

Castle Mead Medical Centre

CASAG PPG Minutes 08/06/2026

6pm to 7.15pm

Hinckley Site

Confirmed Attendees: NC PM, KL(Chair), Dr JEP, KR, GB, SG, JW

New Members: None

Apologies: SH (Federation Care Coordinator), SB, BS, JH, HS, CJ

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

1. Welcome and Membership Update

KL opened the meeting and provided an update on current PPG membership.

Apologies for absence were received from HS. The group noted that JC and AH has now left the PPG.

There are currently no new members and no individuals actively progressing through the membership process.

2. Actions and Next Arrangements from previous meeting

Completed:

- 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
- Prepare website, noticeboard, and Facebook updates for community support promotion
- Promote NHS App usage and clarify access to extended-hours services.
- Circulate PPG terms of reference to new members.
- Prepare an evidence-based case regarding Hinckley hub funding and service requirements.

To be complete:

- Define a formal approval and confidentiality process for publishing minutes online.
 - Develop a standard process for planning and coordinating events and clinics.
 - Implement noticeboard workarounds and poster governance arrangements
 - Contact Sue regarding Wellbeing Connect and local diabetes support groups
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3. PPG Roles and Succession Planning

The group discussed the current vacancies within the PPG structure, specifically:

- Chair
- Secretary
- Events Planner

Chair:

KL reminded members that her two-year term as Chair is approaching completion and that succession planning will need to be considered over the coming months.

Secretary:

KR expressed an interest in learning more about the Secretary position.

Discussion started regarding the importance of the Secretary. NC explained that the Secretary role is currently the most valuable support role for the practice. He outlined increasing demands on both himself as Practice Manager and Dr Patterson, whose additional leadership responsibilities have significantly increased workload pressures. As a result, it is becoming increasingly important for the PPG to take greater ownership of administrative functions and become more self-sufficient.

KR said it was time however NC said that with the introduction of Plaud as an AI note take to support future meetings it would be easier for her to tidy info rather than fully transcribe. The system would generate draft meeting notes, reducing the workload for the Secretary and allowing them to focus primarily on reviewing and refining the minutes rather than creating them from scratch.

Following discussion, KR agreed to undertake the Secretary responsibilities, beginning with the next meeting.

No members expressed interest in the Events planning meeting. There was however a point raised by GB that this should be a combined effort rather than one persons responsibility.

Actions

NC

- Prepare Minutes for this meeting and send to group
- Send the PPG agenda template to Karen Robinson.

KR

- Assume responsibility for preparing and finalising meeting notes from the next PPG meeting onwards.

4. Patient Walk-ins and Emergency Care Messaging

The group discussed the ongoing issue of patients attending the practice with urgent or emergency medical concerns.

Members agreed that many patients may not fully understand the role of the practice and the limitations of the services available on site. The discussion highlighted that Castle Mead Medical Centre is not equipped to manage medical emergencies and that patients requiring emergency treatment should seek care through appropriate emergency services before attending the surgery.

The group recognised that patients who attend the surgery during a medical emergency may inadvertently delay access to the specialist treatment, equipment and clinical teams available within Accident & Emergency departments.

To improve patient understanding and safety, it was agreed that a communications campaign should be undertaken to reinforce this message.

Decision

The practice will undertake a communications campaign to inform patients that Castle Mead Medical Centre is not an emergency service and does not provide emergency walk-in treatment.

Rationale:

To ensure patients access the most appropriate healthcare services and avoid delays in receiving emergency medical treatment.

Actions

Practice Team

- Detail of exact wording to come from CASAG and Dr JEP

Practice Team

- Produce and display posters throughout the surgery reinforcing the message that the practice is not an emergency service.
- Publish information regarding emergency care pathways and the practice's role through:
 - Facebook
 - Practice website
 - Patient newsletters

5. Practice Walk-around and Signage Review

The PPG undertook a walk-around of the medical centre to identify opportunities to improve patient navigation and overall signage throughout the building.

Members reviewed existing signage and agreed that several signs were outdated, unclear or no longer relevant. A comprehensive signage improvement plan was developed and agreed.

Agreed Signage Improvements

Reception Area

- Install a prominent "**Welcome to Castle Mead Medical Centre**" sign above the reception window.
- Remove the existing JX board.

Directional Signage

Install new directional signs in the former JX board location:

- **Rooms 4–14 and Toilets**
- **Rooms 1–3A, Interview Room and New Consultation Room**

Exit Signage

- Install a clear "**Way Out**" sign on the internal doors near reception serving Rooms 1–3.

Room Identification

- Replace and standardise room signs for all clinical rooms.
- Install highly visible room number signs for Rooms 1–14, including Room 3A.
- Add signage and door stickers for the new interview room.

Toilet Signage

Replace existing gender-specific signage with:

- Two **Staff Toilets** signs.
- Two **Patient Toilets** signs.
- One patient toilet sign to include:
 - Disabled access
 - Baby changing facilities

Restricted Access Areas

Install **Staff Only** signs for:

- Store cupboard.
- Administrative access door adjacent to Room 14.

The group agreed that these improvements would make navigation easier for patients and visitors while creating a more professional and welcoming environment.

Action

KL

- Remove all obsolete signs from practice doors and relevant areas.

NC

- Order all signage and plan for it to be put up

6. Future Planning and Next Meeting

The group agreed that, following the current meeting cycle, the PPG would take a three-month break before reconvening.

Decision

Topics for Future Meetings

The following potential topics and community engagement opportunities were identified for discussion at the September meeting:

- Another NHS App training session
- Breast awareness initiatives
- St John Ambulance engagement
- Children's health promotion

- Research opportunities within primary care
- Active Together programmes
- Women's health education sessions

These topics will be reviewed and prioritised when preparing the agenda for the September meeting.

7. Summary of Actions

Action	Owner
Send PPG agenda template to Karen Robinson	NC
Prepare meeting notes from next meeting onwards	KR
Publish communications explaining that the practice is not an emergency service	Practice
Produce and display posters regarding emergency care pathways	Practice
Remove outdated signs from doors and relevant areas	KL

8. The next PPG meeting will take place on ;

- 14 September 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.