Minutes of the Laurel Bank PPG
held on Wednesday 13th May 2026 at 6.30pm on Teams

Present: David Williams, Esther Sadler-Williams, Janet Foster, Denise Bradley, Marianne Poulton, Rhiannon Wilson, Trish Thompson, Ian Waddington, Karen Kelland, Peter Overmeer, Wendy Bell, Roy Kerry, Edward Rigby.

1. **Welcome and Apologies**
   David welcomed everyone to the meeting.

   Apologies received from: Suzy Leaman and Hilary Wells.

2. **Approval of Minutes and Matters Arising:** None

3. **Practice Update on the Merger - Edward**

- Edward reported that Kate and Trevor were no longer at the practice. It was noted that they had both worked at the Village Surgeries Practice for many years, and Edward and the PPG wished to formally record their thanks for Kate and Trevor's long service and to offer them both every good wish for the future.
- The IT merge is currently being completed. It has been a significant task to reassign the GPs' outstanding work from last Friday, as all items were merged into a single pool and staff have had to identify and reallocate them. The telephone system was due to merge today (Wednesday), but this has been delayed until Thursday. Once completed, patients will no longer need to press options 1 or 2 for their respective surgeries.
- There have been issues with online services (EMIS). For patients using the NHS App, access should reactivate automatically. However, Patient Access is more complex, and patients will need to relink their account to the practice. This requires a code issued by the surgery, so staff will need to assist patients with this process.
- Repeat prescriptions have been challenging, and issues are being addressed as they arise. The Malpas dispensary has also experienced difficulties, which they are working to resolve. Contributing factors include staffing pressures - a locum has been booked for next week and recruitment is ongoing - as well as patients requesting repeat prescriptions early and arriving to collect medication before the pharmacy has had sufficient time to dispense it, which places additional pressure on the system. Requests made via the NHS App remain the most efficient method for ordering repeat prescriptions and will be promoted going forward. Edward reported that he expects these issues to improve quickly.

  Digital exclusion was raised as a concern. Edward explained that a process is already in place to support patients who are digitally excluded, and alternative options are available. Digital enablement and inclusion remain ongoing priorities for both the practice and the PPG.
- Edward highlighted that the workload for practice staff is currently extremely high, as they are working to catch up on booking around 200 appointments that had been on hold during the merger. He noted that, despite this pressure, there are currently plenty of appointments available.
- The practice is currently carrying 9 vacancies; staff lost during the merger.
- The first contraceptive coil clinic took place today at Malpas Surgery - the first in two years. This has been made possible by the increased capacity of the merged practice, and further clinics are planned.

- Edward reported that Primary Care Support England (PCSE) had not merged the practices as expected, though it is hoped this will be completed by July. As a consequence, there is a small risk that an occasional patient may be deregistered in error; however, this can be easily rectified when the patient contacts the surgery.
- Waste skips have been delivered to both Tattenhall and Farndon Surgeries to enable the clearance of old equipment and materials.
- Grass cutting has now been arranged. A contractor has been engaged to carry out the work, and Ian Waddington has discussed the required tasks with him.
- Premises update:
  Farndon: Discussions with the landlord regarding the lease are ongoing. Once this is resolved, redecoration and other improvements can be undertaken. Edward is also in discussions about the future of the site and its development.
  Tattenhall: The practice understands that additional funding for developing the healthcare estate in Tattenhall has been approved by NHS England, and the practice awaits the formal confirmation letter from the ICB. The ICB Chief Executive and Head of Integration are due to visit, accompanied by the Head of Estates, to review options — including the premises located at Barbour Square in Tattenhall.

  Esther suggested that Tattenhall Parish Council should be approached to support the use of the Barbour Square premises. Edward reported that he is hoping to discuss with the ICB the possibility of increasing the funding available to develop the Barbour Square premises, and he confirmed that the intention would be to rent the site. The practice is currently working with the Barbour Estate, meetings and discussions are ongoing regarding the best way to develop the available space within the building.

  Queries were raised about whether patients would be involved in the design and development of any new premises, and the importance of incorporating the patient perspective was emphasised. It was noted that areas designed solely by 'well people' do not always meet the needs of all patients.

- Denise reported that Sam, a member of the reception team, had been exceptionally helpful recently, and she wished to make Edward aware of this positive experience.

4. Feedback from Rural Alliance PPG's - David

David is currently on rotation as the Chair of the Rural Alliance PPG group, which meets quarterly. David will attach the Rural Alliance PPG meeting minutes to all members, but it will not be added to the practice notice boards.

Issues raised by PPGs included:

- All RA PPGs are now meeting quarterly All practices had reported difficulties recruiting new PPG members. A recent effort to recruit parents of pre-school children had not been successful.

- Tarporley Practice **(Dr Kent +)** has had a difficult period, experiencing building problems and staffing pressures. It is planned to close their Waverton surgery.
- Patients in some areas are having to travel further to collect repeat prescriptions, highlighting the need for rural practices to encourage patients to request repeat medication via the NHS App.

  A detailed discussion took place about developing a more diverse membership for our PPG, including attracting people from different age groups and with a wider range of experiences. Members who had previously been involved in PPGs at other practices shared their insights.
  Suggestions included:
  - Making better use of the noticeboards in the practices, including introducing a *"You Said, We Did"* section.

- Exploring the possibility of using the waiting room TV screen for PPG communications, although David noted that some practices have had their funding for these screens withdrawn.

- David introduced a PPG leaflet produced by Tarporley (Adey and Dancy) for discussion. The meeting felt it would be helpful for Laurel Bank to have its own PPG leaflet, using this example as a starting point with appropriate amendments. It was also noted that the PPG website would benefit from updating, and that both pieces of work could be undertaken together, with tasks broken down to keep the workload manageable. It was agreed that a small working group should be established to take this forward, and members interested in joining should let David or Esther know.

- The positioning of materials on the noticeboards was discussed, along with the readability of the minutes. It was suggested that the minutes could be displayed on the waiting-room screens, potentially using AI to condense them into two slides.

5. Patient IT Support - Rhiannon

Supporting patients with NHS App access remains a priority for both the practice and the PPG. As a Trustee of Older People Active Lives (OPAL), Rhiannon works with groups of older people and has previously organised, with a team of volunteers, a support session to help individuals set up and use the NHS App and PATCHS.

Two weeks ago, a successful session was delivered for patients at Helsby Practice, and it is hoped that a similar session can be offered to patients in Malpas and Farndon, potentially held at Farndon Memorial Hall. It was emphasised that support from the practice would be essential for identifying suitable patients, sending invitations, and encouraging attendance.

The timing of the session was discussed. Edward requested that it not be held on a Tuesday or Wednesday. Rhiannon agreed to explore dates with the volunteer team and liaise with the practice to confirm a suitable date.

It was also hoped that, in future, the Rural Together Steering Group and the Social Prescribers could help support the older patient demographic across the practice.

6. Draft Constitution – David

David had circulated the draft PPG constitution in advance of the meeting to allow members time to read and comment.

Peter suggested reviewing the PPG constitution used by the Drs Adey and Dancy practice, noting that its more informal language might support recruitment. It was observed, however, that their version does not include a confidentiality section, which ours currently does. This may present an opportunity to simplify the document and remove unnecessary jargon.

It was also highlighted that our constitution should clearly state who the PPG represents, including the full age range — ‘cradle to the grave’ — and outline our approach to recruitment.

Peter offered to discuss the draft further with David outside the meeting.

7. Future Meeting Schedule – David

The revised schedule was agreed by the meeting and the identified venues can now be booked.

8. AOB

- As the meeting was affected by the one-hour limit on Teams, David will discuss the possibility of a practice account with Edward, which should resolve this issue.
- The issue of members not attending meetings and not sending apologies was raised. A plan for how this will be managed in future will be discussed at the next meeting.

DATE OF NEXT MEETING

Wednesday 10th June 2026

at 6.30-8pm, Farndon Memorial Hall