



Patient Participation Group Meeting Wednesday 21st May 2025

Minutes

In Attendance

Lynda Guest (LG)
Alison Grove (AG)
Chris Brookes (CB)
Jim Brookes (JB)
Diane Best (DB)
Jane Thoms (JT)
Carol Tyler (CT)

Apologies

None noted

Welcome & Introductions

CT thanked everyone for coming and explained the history of Summerhill PPG. CT explained that the group had been on hold after the sad passing for our previous Chairman but now was the time to re-launch the group.

CT asked if anyone had been involved with a PPG before. All answered no, so CT distributed and talked through some slides explaining the roles a PPG can take. CT explained that Summerhill would really like the PPG to be a “critical friend” to the surgery, to give honest help and advice to improve and promote services for all our patient population.

CT explained how there are opportunities for the PPG to work with the wider local network for example the local Primary Care Network (PCN) and how the group can have an influence in the wider area for service provision.

CT explained that the PPG needs to develop to be patient led however the surgery staff will always support and assist with the practicalities whenever needed. CT talked about a recent breast cancer screening workshop that was held in the surgery, how it was well attended and how we have received feedback that our screening rates are doing really well.

Update from the Practice

CT explained that a contract monitoring inspection occurred at the surgery on the 20th May. The Integrated Care Board (ICB) came to review the services and process at Summerhill Surgery. CT explained that the meeting went well and the interim feedback has indicated that the surgery is doing well and compliant in all areas. There are a couple of minor adjustments that need to be made (to the patient leaflet) but overall really good news.

CT advised that the Care Quality Commission (CQC) have also announced an inspection in the next

couple of weeks. Our last inspection was in 2015 and we achieved a “good” at that time. All the staff are working exceptionally hard in preparation. JB asked if CQC would need to speak to patients and CT confirmed yes, it would be really good for CQC to obtain direct feedback from patients. If anyone would be willing to talk to CQC could they please let CT know as soon as possible.

Suggestions and comments from PPG members

CB and JB informed the group about a local organization that they are involved with, u3a. They explained what the group did and how it can be a really good support network for bereaved, isolated or lonely people as well as an opportunity to meet new people with their activities and coffee mornings. CT agreed this could be something we could advertise in the surgery.

JB asked if we could consider doing a promotion for men’s health, specifically in relation to the PSA test and prostate cancer. It was agreed this would be a good idea and CT said she will contact Rajvinder Mann from the Kingswinford and Wordsley PCN (who helped to organize the breast screening event in the surgery) to see if she had any advice or if she would be willing to help get an event organised.

The increase in surgery population was discussed and DB asked if we now have too many patients? Also what is the benefit of having more patients with regards to funding? CT briefly explained the basis of funding in primary care with the core contract value and incentive performance payments. With regards to, do we have too many patients CT stated she thought that was a question the PPG should answer rather than the surgery as it is the patients’ perspective that will hold the answer. It was agreed that may be over the last 12 months it has become more difficult to get an appointment, but still much better than anywhere else. It was discussed how appointments for GP’s can be booked up to 6 weeks in advance and not just on the day. It was agreed that this may not be well known by all patients and should be promoted by the surgery. CT to action

LG stated she was a relatively new patient to the surgery and would have liked to have been given a patient leaflet at the time of registration, could this be something that is introduced? CT apologized as Summerhill has a patient registration pack that should have been given to LG. CT will arrange to get one for her and speak to reception to ensure this is always handed out in the future.

LG discussed having her blood pressure taken at a local pharmacy and how “hidden” or undiagnosed hypertension could be prevalent in the community. Is this something Summerhill could promote? CT agreed as blood pressures and hypertension is an area that the surgery had considered recently. It was discussed about promoting and having a “drop-in-day” or event where people could come without having to make an appointment.

Elect a Chair / secretary

It was agreed this would be deferred to the next meeting.

Next Meeting

It was discussed how often to have these meetings and to agree an appropriate date and time. It was agreed the next meeting should be in about a month so not to lose the impetus, but the frequency in the future can be determined at each meeting. It was agreed that Wednesday at 5pm suited all.

Date of next meeting proposed: Wednesday 25th June at 5pm.