



Harewood Surgery

Minutes for PPG meeting

Date: 2nd October 2026
Time: 10:00-11:20
Location: Remote via Teams

Attendees: Emma Morris, Kiri Parmenter, Thomas Howard, Vikki Howard, David Blackiston, Diane Warner, Sharone Neuhoﬀ, Natalie Green

Apologies: Martin Jones, Elaine Allen, Mary Allen, Cheryl Henderson

Opening: The meeting was oﬃcially opened by Emma and the attendees introduced themselves to the rest of the group.

Emma then explained the PPG rules:

1. This meeting is not a forum for individual complaints and single issues
2. Members of the group must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias. We will be flexible, listen, ask for help and support each other
3. Silence indicates agreement – speak up but always go through the chair
4. Members of this group should be truthful.

And then to explain the purpose and definition:

Every PPG is unique evolving to meet local needs. Most commonly they work with practices to offer the patient perspective on the services that are provided. PPGs also help to improve communication to encourage patients to take more responsibility for their health and to provide practical support.

The group works with practices to contribute to the continuous improvement of services foster improved communication between the practice and its patients and provide practical support and help to implement change. Each group determines its own activities according to the needs of the community and the practice itself.

The PPG is normally made up of practice staff and patients that are representative of the practice population although the group can be set up by patients and have no practice involvement. The

main aim of the PPG is to ensure that patients are involved in decisions about the range and quality of services provided and over time, commissioned by the practice.

Open communication with the patients was then invited and questions were invited.

1. Sharone raised that since COVID, she found it increasingly difficult to phone up to get an appointment and using the NHS app was confusing. Emma explained that we now have to triage all of our patients so NHS England can collect the data they require to evaluate GP services, and this is part of our GP contract. It was explained that Dr Coggan prefers to triage all his appointments over the phone, and he will make arrangements for the patient to come in to see either himself, or a more appropriate clinician.

It was communicated that our appointments have to be booked within 2 weeks, hence we cannot offer appointments too far in advance, again, as per our GP contract.

The reception staff at Harewood will happily help those who cannot fill the online form in, but this must be limited to only those who have no means of doing it themselves due to time constraints.

Diane suggested that maybe a volunteer could take on this role, to help with this side of things, but it was explained that due to the lack of space at the surgery and the confidential nature of the requests, this would not be feasible. We discussed that we did have someone come in on the first Tuesday of the month from the NHS digital team to help the patients with this type of thing, but the service was not utilised.

2. Vikki said that a problem that she had encountered was with our shutdowns: She had, on a couple of occasions come to the surgery to find that it was closed for staff training. We discussed that these are put on our Facebook page, and a sign was put up in the surgery around 3 weeks before a shutdown, but these steps could easily be missed. A solution was discussed about sending a batch text message to our patients, which Emma will look into.

3. Sharone asked about collecting medication from the surgery, as this is an important part of Harewood Surgery, Kiri explained the guidelines on eligibility to be a dispensing patient, and that only patients who fit this criteria can be a dispensing patient.

4. Natalie wanted to know more about being signposted and the triage system at Harewood Surgery. Emma explained that our first port of call, if a patient fits the criteria, then they should be directed to the pharmacy first service, where trained pharmacists can prescribe certain medications appropriate for the condition. Sometimes, it does fall out of their remit and the patient is directed back to the surgery. Natalie also raised a concern about the triage system. Kiri clarified that the staff at Harewood Surgery are all fully trained to triage, and if there are any more complex, or unusual requests, Emma or Kiri are around to advise, or it can be sent to a clinician to look at for a decision.

5. Vikki asked if it was appropriate to send in information via the triage system, that just needed to be recorded without the need for an appointment. Yes, this is a good way to do things like this as it frees up an appointment with a clinician which may not necessarily be needed.

6. Sharone advised that she felt reassured to learn that the staff had the relevant training to triage.

7. Emma discussed missed appointments, as this seems to be quite a problem. We send a text message 1 week before the appointment, 3 days and 1 day before. On the reminders there is an option for the appointment to be cancelled/rearranged. Natalie asked if there could be a text sent to people with appointments with an attend Y/N reply: Not currently available on the system we

use, but Emma will raise this with our messaging company. Vikki also mentioned that an appointment couldn't be cancelled when her car broke down, it was clarified that if she calls up, the reception team will make a note that she has called, and all DNAs are looked at on a case by case basis. David suggested an audit of DNA appointments and a phone call made by a volunteer with good call skills, but again due to space and confidentiality, this would not be something that could be implemented.

8. Natalie suggested the use of a copy of our online form in paper format for those who would prefer to fill out the form themselves, but don't have the means to do so online. This would work really well for routine appointments, so a form will be created and put in reception.

9. Vikki raised the point about embarrassing/personal problems and filling in the information on the form could be difficult. This can be put on the form as a medical problem, but personal, which is absolutely fine.

10. Vikki then asked about appointments with preferred clinicians. This is a legitimate request for a routine appointment, but not so appropriate for an urgent appointment. Emma explained that our doctors work very differently with Dr Olu having a preference for face to face appointment, and Dr Coggan preferring telephone appointments.

11. Emma informed the group about our extended access appointments not being utilised, but ideal for people who work who cannot get to the surgery during our opening hours. Vikki suggested a note in people's prescription bag to remind them of the services available through Harewood surgery, which is something that we can implement. A newsletter was also suggested and is something that would work really well with our patient community.

12. Emma reviewed the patient feedback that we had received on the Friends and Family survey. We generally have between 200-350 responses per month and an average of 2-3 'very poor' responses. This is mostly because they cannot book a face to face appointment directly with Dr Coggan. This is an anonymous survey, so individuals cannot be contacted to find a resolution but comments good, and bad are always welcomed by Emma and Kiri

13. Communication for minutes and further meetings, it was agreed that our Facebook group was a good portal for this, so any information will be portrayed via Facebook.

14. The vote for Chair was clarified, there were 5 votes for Cheryl and 3 for David, so in the absence of Cheryl, she was declared Chair and David Vice Chair. These positions will be re-elected on an annual basis.

15. Frequency of meetings was discussed and quarterly and 6 monthly was suggested. Emma suggested that as well as Teams, we could possibly hold a face to face meeting at the surgery on a training day shutdown as we will have a room to use.

A successful first meeting of the Harewood Surgery PPG, thank you all for your time today.

Meeting was closed at 11:20

Minutes typed 02/10/2026 by Kiri Parmenter