at a pharmacy.</p> <p><u>Charity Fundraising/Community Events</u></p> <p>Practice did enter the Penwortham Scarecrow festival again this year but due to unforeseen circumstances/staff shortages we have been unable to deliver and we are going to have to withdraw. PPG asked if anyone could assist – too short notice unfortunately.</p> <p>Members suggested that with more notice next year perhaps the PPG could help.</p> <p>Action – PPG to be asked with sufficient notice to assist with community events</p>	
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	<p>The practice have been raising money all year for Breast Cancer Now in support of one of our admin team members, Sarah, who is currently undergoing treatment for breast cancer.</p> <p>Staff have so far raised £2,724 by putting on various events during the year – walking 100 miles in May, pink raffle, charity bake sales and buffets.</p> <p>The main event – holding a charity band night on Fri 26th Sept – Dr Gorajala, Dr Flowers and Dr Bennett along with Hannah, our Nurse Associate are forming a band for one night only (Oa-tits) and playing a charity gig. Local businesses have also donated raffle prizes to raise further funds.</p>	
13:00	<p>4. PPG input</p> <p><u>Discussed ideas to promote surgery locally</u></p> <p>ZR shared some great ideas and proposed partnerships with local charities (e.g., bra banks) to encourage community engagement and increase practice visibility.</p> <p>Ideas discussed to attract and retain patients:</p> <ul style="list-style-type: none"> • AT noted negative comments about the practice on Facebook. NH to review and assess. Members agreed context is important, and direct patient feedback remains largely positive. • AT suggested clearer communication of available services to patients • ZR reiterated community partnerships (e.g., charities, estate agents) to improve visibility. • GK suggested hosting an “Open Day” for the public to visit the surgery and meet staff. • ZR raised the need to engage schools directly and explore potential with school governors. Consideration to be given to expanding the out-of-area registration scheme. <p>AT raised concerns regarding a past incident of a missing blood sample and the advice given at the time. Members discussed that reception staff used to say “if you don’t hear from us all is OK” but we do not say it now. LS advised that patients can now access blood results directly via the NHS App.</p>	

	It was noted once again that PPG meetings are not the appropriate forum to discuss individual complaints – the practice complaints policy should be followed.	
13:30	Meeting Close Members were thanked for their time and valuable input and meeting was closed. Next meeting – Tues 18 th November 5pm Face-to-Face	

Meeting adjourned

Minutes: Nikki Hultum

Approved by: Laura Scarborough

FFT Feedback

	Total Responses	Very Good	Good	Neutral	Poor/Very Poor	Don't Know	Very Good	Good	Neutral	Poor/Very Poor	Don't Know
Jan-25	145	120	22	1	2	-	83%	15%	1%	1%	0%
Feb-25	136	118	13	3	2	-	87%	10%	2%	1%	0%
Mar-25	136	118	13	3	2	-	87%	10%	2%	1%	0%
Apr-25	164	141	17	5	1	-	86%	10%	3%	1%	0%
May-25	157	130	22	3	-	2	83%	14%	2%	0%	1%
Jun-25	185	158	23	2	-	2	85%	12%	1%	0%	1%
Jul-25	196	158	23	4	9	2	81%	12%	2%	5%	1%
Aug-25	198	166	26	6	-	-	84%	13%	3%	0%	0%
	1,317	1,109	159	27	16	6	84%	12%	2%	1%	0%
		84%	12%	2%	1%	0%					