

Kelvingrove Medical Centre

Patient Participation Group

Minutes

Meeting - Thursday 17th July 2025
13:00 – 14:00

Kelvingrove Medical Centre, 28 Hands Road, Heanor, Derbyshire, DE75 7HA

Attendees:

Chair: Christopher Perko (CP) – (Doctor Retired)
Secretary: Gavin Peart (GP)
Emma Stone (ESt) - Kelvingrove Patient Services Lead
Jodie Cook (JC) PCN Development Lead
David Crawley (DavC)
Diane Crawley (DiaC)
Eric Cresswell (EC)
Laura Froggett (LF) Pharmacy Manager (Rowlands Pharmacy)
Phillip Stone (PS)
Diane Woolley (DW)

Apologies:

Peter Boxall (PB), Irene Cresswell (IC), Lin Debenham (LD), Nik Dubaic (ND), Darren Evans (DE), Frances Houlton (FH), Ann Jones (AJ), Paul Jones (PJ), Richard Lodge (RL), Paul Mason (PM), Freda Price (FP), Alan Purdy (AP), Grace Purdy (GPu), Emma Simmons (ESi), Stephanie Cresswell (SC), Simon Wood (SW), Neil Woolley (NW), PM Wright (PW).

1 Presentation By Jodie Cook - Development Lead (Arch Primary Care Network)

Jodie Cook (JC) introduced herself as the Development Lead for the Arch PCN (Primary Care Network) and gave a talk about her role and the provision of wellbeing drop-ins and a project plan to create a PCN-wide patient group. JC explained that her role was addressing health from the aspect of prevention of illness, rather than treatment, with a focus out in the community and the organising of the wellbeing drop-ins.

[For information, the Arch PCN is a network of nine local practices, providing health care to around 90,000 patients, across Alferton, Ripley, Crich, and Heanor. The Practices forming the PCN work together, through the PCN, to provide a coordinated range of specialised health services across the area collectively served by the nine practices.]

1.1 Wellbeing Drop-in Sessions

JC explained that the wellbeing drop-in sessions offer people an opportunity to have their blood pressure checked and discuss health topics such as smoking cessation, weight management, and physical activity with the Live Life Better Derbyshire Team. Blood pressure readings are documented, and any high readings are immediately referred to patients' registered practices for rapid follow-up.

Additionally, there are thirty-five partner agencies involved who can attend the wellbeing sessions and provide advice, help and assist in identifying services and support on holistic health matters, including financial support, affordable credit, peer support groups, mental health

support, welfare rights, job application assistance, energy efficiency advice, and carer groups and benefits.

The sessions are notified to patient groups by text, social media, posters etc and are provided both during the day and also in evenings to accommodate people who work in the daytime or are shift workers.

JC advised that a text message to around two to three thousand potential attendees generally resulted in an attendance of between 150 to 200 attendees and the group considered this to be a good return on the cost and effort of sending out the text alerts.

However, JC advised that the use of such text messaging was coming under cost pressure from NHS Derby and Derbyshire Integrated Care Board (responsible for managing the NHS budget and allocating resources). GP asked ESt whether such cost pressures on the use of text messages was being applied to Kelvingrove as there is a concern that this positive and proactive approach could be degraded by cost cutting.

- ***ESt to advise whether Kelvingrove was subject to possible restrictions on the use of proactive health text messaging.***

LF offered the services of Rowlands Pharmacy to JC as a potential partner agency to support the work of the wellbeing sessions and JC and LF to discuss separately.

- ***JC and LF to meet separately to discuss the offer from Rowlands Pharmacy.***

1.2 PCN Patient Group

JC also outlined a plan to setup a PCN Patient Group comprising volunteers from each of the Practices who would collectively represent patients from all nine Practices. Meetings would take place quarterly or six monthly and would draw together representation from all the practices and provide an opportunity for involvement by patient representatives at PCN level.

Handouts from JC which were given out at the meeting (Energy Advice & ARCH PCN Patient Network) will be distributed by GP to the group in a separate email.

The group considered this a good proposal and the coordination of PPG's at a higher level should be helpful in supporting individual PPGs, focussing efforts and spreading best practice throughout the various PPGs.

- ***The group to consider who would like to volunteer to become involved in the PCN Patient Group and represent the Kelvingrove PPG.***

2 Introduction By Laura Froggett - Pharmacy Manager (Rowlands Pharmacy)

Laura Froggett (LF) introduced herself as the pharmacy manager for the Rowlands pharmacy attached to the Kelvingrove Medical Centre. Laura has had a very extensive career working in pharmacies and can bring this experience to the benefit of the group, as well as hoping that the experiences of the group will provide feedback to help her improve the service provided by the pharmacy to Kelvingrove patients.

3 Blood Testing Services

GP and CP have had a positive meeting with the Phlebotomy Service Manager, Claire King, at University Hospitals of Derby and Burton NHS Foundation Trust and discussed the groups concerns.

- ***GP to issue notes of the meeting, together with actions going forward, to the group.***

Some key points from the meeting:

- The number of blood tests carried out by the hospital phlebotomy service increased between 2021 and 2024 by 40%.
- The online Swiftqueue service for making blood test appointments is run entirely separately from the hospital phlebotomy service and is not under their direct control.
- The telephone service which is available to patients needing to make an appointment, but who do not have Internet access (or skills), is run entirely by the phlebotomy service and not Swiftqueue.
- The telephone service is actually available for two hours a day between 11 AM and 1 PM
 - ***Est to advise the Practice so that the information given out to patients can be updated to reflect the longer hours for the telephone service.***
- Claire King was generally supportive of the idea to use simple easy to use “in-surgery” screens to allow patients without Internet access (or skills) to make their own blood test appointment bookings. However, this would have to be taken up with Swiftqueue and Claire King provided contact details for Swiftqueue.

4 Telephone System Update

The telephone system will be updated as part of the ongoing Practice Improvement process.

- ***Est to update the group when the update of the telephone system has been actioned including whether the update included the previous feedback from the group regarding the telephone system (including EC’s suggestion regarding changing the sequence of phone options).***

5 Public Health Collaboration Strategy To Use Diet & Lifestyle To Address Obesity / Diabetes

GP is still committed to taking up the role of lifestyle support but due to current time commitments will be scheduling this for 2026.

- ***GP will, on completion of his training for the role, present to the group to explain the detail of what he will be doing going forward in providing lifestyle support groups***

6 PPG Meeting Attendance Levels & Membership

This action is currently pending and will be taken up on completion of the patient questionnaire task using the information gleaned from the responses to the questionnaire.

7 PPG Actions & Progress to Date

GP has issued the summary of the work and tasks carried out to date, along with the outcomes, to measure progress and demonstrate that the PPG was able to contribute to the functioning of the Practice and this to be added to the PPG section of the Practice’s website.

- ***Est to arrange for the PPG web page to incorporate the summary of the work and tasks carried out to date***

IC asked for feedback from the Practice on the work carried out to date by the PPG.

- ***Est to respond and update the group.***

8 Practice Waiting Area PPG Poster Out Of Date

EC had noticed that the poster in the Practice’s waiting area, informing patients about the work of the PPG and the date of the next meeting, was out of date and needed revising.

- ***Est to have the poster updated and reflect the date of upcoming PPG meetings.***

9 TV Screens Used To Call In Waiting Patients

Regarding the TV screens in patient reception no longer flashing up messages to call in the next patient, ESt reported the screens are now in use (although the first-floor screen was not working at the time of the meeting).

- ***ESt to advise the Practice that the first-floor TV was not operational.***

10 Repeat Prescription Problems Caused by Automated Systems Not Taking Account Of Holidays

The issue that the NHS app, and repeat prescription service, did not take account of holidays when setting dates to allowing time-restricted repeat prescriptions to be authorised, and processed, was discussed at length with the benefit of considerable input from the experience and expertise of LF.

LF advised the group that there were some significant system issues with different aspects of the repeat prescription service which, when compounded with issues caused by patients not collecting prescriptions (or accumulating stockpiles of unused medications), created problems, inefficiencies and waste. LF also advised that the repeat prescription service works on a four-weekly cycle, and not a calendar monthly cycle, and despite the system being “electronic” staff at the pharmacy have to manually process each repeat prescription in order to have prescriptions available when required by patients.

In response to a question as to whether the repeat prescription problems are suitable to be looked into by the Group, LF thought that, because many of the issues were embedded in the systems and patient behaviours, they were most probably beyond the ability of any one PPG to tackle. LF confirmed, however, that she and the staff at the pharmacy were working to improve those systems which were under their direct control.

11 Questionnaire to Kelvingrove Patients

The production of the actual questionnaire is complete with the questions and format all agreed by the group.

However, there are currently no volunteers to take the data from returned questionnaires and input it into a spreadsheet for analysis. This means that progress on the questionnaire has been halted pending the identification of a resource to process the data. GP asked ESt to go back to the practice again and ask whether a resource can be provided to take the data from the returned questionnaires and input it into the spreadsheet for analysis.

- ***ESt to ask again whether the Practice can provide a resource to input data from returned questionnaires.***

11.1 General Methodology:

The details of methodology to distribute and process the paper questionnaires is also agreed by the group as noted below:

- The maximum realistic number of questionnaires are to be distributed as expected return percentage is likely to be low
- Questionnaires to be anonymous.
- GP can provide envelopes with preprinted labels to allow patients to return completed questionnaires anonymously.

11.2 Electronic Questionnaires:

GP & MA have reviewed the use of electronic questionnaires and confirmed the following:

- Google forms will be a good solution to distribute and process electronic questionnaires entirely electronically. The process can be implemented through email, links on the Kelvingrove website or the use of scannable QR codes on posters or leaflets.

- The Questionnaire could easily be incorporated into the Kelvingrove website with a high level “request to complete” on the home page and results will transmit automatically to a central spreadsheet for analysis.
- Compared to Google Forms, use of Adobe Acrobat Forms is not a good solution for online or emailed questionnaires and will also incur processing costs which Google Forms will not.

11.3 Paper Questionnaires:

ESt has checked with the practice regarding the methodology for distributing and collecting paper questionnaires and confirmed the following:

- Paper questionnaires will be printed by the Practice
- Questionnaires to be made available in the Kelvingrove patient reception areas.
- Receptionists to encourage patients to complete the questionnaires
- Messages to appear on receptions “signing-in” screen and TV’s in the patient reception areas to encourage patients to complete the questionnaires
- Posters to be put up in the patient reception areas to encourage patients to complete the questionnaires
- Clipboards & pens to be made available in the patient reception areas to make completion of the questionnaires as easy as possible.
- Table to be made available in the patient reception areas with questionnaires laid out ready for completion.
- “Ballot box” style boxes to be available in both waiting areas to receive completed questionnaires to maintain anonymity.
- Patients attending appointments with doctors, nurses or other staff members will be advised at the end of the appointment that there is the opportunity for them to pick up a questionnaire in the waiting area and complete it to help the practice improve the service provided to patients.

11.4 Seeking Responses From Patients Away From Kelvingrove:

- PPG members to ask friends, family or neighbours who are Kelvingrove patients to complete the questionnaire.

● **Action by all group members**

- PPG members who attend local clubs, churches, Heanor wellbeing centre or other such venues, where they are known to other attendees, to ask people who are Kelvingrove patients to complete the questionnaire.

● **Action by all group members**

- Approach William Gregg leisure centre to see if they could help to get members who are Kelvingrove patients to complete questionnaires – could be very helpful in respect of younger patients or parents of patients whose children are in classes.

● **GP to contact the leisure centre to ask for their assistance**

- Approach care homes supported by Kelvingrove to ask staff, who interact with Kelvingrove on behalf of residents, and residents (if possible) to complete questionnaires.

● **ESt to ask the Kelvingrove staff members who visit the care homes to speak with the care home management and ask for their assistance**

- Ask “dormant” PPG members to complete the questionnaire.

● **GP to contact “dormant” group members and ask them to complete questionnaires**

- Questionnaires completed away from Kelvingrove “anonymity boxes” to be sealed in envelopes by the patients completing them, to maintain anonymity and encourage accurate and honest responses.

11.5 Data Protection:

ESt confirmed that there are no issues arising from how the questionnaire is to be carried out and the data processed.

11.6 Processing of results:

On hold pending identification of the needed resource.

12 New Tasks For The PPG

The group agreed that setting new tasks would be based on the results of the questionnaire with any other items the group or Practice wishes to add.

13 Government Healthcare Strategy – “Neighbourhood Healthcare”

CP advised the group that a new Government Health initiative “Neighbourhood Healthcare” was being rolled out and he had some serious concerns at the possible impact on healthcare and GP Practices.

CP’s concerns were that:

- No additional funding was being provided which would result in existing funds being spread more thinly over even more healthcare providers/services
 - GP Practices were being undermined by the allocation of funding and resources to other areas
 - Funds being allocated to other healthcare specialties reduces the funding for Doctors exacerbating the problem of newly qualified Doctors being unable to find employment
 - Increasing the number of separate healthcare specialty services will increase the “silo” effect of a system based on separate uncoordinated services.
 - Provision of services will not be on the basis of patients address or actual location but on the perceived health issue they are experiencing
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- ***ESt to ask the Practice for their views on this new initiative and any potential impact on Kelvingrove and the provision of local healthcare services.***
 - ***ESt to ask Dr Reid if she can attend the next meeting to advise the group of the Practice view on this subject.***

Date of the next meeting: Thursday 21st August 2025 at 1pm

Location – Upper-level Waiting Room, Kelvingrove Medical Centre