

Patient Participation Group (PPG)

MINUTES OF THE PPG MEETING ON 4TH NOVEMBER 2025

1. WELCOME AND INTRODUCTION

Dr Roberts (chairman) welcomed the participants to the first PPG meeting after the takeover of the Elmwood Medical Centre (EMC). The meeting was attended by Mrs Smith (Assistant Practice Manager), Dr Walker (senior partner), Dr Colman (GP trainee), six patients from Stewart Medical Centre (SMC) and three from formerly the EMC. Apologies for absence were received from 4 members.

2. MINUTES AND ACTIONS FROM THE PREVIOUS MEETING

The chairman said that the draft minutes of the 3rd June meeting were sent out soon after the last meeting and before the current meeting and all suggested amendments incorporated. The minutes were accepted. The actions from the last meeting were completed as follows:

- a) *Once completion has occurred, share the practice plan of action with patients (AS):* An outline plan was provided by practice.
- b) *Practice to consider having a staff chart with pictures in each surgery (AS):* With all the new staff, the practice agreed that this could be advantageous and would further look into this once the problems with medical records etc (see later) had been sorted.
- c) *Circulate the summary National GP Survey report when it was available (TR):* The chairman said that he had circulated the summary results in July and before the meeting in a form that allowed comparison of High Peak practices. The results were discussed under agenda item 5.
- d) *Circulate the advertisement for the Buxton NHS app workshop when it is available (TR):* This was done and the event is discussed under agenda item 4.
- e) *EMC PPG members to pass on their E-mail addresses to smcvppg@gmail.com:* It was not possible to do this. The data protection regulations require that three means of identification be provided before the practice can contact patients for permission to release their E-mail addresses and only names were available from previous EMC PPG minutes.
- f) *Arrange and hold a joint meeting of SMC and EMC PPG members (all):* As it was not possible to contact Elmwood PPG members, it was not possible to call a joint meeting.

3. PROGRESS WITH THE TAKE OVER OF ELMWOOD MEDICAL CENTRE

Elmwood patient drop-in on 9th September: The chairman said that the attendance at the drop-in meeting was surprisingly low. However, all the feedback he had received indicated that all the formerly EMC patients considered that they were getting a much-improved service. Those at the meeting confirmed that this was also their experience.

Merge of data by EMIS on 7th October: Mrs Smith said that the EMIS data merge went well. The main issue that took time to resolve was the duplication of 25,000 records from patients who had been a patient at both practices. After considerable efforts, this issue has been resolved. The only unforeseen issue, and the only outstanding problem, related to the associated *Docman* program, where letters and attachments are stored alongside patients' EMIS records. *Docman* have been slow to act and the duplication issue has yet to be resolved on this software. It was anticipated that it would be the New Year before everything could be sorted out. Mrs Smith confirmed that all formerly EMC patients are now registered fully with SMC. However, if they wish to use online services, they need to reregister for these if they want to use them.

Use of a single telephone number: There is now a single number, 01298 22338, for both the Hartington Road and Burlington Road sites with the diversion on the old Burlington Road number soon to cease. There is no menu option to call reception at either at Burlington Road or Hartington Road to check, for example, if a form is ready for collection or something was left behind as this can be handled more quickly through the normal general enquiries option.

Availability of the medical records of formerly Elmwood patients: Mrs Smith confirmed that formerly Elmwood patients can only see records from after their registration/merger date. If they ask to be able to see their medical records, they will then be able to see back to October 2023 when it became a statutory requirement. However, some information prior to 2023, such as immunisations, will be viewable.

Performance of staff: Dr Walker stated that all the staff had performed superbly during and after the takeover working long hours to overcome all the problems created. He particularly requested that the efforts and hard work of the Management team be minuted.

4. PRACTICE REPORTS

Recruitments / Retirements / Resignations: Mrs Smith said that the staff changes were as follows:

Elmwood staff TUPE'd over: Dr David Walton, PN Kerry Prince (currently off due to broken collarbone) and Jo Page phlebotomist.

Receptionists: Jess (on maternity leave until December), Jane (retiring mid-December), Tracey, Kate M, Helen, Sharon.

Other additional staff taken on since our last meeting: *Reception* – Dawn, Debbie, Jeanie (starts end of Nov); *Secretaries* – Angela; *Administration* - Rachel (started beginning of November)

Other changes:

- Dr Hockenhill retired in July
- Dr McCandless now back from a period of sick leave
- Georgia finishes Nurse Associate training in March
- Dr Sophie Burch and Dr Rob Brown locums during maternity leave (in addition to Dr Milton and Dr Pruce on fixed term contracts covering maternity leave)
- 2 new salaried GPs, Dr Burton and Dr Dodds ,starting with us in February, 3 days a week each

Current Trainees:

- Dr Jeyakumar ST3 (final year GP trainee) – placement ends Feb 2026
- Dr Colman ST3 (final year GP trainee) – placement ends August 2026
- Dr Brady F2 (2nd year rotations after medical school) – placement ends 1/12/25
- Dr Parkinson (2nd year rotations after medical school) – placement ends 1/12/25
- A new F2 Doctor will join us in December, and a further GP Trainee will start in February 2026.

Current appointment waiting times: Mrs Smith said that, to clarify the appointment data, she had split it into two sections, one relating to waiting time to see any doctor and one relating to the waiting time to see one of the original 8 SMC doctors (Dr Hockenhill has retired). The waiting times fluctuated continuously but, at the moment, were:

- GP on-call: same day (when all the same day appointments have been taken, a message will be given to patients when they call in)
- GP routine face-to-face (any doctor): 3 days
- GP routine face-to-face (original 8): 17 days
- GP routine telephone (any doctor): 10 days
- GP routine telephone (original 8): 24 days
- Practice Nurse routine face-to-face: 23 days (one nurse is off sick and others are busy with flu & covid vaccinations)
- Health Care Assistant routine face-to-face: 28 days (in middle of examinations for new medical qualification)
- Blood Test: same day

The chairman said that, at the request of a patient, he had been checking GP availability on Sundays during October and his findings were consistent with the information provided. He asked that Mrs Smith continue, for the time being, providing the information in this split form. One member queried what proportion of appointments were not attended. Dr Walker said that it was equivalent to about half a doctor a week, ca. 5%. He said that if a patient did not attend an appointment, a text message is sent to them. It had to be carefully worded as the patient may have, for example, mental health problems.

GP availability and identification: The chairman said that the information on which GPs worked on what days was out-of-date and incomplete on both the website and the outside notice board at Hartington Road. In addition, the only information given on the website for five of the doctors is that they are male or female. Mrs Smith said that the practice was aware of this but that, at the moment, priority had to be given to sorting out the medical records. Mrs Smith said that the GPs will switch between locations according to need. Dr Walker said that the on-call team had to be together

at a particular location and the composition of the team varied according doctor availability. Dr Walker and Mrs Smith said that the practice was keen to maintain a family atmosphere and did not want to get to a "them and us" attitude from personnel being location specific.

NHS app training on 26th September: About 20% of the patients attending were from SMC + EMC. The chairman said that the SMC attendance was disappointing. However, many lessons had been learnt from the event (*after the meeting, the chairman received the event summary report which indicated that text messaging was by far the best method of advertising such events*) and Mrs Smith was now in close contact with Emma Delaney (The Bureau – Glossop's wellbeing charity) who had provided the training of the volunteers showing patients how to install and use the NHS app. Mrs Smith said that, as examples of the problems encountered, some patients were having to uninstall and reinstall the app and others had to delete an old NHS account (*particularly if set up during covid*) and set up new ones. The chairman said that Emma Delaney had informed him that there will be a national push to use the NHS app during January to March next year. He said it would be good if the practice could support this in some way. One member queried what the benefits were in using the NHS app. The chairman provided a copy of the flyer produced for the event that indicated you could use the app to access the NHS at home to:

- Order repeat prescriptions
- View health records (levels of access may vary)
- Manage your health choices (e.g. organ donation decision / data sharing preferences etc)
- Search for health advice and check symptoms (111 online)
- Get proxy access (if the proxy is registered at the same surgery as the patient)
- Book or request an appointment (routine GP appointments and blood tests at SMC)
- Submit administrative queries (not always available)
- View hospital / other healthcare appointments (not many local hospitals are on)
- Receive messages from the practice

Mrs Smith said that patients were not at a disadvantage if they did not use the NHS app and relied on direct contact with the practice.

NHS app appearance: The chairman that the appearance of the NHS app seemed to be fluctuating week to week. Mrs Smith said that the practice had no control over its appearance. The chairman asked if, for continuity of care, a patient wanted to see a particular GP, how should they search for appointments with that doctor. As the staff preference button did not work, Dr Walker said the patients would have to search for appointments under each venue as the GP location may vary.

Feedback from PCN board meetings: The chairman said the Primary Care Network (PCN) PPG chairman had had a meeting with Chris Harvey (PCN clinical director) at which it seemed to have been agreed that non-confidential information about what the PCN board was doing for patients could be released. He had asked Mrs Smith if she had been able to get a few bullet points on current non-confidential issues from Dr Harvey. She said that she not had time to do this.

Invitation to PPG to attend Primary Care Quality Meetings with the practice: The chairman said that, at the 30th September Joined Up Care Derbyshire (JUCD) PPG meeting, Lisa Roberts of the Primary Care Quality Team gave a presentation on their work. She said that practices could invite a member of their PPG to join the team for the inspections. The chairman said that, currently, the Quality Team are looking at options for including PPG perspectives in quality visits and clarifying the potential role of PPG representatives during them. The chairman asked the practice if a PPG representative could attend the next meeting. Dr Walker said that this year's meeting had been postponed because of the takeover. He said that a PPG representative would be invited to attend when the meeting occurs.

Patients know best: The chairman said that last time he logged onto the NHS app, he was encouraged to sign up for Patients Know Best. He asked the practice if they could make any recommendations about this. Mrs Smith said that they were not in a position to do so at this time.

Parenting notice board and toys: One of the members proposed that there should be a notice board dedicated to parenting and they were prepared to help in setting it up. Dr Walker said that the problem was that it would be time consuming to keep it up to date. However, they would consider it. It was also suggested by the same member that there should be some toys in the surgeries. Dr Walker said he would look into what the current safety guidance was in terms of possible disease transmission.

Bruising after a flu injection: One member said that his wife, who was on blood thinners, developed a bad bruise after her flue injection. He had looked up guidance that indicated, if you were on blood thinners, you should apply pressure for two minutes over a covid injection point. He asked if there was similar guidance for flu injections. Mrs Smith said she would ask a vaccination nurse what the guidance was.

Covid vaccinations: Mrs Smith said that the national advertising had been poor in that patients were not properly alerted that only the Spring 25 cohort (75+) would get the covid vaccine.

Hawthornes: Mrs Smith reported the closure of the Hawthornes old people's home.

5. PATIENT PERSPECTIVE

GP Survey Data: The chairman said that he had sent out the summary of the GP survey data in a form allowing comparison of all the High Peak practices. The practice performed considerably above the national average in many areas and had a 90% overall good experience rating. It was down in only one area, with the "waited the right time for an appointment" answer down to 47%, 20% below the national average. Mrs Smith said that this was a function of how the practice made the appointments available. Dr Walker said the practice strongly believed in patient choice and so patients could book a routine appointment with whichever doctor they wished. Some practices, required patients to take the first available doctor and hence their waiting times were shorter.

Friends and Family Test (accurx) data: The chairman said that, after each appointment, every SMC patient gets a text asking them to rate their appointment experience from very good to poor, give their reasons for their rating and add any suggestions for improvement of the service. He said that the accurx data is important in that it is the main means for the PPG to monitor the practice's performance and be able to highlight any patient concerns and ideas for improvement. There are about 500 replies a month. Mrs Smith said she was conscious that she owed some data and it would be forthcoming once things settled down after the takeover.

Hospital referrals: The chairman said that if patients have a hospital referral and nothing is heard from the hospital by the due date, they are asked to contact the hospital. If the hospital says they are waiting for more information from the practice but the practice has a letter saying that the triage has been accepted, he asked what should the patient do? Dr Walker said that hospital referrals are a real problem at the moment and it was best to contact the medical secretary at the practice and they could find out if you had been accepted onto the hospital waiting list.

6. PPG ADMINISTRATION

Merger of the SMC and EMC PPGs: The chairman said that the PPG needed to actively recruit new members. He asked that the practice move the CQC information to another notice board at Hartington Road and allow the PPG to put up notices on its current board. He asked if there was a PPG notice board at Burlington Road. One member confirmed that there was but not much information was on it. Mrs Smith said it was possible to move the CQC information and the chairman undertook to put PPG information and joining forms on the notice boards at both sites.

Frequency and duration of meetings: The chairman said that, as there will be more than 16,500 patients, it is likely that the PPG would need to go back to 4 meetings a year. In addition, he would like the meetings, but not the practice attendance time, to be longer. He would like the meeting rooms to be booked from 11.45 am to 1.45 pm to allow:

- 15 minutes set up time
- Practice presence from 12 noon to 1 pm
- Time after the practice presence for PPG business e.g. updating the Terms of reference
- Time to take up offers to give presentations e.g. Jessica McFall (social prescribing manager) after the one-hour partner/practice manager presence.

He proposed that Mrs Smith book a meeting room on a Tuesday or a Wednesday for four dates of the practice's choosing during 2026. Mrs Smith said she would do this.

GDPR requirements: It was not possible to discuss these in the time available.

Chairman's retirement: The chairman said that he will be 80 next year and would be standing down as chairman by the last meeting in 2026 or sooner if anyone was prepared to take over.

7. AGREED ACTIONS

The agreed actions were as follows:

- a) Practice to have a staff chart with pictures in each surgery (CC).
- b) Mrs Smith to continue providing the appointment information in a split form (any doctor/original 8 doctors) (AS).
- c) Information on doctor's experience and working days to be updated on the website (AS).
- d) Obtain feedback on current non-confidential PCN matters from Dr Harvey (AS, CH).
- e) Invite a PPG representative to attend the next Quality Team visit (AS, JW).

- f) Check whether pressure needs to be applied to the flu vaccination injection point for patients on blood thinners (AS, vaccination nurse).
- g) Practice to consider having a dedicated parenting notice board at each site with a PPG member to assist with the content (CC, IAG).
- h) Check guidance on whether it was safe to have toys available in the surgeries (JW).
- i) Put appropriate PPG notices and joining forms on boards at each site (TR).
- j) Book meeting rooms from 11.45 am to 1.45 pm on a Tuesday or Wednesday at four dates in 2026 of the practice's choosing (AS).
- k) Consider acting as PPG chairperson, secretary etc. (all PPG members)

8. DATE OF NEXT MEETING

The 2026 meeting dates and times will be E-mailed out, put on the PPG notice boards and put on SMC website as soon as the room bookings have been confirmed.

E-mail recipients of documents are requested to bring their copies with them to the next PPG meeting.

Minutes of the PPG meeting on 4Nov25 25_11_14.docx