

Woodville Patient Participation Group (PPG)

Minutes of meeting held on 28th April 2026 at 6:00pm

- Present** :
- Nicola Clist – Nursing Associate
 - Lyn Hackett
 - Roy Hackett
 - Harry Jolley
 - Danielle Marratt – Operations Manager
 - Jenny Slawson
 - Peter Slawson
 - Alan Wright
 - Ann Wright
- Absent / Apologies** :
- Karen Gothard – Practice Manager
 - Micky Locke
 - Nick Locke – PPG Chair (WoodvillePPG@21JubileePark.com)
 - Sabyta Mackay

Previous Minutes

- 111** It was noted that there has not been a PCN PPG meeting for a long time. We will ask for details of the next meeting.

10th February – The PCN apologised for the lack of meetings, subsequently advising that the chair has had to stand down and confirming a meeting on 25th March. We did question the need for the PPG as there has not been a meeting for almost a year. Subject to availability, Lyn and Nick will attend the next meeting.

28th April – Lyn and Nick attended the meeting on 25th March:

- The meeting provided a well-organised, positive experience.
- The leadership will rotate around the PPGs.
- There were clear aims and good involvement from all attendees, along with networking opportunities and sharing of best practice.
- Patient experience statistics were shared, showing that issues are being resolved and difficulties addressed.
- Lyn will attend the next meeting on 27th May.

- 112** The meeting discussed the PCN which, to patients, is seen as an extension of the services provided by our surgery – and therefore will affect the surgery’s reputation. The meeting felt that the clinical services are great, with no issues from anyone who has attended Ragsdale House. However, it was felt that the administrative side of things needs improvement – factually incorrect texts, texts with spelling and grammar errors, the referral process not being followed, lack of a PPG meeting for almost a year. Nick will share this minute with the PCN.

28th April – This was discussed at the meeting on 25th March and it was accepted that there had been some shortcomings which were being addressed.

- 113** The meeting recalled a previous update from the PCN, regarding the Care Quality Commission, where we were told that a *temporary* arrangement was in place whereby the PCN would rely on the individual surgery registrations. Nick was asked to find out the latest position.

28th April – This was discussed at the meeting on 25th March and it was confirmed that the PCN will stand alone once its operating company has been fully set up.

- 115** It was noted that two of the social prescribers attended a “connections” meeting recently, in order to understand the options for referring patients. It was good to see their interest, and a poster will be obtained to display in the surgery.

Micky

28th April – Micky has the poster and needs to deliver it to the surgery.

Matters Arising

- 117** Some issues were raised around use of the NHS App for secondary care and COVID vaccines. Nick has discussed providing tuition on using the NHS App. It is not currently the responsibility of the surgery, but consideration could be given to having a **digital champion** in the future. The system has a fail-safe, where if the app is not checked within 2 hours, a message is sent.

- 118** There are no plans to stop the 8:00am phone or in person appointments. Concern was raised about inconsistency when doctors ask patients to ring in for appointments. Reception can send booking links, but this is not always done consistently.

**Danielle
/ Nicola**

- 119** Danielle raised concerns about New Street Pharmacy not uploading COVID vaccine data promptly. This posed a potential patient safety risk and needs resolving urgently.

Danielle

- 120** Blood test results are uploaded to the NHS App. Patients should also be advised to phone if they cannot access results. For urgent results: the practice will attempt to contact patients directly. Urgent abnormal results identified by laboratories are phoned through to the surgery for immediate action.

- 121** Concerns have been raised around digital exclusion and complexity through increasing system complexity and lack of communication. There is recognition that not all patients understand or can access digital systems. Need to remain mindful of digitally excluded patients.

- 122** It was noted that the surgery is advertising for a new GP, for three full days (six sessions) to meet rising demand.

- 123** There is a desire to implement Rapid Health to ensure equal access both online and in person. Other surgeries were initially negative but are now supportive. There is a need to advertise and promote System Connect. Reasonable adjustments will be made for patients unable to use digital services. PPG involvement would be welcomed if funding for Rapid Health is secured. **All**

124 The surgery website can feel overwhelming; distinction between routine and urgent can be unclear. The surgery is considering using a website designer to refresh the website and Facebook. There will be an emphasis on keeping information simple and clear for patients.

125 It was noted that there have been some staff changes, with Danielle becoming Practice Manager and Nicola becoming Assistant Practice Manager.

Any Other Business

126 The carers' coffee morning is planned with a date to be confirmed.

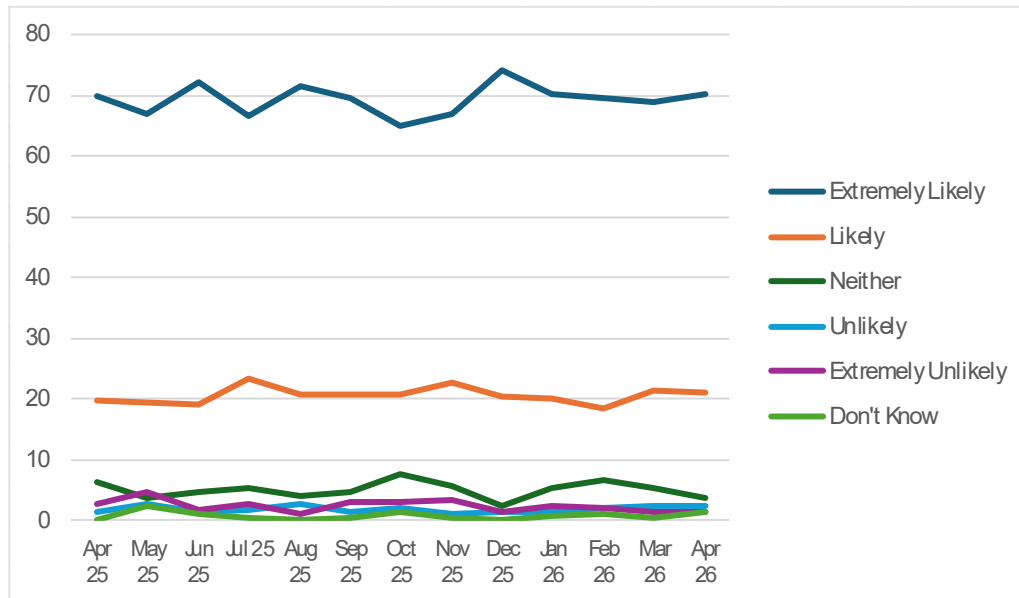
127 It would be appreciated if Deb Shepard could attend the next meeting to explain her role. **Nicola**

128 It was confirmed that the PCN referral process has now been streamlined and is working properly.

129 A member mentioned that there had been a delay in receiving a prescription.

Friends and Family Survey

This section of the minutes tracks the Friends and Family results over time, with any particularly good or bad comments being discussed at the PPG meeting. Note that the responses are tracked as a percentage of the total number of responses received to allow comparison between months, as differing numbers of responses are received each month.



PPG Guidelines

These guidelines are expected to evolve over time.

- The PPG exists to improve the patient experience at Woodville Surgery.
- We need to monitor trends so that we can detect improvements and/or deteriorations and react accordingly.
- We could review the GP survey – but that has a limited audience and a low response rate. We could also consider a separate in-house survey.

Date of Next Meeting

Tuesday 21st July at 6:00pm.