

PPG Meeting Minutes

Tues 18th November 2025 5-6pm

	Present: SFMC Laura Scarborough (Managing Partner), Nikki Hultum (Assistant Manager), Dr Peter Flowers (GP Partner) PPG Members Zoe Richardon, Anita Bridges, Abi South, Gill Kelly, David Rhodes, Celia McCartney, Joy Byrom, John Topping, Gillie Buck, Mary Ray, Chrissie Church. Apologies Audrey Toft, Diane Dawson, Kieran Goode	
5pm	Welcome & Introductions Laura Scarborough gave apologies, notifications of PPG resignations from Phil Brear and Marie Foxcroft and ran through the agenda of the meeting.	LS
5:05pm	Actions from last meeting - Promotion of ARRS staff to tv in waiting room has been actioned. - Flyers for walking group created and distributed in surgery. - PPG members to distribute flyers locally and requests for more flyers can be arranged through Nikki - Flyers for AT to distribute passed on by Nikki as unable to attend tonight.	LS
5:10pm	Practice Updates LS ran through the latest Friend and Family feedback data with the PPG group for Sep/Oct 25. Continues to be 97% positive (see below). LS raised that the 1% poor feedback had been mainly frustration from patients at the flu clinics over the changes in COVID eligibility and this has been poorly circulated by the NHS.	LS

	CC raised a concern that nationally the discussions around COVID eligibility were very poor and that many patients who previously were eligible were frustrated to then realise that this year that they were not. Group discussion around the wider communication from St Fillans to their patients and how we can try navigate the last-minute changes from NHS England and better support our clinicians in explaining this to patients. PF noted that guidance is always last minute as they try to ensure that the correct strains of flu/covid give as much protection to patients as possible. Reassurance from LS/NH and PF that this has been fed back to SVOC (the team executing the covid vaccination programme). PPG members were informed that our building grant application has been successful. The two larger clinical rooms at the back of the building will be converted into four smaller rooms and building works will commence January 26. Nikki to communicate and co-ordinate as best as possible any disruption to patients and clinical staff. PF asked if the patient car park would be affected. LS advised that the patient car park will not be affected for the duration of the work, only the staff area of the care park. LS advised PPG members of the ongoing charity work and collective fundraising efforts from the team in support of breast cancer now. Raised circa £5,000 so far. The Bra Bank has been a huge success. ZR Explained to PF how the bra bank works and why the initiative is so important – LS encouraged more ideas like this one. LS asked for any local charities we could support next year – PPG members to send ideas. Galloways was mentioned as an idea. Action: PPG to suggest local charities to support The practice continues to work on our collaboration with local artists in the area to build upon the two pictures we already have displayed in the waiting area. NH advised that we have also collaborated with St Catherines and the teams at 'in the frame' who hold a free class every Monday for anyone interested in building upon their painting skills and or woodwork.	
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	AS mentioned, that some children's illustrations would be nice to incorporate in the waiting room as it feels very clinical. GK mentioned reaching out to local schools for artwork from the children. Action: STF to consider how to brighten up reception area to appeal to children more JT Is aware of a local artist and will reach out to some contacts. LS Advised of 2026 PPG dates all members in agreement that the teams meeting was nice, but everyone prefers face to face, and we will use this format in 2026.	
5:15pm	Wound Care LES During the practice updates a separate conversation developed about the simple wound care service. Raised by CC. CC expressed her deep concerns for post operative patients stuck in the system and asked for further clarification why St Fillans cannot offer a treatment room as they once did and if we can ask NHS England to bring this service back. PF explained how the community treatment room service is commissioned by the ICB and the practice previously offered a room to support this. The practice has no control over how the ICB commission the service and the practice is not funded to provide this. LS agreed that the treatment room service provision has been a problem for years. LS explained about the difficulties all GP surgeries have faced following introduction of the simple wound care local enhanced service from 1st May this year. St Fillans, along with other local practices signed up to provide this service to patients in good faith. The idea was that practice nurses at GP surgeries would provide the low level simple wound care to patients at the practice, freeing up the treatment room to deal with the more complex cases. Whilst the practice has been providing the simple wound care for patients successfully, when more complex cases present,	LS

	we are experiencing issues then sending patients to treatment room who are now turning them away. Patients are being stuck in the middle of a commissioning/communication issue. LS has raised countless times with the ICB/LMC teams and has tried to help resolve alongside the PM's from other local practices. The problem seems to be that only half of GP practices in the area have signed up, so the low-level wound care is still being directed to treatment room for a lot of practices and hence demand still far exceeds capacity. LS and other local practices have been raising since May that this service is not working and is a risk to patients, however still no action has been taken, and we are constantly told that 'guidance will be imminent' but never comes. LS advised patients experiencing issues to contact their ICB complaints team to raise their own concerns. PF suggested that the surgery could investigate communicating the service better to patients, so they are more informed about the struggles and restrictions – PPG members agreed. Action: STF to consider improving the communication to patients on simple wound care The conversation rounded off with the positives of simple wound care and the community agreement that these services should come back into GP surgeries for patients.	
5:30pm	Intro to our practice MSK specialist (First Contact Physio) Huberts's presentation focused on the role of an MSK in GP surgeries. JT mentioned Huberts's service is hugely beneficial to the practice. GK mentioned that she appreciates the time and effort HK gives to his patients and his service is lovely. NH asked if the PPG members knew of Huberts services to which many said they were not aware, so further thought needed to communicate better the services of Hubert to all patients.	

	Action: STF to look at further promotion of FCP service (facebook video?)	
5:40	PPG Input LS asked for some volunteers for a charity toy sale one Thursday for our final contribution to our Breast cancer charity. NH daughter has organised the toys and labelled with prices but sadly broke both her arms and has been unable to hold the toy sale as she had hoped in the summer holidays. Volunteers to speak with NH. Local charity suggestions – GB – Galloways JT – War Memorial team linked with ‘friend of Penwortham’ LS expressed an interest in a local history project about Penwortham and a display in the waiting room. PPG member ZR suggested STF host a local night and bring local historians to the building where we can pick on their knowledge and see. ZR suggested speaking with Penwortham Town Council. JT mentioned the work of the war memorial team and that they have a wealth of knowledge to share and they have a wonderful charity too. ZR mentioned the garden need tidying and LS explained out the recent incident with the Gardner. Thoughts on tidying up and planting some colour into the spaces. JB mentioned if consideration could be given to opening of the pedestrian gate on Liverpool Road. PF did explain that this was closed and locked due to unruly behaviour in the evenings and vandalism to staff vehicles. LS explained that we want to bring back more of a community feel to the local area and consideration of a baby/New Mum wellness clinic or morning. AS mentioned, that when you become pregnant you have little or not interaction with your GP Surgery so this would be a nice addition. Discussions over toys within the waiting room. ZR mentioned baby packs to be handed out to new Mothers if the surgery are made aware of a new birth.	ALL

	ZR suggested linking with the family wellbeing clinic at Kingsfold too. GK raised a question following the topic of new births and poor communication from the hospitals. LS explained that a while ago consultants were engaged to improve primary/secondary care interface, and many conversations have been had with higher levels in the NHS. Lots of issues raised, but no action has been taken that we can see at present. PF explained that he agrees it is poor and that many initiatives have come and gone to try and improve communications between primary and secondary care, but many do not stand the test of time and are not fit for purpose. ZR mentioned that SRBC has a directory of services and STF should make sure they are noted in this and the services they offer. JT asked that when he looks at the news, he often hears about this extra money that is being pushed into primary care and do St Fillans feel this or not? LS explained how GP practices are funded (via a 'global sum' amount of money per patient population). Whilst extra funding is provided in some areas and advertised on the news (e.g. ARRS funding for GP's), the funding is often given with one hand but actually 're-badged' from an existing pot of money. The result is that we are constantly being asked to do more for less. An example here is that according to the news we were funded to provide staff with a 6% payrise. Whilst practices did receive additional funding for this – the funding is based on a simplified formula which assumes that the practice staffing costs are 40% of their global sum funding. Most practices (including St Fillans) operate at around 70-75% of global sum on staffing costs. This means that the practice loses out when the full staff payrise is given. In addition this year, GP practices were the only part of the NHS who did not receive additional funding for the impact of the living wage and increased National Insurance contributions. This has been crippling for practices. LS explained that whilst we try to stay out of the politics wherever possible, we have recently introduced some videos on issues facing GPs (like the funding model) in the waiting rooms and all PGG members agreed we need to	
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	share this more widely to rally support and inform patients of the lack of resources within primary care.	
6:00pm	Meeting Close Members were thanked for their time and valuable input and meeting was closed. Next meeting – Tues 10 th Feb 2026 5pm face-to-face	

Minutes: Nikki Hultum

Approved by: Laura Scarborough

FFT Feedback

	Total Resposns	Very Good	Good	Neutral	Poor/Very Poor	Don't Know
Jan-25	145	120	22	1	2	-
Feb-25	136	118	13	3	2	-
Mar-25	136	118	13	3	2	-
Apr-25	164	141	17	5	1	-
May-25	157	130	22	3	-	2
Jun-25	185	158	23	2	-	2
Jul-25	196	158	23	4	9	2
Aug-25	198	166	26	6	-	-
Sep-25	220	195	18	1	2	4
Oct-25	664	591	56	2	4	11
	1,317	1,109	159	27	16	6
		84%	12%	2%	1%	0%

Very Good	Good	Neutral	Poor/Very Poor	Don't Know
83%	15%	1%	1%	0%
87%	10%	2%	1%	0%
87%	10%	2%	1%	0%
86%	10%	3%	1%	0%
83%	14%	2%	0%	1%
85%	12%	1%	0%	1%
81%	12%	2%	5%	1%
84%	13%	3%	0%	0%
89%	8%	0%	1%	2%
89%	8%	0%	1%	2%
84%	12%	2%	1%	0%