

## PPG Meeting Minutes

### Tues 10<sup>th</sup> Feb 2026 5-6pm

	<b>Present:</b>  <b>SFMC</b> Laura Scarborough (Managing Partner), Nikki Hultum (Assistant Manager), Dr Jonathan Bennett (GP Partner) Cath Patterson (Patient Co-ordinator) Fiona Scott (Patient Co-ordinator) <b>PPG Members</b> Abi South, Gill Kelly, Zoe Richardson, David Rhodes, Celia McCartney, John Topping, Chrissie Church, Diane Dawson, Gillie Buck. <b>Apologies</b> Anita Bridges, Audrey Toft	
5pm	<b>Welcome &amp; Introductions</b>	LS
5:05pm	<b>Actions from last meeting</b> <ul style="list-style-type: none"> <li>- STF to distribute walking group flyers to PPG members / AT to distribute locally – DONE</li> <li>- STF to look at communication to patients on simple wound care – since withdrawn from LES and produced patient comms - DONE</li> <li>- STF to promote FCP service via TV and social media - DONE</li> <li>- PPG members to suggest local charities to support some suggestions – awaiting LM26 place</li> <li>- Suggestions via email – contact estate agents, look into community publications (in progress)</li> </ul>	LS
5:10pm	<b>Practice Updates</b>  LS ran through the latest Friend and Family feedback data with the PPG group for Nov-Jan. Continues to be 97% positive (see below).  LS raised that the practice is considering a move towards advising patients of a time and appointment date but there are many factors to be considered and discussed amongst clinical teams and the wider impact on resources for all	ALL

	<p>teams. Patient feedback suggests a lean towards a more confident that they are not stuck in the system – that a routine appointment being confirmed will ease anxieties and patient frustrations, especially amongst cohorts that work full time and have busy families.</p> <p>Dr Bennett raised the challenges faced by clinical teams if rigid set times were put in place and the knock-on effect and time management struggles doctors face when dealing with complex cases. The current system allows GPS to manage their surgeries and cases as the needs of the patients arise so further thought and discussions are needed across wider teams.</p> <p>PPG Member CC agreed that set times would help and provide reassurance for patients who feel unwell as a 'light at the end of the tunnel'. Suggestions were raised that if the clinical team find the rigid times to constricting and not allowing for complex patients or emergencies to be accounted for then a simpler AM/PM time on a set day may be a middle ground.</p> <p>PPG Member JT suggested if a call is missed can a follow up message or link be set to arrange a suitable time.</p> <p>PPG Member GK suggested knowing who the Duty doctor is on the day would allow patients to prepare for calls too and could this be considered on communications.</p> <p>PPG Member ZR raised the point that when the surgery is experiencing high demand and capacity is stretched to 8-day turnaround for routine that it can be hard for patients to know / remember and plan without time and structure.</p> <p><b>Action – Further discussion amongst STF teams and feedback to be given at the next PPG with outcomes if reached.</b></p>	
5:20pm	<p><b>Practice Updates</b></p> <ul style="list-style-type: none"> <li>- NHS Review site on which we have directed patients to for several years and build a great rating has been removed</li> <li>- Struggling to adopt our Google Sites</li> </ul> <p>LS explained the difficulties and challenges we are currently facing.</p>	LS

	<b>Actions - LS and NH to continue working on a solution.</b>	
<b>5:20pm</b>	<p><b>Practice Updates</b></p> <ul style="list-style-type: none"> <li>- Building work is underway under our successful NHS grant to convert 2 of our clinical rooms into 4, work to be completed before end of March</li> <li>- Allows us to take on more GPs and develop the practice as a training practice</li> </ul>	LS
<b>5:25pm</b>	<p><b>Practice Updates</b></p> <p>New local enhanced services (from 1<sup>st</sup> May 2025)</p> <ul style="list-style-type: none"> <li>- Phlebotomy in-house – going well, now fully provided by St Fillans with no community providers. Patient and staff feedback is very positive and a lot easier for patients to get a blood test. Challenge still blood collection times (ICB)</li> <li>- Diabetic Foot Screening service in the community has been cancelled by the ICB without notice or communication, being picked up by nursing team where possible</li> <li>- Practice now withdrawn from Simple Wound Care enhanced service due to patient safety concerns – information letter to patients.</li> </ul> <p>LS explained that we are trying to absorb as much of the Diabetic foot screening services in house that the nursing team can manage but there is no additional funding and we are doing this to support our patients who we believe need this vital screening on an annual basis. We are limited to low level until training can be sourced for nursing teams and this has also been raised with the ICB.</p> <p>LS explained in depth about the decision for patient and clinical safety to withdraw from the Simple Wound Care LES. PPG members were handed out the patient communication that has been sent to patients who require treatment room services.</p> <p>PPG Member JT asked for clarity as to where St Fillan patients go if they require simple stitches removed. LS advised of local treatment rooms available but clarified we cannot offer these services in house until the ICB has put clinical safeguards in place for surgeries, patients and nursing teams.</p>	ALL

	<p>LS stressed that this decision was not taken lightly and that we will consider reinstating this service if we are confident that the ICB have thought through the patient pathway and put in the right support. PPG members were visibly disappointment and advised to assist St Fillans Teams who are fighting for better services to direct their complaints in writing to the ICB.</p> <p>PPG Member CC expressed appreciation towards LS who has been trying to resolve the Simple Wound Care LES and that the truth being shared with patients is appreciated.</p> <p><b>ACTION – PPG members given the complaint details for the ICB should they wish to escalate</b></p>	
5:35pm	<p><b>Practice Updates</b></p> <p>There has been some long overdue updates to the covid vaccination programme – now practice led, able to record in EMIS</p> <ul style="list-style-type: none"> <li>- Spring Covid Booster campaign:</li> <li>- 13<sup>th</sup> April 2026 to 30 June 2026</li> <li>- Adults aged 75+</li> <li>- Care home residents</li> <li>- Individuals who are immunosuppressed as per 'green book' guidelines</li> </ul> <p>LD advised the Item of Service reduced even further to £8.70 per vaccine (started at £12.58)</p> <p>PPG Member JT asked for further data relating to COVID deaths, this was unavailable.</p> <p>PPG Member ZR suggested that despite the item of service being reduced and suggested not feasible if this keeps reducing that consideration can be made that the longer-term burden on the surgery is reduced if we continue to offer the vaccinations and it reduces poor health amongst the community.</p>	LS
5:40pm	<p><b>Practice Updates</b></p> <p>Charity Fundraising/Community Events</p> <ul style="list-style-type: none"> <li>- Signed up to be a Penwortham Live venue</li> <li>- Walk in the Dark – 11 miles for Rosemere</li> </ul>	LS

5:40pm	<b>The role of a GP Receptionist (the unsung heroes)</b>	CP
	<p>A video was played for PPG members to relay the challenges that reception teams face- 'The call I just took' - IGPM</p> <ul style="list-style-type: none"> <li>- First point of contact for patients – by phone, in person or online</li> <li>- Support GPs, nurses and clinicians</li> <li>- Trained non-clinical staff</li> <li>- Book and manage appointments</li> <li>- Answer phones and online requests</li> <li>- Handle prescriptions and test results</li> <li>- Follow up on referrals and letters</li> <li>- Support vulnerable patients</li> <li>- Hundreds of calls and triage forms a day</li> <li>- Av. 125 triage forms per day (230 Mon), 196 calls per day (260 Mon)</li> <li>- Increasingly complex requests via multiple channels</li> <li>- National GP and staffing pressures</li> <li>- Ever evolving services and IT pressures</li> <li>- Hundreds of calls and triage forms a day</li> <li>- Av. 125 triage forms per day (230 Mon), 196 calls per day (260 Mon)</li> <li>- Increasingly complex requests via multiple channels</li> <li>- National GP and staffing pressures</li> <li>- Ever evolving services and IT pressures</li> </ul> <p>CP presented numerous slides about the role of a patient co-ordinator. Prompted discussions around patients now being able to fill in one triage form for multiple issues that are being dealt with efficiently by teams. PPG Members expressed this was a positive step forward. JB advised it seems to be more effective from the clinical side too as various symptoms can help build up the 'puzzle pieces' of what a patient may feel is unrelated but actually may prompt clinical decisions that is better for the patient.</p> <p>PPG Member GK asked if the reception team have wider support after taking difficult phone calls. NH advised of the well being support that is in place for all teams, including 24/7 support lines provided by the partners, ongoing wellbeing check ins on a daily basis and meetings with a focus on support and mindfulness led by Dr Wright.</p> <p>CP advised that a debrief amongst colleague's within the reception team often provides the best support and a feeling of team support across the building.</p>	

<b>6.00pm</b>	<p><b>Missed Appointments (DNAs)</b></p> <p><b>What is a DNA (Did Not Attend)?</b></p> <p>When a patient doesn't attend their appointment and doesn't let us know in advance.</p> <ul style="list-style-type: none"> <li>- In Jan 26 there were 45 missed appointments, that's around 540 per year</li> </ul> <p>Missed appointments lead to:</p> <ul style="list-style-type: none"> <li>- longer waiting times</li> <li>- fewer appointments available</li> <li>- wasted GP and nurse time</li> </ul> <p>Understanding is given to special circumstances and that patients do have unforeseen challenges that arise. This is a move to address patients that continuously misuse NHS resources and appointments and educate on the importance of respecting the appointment you have,</p> <p>FS presented some data and findings around the DNA numbers and the wider impact this is having on St Fillans Medical Centre and the wider NHS. Discussions over the DNA policy and how we implement this with discretion when needs arise depending on personal circumstances.</p> <p>Further discussions from PPG members about clear communication needed over the best channels to cancel an appointment and a lack of knowledge amongst patient cohorts.</p> <p>PPG Member stressed the importance around calling carers when vulnerable adults are involved. FS reassured with are considerate and mindful to investigate the reasons why a patient has missed an appointment before noting a DNA. Clinicians are encouraged to make a courtesy call to their patient and check on their wellbeing when an appointment is missed. Other issues and processes are followed involving children and adults missing an appointment and raised following safeguarding procedures too.</p> <p><b>Actions – STF to investigate and improve communication around cancelling appointments over social media, website, leaflets and text message reminders.</b></p>	FS

<b>6:20pm</b>	<b>PPG Input</b> AOB  GK – improved communication about the flow of a triage form would be appreciated. Use of leaflets and videos. Improving the patients understanding of the process.  ZR – After the meeting adjourned it was raised with NH if the partners could consider reinstating toys back into the waiting area.  Actions – NH to add both onto the next agenda for further discussion. Advise LM to join with some insight as to how NH and LM hope to increase knowledge and social media presence to younger patient audiences.	
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**Minutes: Nikki Hultum**

**Approved by: Laura Scarborough**