

Porter Valley Primary Care Network (PVPCN)

Patient Representative Meeting

Shirley House

9 July 2026

Present:

Elaine Atkin (EA) (Manager, PVPCN)
Jan Bergstrom (JB) (Falkland House Surgery PPG)
Margaret Booth (MB) (Falkland House Surgery PPG)
Linda Campbell (LC) (Hollies Patient Forum)
Elaine Davies (ED) (Greystones PPG)
Hilary Dawson (HD) (Falkland House Surgery PPG)
Hayley Harriman (HH) (Carterknowle and Dore Surgery team)
Ian Hodgson (IH) (Hollies Patient Forum)
Jenn Newell-Eyre (JNE) (Hollies Patient Forum)
Andrew Sale (ASa) (Greystones PPG)
Joy Smith (JS) (Greystones PPG)

Apologies:

Mike Lyons (Medical Director, PVPCN)
Alastair Goldman (AG) (Rustlings Road PPG)

1. Welcome and Introduction

ASa welcomed the group and each members introduced themselves.

2. Progress on GP contract negotiations and impact on PVPCN practices

EA described the increasing demands on Primary Care (PC) during her six years in post. She saw the key issue as being demands on PC increasing as the 10-Year Plan moves responsibilities from Secondary Care to PC, but, as yet, the funding has not followed the responsibilities. For example:

- Oliver McGowan full day mandatory training on Learning Disability and Autism now compulsory for all PC staff.
- Required ncrease in surgery core hours to 8 am – 6pm.
- Extended access 6.30 pm – 9.00 pm (hub provision)
- GPs requirement to review decisions re patient care taken by other staff
- Shared care – particularly patients using private providers for neurodiversity issues and then asking GPs for prescriptions for which they have neither funding nor training to deal with.

- Capacity and access issues: on-line access for patients required from 8 am to 6.30 pm for patients; shortage of staff time to deal with the analysis of increasing amounts of data.

In answer to questions from the group, Elaine said:

- Movement on introducing the 10-year Plan organisational structure is going very slowly. There is a PVPCN holding contract this year and may be next. Neighbourhood links are developing well in the meantime within the existing PCN structure.
- It is difficult to involve 'patient voice' reps in neighbourhood meetings because confidential discussions about individual patients take place.
- Social prescribing is being developed eg working with carers, patients discharged from hospital and high intensity patients. Time is needed to analyse the impact of these approaches on PC.

3. **Progress on decisions made at the last meeting (20 March 2026)**

Points 1 + 2: Adam Howell of 'People Keeping Well' had been contacted and was willing to come and talk with the group.

Point 3: Sharing work developed at practice level. Practices have shared leaflets. The content may vary from practice to practice, but ideas can be shared. Possible development of NHS support for patients across the network. Developing basic templates (eg for surveys) to be adapted by practices. Potential for joint developments as 10-year Plan rolls out. Useful to have shared approaches as some households have patients at more than one practice.

Point 4: ASa has made attempts to links with Weston Park re communication methods and media, but without much success. Several strategies were mentioned by group members: Greystones shares social media with the practice. ED said this saved the PPG having to formally set up sites itself. JB has researched into age groups and social media use for FHS and will share this information. HH said Carterknowle is using Facebook heavily and trying to get more patients involved. Greystones has included social media questions in its most recent survey. Texting is also being used at Greystones (and has been at FHS) to target specific groups of under-represented patients to encourage PPG membership.

Point 5: Patient information re the GP contract. There is potential for shared development of this.

Point 6: This is now the PVPCN patient reps group!

Point 7: Skills mapping – carried forward.

Point 8: Greystones has shared it's patient leaflet on health and well-being. This has been very popular with Greystones' patients.

Point 9: Another meeting of this group will be held in two months.

4. Links with AgeUK

ASa reported on links with AgeUK and passed round basic information about the organisation and about the services they provide. Greystones have put a link with AgeUK on their webpage. It was noted that AgeUK also leads People Keeping Well – which caters for all ages – not just the elderly.

5. Updates from PPGs

Falkland House: JB Reported

- MB has resigned as Chair but will continue leading on external links. JB is re-arranging the group – setting up a team-based approach.
- The PPG, at the request of the surgery, is beginning to consider how the group can support patients in using the NHS app.
- The group has been reviewing Health and Safety practice following an accident involving a volunteer at a local foodbank.
- The surgery was recently awarded a Good following a CQC inspection. MB (then Chair) was interviewed at length by the inspector about the PPG.

Hollies Patient Forum: IH Reported

- Developing community links with under-represented groups (particularly Asian women). 70% of patients do not visit the surgery so focussing on other ways to make links.
- Looking for new members. Building up the E-group to be more representative of around 10,000 Hollies' patients.
- Continuing with a training/information session at each meeting.

Greystones: ASa Reported

- Concern re loss of 4/5 PPG members after about a year. Asking them why they have left. Aiming to develop an E-group to involve more patients.
- The surgery received a Good award following a recent CQC inspection.
- A second targeted patient survey is in progress. Around 200 responses to date.
- Working on five tasks requested by the surgery: walking the building with a patient's eye; feedback on service quality; website and communications review; strategic input; reducing missed appointments.

Carterknowle and Dore: HH reported

- The practice GPs hold open feedback PPG meetings for patients. There may be potential for the PPG to become patient-led in the future.
- The practice is concerned about the low response by patients to invitations to attend Annual Reviews and is investigating this.

6. General PPG Issues

Recruitment issues had already been discussed. This is an issue for all the practices.

Surveys and standardising methods across the PVPCN had also been considered earlier in the meeting.

The group briefly discussed the pros and cons of using AI in PC.

7. AOB

There was none.

Next meeting of the Patient Representative Group

Thursday 24th September 2026 at 10.15 am at Shirley House.

MB

10 July 2026