



FALKLAND HOUSE SURGERY

PATIENT PARTICIPATION GROUP

Notes of the PPG Annual General Meeting and Steering Group Thursday 13th June 2024 at Falkland House Surgery

Present: Margaret Booth (MB); Rachel Cadman (RC); Meg Crook (MC); Mandy Dakin (MD2); Pat Dale (PD); Hilary Dawson (HD); Jean Gater (JG); Nigel Gater (NG); Enid Hirst (EH); Mark Wheen (MW); Carol Wymer (CW)

For the Practice: Dr David Linsky (DL)

1. WELCOME (MB)

MB welcomed all.

2. APOLOGIES (MB)

Jan Bergstrom (JB); Nigel Dakin (ND); Mike Dyson (MD1); Peter Nightingale (PN); Andrew Walton (AW); Pearl Woodward (PW)

For the Practice – Dr Tom Cossham (TC); Zoey Hall (ZH).

3. MINUTES OF THE LAST AGM AND MATTERS ARISING (MB)

Minutes of the last AGM, approved on 13 July 2023, had been circulated prior to the meeting. There were no matters arising.

4. ANNUAL REPORT 2024 (MB)

The report was circulated prior and referred to in the Meeting (please see attached). EH formally thanked MB for her hard work in compiling it. RC thanked MB and PW for their efforts throughout the year.

MB reported that three sub-groups had been established and each working well.

Membership had increased from 14 full members and 6 virtual members last year, to 17 full member and 7 virtual. EH stressed the importance of recruiting younger people as virtual members and the consensus was that recruitment of virtual members generally should be an aim for this coming year.

Last year's balance of funds was £1174 and this year is £985.88 with a discrepancy of £86.90 from 4th November 2022 in our favour. (It was later identified and rectified as a cheque having been paid back into the account uncashed and will be reissued.)

Funding had been allocated for the installation of a handrail from the Surgery front door which has now been fitted. It is as yet unclear as to whether the Surgery or PPG funds will pay for this.

5. ELECTION OF OFFICERS (MB)

Current posts are held by Chair – MB; Deputy Chair and Minutes Secretary – NG; Membership Secretary – MD; Treasurer – RC; Communications Officer – PW. MB advised the Membership that she and NG had discussed the roles as Chair and Deputy and as NG had always stated that he would not like to take over the Chairmanship in future and that because of her personal circumstances she would stand as Chair for one more year, it was therefore agreed that a new Deputy would be needed for this year with a view of taking over as Chair in a year's time. No nominations were forthcoming at the Meeting, and as there were several apologies for absence, that MB would be make contact with them to seek any nominations. NG agreed that if no Deputy was appointed, he would remain in post for the forthcoming year. He was willing to continue as Minutes Secretary. MB advised that she would consider becoming a Joint Chair and/or becoming Deputy to a new Chair after this forthcoming year.

All existing Officers in post were re-elected, having been proposed and seconded by Members present.

6. REVIEW OF FHS PPG AIMS AND ACTIVITIES AND KEY ACTIVITIES AND PRIORITIES FOR 2024/5 (MB)

(a) **Aim:** was to support and build a two-way relationship between patients and the Practice to the benefit of both. **Agreed.**

(b) Key Activities

1. **Listening to patients:** To seek out and listen to views of patients through a variety of means and provide feedback on these to the Practice. **Agreed.** RC suggested a poster for the Waiting Room outlining the Aims and Activities of the PPG.

2. **Listening to the Practice team:** To seek and listen to the views of the Practice Team in relation to prioritising PPG activities. **Agreed.**

3. **Information provision:** To provide information for patients about the Practice and other health related matters through a variety of means and to celebrate Practice successes. **Agreed as a priority.** This prompted a full discussion. Suggestions made were:

CW would be interested in becoming a Virtual member but would be interested in receiving more information than presently provided to those members (ie Minutes of meetings) to encourage response. MB to seek information from The Hollies Practice as to how they recruit and maintain a large Virtual membership who are more responsive to the information provided and although it was noted that in contrast our Active membership is more involved and has set and achieved more aims, there is much we could learn from each other.

Comment was made that there is potential for the Practice to send out more information to patients. RC suggested Facebook and Twitter could be a better way to get young people involved.

4. **Fundraising Support:** To provide support to the Practice and other local health-related organisations through practical involvement and other fund-raising activities. **Agreed.**

5. **Patient representation in health-related matters:** To represent patients through seeking to work with and influence local health and other social care organisations on their behalf: **Agreed.**

6. **Practice Inspections:** To be involved in care and quality commission (CQC) inspections of the Practice: **Agreed.**

7. PPG Organisation and Management:

To review PPG Key Activities at the AGM and set priorities for the coming year.

To appoint PPG Officers and agree operational sub-groups to deliver Key Activities for the coming year at the AGM.

To encourage new active and virtual members to join the PPG. **All agreed.**

It was further agreed to publicise our Key Activities on the Practice Notice Boards and Screen.

PART 2: STEERING GROUP MEETING

7. INPUT FROM THE PRACTICE (DL)

This item was delayed until Dr Linsky was able to join the meeting.

8. MINUTES OF THE LAST STEERING GROUP MEETING (24.04.24) (MB)

Approved: Proposed EH, Seconded PD. EH happily noted that names of Practice Staff now appear on the screen.

9. MATTERS ARISING NOT COVERED ON THE MAIN AGENDA (MB)

There were none.

10. TREASURER'S REPORT (RC)

A full breakdown of Accounts was provided to MB prior RC prior to the meeting. Discrepancy identified as above.

11. COMMUNICATIONS OFFICER'S REPORT (PW)

This was provided to the Chair prior to the meeting as reported below:

Since my last report, I have completed and delivered the Summer newsletter to the surgery.

I have adapted and printed pages of the current Newsletter and updated the PPG noticeboard at the surgery.

I have not moved forward yet with the booklet of information referred to in previous meetings – pathways to GP services, as I am waiting for a response from the surgery on one of the main items.

I am proactively working on some useful information to give out during the vaccinations, perhaps some of the Pathways, or general information about the Pharmacy First scheme, minor injuries, and other relevant medical information, since at least some of these people may not have seen the information from the newsletters.

12. GARDEN PROJECT (JG)

Additional current information not covered in the Annual Report.

Pruning of large Buddleias, cutting back of shrubbery at the left-hand side of the Surgery. Further path clearing, recycling of waste. Planned further maintenance session on the following Saturday. PW will kindly be providing further summer plants for the troughs.

JG stated that this has been a very happy group and successful project which has been appreciated by the Practice. Further ongoing maintenance and additional/replacement planting will be ongoing.

13. INITIAL DISCUSSION OF A POTENTIAL EVALUATION PROJECT TO BE CARRIED OUT ON BEHALF OF THE PRACTICE (MB/DL)

This was discussed later when DL joined the meeting.

14. THE 'DIVERSION' OF PATIENTS AWAY FROM HOSPITAL REFERRALS (EH)

EH reported that the NHS is changing, in that surgeries are having to find different ways of how they operate. Since the CCG was abolished in 2022, Integrated Care Boards have been set up. South Yorkshire & Bassetlaw is one, divided into Barnsley, Sheffield, Rotherham and Doncaster. Centres have been allocated across Sheffield to relieve pressure on GP surgeries and to offset costs for services such as phlebotomy, dermatology, physiotherapy etc. It is now important to understand that financially the NHS can no longer afford the services we all remember. However, some of the sites are a distance from FHS and concerns are for those patients who do not have transport, are disabled, elderly, taxi fares and/or find it difficult to access distant clinics. As an example, EH was referred to Norfolk Park Health Centre. She was able to access directions on the web, but the journey was not straightforward, but she stressed the quality of the care she received with a specialist consultant. It is recognised that patients need to be informed of these changes possibly by use of the Newsletter and the proposed booklet.

Dr Linsky now joined the meeting.

MB asked if he could explain the difference between a 'hub' and a 'referral centre'. DL advised that Carterknowle Medical Practice has taken over from Porterbrook as our hub. A second hub is proposed at Greystones Medical Centre. Primary Care Sheffield (PCS) is a provider group run and managed by GPs rather than a private service. For example, the Porter Valley Primary Care Network is funded by PCS, who receive funding from a national Care Board. Employment is carried out by PCS who work for the Network.

FHS reception staff have a list of the Centres where patients can be sent for various services. When the appointments at FHS are full, and after being triaged, the less urgent conditions are allocated to specific centres across the City. DL recognised that the FHS doctors do not know first hand which individual patients have been referred elsewhere until they receive the reports back. After the PPG outlined some of the difficulties listed above for certain patients in getting to these Centres, DL recognised a need to get communication back and forth.

Re Agenda Item 7: Input from the Practice (DL)

The doctors appreciate the work the PPG does.

- (a) Pete College, the present Registrar, will be going to Nethergreen as a paid doctor, but will remain at FHS until August, for a two-month handover to a new Registrar.
- (b) Louise, the Advanced Practice Nurse: Pleased to have her on board and is well regarded.
- (c) Staff being paid for by the Network include two part-time pharmacists who carry out medical reviews; Physiotherapist and the Physician Associate. If patients do not use these services, then they could be lost. The doctors meet with the Network organising group to discuss how the money is spent.
- (d) Evaluation Project: MB reported that the previous Evaluation Project for the Surgery Report in 2020 involved 172 patients interviewed at the Surgery. Patients were asked to give 3 positive aspect of the Practice and 3 areas needing improvement. This was patient led. As another CQC is expected later this year, the doctors would like the PPG to carry out another evaluation prior to this. As well as the previous open-ended questions, they would like to include specific questions – The appetite for patient preference of a local hub to be at Carterknowle/Greystones; views of the experience of FHS patients of physiotherapy, pharmacy and Physician Associate services. Discussion followed regarding the means of distribution, ie electronically and/or at the busiest times in the Surgery waiting room. The Hollies Medical Centre is also interested in conducting an evaluation using a similar model and it would be useful to see the differences.
- (e) Primary Care Zoom Meeting: to be held on 18th July. MB and DL to participate.
- (f) A Social Event: A social event between the PPG and the Surgery was proposed. MB will pursue.

15. Any other business (MB)

None.

16. Date, time and place of PPG Group Steering Meetings

Monday 9th September 6-8 p.m.

Tuesday 19th November 6-8 p.m.

Both meetings to be held at Falkland House Surgery.