

**7St John's Medical Centre**  
**PATIENT PARTICIPATION GROUP**



**Patient Participation Group Minutes**

**Meeting Date** – 02/12/2025

**Venue** – St John's Medical Centre.

**Surgery Representatives**

Nikki Masson Practice Manager  
Beth Gadd Reception Manager  
Sharon Richards Secretary (Minutes)

**PPG Members**

AP  
VT  
MB

**In Attendance**

Carla Pinder  
Emma Batty

**Apologies**

JS  
BC

It was noted that ST has resigned from the group.

AGENDA ITEM	DETAILS	ACTION
1	Welcome from NM who introduced Carla and Emma to the group.	
2	<b>Social Prescribing</b>  Carla introduced herself to the group as a social prescribing link worker K2 covering	Information only

	<p>Grantham, Corby Glen, Colsterworth and Castle Bytham.</p> <p>She gave an overview what social prescribing is, who can access it and how.</p> <p>Patients are usually referred by GPs and other medical professionals for a variety of issues including anxiety, loneliness, low level depression and dementia. Carla is their link to the wider community and will “triage” patients to see what sort of services they would benefit from which could be by asking them about their hobbies and interests, both past and present. She will ask what their aims are e.g., to get out and about more or to make new friends etc. Once triaged she then find activities and groups that may be of interest to patients and go back to the patient with suggestions. They are only suggestions and it is entirely up to the patient whether they want to go ahead with attending any activities or group. If they are worried about attending alone then Carla can attend the first few sessions with them to help them settle in.</p> <p>VT commented that she had had experience of the service in the past which was less than favourable but admitted that it was during Covid when things were very difficult and Carla was able to reassure her that things were now very different and the service was able to refer patients to groups or, sometimes just sign post them in the direction of things that were on offer in the locality if that was all they wanted at that time. VT thanked Carla for this and said she would look into this when her dad needs assistance in the future.</p> <p>Activities on offer can include walking groups, coffee mornings singing groups including dementia choirs.</p> <p>Leaflets were left with NM for putting up on notice boards and passing to GPs so that</p>	<p>NM to put posters up on the notice boards</p>
--	--	--

	<p>they are aware of what is available to patients.</p> <p>VT asked for extra leaflets so she could circulate them at Brick Kiln Place.</p>	<p>and circulate the leaflets to the GPs and healthcare providers.</p> <p>VT took some leaflets to circulate at Brick Kiln Place</p>
3	<p><b>Health and Wellbeing Coach</b></p> <p>Emma introduced herself as a health and wellbeing coach covering the Grantham area. Her role is slightly different to that of Carla in that she assists people with behaviour and lifestyle changes. She will chat with patients to find out their aims and objectives and what they need help with e.g., low confidence, organisation skills at home, diabetes help, healthy eating helping them to do things for themselves e.g., organising their medication could be as simple as getting them a daily pill box. Quite often during the chat other things may well come to light that the patient hadn't initially thought of. Patients initially get six sessions of 45 mins which can either be at the Grantham Health Clinic or by telephone. Patients do need to have capacity and they cannot take dementia referrals. It is an adult only service, low level mental health only. If Emma feels the patient needs more support than the service can offer, she is able to refer on to other services.</p> <p>Referrals are accepted by GP/healthcare professionals or people can self refer.</p>	For Information Only
	<p>VT asked how self-referrers would find out about the service and asked if Carla and Emma ever did presentations to groups other than healthcare practices and they said not. VT thought that it may be a good idea to target, for example, Brick Kiln Place as this may trigger more referrals and</p>	Information only

	<p>make more people aware of what is available.</p> <p>Both of these services are free of charge. Some groups do ask for a donation towards tea and coffee etc., but this is voluntary and should not put people off attending.</p> <p>Carla and Emma were thanked for their time and left the meeting.</p>	
4	<p><b>Last Meeting Minutes :</b></p> <ul style="list-style-type: none"> <li>• AP has looked at some patient questionnaire and surveys used by other practices and passed these to NM to review/comment on. AP suggested that we pick and choose the best bits from each questionnaire to come up with our own which could then be put on the website.</li> <li>• The minutes of the last meeting were agreed.</li> </ul>	<p><b>NM to review questionnaires</b></p>
5	<p><b>1<sup>st</sup> October Roll-out</b></p> <p>It was agreed by all that this had largely been positive. AP advised that she had spoken with staff and they were happy with the way that things were going and it had made things easier.</p> <p>BG reported that there was now no longer a “tug of war” with patients in the mornings over appointment allocation. The onus was now more on the GPs as the clinical triage to assess who actually needed to be seen on the day and what was more routine. Some patients were however still unhappy at being classed as “routine” and having to wait for an appointment rather than being seen on the same day.</p> <p>Winter pressures are beginning to mount but the rollout has definitely not been as</p>	<p><b>Information only</b></p>

scary as first thought and we are managing well.

GPs and healthcare professionals are having to do more but this was inevitable.

VT commented that we have actually gone back to how it used to be when patients didn't expect to be seen on the same day and all agreed.

BG commented that assessing what is and isn't routine can be tricky as some patients are putting through their requests on admin forms which wouldn't normally take priority but reception are having to read all of these forms thoroughly to ensure nothing is missed just because it is on the wrong form.

BG also noted that the 6.30 pm cut off is tricky as it gives no time to filter the late urgent requests before practice close.

VT mentioned that St Peter's Hill have a blanket answerphone message that says something along the lines of "if you've not heard from us, it's a routine matter and we'll be in touch" and wondered if we could adopt this approach. BG advised that this wouldn't be appropriate as each request has to be triaged individually anyway.

NM commented that as Ask My GP is now open all day, the 8am rush is no longer such an issue.

AP agreed. She has used the service a lot lately and likes the fact that there is always a response, be it that you'll be seen that day or that its non-urgent and the practice will be in touch shortly.

BG advised that it has given the team a lot more control and made it easier to redirect patients to more appropriate services. There are still pressures, particularly with

	<p>winter looming but we are well prepared and if we can make it through the winter next year will be much smoother.</p> <p>NM agreed that a 6pm cut off for the service would be more appropriate as it would give time to mop up.</p>	
6	<p><b>Dates for Next Meetings</b>  Surgery meetings – quarterly  Members meetings – quarterly</p> <p>NM to circulate dates by email.</p>	<p><b>NM to circulate dates by email.</b></p>
7	<p><b>Meet &amp; Greets</b></p> <p>This topic was re-visited following the discussion at the last meeting.</p> <p>AP asked if the group thought they provided any benefit. NM said that she thought that they would but this appeared not to be the case – the PPG group is still not growing.</p> <p>AP handed over the last PPG leaflets and NM will review these to see if any amendments are needed.</p> <p>AP asked if these should be on the practice Facebook page. NM confirmed that they were on there and all agreed they were good. The leaflets were to be used on social media and on the practice noticeboards.</p> <p>BG noted that the aim of the meet and greets was to encourage people to join the PPG. People had initially seemed keen to join but then didn't actually do anything.</p> <p>AP commented on what other PPG groups at other practices get involved in, including flu campaigns, sign posting patients etc.</p> <p>Other practices call their meet and greets “drop in sessions” – perhaps a name</p>	<p><b>NM to review leaflets and advise on changes needed</b></p>

	<p>change may make people more likely to come along.</p> <p>BG pointed out it is a lot of work for volunteers to take on.</p> <p>NM said that asked that if the practice was unable to action their ideas how do we encourage our PPG members to stay on board. In previous PPG meetings patients tend to complain rather than actually make suggestions for improvements.</p> <p>It was suggested that moving the meetings to evenings rather than day time would open them up to a larger and more diverse group of patients and this was to be considered. It was asked if GPs may be able to attend if they were held in the evening and this was something to consider.</p> <p>We could also offer different types of membership of the PPG, full member who attends meetings and, perhaps, “PPG Friends” email members who can contribute by email/internet with suggestions and thoughts.</p> <p>AP advised that it had been suggested that all of the local PPG groups could perhaps have a large meeting to share ideas and information and all thought this was a good idea.</p>	<p><b>PPG and Surgery to consider viability of evening meetings and different types of PPG member.</b></p> <p><b>PPG and Surgery to consider viability of evening meetings and different types of PPG member.</b></p>
8	<p>There was brief discussion about the upcoming merger of Notts, Derbyshire and Lincolnshire Boards and the fact that there were concerns Lincolnshire and, in particular, Stamford, would end up at the bottom of the pile.</p>	<p>Information only</p>
9	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>The format of the newsletter was discussed and it was agreed that this could be clearer and more impactful. AP to send some sample templates and leaflets to BG to consider.</li> </ul>	<p><b>AP to send templates and leaflets to BG</b></p>

	<ul style="list-style-type: none"> <li>• The circulation of the newsletter was also discussed. It is available on the website/facebook page. We can text a link to people but a lot of older patients would struggle with this. An email to patients may be easier for them to access. We are able to target specific groups by email. It is uneconomic to post it out.</li> <li>• The PPG page is out of date and NM to ask EB to update.</li> <li>• Following the reinstatement of the wound dressing service at the practice, this is not showing on the website yet. NM said that we as a practice were issued a list of patients that had been referred elsewhere/the health clinic, so we knew who our patients were and anyone needing dressings were following a hospital appointments, were direct to us.</li> </ul>	<p>NM to ask EB to update PPG page</p> <p>NM to update website</p>
10	Meeting End 11.15 am	

### **ACTION KEY**

**RED** – PPG Members to consider/action.

**BLUE** – No action needed

**GREEN** – Surgery to action