

## PPG Meeting Minutes Tues 12<sup>th</sup> May 2026 5-6pm

	<p><b>Present:</b></p> <p><b>SFMC</b> Laura Scarborough (Managing Partner), Nikki Hultum (Assistant Manager), Dr Peter Flowers (GP Partner) Lucy Molloy (Patient Co-ordinator)</p> <p><b>PPG Members</b> Gill Kelly, David Rhodes, Chrissie Church, Diane Dawson, Gillie Buck, Audrey Toft, Mary Ray,</p> <p><b>Apologies</b> Anita Bridges, John Topping, Abi South, Zoe Richardson, Joy Byrom</p>	
<b>5pm</b>	<b>Welcome &amp; Introductions</b>	LS
<b>5:05pm</b>	<p><b>Actions from last meeting</b></p> <ul style="list-style-type: none"> <li>- STF to look at ways of improving triage system – DONE (update later on)</li> <li>- STF to find solution to Google Site adoption issue – ONGOING still an issue</li> <li>- STF to distribute complaints details for ICB regarding wound care - DONE</li> <li>- STF to communicate DNA rates with patients on social media and check set up of appointment reminders - DONE</li> </ul>	LS
<b>5:10pm</b>	<p><b>Practice Updates</b></p> <p><b>LS ran through practice updates.</b> FFT feedback remains good for Feb-Mar - 97% positive. Neutral or Poor mainly relates to:</p> <ul style="list-style-type: none"> <li>• Not being given an appointment time</li> <li>• Wait time for appointment</li> <li>• Lack of availability of MHP appointments</li> </ul> <p>PPG member advised she feels not all patients are receiving a F&amp;F text message as she has not received for telephone calls. LS explained that unless the telephone consultation was booked into a timed slot this would not automatically be sent. PF explained the clinical reasons why GPs do not set times appointments at this stage so they can deal with on the day emergencies. LS noted that there is a link on our website where patients can submit FFT feedback at any time.</p>	ALL

	<p>Collectively it was discussed about the many different ways STF have arranged for feedback to be given both positive and negative.</p> <p>PPG member raised a concern about feedback on the treatment room (wound care) and if further news from the ICB had been received. LS advised that there was no update and that the practice withdrew from the simple wound care LES as a result of the lack of action and the risk it presented.</p> <p>LS presented the slide on Did Not Attend (DNA) rates. Not improving as yet</p> <ul style="list-style-type: none"> <li>• April showing some signs of improvement</li> <li>• <b>Jan-Mar 26 – 144 appointments missed (40 hours)</b></li> <li>• We continue to enforce our DNA policy and monitor</li> </ul> <p>PPG member asked for the DNA policy to be explained. LS explained the current DNA process. The move to having one responsible person in reception is having a positive impact.</p> <p>PPG member asked if there is a clinical reason as to why certain patients miss their appointments. NH and LS explained that there can be at times and these are always taken into consideration why the next course of action is decided.</p> <p>LS presented slide on Building work complete on additional clinical rooms;</p> <ul style="list-style-type: none"> <li>• Under an NHSE Improvement Grant for £130,234</li> <li>• Rooms now in use as 'Nurse Hub'</li> <li>• Allows us to take on more GPs and develop the practice as a training practice for GP registrars, Nurse Trainees and Medical Students – helps keep knowledge up to date and helps with recruitment</li> </ul> <p>Staff updates.</p> <ul style="list-style-type: none"> <li>• Sister Debbie Whiteside has finally retired after 25 years serving patients and the community.</li> <li>• Dr Matthew Theobald joined us yesterday as a salaried GP – previously with us a GP Registrar</li> <li>• Currently have 2 ST2 Registrars with us (Dr Amina Puneekar and Dr Sarah Elkhatab) and 1 ST3 Registrar (Dr Abdullah Shibly). Dr Zubair Mushtaq completed his training contract last month</li> <li>• Nursing student currently with us on placement (Debbie Hall)</li> <li>• Medical student placements from next week - May/Jun</li> <li>• Our Nurse Associate, Hannah, is being supported through her Nurse Apprenticeship degree</li> </ul>	
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	<p>PPG member advised she was pleased to see the practice taking a positive role to upskill and questioned whether thought is put into succession planning on a long-term basis. PF reassured that succession planning is always a big part of the business and practice progress and that he is confident that we have the right people in the right places to ensure a smooth transition, if and when the 'mature' members of the team should choose to retire.</p> <p>LS discussed the health campaign slide and the COVID-19 vaccine programme currently running.</p> <ul style="list-style-type: none"> <li>• Spring Covid-19 Booster campaign now underway</li> <li>• 130 vaccinations given including care home and housebound patients so far</li> <li>• Campaign continues until 30<sup>th</sup> June</li> </ul> <p>LS discussed community and fundraising slides.</p> <ul style="list-style-type: none"> <li>• The surgery is supporting Rosemere cancer foundations and Hearing dogs for deaf people</li> <li>• Staff completed the 'walk in the dark' charity event for Rosemere</li> <li>• LS recently ran the London marathon for Hearing dogs for the deaf.</li> <li>• NH has been assisting with ideas for community only with the Penwortham Town Team (no business interest)</li> <li>• Despite our application for Penwortham Live we were not asked to participate.</li> <li>• Community Notice board that is new to the practice</li> </ul> <p>PPG member did raise that the board is placed behind everyone's back. LM did advise she has also placed the posters on the TV screen too. Discussions as to whether the slide show is a little fast and needs slowing down.</p> <p><b>Action – Consideration for the moving of the community notice board.</b>  <b>STF teams to continue monitoring the DNA data and feedback further quarterly results to see if there has been any improvement.</b></p>	
<p><b>5:.35pm</b></p>	<p>LS presented slide and introduced Lucy Molloy to speak with the PPG group around community engagement.</p> <ul style="list-style-type: none"> <li>• Lucy has taken on the role as community/communications engagement officer (CEO)</li> <li>• Supporting social media, TV screen content and community notice board</li> <li>• Helping to improve communication between staff and patients</li> <li>• What sort of content do patients want to see?</li> <li>• How do we improve engagement with health campaigns</li> </ul>	<p>LS</p>

	<p>PPG members discussed various ways in which the practice can engage better with the community. PPG member suggested a WhatsApp group where updates and messages could be sent to members who join the group.</p> <p>PPG members advised that they are not predominantly on Facebook and prefer notice boards, posters, leaflets but agreed the younger families would be engaged with use of social media across various platforms.</p> <p>PPG member explained the positive impact and turnout of local clubs within her local gym area. Centred around topics that are affecting our patients, potentially opening our space up to those who are willing to run these kinds of workshops?</p> <p>LS relayed an interesting session the team had had earlier in the day with the Alzheimer's society who has also expressed that these community led projects are successful.</p> <p>To keep to time – NH advised we re-visit this topic at the next meeting and will add to the agenda.</p> <p><b>ACTION:</b>          Consideration to be given to a broadcast channel for STF updates          Consideration to opening the space/developing community groups centred around specific challenges such as menopause.          Add to agenda – community engagement and volunteer efforts from PPG</p>	
<p><b>5:35pm</b></p>	<p><b>Practice Updates</b></p> <p>LS presented the slide relating to the triage system and some changes that are being considered within the practice.</p> <p>Overall feedback on total triage is generally good/excellent however.</p> <p><b>Key issues identified:</b></p> <ul style="list-style-type: none"> <li>• Complaints arising from patients marked as routine and frustrated not to be given a specific appointment time</li> <li>• FFT feedback pattern – not being given an appointment time difficult for working people in particular</li> <li>• Feedback from staff appraisals – most common improvement mentioned by reception team was ability to give patient a routine appointment time would be a game changer</li> </ul> <p><b>Other points considered:</b></p> <ul style="list-style-type: none"> <li>• Clinicians work differently and want to retain ability to triage their own routine patients</li> </ul>	<p>LS</p>

	<ul style="list-style-type: none"> <li>Maintain flexibility, especially with regards GP registrars</li> </ul> <p>PPG members and STF teams discussed the benefits of a routine slot being allocated a date and time and the reassurance this would bring to patients. Discussions were had around a telephone appointment being more difficult to time and PF explained that AM/PM session would be better.</p> <p>PPG member asked if on a triage form that the medical systems are looked at the same time so clinical teams can address as many issues as possible. PF did explain that this does happen in combination but it is not always the best medical practice if certain issues need longer. It all depends on each clinical need and the clinicians capacity at the time.</p> <p>Overall the PPG were positive about the new triage changes and keen for the surgery to try.</p>	
<p><b>5:45pm</b></p>	<p><b>Practice Updates</b> Agenda items requested by the PPG members were discussed:</p> <p><b>Wes Streeting's Women's Health Strategy</b></p> <ul style="list-style-type: none"> <li>'Renewed' women's health strategy announced April 26 aims to transform the NHS to better serve women's needs. Includes measures to tackle medical misogyny, ensure women's voices are heard and improve healthcare services</li> <li>Direct impact on General Practice so far:             <ul style="list-style-type: none"> <li>Jess's Rule – patient safety guideline requiring GPs to review and rethink care after 3 consultations for the same unresolved or worsening symptoms</li> <li>NHS Health Checks have been updated to include questions around menopause symptoms</li> </ul> </li> <li>No other communication from ICB or NHSE yet regarding a women's health DES or QOF domain, no additional funding announced</li> </ul> <p>PPG members discussed experiences regarding misogyny within the NHS. PF reiterated that he has not been made aware of it within our GP surgery but the practice endeavours to make sure that women's health remains a priority.</p> <p>PPG member expressed her appreciation that we have a successful PPG group where we can hear about ongoing issues. The openness of St Fillans was praised.</p> <p><b>2. Query about Phlebotomist</b> LS explained about that we are currently upskilling a member of our non-clinical team who wishes to explore a career within medicine. She is being trained as a phlebotomist currently.</p>	<p>ALL</p>

	<p>PPG member AT raised concerns over the website being out of date and needing some attention. Mentions Sister Debbie Whiteside who left the practice last week and a useful links page that was last updated 2022.</p> <p>PPG member quizzed whether other surgeries have a PPG like ours and what they do. LS advised that many surgeries do treat these meetings as a tick box exercise but we wish for it to be of use and to be of value. PPG members agreed and were appreciative.</p> <p>PPG member raised a point about the professional time and effort placed into the PPG meetings and whether the effort is worthwhile with the reduced number of participant int the group and the representation of other age and cohorts.</p> <p>PPG member encouraged STF teams to reach out to those who are on the PPG and have not given apologies to see if they want to come to the meetings or not. If active involvement will be taken and a drive on recruiting further members and those that would represent varying age groups and diversity.</p> <p>All in the meeting agreed that we need further PPG members and a recruitment drive is needed.</p> <p><b>Actions – STF team to review the current PPG list and ask current members if they wish to stay on. All PPG members to find new recruits and encourage new participants.</b></p>	
<b>6.10pm</b>	Meeting adjourned	

**Minutes: Nikki Hultum**

**Approved by: Laura Scarborough**