MANOR HOUSE Surgery

Glossop Hadfield Howard Street
Patient Participation Group

Patient Participation Formal Group Meeting

Tuesday 12th August 2025

Conference Room Howard Street

1. Present: JA(Chair), GA, VM, MF, GJ, IE, GM, LA, HB, VT, LF, SS.

The Chair welcomed GM as a new member

Apologies: LB, Dr LDu, BL, JM, MW, CE, JB.

2. Minutes of 10th June 2025: Approved - Proposed: HB. Seconded: VM.

3.Matters Arising:

i) Item 2: Access to the Denton Diagnostic Facility:

The manager of the facility is to return with answers to the questions raised by MF.
A current serious issue is that of DNAs and considerations that this may in part occur as the paperwork sent out to patients is not altogether clear that the clinic is in Denton as against Tameside Hospital.
A question was asked – "How do patients get their test results?" Results are communicated via hospital consultants, as it is they who initiate the referrals to this clinic. The practice will only know when it receives the consultant's letter, which will then be added to the patient's record.
The private company who run the facility have a ten year contract to fulfil.

ii) Item 5 i): The possibility of a survey: there is currently no obvious subject for such.

iii) Item 5 iii): Raising the profile of the PPG:

The PPG is now in a prominent place on the Surgery's website. The Chair thanked the surgery staff for their support with this. There was discussion whether PPG information could also be part of Facebook posts. JA agreed to prepare some information and circulate this to members for views.

iv) Item 9: Bowel screening test results.

The wording on text messages and phone calls to patients had been sufficiently questionable that it had caused distress to some patients. LF has discussed this with the reception team to amend this accordingly. It was acknowledged that much of this comes from the national scheme, over which the practice has no control.

5. PPG Items:

i) The Suggestion Box at Hadfield has received two comments, one very complimentary to the surgery and one outlining problems with GPs asking patients to make a further appointment, via reception at a specific date e.g. in two weeks, only to find that no appointments are available within that time scale. Discussion focussed on the process of making appointments and why the GPs could not do this. VT and LF said that the time constraints on GPs meant that this would not be a good use of their time and the reception staff were quicker and more adept at working the system to find a suitable outcome.

ii) The communication of test results: some patients have felt that they have not received adequate information about these. Blood test results were discussed in some detail with VT and LF explaining that frequently one sample will need sending for a number of different tests. These results are often returned to the surgery at different times and the current practise is to wait until all have been returned before contacting the patient. Generally, if there are no issues from a blood test, there is no patient

contact; if an issue arises, either the GP will text, or request reception to make contact and outline the next steps.

In view of the issues discussed, it was agreed that LF would review the process and that the provision of information to patients regarding these processes would be useful, perhaps as a poster "Understanding Your Blood Test". MF, LA and JA agreed to look at developing this, with input from LF regarding the technical information.

iii) Repeat Prescription Online Ordering: the website used to include a box which had to be completed to state the reason for the request. This also provided the space for patients to state why they might be reordering before a due date, e.g, for forthcoming holidays. The box is not currently there and without it, patients' requests for early reordering have been refused in some cases. VT said that the box had been deactivated although it was unclear why. She would look to its reinstatement. Both VT and LF reminded the group of the dedicated prescription team which has a separate link on the phone line.

6.Surgery Items:

i) VT commented that August is very busy, as several staff are on leave but there are no specific problems and the revised closures are going well.

ii) LF informed the group that there are 17 reception staff, one or two have left with new staff in place, but training them takes time.The staff list is on the website and there are plans to include information on what different job titles actually mean. There is also a plan to add staff photos and photos of the different premises.

iii) Paramedics within the practice. One is employed by the practice and two others, employed by the PCN, see patients throughout Glossopdale. They see patients in the surgeries in the mornings and undertake home visits in the afternoons. There is quite a high rate of home visits where patients are found to be absent (Do Not Attend).

iv) Vaccinations. This year, the practice is providing both flu and covid vaccinations. Eligible patients can choose to have both together or separately and texts will go out soon for patients to book for these.

v) Entrance doors at the Glossop site frequently malfunction, often due to unnecessary pressure being put on them. This has caused considerable difficulty over quite a lengthy period and there is now funding available for new doors including automated doors on waiting rooms and a new system to be installed.

7.Derbyshire PPG Network: no new information.

8.Tameside PPG Network: this focussed primarily on the Denton Diagnostic Facility,

9.Glossop Joined Up Care: no new information.

10.Any Other Business:

The expansion of community healthcare services at George Street Clinic. An item from the "Glossop Chronicle" calling for local support for a petition was circulated and discussed. There was a general view that the facility is underused and that with the growing population, traffic problems and pressure on existing services Glossop needs better access to "local urgent care". More information is available on https::://www.change.org/p/open-glossop-clinic-as-an-urgent-care-centre.

Next Meetings:

AGM/Informal: Tuesday 9th September, 6 pm

Formal: Tuesday 14th October, 1.00 pm