


Patient Participation Group
Meeting Minutes
6/11/2025 @2pm

In Attendance:

Peter Assheron – Chairperson (PA)
 Andrew Locke – PPG Core Group (AL)
 Dr Patricia McCully – GP Partner (TMc)
 Rachel Kennouche – Business Manager (RK)
 Clare Sampson - Operations Manager (CS)
 Sam Elsdon – Deputy Operations Manager (SE)
 Dave Austin – Data Quality Manager (DA)
 Members of the PPG Core Group - 4
 PPG members - 31

Minutes taken by: Leanne Manford (LM)

Agenda No.	Agenda Item	Action
1.	<p>Welcome</p> <p>PA welcomed everybody and thanked Clive Jones for his previous years of leading the PPG. PA explained the aim of the PPG is to be a <i>critical friend of the practice</i>, to try and encourage the best possible service to be provided for patients. As far as the meeting is concerned the aim is to discuss general matters and not to raise individual issues. Key members of the Practice team would be available at the end of the meeting should patients wish to discuss any individual/personal concerns.</p> <p>Introductions were made from the Practice Team. Rachel Kennouche (Business Manager), Dave Austin (Data Quality Manager), Sam Elsdon (Deputy Operations Manager), Clare Sampson (Operations Manager) and Dr Patricia McCully (GP Partner).</p> <p>PA went on to explain PPG meetings are held once a year although the practice is happy to receive feedback any time that you are in the practice or via any other method i.e. FFT, via website, over the telephone.</p> <div style="text-align: center;">  PPG Presentation 06 11 25 #RK.pptx </div>	
2.	<p>Practice Update - CS</p> <p>CS shared how flu and covid clinics have been a big focus over the last few months. She particularly wished to thank the PPG Core Group for volunteering for the Saturday and mid-week clinics.</p> <p>National changes to the eligibility criteria for covid vaccinations this year resulted in an increased number of patients who were only eligible for the flu vaccine and not the covid vaccine. This change made the logistics of the clinics a little more challenging. Following feedback from last year's campaign, the Practice implemented staggered clinic start times to help with the volume and flow of patients.</p> <p>Observations/feedback this year, particularly on the first Saturday clinic was the queue. This was in part due to patients arriving early for their allotted time slot, the</p>	

	<p>high winds caused patient flow disruption and car park capacity issues. We received overwhelmingly positive feedback; however, we appreciate there may have been some patient frustration on the day. Changes were made for the second Saturday clinic which we feel helped.</p> <p>On our weekend clinics we delivered – 04/10/2025 – 618 appointments 18/10/2025 – 500 appointments</p> <p>The midweek clinics have a much smaller number at around 100-150 appointments per clinic.</p> <p>Staffing Update - RK Since our last PPG meeting, we have welcomed the following new team members: Nina Davies – Practice Nurse Dr Micklewright – Salaried GP Hannah Evans – Pharmacy Technician (already a member of the practice team, who has trained and upskilled in this role) Amanda Lewis – Paramedic Ellie – Admin Apprentice</p> <p>Returning from maternity leave shortly will be: Dr Sophia Khan – returning in January 2026 A member of our admin team – Claire</p> <p>These updates are added into the practice newsletter to keep patients informed. RK suggested putting the practice organisational structure into the next newsletter so that patients can see all the different staff members that make up the wider practice team.</p> <ul style="list-style-type: none"> • Include organisational structure in the next practice newsletter <p>Patient Education Evening Events - CS CS explained we have held evening education events on Men’s Health, Women’s Health and Asthma. We are currently planning our next session for February 2026 which is likely to be on general health and wellbeing.</p> <p>Within the practice we have a Wellbeing Coordinator, Social Prescriber and Care Co-ordinator who will all be supporting in the planning of this event. We are looking at running this as a drop-in session. Information will be shared once a date has been set. If anyone feels any areas would be useful to be covered in these educational sessions, please feedback to us.</p>	<p>Exec Admin</p>
<p>3.</p>	<p>GMS Contract + PCN 25/26 Headlines RK shared how information in relation to general practice national contracts are available via the internet to the public. Each GP practice will have a national contract to deliver medical services. Most practices will have a GMS (General Medical Services) contract, this is updated nationally each year by NHSE, the contract will run from April to March. The contract will specify all aspects of general practice services that have to be delivered along with mandatory requirements and various clinical targets to be met.</p> <p>Key headlines are for 25/26 are:</p> <ul style="list-style-type: none"> • Digital Access + NHS App – focus for patients to be able to contact their practice, by phone, online or by walking in, and for people to have an equitable 	

experience across these access modes.

- **Online consultation tool (Patches)** – as from 1 October 2025 practices are required to keep their online access open for the duration of core hours for non-urgent appointment requests, medication queries and admin requests.
- **You and Your General Practice** – all Practices to publish this guide to inform patients what to expect from your general practice (GP) and how you can help them, so you get the best from the National Health Service (NHS). There is a link to this on the practice website.
- **New enhanced service for Advice and Guidance from Secondary Care** – this allows clinicians to ask questions to consultants regarding the patient, the advice could be a specific treatment, onward referral or an action plan for the patient.
- **Weight Management Enhanced Service** – this has been included in the contract since 24/25 and offers patients the choice to access different weight management services. As a practice we pro-actively promote this service within clinic discussion, on the website/via social media and text messages.
- **Cardiovascular disease (CVD) prevention** to support the government's ambition to reduce premature mortality from heart disease or stroke by 25% within a decade.
- **Changes to Childhood Vaccinations Schedules/Programme**
- **Quality and Outcome Framework changes.**
- **10 Year Plan Fundamentals** - three big shifts our NHS needs to be fit for the future: from hospital to community, from analogue to digital, and from sickness to prevention. This is on the internet for anyone to view and focuses on the introduction of Integrated Care Teams and Neighbourhood Teams.

Primary Care Network (PCN) DES 25/26



PCN Leaflet.pdf

We collaborate with three other local practices to form Chester East Primary Care Network, Park Medical Practice, Health Lane Medical Practice and Upton Village Surgery. There is a separate contract that covers the requirements of the PCN, this is called the Network Contract DES which the PCN must adhere too. RK and Dr Henry, Senior Partner sit on the PCN Board.

Key points

- **Primary Care Networks** - key aim for introducing PCNs was to build greater resilience and leverage the benefits of working at scale for practices.
- **Integrated Neighbourhood Teams** – build traction with primary care, social care, community health, mental health, acute, and wider system partners working closer together to support people 'needs more systematically.
- **Additional Roles Reimbursement Scheme (ARRS)** increased flexibility to support PCNs to respond to their local workforce requirements, to include GPs and practice nurses.
- **Population Health** – aims to improve the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities within and across a defined population. It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health and requires working with communities and partner agencies. It is a proactive method of care.
- **Risk stratification to support continuity of care** - using intelligence provided by digital risk stratification tools, PCNs should risk stratify their patients in

	<p>accordance with need, including to identify those that would benefit most from continuity of care (with a named GP, where appropriate).</p> <ul style="list-style-type: none"> • IIF Focus- Learning Disability Health Checks and Lower GI Fast Track Referrals. • Capacity and Access – All patients are asked for a brief description of the problem when requesting appointments in order to signpost to the correct clinician, whether in the practice or externally. <p>Social Prescriber, Lead Clinician Pharmacist, First Contact Physio are all roles which were implemented by PCN funding.</p>	
4.	<p>National Patient Survey + Family and Friends Test (FFT) Trends ‘You said, we did’ CS discussed the national patient survey and FFT results and explained how we look at trends from previous years.</p> <p>We have no input to the national survey and the response from this survey covers less than 1% of our practice population so is a very small percentage for feedback.</p> <p>We are aware some areas have decreased from previous years however the results are positive in comparison to national and local results. We are looking at doing our own survey shortly and will use this to focus on areas where the results have decreased. We will aim this survey at patients who have been in to the practice recently so are giving feedback on our current services. We will use this to look at areas that we can improve on but will also reflect on the positive feedback.</p> <p>Family and Friends – text messages are sent to patients following an appointment at the practice. There are also links on the website and forms in the practice which can be completed at any time.</p> <p>We have had good responses for ‘good’ or ‘very good’ and a very small amount of negative feedback.</p> <p>CS gave some examples of feedback the practice has taken on board are:</p> <p>Appointments not running to time - Unfortunately, delays can occur for several reasons such as, unforeseen medical emergencies and patients wishing to discuss multiple problems in a single appointment. Our medical administrators monitor the clinics and make the waiting room aware of any delays that may affect their appointment time. When booking appointments, the administrators do try and book an extended appointment if required for certain clinical issues, to try and prevent appointments running over.</p> <p>Check in screen not working - The check in screen is a great tool to aid patients self-check in for their appointments, this can save time waiting in the queue and allows patients with further questions to speak to the admin team with minimal pressure – however this does run on software that on occasions has failed. The Practice has limited administrative rights to this software, any problems are reported to the provider – when this happens the screen must be turned off until we have confirmation that any issues have been resolved. The medical administrative team is always on hand to assist patients utilise the check in screen if they’re unsure on how to use it.</p> <p>Car par barrier/token machine not working - The car park barrier has been in situ for many years, and we are aware there have been faults with the barrier mechanism</p>	

	and the intercom. We are currently liaising with the provider on rectifying the issues.	
5.	<p>Digital Access – (NHS App / E-mails / PATCHS) AL explained that during a ‘listening table’ session (ran by PPG Core Group) we discovered that there are a lot off issues around digital problems so have worked alongside the practice to set up a digital drop-in session where patients can come and have help with any digital issues surrounding the practices services. There have been 40 patients so far this year attending the digital drop-in sessions.</p> <ul style="list-style-type: none"> • The drop-in sessions are a collaborative initiative between the PPG Core Group and the Practice. They are aimed at any patient who has difficulty downloading and using the NHS APP. • In 2025, 40 patients attended the Drop-in Sessions. Unfortunately, during March to May there were no sessions due to the refurbishment of this meeting space. • The monthly sessions are hosted by our Care Coordinator, Reception Team members and PPG Core Members. We are keen to continue these into the future. • Sessions are held in the Practice in this room (Meeting Room), the next one being on Friday 14 November 2025 from 2 to 4pm. <p><u>NHS App Update</u> The National NHS App Team are very busy aligning and upgrading the App to meet the requirements of the government’s 10-Year Plan, released earlier this year. The aim is to enable the patient to control their own health and care, improve productivity of the software and reduce overall costs.</p> <p>By patients being able to view information on their app it allows them to do it at their own time and can free up practice staff to do other tasks. If patients, then want to go on to have access to their full medical records patients can be fully informed and have access to the same information that the clinician can see.</p> <p>Some highlights of the app are:</p> <p><u>Appointments</u> Currently there are 200,000 GP surgery appointments booked directly via the NHS App and more than 1 million visits to online consultation services such as Patches which is used by the practice. This saves both the patient and the practice staff time.</p> <p><i>Work in hand</i></p> <p>Making more appointments available on-line - When a Patches request is reviewed it will enable you to be booked in with the correct clinician, rather than when contacting the practice by phone and only being able to book what is currently available.</p> <p>Enabling patients to book ‘follow-up’ appointments where appropriate</p> <p>View and manage community health appointments</p> <p>Integrating with Hospital management portals</p> <p>Enabling people who manage health services for others to book appointments for them – it is currently very limited now for carers, and this has been identified and changes are to be made.</p>	

Prescriptions

5.5 million repeat prescriptions are processed every month using the NHS App saving 3 minutes of GP time for each prescription generated (275k hours). This is a 33% increase from 2024.

Work in hand

Enabling extended view and tracking of prescriptions with all pharmacies, currently this has been rolled out successfully to 1,735 pharmacies as a trial

Notification in the App when prescriptions are ready

Providing a full list of prescriptions including those which may not be currently available

Enabling tracking of prescriptions for users who manage health services for others (carers).

Health Records

Every month GP health records are viewed around 25 million times including 9 million views of test results

Work in hand

Making test results easier to see

Testing ideas as to how to make navigation within the Health Records easier

Adding graphs to some non-pathology tests such as blood pressure

Messaging

It is NHS's intention to enable patients to access all their messages in one place. By the beginning of 2026 it is the aim to send 270 million messages through the NHS App, an increase of 70 million from 2024.

Work in hand

Encourage more patients to 'opt-in', there are currently only 88% of users who have 'opted-in' for messages.

Introduce 'nudges' to improve the read percentage – if a patient has not read a message they will be sent a reminder.

Enabling users who manage the health of others (carers) to view their messages

Introducing tools such as 'search'

Navigation and Experience

Updated 'account' section for users to find and change personal information

Work in hand

Significant changes to make it easier to find key services

Helping more users to log into the App quicker and easier. The average time to log in

	<p>is currently 3 seconds. If anyone struggles to get into the app AL encourages patients to attend the digital drop in. RK emphasis how important the work that the PPG do to help patients with these issues is.</p> <p>Exploring ways to personalise navigation for individual users</p> <p>Improving the way parents and carers find and complete tasks for the people that they care for</p> <p><u>Integrated Services</u> Ensured that the App works with IOS26 and Android 16 operating systems</p> <p><i>Work in hand</i></p> <p>Improved performance measures and analytics so that the Team have an improved view of how the app is performing for users</p> <p>Providing better documentation for administrators to use during resolution of issues</p> <p>Updating the 'Contact us' form to collect information</p>	
<p>6.</p>	<p>PPG E-mail Group PA shared how this is an area of communication that has not been working well and wanted to discuss ideas on how this can be improved. The e-mail group is a great way for the practice to engage with patients as a sounding board, to share ideas and patient responses, ask for support with projects etc. Patients can send their comments which will then be sent around the group, and other patients can then add their feedback, agree/disagree.</p> <p>PA asks that anyone who would like to join the email group provides their email address at the end of the meeting.</p> <p>A benefit of the group is that the minutes from PPG meetings are circulated within the group.</p> <ul style="list-style-type: none"> • Patients to provide their email address if would like to join the PPG e-mail group. • PPG Core Group to consider how they can promote the group to increase users. 	<p>Patients</p> <p>PPG Core Group</p>
<p>7.</p>	<p>General Questions</p> <p><u>Flu and Covid Clinic</u> Patient shared how his experience at this year's Flu and Covid Clinic was of issues with parking and within the practice it was not clear on how the clinic was working. He shared how this was very different to 2 years ago when the clinic ran very smoothly.</p> <p>RK responded to explain how appointment times were staggered this year to alleviate any bottlenecks, however patients arriving early to appointments can hinder this and generate additional number of patients flowing through the practice. The wet and windy weather on the first clinic unfortunately did not help as this made it unpleasant for patients to queue outside. Following the first clinic a practice de-brief too place and further changes were put in place, and this improved the patient experience on the following clinics.</p>	

CS thanked the volunteers for their help during the clinics and mentioned the Friends and Family feedback from the Flu and Covid Clinic was very positive. Further changes implemented this year as a result from last year's patient feedback was around the rooms used for different vaccinations, however this was changed back to the original set up following this initial clinic.

A patient from the meeting shared how he attended the second clinic and had a very positive experience, he was only in the practice for about 10 minutes and found it efficient.

Other patients in the meeting commented on how the volunteers were excellent at directing and assisting patients during these clinics. RK shared the volunteers are invaluable and should anyone like to join the volunteers for the next campaign can they please contact us.

There was a discussion about the pharmacy vaccination clinics and RK explained how these are run separate to any practice clinics and are not aligned with the practice/GMS Contract practices have. However, patients have the choice of where they wish to attend to be vaccinated.

Reaching Patients without Smartphones

A patient asked how the practice reaches out to patients without smartphones?

It was explained that the practice has a member of the team who is a Care Co-ordinator (Mel), who alongside our admin team, can assist patients who do not have smart phones and/or internet access by providing information relating to both in-practice and external services, as well as voluntary organisations. Any patients who we feel would benefit from the additional support of our Care Co-ordinator or Social Prescribing Link Worker will be offered a face to face or telephone appointment.

A wealth of information is available in the practice via our noticeboards, leaflets and practice newsletter, in addition to being shared online.

Many of our digital services (such as Patches and Practice Website) do not need a smartphone, they can be accessed via laptops, computers etc if the patient has internet access.

The use of digital services for those patients who have internet access allows the medical administrators to have more time to assist patients over the phone or in person. Patients will not be put at a disadvantage by not having smart phone or internet access. We feel strongly that all patients should have equitable access to the Practice and its services.

Should the practice need to contact patients, we will always do this via various methods, including NHS App, text messaging, email, telephone and/or letters, so all patient needs are catered for.

A patient shared their experience of using the NHS app and Patches, they felt they are both wonderful and they have had great success with Patches when communicating with the Practice.

Paramedics Role

A patient asked what a Paramedic does within the practice?

TMc explained how she was the initial Paramedic Trainer when we first had

Paramedics join the practice. Their role is similar to the Advanced Nurse Practitioner, they can assess and diagnose patients with acute illness such as earache, chest infection, tonsillitis etc. Some can also prescribe, it is felt that they have the knowledge to treat or direct the patient on appropriately within the Primary Care setting.

Most Paramedics will either be prescribers or be training to be a prescriber. Our current Paramedic has just completed her prescribing training, so instead of the supervising GP having to issue the prescriptions, she will now be able to issue prescriptions within her own clinics.

Nurse and GP Appointments

Patient shared how she generally found the health centre excellent but had one concern where she was given an appointment to see the nurse, after requesting a GP appointment, which she felt would have been more appropriate. Patient was not told when she booked the appointment that she would be seeing a nurse.

TMc explains that the role of an Advanced Nurse Practitioner is that of a very experienced clinician who has gone on to have additional training at MSc level. As part of the Advanced Nurse Practitioners Clinic they also have access to a GP's assistance should they need it.

Access to Medical Records

Patient shares concern about seeing a consultant and the patient then being able to view their results/clinical letter before being told the information by either the consultant or GP. RK explained that access to prospective medical records was an NHS initiative in May 2022, so this is granted automatically. Should patients registered at the practice wish to have retrospective access we ask the patient to complete a questionnaire, there is a question that asks the patient should they see clinical information that is worrying/alarming and the Practice is closed how they would handle this. If this would upset or worry the patient, we ask for the patient to reconsider their request.

SE explains when a clinic letter or results are sent from secondary care to the Practice, this information is not immediately viewable by the patient. Only once the Clinicians has reviewed the letter, communicated with the patient etc, the letter is then viewable to the patient. If patient does not want to be made aware of certain parts of their diagnosis, this will be written in the letter, and the Clinician will mark on the clinical system to keep this letter invisible to the patient.

Access to full medical records can be turned off if required and can be tailored for individual patients.

TMc shares how clinicians are aware that anything they write on patient's medical records is fully viewable to the patients, all clinicians try to write useful and easy to understand comments. For example, writing comments on results so that the patient understands the information and not using medical jargon/acronyms.

Difference between Patient Access and NHS App

Patient asked about the difference of both digital systems.

SE explained that Patient Access and the NHS App provide the same information and it is patient preference as to which they use. Patient Access was originally introduced at the practice 10 years ago, whereas the NHS App was created during the pandemic and the features have been developed and will be the main digital tool for patients as part of the NHS 10-year plan. Patients report to the Practice they find the NHS App easier to use.

	<p><u>Text Reminder for Flu Injections</u></p> <p><i>Patient shares how she has booked her flu injection but is still receiving text message reminders.</i></p> <p>DA explained that the practice would usually look at whether a patient has an appointment scheduled before sending a text reminder message. However, text messages are also sent out centrally by NHS England and they will not be aware when a patient has booked an appointment with their GP Practice.</p> <p>PA thanked everyone for attending the meeting and for the practice staff's involvement. A further meeting will be planned for next year.</p>	
Close	3.35	