

Hollies Patients Forum (HPF)

Steering Group Meeting

Monday 7 April 2025, 6-7.30pm

Attendance

Ian Hodgson (Chair) (IH)
Linda Campbell (LC)
Sally Freeman (Secretary) (SF)
Howard Fry (HF)
Jeet Khosa (JK)
Mike Hogan (MH) (GP)
Pauline Tryner (PT)
Michael Worboys (MW) (Newsletter Editor)

Rory Freeman (Observer) (RF)
Harry Frost (Observer) (HF)
Barbara Wigley (Observer) (BW)
John Nelson (Observer) (JN)

CORE AGENDA ITEMS

1. Apologies for absence.

Apologies were received from Tom Baker, Jean Nowell-Eyre, and Andy Smith (Practice Manager).

2. Welcome and Introductions (for observers and visitors).

Introductions made by all attendees, and the four observers were welcomed to the meeting.

3. Notes from previous meeting and action points.

All actions discussed and items resolved or on this meeting's agenda.

CORE DISCUSSION THEME

4. World Health Day

- As today was [World Health Day](#), issues around public health (globally, and in the UK) were discussed. Details about maternal and neonatal morbidity/mortality (the theme of 2025's World Health Day) were included. These highlighted that, though there are still challenges, there has been a reduction over the years in global maternal and neonate death.
- The role of **primary care** (GPs and community agencies) includes the support and care for mothers and their mental health, and the care of neonates/younger children around the provision of regular screening and vaccinations.
- MH shared details of a Sheffield-based initiative, [Light Peer Support](#), a service for pre- and post-natal mothers.
- SF raised the [Born in Bradford](#) initiative, and the linked Podcast (available on BBC Sounds [here](#)):
 - Born in Bradford is a longitudinal public health study (which tracks people over a long period of time, in this case many years) and the largest study of its kind in the world.
 - As part of its Family Cohort component, over 12,400 mothers were enrolled between 2007 and 2011 during pregnancy to track the health outcomes of their 13,500 children over time.

- The study remains active, and outcomes being monitored include dental health, obesity, asthma, and mental health.
- Information from the study should enable a better understanding of factors that impact on health, especially in the early years.

PRACTICE FOCUS

5. Practice update - MH

- It's hoped that the **pressures of winter** have now passed.
- The new **triage system** for appointments seems so far to be effective. A formal review (and data from the Patient Survey – see below) should provide further details in due course.
- An initiative to assist in **medical documentation** is being introduced at the practice.
 - AI-based Heidi Health will **potentially reduce medical staff workload** around notetaking during consultations, and letter writing.
 - Reports so far suggest it is relatively accurate, though all AI-created documentation is **always** reviewed afterwards by medical staff before it is finalised.
 - **Only qualified GPs** use the tool to ensure accuracy. GPs appreciate being able to focus on the patient during a consultation, rather than the distraction of having to type notes at the same time as speaking with a patient.
 - **Information about Heidi Health** is displayed on walls throughout HMC, and patients are always asked for their consent before it is used for a consultation (it is not mandatory – indeed, not all GPs wish to use it).
 - **Heidi Health can also offer a diagnosis**, based on the content of a consultation, but at HMC this facility is not currently used.
 - **HPF appreciated being involved** in earlier discussions around the introduction of Heidi Health, and all our queries/concerns were acknowledged and addressed where appropriate.
- MW asked about the **new GP contract** and whether the dispute is finally over. MH stated that in his view the new contract is potentially agreeable, not least because the BMA have not raised any objections. However, agreements around shared care are still in dispute, which means (for example) that the wait for ADHD assessments are now at 5 years in Sheffield. This is due to there being only two psychiatrists in Sheffield with the relevant expertise to support people requiring medication and support.

6. The **Patient Survey** is yet to be launched, and HPF will follow up with Andy Smith (Practice Manager) on his return from leave. It's hoped that the survey will begin before the end of April 2025. **Action: IH to discuss with AS.**

PATIENT FORUM FOCUS

7. E- group feedback

- Currently there are **78 active e-group members**.
- **Query** – one member has enquired if the practice keeps a log of violent incidents (following overcrowding in A/E with patients going to their GP surgery instead). If there is information, should this be made public? And perhaps be an item in the newsletter?
Action: IH to discuss with AS; and for inclusion in a future newsletter.
- Coordination of the e-group is being handed over to another HPF member from the beginning of May 2025. **Action: SF to co-ordinate.**

8. HPF Newsletter, updates and next edition (MW)

- MW commented that current information in the newsletter about the 2025 survey are now inaccurate. A new version will be created (once the survey start date is confirmed) for distribution.
- MW also raised the issue that a link to the newsletter was not being sent via text message (reported at the last meeting due to cost). Could this be reinstated?
- It would also be useful to know how many people were reading the newsletter.
- The next newsletter is due in September 2025.

9. Miscellaneous

- **Feedback from National Association of Patient Participation (NAPP)** – no specific updates, though it's interesting to note that patient groups in other parts of the country are exploring collaborations within Primary Care Networks (PCNs). This already exists in Hollies' local PCN (Porter Valley) (see the next point), and IH provided feedback on NAPP's email discussion list to this effect.
- **Porter Valley Primary Care Network (PVPCN)** – strong links are being created between HPF and other patient groups, such as Falkland House and Greystones. Patients from other practices are now beginning to contact us to seek information about establishing their own patient groups. There is sharing of good practice, and the possibility of another PVPCN patient meeting later in 2025.
- **Themes of HPF meetings in 2025** – reviewed and it was agreed that the theme of the next meeting (June 2025) will focus on [sarcoidosis](#) (led by Jean Newell-Eyre).
- The **possible role of fenugreek seeds** for the control of blood cholesterol was mentioned by JK. There's limited research on this but we agreed to gather further information for discussion. It's also important to emphasise that individuals already prescribed statins should not change their treatment without consulting their GP.
- Issues around **the use of pulse oximeters**, which are used to monitor blood oxygen levels, were also raised by JK. She asked the meeting to be aware of a concern that was highlighted during the COVID-19 pandemic (but had been suspected for some time): pulse oximeters can overestimate oxygen levels in individuals with darker skin tones. There is evidence for this, [as described in this 2024 scientific paper](#), and the topic will be added to the next meeting's agenda for further discussion.

ANY OTHER BUSINESS AND FUTURE FORUM MEETINGS

10. Any other business

- Thanks to **Linda Campbell** for providing **delicious homemade cakes** for our meeting this evening!
- No other business.

Date of Next meeting

- Monday 2nd June 2025 – Hollies MC 6-7.30pm (Theme: Sarcoidosis)

Remaining HPF Meetings in 2025 [all Mondays @ 6pm]

- 28 July 2025 [Theme: *Maternal health and breastfeeding support*, to reflect *World Breastfeeding Awareness Week*]
- 6 October 2025 [Theme: *Diversity and health*, to reflect *Black History Month*]
- 1 December 2025 [Theme: *HIV and prevention*, to reflect *World AIDS Day*]

SF/IH

16th April 2025 [FINAL]