

**Castle Mead Medical Centre**

**CASAG PPG Minutes 11/05/2026**

**6pm to 7.15pm**

**Hinckley Site**

**Confirmed Attendees:** NC PM, KL(Chair), Dr JEP, GB, BS, JH, HS, JW and

**New Members:** None

**Apologies:** SH (Federation Care Coordinator), SB, SG, KR

**Key:**

CASAG = Castle Mead and Stoke Golding Action Group

PPG = Patient Participation Group

ICB = Integrated Care Board

PCN = Primary Care Network

DNA = Did Not Attend

**Patient Participation Group (PPG) Meeting Minutes**

**1. Meeting Start and Attendance**

- The meeting commenced once JEP arrived.
- Apologies and absences noted:
  - SB currently in Spain.
  - A prospective new attendee did not attend.
- Two PPG members have stepped away from the group and the group discussed reasons for reduced participation -
  - JC facing significant work pressures and travel commitments.
  - AH due to health.
- **The group agreed that formal thanks and appreciation to JC and AH should be in the minutes to record the group's gratitude and best wishes.**

---

**2. Review of Previous Minutes and Corrections**

- Previous agenda items reviewed included:
  - Befriending service
  - Communications improvements
  - Returning meetings to Mondays
  - NHS App sessions
  - Diagnostic Centre visit
  - Recruitment
  - Engaging the 18–40 age group
- Minor wording and attribution amendments were raised and agreed.
- Members commented that distributing minutes before meetings would improve efficiency and reduce time spent reviewing corrections during meetings.

**Agreed Outcome**

- Corrections approved.
  - Minutes should be circulated in advance of future meetings where possible.
-

### 3. Document Format and Distribution Issues

- Members discussed ongoing difficulties accessing documents across different devices and operating systems.
- Some members preferred Word documents for editing purposes, while others found PDFs easier to access, particularly Mac users.
- Technical issues included:
  - Windows 11 compatibility
  - Older devices struggling with files
  - Problems converting documents to PDF
  - Email attachments and signatures creating confusion
- Several attendees reported not receiving minutes or being unable to open attachments.
- A proposal was made to publish approved minutes on the practice website, subject to confidentiality checks and attendee approval.

#### Agreed Outcome

- Central distribution of minutes will resume through the Castle Mead email account with participants blind copied.
  - Members should report any access or compatibility issues.
  - Where practical, both Word and PDF versions will be provided.
- 

### 4. Communication Logistics and Device Compatibility

- Members noted difficulties using mobile phones for:
  - Forwarding attachments
  - Reading long email threads
  - Accessing hidden content behind “three dots” menus
- PDFs were generally considered easier to open across devices.

#### Agreed Outcome

- PDFs should be the default format for accessibility.
  - Editable Word versions may still be circulated where collaboration is required.
- 

### 5. Handling Contact Details and Data-Sharing Consent

- The group discussed historical practices of sharing member contact details informally for lifts, clinics, and coordination.
- It was acknowledged that explicit consent is now required before sharing personal information.
- Concerns were raised regarding “reply all” emails exposing members’ addresses.
- Members supported moving toward a single designated sender and protected mailing arrangements.

#### Agreed Outcome

- Introduce explicit consent for contact sharing when onboarding new members.
  - Centralise communications through a designated sender.
  - Protect member privacy through managed mailing practices.
-

## 6. PPG Governance and Roles

- Existing and potential roles were reviewed, including:
  - Chair
  - Secretary
  - Events Planner
  - Communications support
- KL confirmed openness to other members standing for Chair.
- Typical Chair tenure discussed as approximately two years, subject to re-election.
- Members discussed appointing a Deputy Chair or communications support role to assist with minute distribution and provide cover during absences.
- It was reiterated that practice staff, JEP and NC provide information and operational support, while the PPG remains responsible for its own governance and administration.
- Due to absences of several key members (including SG and SB), final decisions were deferred pending wider consultation.

### Agreed Outcome

- Expand role structure and explore Deputy Chair/communications support arrangements.
  - Seek wider member feedback by email.
  - Formal decisions to be made at the next meeting.
- 

## 7. Befriending Service Update

- Alan Plumpton presented an overview of the befriending service and related local issues.
- Members valued the presentation and discussion.
- Alan requested a further item be added to the next agenda.

### Agreed Outcome

- Positive feedback recorded.
  - Further discussion scheduled for a future meeting.
- 

## 8. Event Delivery and Coordination

- Members expressed a desire to move from discussion toward practical delivery of clinics and events.
- Debate took place regarding:
  - A permanent Events Planner role
  - Versus assigning coordinators on a project-by-project basis
- Previous successful events were cited where one lead coordinator allocated defined tasks to volunteers.

### Agreed Outcome

- Each event or clinic should have a nominated project coordinator separate from the Chair role.

Event ideas to be brought forward at the next meeting.

---

## 9. Surgery News and Diabetes Initiatives

- Discussion took place regarding displaying diabetes information on surgery screens.

- Doctor Patterson noted that a course for older diabetic patients already exists.
- [Speaker 2] agreed to review local pre-diabetic patient numbers and avoid duplication of existing NHS services.
- Doctor Abram confirmed as lead GP for diabetes.
- Joe Brown introduced as a new clinical practitioner.

#### **Agreed Outcome**

- Explore improved diabetes communications and patient engagement while avoiding overlap with current NHS provision.
- 

### **10. Diabetes Services and Scope of the PPG**

- The group reaffirmed that the PPG's remit is service improvement rather than individual complaints.
- Current figures discussed:
  - Approximately 820 diabetic patients
  - Approximately 700 pre-diabetic patients
- Existing support includes:
  - Annual blood tests
  - Leaflets
  - NHS Diabetes Prevention Programme (NDPP) referrals, subject to funding
- Discussion acknowledged interest in “reversing diabetes” but recognised that outcomes vary and clinical time is limited.

#### **Agreed Outcome**

- Maintain current diabetes and pre-diabetes pathways.
  - Circulate PPG terms of reference to clarify remit and expectations.
- 

### **11. Improving Pre-Diabetes Communication and Signposting**

- Members discussed the current two-stage patient text process.
- Suggestions included:
  - Adding a direct NDPP link to follow-up messages
  - Encouraging appointments for monitoring and explanation
  - Promoting local support opportunities, including Wellbeing Connect sessions and community events
- Action identified to contact Sue for updated information before public promotion.

#### **Agreed Outcome**

- Improve messaging by including NDPP links.
  - Expand signposting once local support details are confirmed.
- 

### **12. Social Media Platforms and Capacity**

- Social media management capacity remains limited and is currently handled by JEP and NC
- Membership of the Facebook group reported at approximately 700 people from a patient population of around 11,000.

- Instagram was suggested as a way to engage younger patients.
- The practice advised that Facebook currently provides the strongest reach across local Leicester and Rutland networks.

#### **Agreed Outcome**

- Continue using Facebook as the primary social platform.
  - Improve coordination between Facebook posts and website updates.
- 

### **13. Noticeboards and Poster Management**

- BS offered support for monthly noticeboard reviews.
- Concerns raised regarding outdated posters and inconsistent display management.
- Suggestions included:
  - Date-stamping posters
  - Routine walkarounds with reception supervisors
  - Simple retention/removal rules
- Space and waiting room flow constraints were also discussed.

#### **Agreed Outcome**

- Introduce regular noticeboard reviews with volunteers and reception staff.
  - Implement date-stamping and clearer poster governance.
- 

### **14. Practice Environment Improvements**

- Members discussed ongoing refurbishment works, including:
  - Flooring and screeding
  - Insulation improvements
  - Planned door and window upgrades
- A desire was expressed to reduce clutter and remove unused displays.
- Reception appearance and inactive displays were highlighted as concerns.

#### **Agreed Outcome**

- Continue gradual environmental improvements.
  - Align noticeboard management with wider refurbishment goals.
- 

### **15. Diagnostic Centre Visit**

- A previously arranged visit on 15 April was cancelled due to scheduling conflicts.
- Camille remains willing to rearrange the visit.
- Steve unavailable until September.
- Members preferred confirming morning or afternoon availability via email before committing.

#### **Agreed Outcome**

- Rearrange the visit subject to sufficient interest.
  - KL to coordinate availability and preferences.
-

## 16. NHS App Usage and Reducing Missed Appointments

- Most attendees reported regular use of the NHS App.
- The group emphasised use of the app for cancelling appointments to reduce DNAs (Did Not Attends).
- Future communication may increasingly use in-app messaging and surveys.
- Extended-hours appointments remain available through Centre Surgery and Newbold via PCN arrangements.

### Agreed Outcome

- Promote NHS App usage for cancellations and communications.
  - Improve awareness of extended-hours access routes.
- 

## 17. Patient Engagement on National GP Campaign

- The group discussed ongoing sharing of BMA and LMC campaign materials through Facebook and the practice website.
- Concerns about alarming patients were balanced against the need to explain national pressures on general practice.
- Reference made to local MP and wider national messaging around threats to general practice sustainability.
- An LMC press release has already been shared.

### Agreed Outcome

- Continue sharing campaign information and encouraging patient engagement.
- 

## 18. Local Healthcare Hubs, Funding, and Service Risks

- Discussion focused on the Community Diagnostic Centre (CDC), local healthcare hub planning, and funding pressures.
- Members expressed concern that shifting patient flows toward Nuneaton and Leicester may weaken the case for local services.
- CMMC GP DR IA, now PCN GP Clinical Director, remains active in stakeholder discussions and neighbourhood hub planning.
- Funding figures discussed:
  - £2.7 million capital funding
  - Approximately £300,000 additional funding
- Concerns raised that this may be insufficient to deliver a full day-case surgery facility rather than a basic refurbishment.
- Longer-term concerns included the possibility of hospital trusts holding GP contracts and subcontracting services.

### Agreed Outcome

- Continue advocating for strong GP representation and adequate funding for a fully functional Hinckley hub.
- 

## 19. Stakeholder Briefing: Hinckley Day-Case Surgery

- Members discussed uncertainty around the status of the proposed day-case surgery unit.

- It was noted that:
  - Funding may now be available
  - Plans were previously agreed, then rejected
  - Current approval status remains unclear
- Questions were raised regarding who made the rejection decision.

### **Agreed Outcome**

- Seek clarification regarding decision-making authority and current project status.
- 

## **20. Collective Action in General Practice and Data Sharing**

- Members discussed national collective action beginning from 1 May through the GPC.
- Initial action focuses on reviewing non-essential data-sharing agreements with ICBs while maintaining patient safety.
- Practices reaffirmed their role as data controllers.
- Concerns expressed regarding:
  - External technology partnerships
  - Potential monetisation or offshoring of patient data
- A local example involving LPT entries in GP records and medication issues was discussed.
- It was noted that GP partners cannot strike, although salaried staff and nurses may legally do so.

### **Agreed Outcome**

- Continue reviewing data-sharing arrangements carefully.
  - Maintain a coordinated approach without reducing patient care.
- 

## **21. Actions and Next Arrangements**

- Finalise preferred minutes format and provide both Word and PDF versions where feasible.
- Reinstate central distribution through the Castle Mead email account.
- Develop a consent statement for PPG contact sharing and protected mailing arrangements.
- Email all members regarding interest in Chair, Deputy Chair, Secretary, Events Planner, and Communications roles.
- Nominate coordinators for future events and clinics.
- Contact Sue regarding Wellbeing Connect and local diabetes support groups.
- Prepare website, noticeboard, and Facebook updates for community support promotion.
- Implement noticeboard walkarounds and poster governance arrangements.
- Arrange a waiting room walkthrough linked to refurbishment plans.
- Contact Camille to rearrange the diagnostic centre visit.
- Promote NHS App usage and clarify access to extended-hours services.
- Circulate PPG terms of reference to new members.
- Develop a standard process for planning and coordinating events and clinics.
- Prepare an evidence-based case regarding Hinckley hub funding and service requirements.
- Define a formal approval and confidentiality process for publishing minutes online.
- Introduce a clear timeline and appointment process for governance roles.
- Clarify the scope and timetable of the data-sharing review with the ICB.
- Develop patient-facing communications explaining collective action measures where needed.
- Establish communication governance covering:
  - Designated sender
  - Reply-all etiquette
  - Mailing list protection
  - Appropriate use of group emails

---

## 22. Future Events (Pinned Agenda Item)

The group discussed holding **four patient engagement events during 2026**.

It was agreed that these events would require **active involvement from PPG members**, not just practice staff.

Potential topics include:

- NHS App training sessions
- Breast awareness
- St John's Ambulance training
- Diabetes education
- Children's health
- Research opportunities
- Active Together sessions
- Women's health events (including menopause and HRT)

Further women's health topics may be added depending on current health priorities.

NC and JEP reminded the group that **no events can take place at the surgery before April 2026** due to ongoing building works. This will be added to April agenda for discussion.

---

## 23. Next Meeting

- Proposed next meeting:

**Monday June 8th 2026**  
**6:00 pm – 7:00 pm**  
**Hinckley**

Meeting moved to Mondays only as alternate between the **first Monday and the first Tuesday of the month** to help improve attendance and support recruitment is no longer needed.