



Patient Participation Group Meeting

Tuesday 14th October 2025

Conference Room, Howard Street Medical Practice

1.Present: JA (Chair), GA, MF, IE, CE, HB, JM, GJ, LA, SS, JB, VM, VT, LB

Apologies: BL, GM, MW, AR, CM, BT, Dr LDU, LF

2.Minutes of 12.8.25: Approved: Proposed CE, Seconded MF

3.Matters Arising:

(i)Item 3(i): Denton Diagnostic Facility. Still awaiting some requested information; MF clarified that the results of the scans done there are sent back to the requesting consultant at the hospital. Glossop GPs still cannot request tests, although Tameside GPs can. It would require Derbyshire to contribute financially for Glossop GPS to make referrals. Next year test results will be prepared at the facility and then sent to referring consultants, which should speed up the process as it can currently be lengthy.

(ii) Item 3(iii): Raising the Profile of the PPG. There are now two items posted on the surgery Facebook page relating to the PPG, a short introduction and a more full account of the group's recent work.

VT mentioned an annual request from the NHS about the composition of PPGs and whether these are adequately diverse to properly represent the communities they serve. It was noted that it is very difficult to ensure this as the group is entirely voluntary and the make-up is generally towards older people. IE commented that, from her participation in the Derbyshire wide PPG meetings, this is not at all uncommon and that achieving a representative mix seems extremely hard. Discussion followed about possible ways of attracting younger members.

(iii) Item 5(ii): Blood Tests. The plan to develop information for patients about blood tests and their results has progressed and MF is currently awaiting feedback from the surgery about the suitability of the information she has prepared. VT will chase this up. Discussion focussed on how this might best be presented for patients to access it easily. One possibility was for a website page to be developed and the clinician administering the test to inform patients of this.

(iv) Item 5(III): Repeat Prescription Ordering Online. The message box on the prescription ordering website which recently disappeared has not yet been reinstated as VT has been unable to ascertain if this can be done. She will continue to pursue this.

(v) Item 6(v) Surgery Doors at the Glossop site. The practice is awaiting the final authority from NHS England for this work to commence. VT has reminded them twice.

(vi) Item 10: George Street Clinic. Its usage (or lack of it) was raised in discussion about whether it could be more productively used than it currently appears to be. It was reported that the building was constructed under PFI (Private Finance Initiative) terms and it was

acknowledged that this is an expensive process for those wishing to use such buildings as the PFI owners can charge high fees to users. Tameside currently rents the building and it seems that almost any group can book space there, although it is not clear who actually does, apart from Physiotherapy, Audiology and the District Nurse service.

4.PPG Items:

(i)Constitution: JA thanked those who had offered comments on the draft. The meeting adopted the revised Constitution. JA will arrange for the Constitution to be posted on the group's web page.

(ii)Priorities for 2025-2026:

It was reported that the PPG had held it's Annual General Meeting on September 9th 2025 when JA had been reappointed as Chair, with MF as Co-Chair, VM as Secretary, HB as Social Secretary and SS as Minuting Secretary.

The meeting also agreed the Priorities for the group for 2025-26. (Previously circulated for this Formal Meeting).

(III)Triage:

VM has had queries from patients wanting to know why their triage requests have been responded to by clinicians other than GPs. VT clarified that the demand for appointments has increased exponentially, particularly since Covid. It has become necessary, therefore, to ensure that GPs see those patients whose needs cannot be met by other clinicians (Nurse Practitioners, Paramedics). While the triage system has brought many benefits, it also ties up two GPs each morning and two each afternoon. Discussion ensued regarding the difficulties many patients have in understanding the different roles of the different clinicians working within the practice and how this might be addressed. VT said she was in the process of drawing up information for patients about the different roles of staff at the surgery.

VT also informed the group that a home visiting service for the whole of Glossopdale is in the process of being established. It will consist of a GP, an Approved Mental Health Practitioner (AMHP), a Healthcare Assistant (HCA) and a Paramedic. Any request for a home visit will be triaged and be followed by a response within 24 hours to say who will visit. The team will be based in Simmondley.

VM queried those triage requests that contain insufficient information for decisions to be made. VT said that the triage panel then asks the admin team to obtain more details. JA noted that, when the triage began there were videos on YouTube showing how to complete the form. Would it be helpful to repeat these?

(iv)Non-attended Appointments:

LB enters these on the monthly statistics information that is posted on Facebook. Following a Did Not Attend (DNA) the patient receives a text about this and after three such missed appointments, they are sent a warning. VT said that, although DNAs have reduced since the introduction of triage, it is still a problem. There was discussion whether it would raise awareness by putting the issue on the PPG Facebook page.

5.Surgery Items:

(i)The floor at Howard Street is due for repair, beginning on 3.11.25. The problem is not clear and until the builders undertake some exploratory work, it is not known how best to resolve

the issue. The waiting room will be reconfigured in order that the surgery can continue to function.

(ii) LB informed the group that two new receptionists have been appointed, to replace two who have left. They are in the process of being trained, which includes working across all three sites to broaden their experience. There has been positive feedback about the overall standard of the receptionists.

6. Derbyshire PPG Network:

IE and MF informed the group of a Derbyshire Primary Care Quality Team, whose function is to visit all GP surgeries within the county. There appeared to be little clarity on the roles of this group, including whether it duplicated a number of CQC functions, but without the CQC's authority. Discussion focussed on the purpose of this team and its usefulness. LB and VT said they had not been approached for it to visit the Practice. JA asked if it might be useful to ask Hannah Morton, who chairs Joined Up Derbyshire, to attend one of our meetings.

7. Tameside PPG Network:

MF attends this, which takes place via Teams, which presents "technological challenges". A recent discussion on support for children with special needs was very useful, including ways of providing support for those children prior to diagnosis, which is when official support can commence. The diagnostic process can be lengthy and during that period, there is no agreed system of support.

8. Glossop Joined up Care.

The group is moving to meet every two months instead of the current monthly ones. The next meeting will be in December.

9. Any Other Business:

VM said that the comments box at the Glossop site had had two comments, one regarding a water fountain and one about Reception. VT has replied to both.

Next Formal Meeting: Tuesday 9th December, 1.00 pm

Next Informal Meeting: Tuesday 11th November, 6.00 pm

Both at Howard Street.