

Kelsall PPG Meeting

Wednesday 11 February, 2026

held at the Medical Centre, Kelsall

Minutes

Present : Caroline Stein (Chair), Alan Bottomley (Vice Chair), Michele Elvin (Secretary), Dr Kylie Daniels, Julie Johnson, Georgina Bailey, Roger Bailey, Jen Bottomley, Fiona Bazeley, Nick Kuszniir, Alan and Ann Parsons, June Willis.

1. Apologies & Minutes of the last meeting

There were no apologies. The minutes were accepted.

2. Action Tracker

Caroline said she will remove historic completed items from the action tracker.

Julie reported that there was no update of the SP link worker situation or on the ICB funding for repurposing the former dispensary room.

All other matters on the action tracker are covered in the agenda.

3. Chair's Report

Sadly, Caroline reported that Dr Martin Durrant has resigned as a Trustee of the Wellbeing Hub charity due to health issues. Therefore, he will not be attending our PPG meetings in the future. She has asked Chris, the acting Chair for a replacement to represent the charity. In the meantime, he has provided a report.

They have asked Linda Ashdown a Trustee to take on the role as a liaison between the medical centre and the Hub. Unfortunately, she was unable to attend the meeting at short notice.

4. Update on the Medical Centre

The Clinical Pharmacist is in the final stages of a course she has been attending to become an independent prescriber. She has already passed her exams, achieving 100%. The final stage is the completion of her course work. If she passes, this would mean she will be able to support the doctors on a range of programmes, but will not do clinical examinations.

The practice has employed a pharmacy clinician, Cath Parker, who is starting after Easter in mid-April. She will be working 4 days a week to provide maternity cover for the existing Technician.

The practice will be hosting a training event on the March Protected Learning Time allocated day. This will be a mentoring and support programme for all staff on dealing with anti-social and manipulative behaviour from patients. The course will also be attended by staff from Bunbury and Tarpoley practices.

The 6 key learning outcomes will be:-

- Wellbeing & resilience for colleagues
- Recognising when a potential manipulative and demanding situation is arising
- Understanding why these behaviours occur
- Deescalation techniques and remaining rational, professional, calm and empathetic under pressure
- Prevention of difficult incidents with patient education
- Learning from incidents

Kylie reported that the practice is now in a stable position following various changes and the practice has a new consolidated partnership. There has been good patient feedback on Dr Tehmina Raza who now takes an additional surgery for the practice on Mondays.

There have been delays with Holmes Pharmacy having prescriptions ready for patients in the expected timeframe and reported queues in the pharmacy. The doctors are in contact with Sam Mistry, the new manager there, and want to set up a meeting to discuss and understand the situation and what measures can improve it.

5. Chair's Report

Caroline reported back on two meetings. Julie noted that several items that were presented at these meetings as happening are in fact still in discussion. The correct status of these items is shown here. The full minutes of the PCN meeting will be circulated separately.

PCN Chairs Report 5/2/26

The Weight Loss Clinic has 8 patients allocated, i.e. two from each RA Practice. These patients are on the new programme. It is hoped in April that the eligibility criteria is amended so that more patients may go onto the 2-year programme.

The Oliver McGowan Mandatory training on Learning Disabilities and Autism – Nichola, the PCN Co-ordinator, has completed the training to be a trainer. All clinical staff across the PCN must complete this training. This is a nationwide requirement. Nichola will run the day courses along with 2 patients with lived experience of autism, ADHD or a learning disability. Kylie reported she has already attended and said the course is very good. Julie said that a Level One course is available online for all staff and this is also mandatory.

The PCN are discussing a new position of Mental Health Occupational therapist equivalent to 1.5 staff. These are upgraded social providers, doing home visits and liaising with social care providers. Helping to get patients back to work or providing the support they need.

The ICB are aware of the issues with the lack of social prescribers. The discussions continue.

The waiting list for the Wellbeing coordinator has reduced to 1-2 weeks. Patients on the list is down to 67 this quarter.

The ICB is funding extra GP sessions to cover the winter extra capacity up to the end of February.

The ICB has pulled the funding for many of the digital tools that the GP practices use. This will now be funded by the individual GP practices. This involves check-in and media screens in the waiting rooms, as well as SMS texting. Primary Care Cheshire are looking at sourcing bulk contracts to reduce the cost. Julie reported that the practice would be keeping the check-in screens, but some

digital tools will go, such as dictation software for the doctors and the Patient Call In facility in the waiting rooms. All practices are looking for opportunities for patients to use the NHS system more extensively.

The PCN is creating its own website which will be similar to all the practices websites. This will allow information to be shared easily across the PCN lead by the PCN. They are also going to create a rural signposting directory which the Hub must feed into.

Rural together Report 4/2/26:

Some headlines - The Living Well Bus - No planned visits to Tarporley or surrounding villages until April 2026 (to be reviewed then) - Buses will be used for the Smear Testing programme in the Wirral only.

Rural Social Prescribing - There is no movement at present on any new Social Prescribers for the Rural Partnership.

Cheshire West Befriender Service - Tendering for this contract finishes this month, there are two organisations that have put a bid in. So hopefully will be providing telephone and personal befriending across the county.

It appears that Age UK Cheshire won't be re-commissioned after April to provide the Falls and Frailty Service. BRIO Leisure Group also hold half of this contract and it looks like they will be continuing the Falls contract after April 2026.

Other concerns were whether with planning for new homes expanding across the PCN, can the medical practices cope with the growth? Kylie stated that there is NHS funding per each additional patient on a practice register, but on a wider level it will be important that the surgery's needs across the area are presented in CIL funding. Julie confirmed that the ICB has an Estates Department that looks at CIL applications.

6. Wellbeing Hub Report

Here is the report in full Caroline referred to in the meeting.

“Thank you for the opportunity to provide an update on our strategic focus for 2026.

As highlighted in our Trustee priorities for this year, a central theme is Strengthening Links with the Surgery. This sits alongside our broader aims—supporting young people, expanding our volunteer base, strengthening governance, and measuring impact—but it is particularly important because growth through partnership with the Medical Centre is now a core strategic pillar for the Hub.

Why This Matters

We know that the strongest community outcomes come from coordinated, aligned services. In practice, that means building clearer pathways between the Medical Centre and the Hub—ensuring that when a patient has a social, wellbeing, or support need that we can meet, there is a simple, trusted mechanism to refer or signpost them.

We also want to understand the practice's needs more deeply:

- What gaps in patient support do clinicians and staff see?
- Where can the Hub provide value that reduces pressure on the surgery?

- How can our facilities and programmes complement the Medical Centre’s care?

This is about relationships over data and building a genuinely shared approach to community wellbeing.

What We Need from the PPG

To build momentum, we would welcome the Group’s views on:

1. Mechanisms for regular collaboration

What cadence or format would work best to maintain alignment—e.g., quarterly touchpoints, informal liaison, joint planning sessions?

2. A point of contact or champion

Who within the Medical Centre or PPG could help maintain the connection, ensuring communication flows smoothly without becoming burdensome?

3. Ensuring the effort is light-touch

Our aim is very much win, win: simple processes, small steps, and shared benefit without adding unnecessary workload for anyone involved.

We appreciate the PPG’s insight and support as we work to create a more integrated and resilient wellbeing ecosystem for Kelsall. I am very happy to discuss any of these points in more detail at your convenience”.

7. Patient Access

Nick, Caroline and Kylie to agree a time to meet.

A discussion took place about an elderly patient having difficulty receiving access to an appointment.

8. Friends and Family

The Friends and Family survey results for November are as follows:

V Good	297
Good	30
Neither	10
Poor	3
V Poor	4
Total	344
Good or v. Good %	95%

9. Recruitment of New PPG Members

Kylie wanted the PPG to look at idea for inviting minority and vulnerable group patients to the PPG, e.g. those with a learning disability, autism or who have a carer. PPG members are open to the idea, but in the first instance a letter would need to come from the surgery. It was agreed that the PPG would look at a letter drafted by Kylie.

Action: Kylie to draft letter.

10. Newsletter

The surgery newsletter now goes out electronically only.

It was suggested that KADRAS was another opportunity to promote issues for the medical centre.

11. Any Other Business

The need for a grit bin and grit continues to be an issue with near accidents resulting from ice on the hill leading to the surgery. Julie reported she had tried to call CWAC without success and has therefore contacted them formally by email. It was noted that the reason for non-provision last year was the road had yet to be adopted. The road is now adopted. Suggested they also contact Sanctuary who developed the houses to see what support they can provide.

Action : Caroline to contact Sanctuary. Julie to chase CWAC

Next Meeting

The next meeting will be held on **29 April 2026**.

It was agreed that **as from April PPG meetings will start at 4.00 p.m.**

As there was no further business the meeting closed at 6.15 p.m.