

Hollies Patients Forum (HPF) Steering Group Meeting Monday 9 February 2026, 6-7.30pm

Attendance

Linda Campbell (LC)
Howard Fry (E-group Coordinator) (HFy)
Ian Hodgson (Chair) (IH)
Mike Hogan (GP Partner) (MH)
Jeet Khosa (JK)
John Nelson (JN)
Jean Nowell-Eyre (JNE)
Andrew Swartz (ASw)
Pauline Tryner (PT)
Michael Worboys (MW)

Apologies for absence

Sally Freeman
Rory Freeman
Harry Frost
Andy Smith (Practice Manager)

CORE AGENDA ITEMS

1. Apologies for absence

Apologies were received from Rory Freeman, Sally Freeman, Harry Frost, and Andy Smith (Practice Manager).

2. Welcome and Introductions.

3. Notes from previous meeting and action points

These were confirmed as correct, and action points addressed in this meeting as appropriate.

AGM Component

4. A Summary Report of the activities and achievements of the Patient Forum since February 2025 was presented [see Appendix, page 4].

5. Election of officers

- The meeting was quorate and both Ian and Sally were thanked for their leadership and service over the past year.
- Only the roles of Chair, Vice Chair and Secretary are required to be re-appointed each year under the constitution, but the role of Vice Chair currently stands empty. If anybody wishes to be considered for that important role, they should contact Ian outside the meeting.
- Ian Hodgson is willing to continue as Chair and Sally Freeman is willing to continue as Secretary, so they were both reappointed for a further year by the Steering Group

CORE DISCUSSION THEME: Patient Participation in Primary Care

6. HPF plans for 2026: these were included as part of the annual report, and are summarised here:

1. Expand **outreach opportunities** and explore ways to **reach out to community groups** in the area and share important information about health and primary care.
2. **Continue to strengthen our understanding** about what patient involvement means.

3. **Increase SG numbers** and diversifying the demographic.
4. **Continue collaboration** with other PPGs in the Porter Valley Primary Care Network (PVPCN).
5. **Ensure we (together with other patient groups)** are involved in changes resulting from the '[10-year plan for health in England](#)'.
6. **Complete the first guide** for patients (adapting FH resources).
7. Continue our **positive relationship with Hollies staff**, especially around being a sounding board for new initiatives and/or current challenges.
8. Improve **ways to keep patients informed** on primary care developments (including care navigation, social prescribing, and community health), and ensure patients are aware of what's going on (including the 'living well' who rarely access primary care).
9. Explore ways to get the **e-group more involved**.

PRACTICE FOCUS

7. Practice update (MH)

- The new 'phone system will be up and running by end of the month.
- Two medical students will shortly be allocated to the practice (Y3 & Y5).
- A new salaried GP has been appointed and begins work in April 2026.
- Induction courses for new receptionists are in progress.
 - **Q: HPF are interested in the content of these courses, and this will be shared.**
- The final version of new NHS contract for GP surgeries is still awaited.
- With the proposed restructuring of Primary Care Networks (PCNs) (see the [10-year plan for health in England](#)), discussion continues around how this will impact on the Porter Valley Group of practices. The total number of patients across the network is currently around 40,000. The suggested size of the new grouping ('Neighbourhood Health Provider') is 50,000. No firm plans are yet in place, and the Porter Valley PCN may not radically change.

General comments and queries from the group:

- *Are annual reviews proceeding as usual for all patients?* Yes, but only for patients with chronic conditions.
- The practice was congratulated on improvements to reception and its patient-facing services. The induction programme is led by Andy Smith, who will be thanked.
- *Are Hollies GPs and clinical staff 'overloaded' due to covering extended hours?* This varies between practitioners. Patient numbers are up, but total triage is proving effective. Only a few patients are referred to network hubs. There is also a hub within the hospital used occasionally.

PATIENT FORUM FOCUS

8. Plans for 2026

- See item 6 above.
- JK outlined one area of focus she (with HF) is developing to share key public health messaging with local community groups. This will emphasise diet and nutrition, and whilst Healthwatch is closing in 2026, HPF will seek to work with the new structure to explore ways to promote key messaging and information sharing in HPF's locale.

9. Update on new Hollies patient guide

- ASw is progressing the guide but awaiting further input from the practice. He shared a draft of key headings and topics with the group and asked for guidance as to what to prioritise. It was suggested that categories relating to mental health would benefit from further emphasis.

10. E- group feedback (HFr)

- Ways to engage e-group members more positively in forum dialogue were discussed. As a first step, ASw will assist HFr in the use of Gmail and group messaging.

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

- MW is progressing the quarterly newsletter and would welcome comment and suggestions for future topics. The Hollies have a Facebook page which might prove to be an interesting source of information dissemination.
- The next edition of the newsletter will be published in March 2026.
- MW would like to see wider circulation of the newsletter, but that is being resisted by the practice on cost grounds.

12. Miscellaneous

- **Update on Porter Valley Primary Care Network (PVPCN):** A meeting for patient group/patient representatives in the PVPCN is being held Thursday 5th March 2026, 10.30am-12.00MD at Shirley House, Psalter Lane. **ASw and JNE kindly volunteered to attend** (with IH) for HPF. The focus of the meeting will be the impact of the [10-year plan for health in England](#) on primary care and the PVPCN.
- **Update on other PPGs in PVPCN:** Meetings of PPG chairs in PVPCN chairs continue. Groups are active in four of the six practices in PVPCN.
- The core theme of the next meeting in April 2026 is the first of two discussions about mental health. JN (leading the second discussion in August 2026) shared information about a key Sheffield project promoting patient empowerment and involvement, [Changing Futures](#).

ANY OTHER BUSINESS AND FUTURE FORUM MEETINGS

13. Any other business

- No additional items, and the meeting closed at 7.25pm.

Date of Next meeting

- Monday 13 April 2026 – Hollies MC 6-7.30pm [**Theme:** Mental Health #1- accessing services and community networks, including Citizens Advice - Lesley Faithful]

Remaining HPF Meetings in 2026 [all Mondays @ 6pm]

- 1 June 2026 [Theme: *Sarcoidosis – JNE*]
- 3 August 2026 [Theme: *Mental Health #2 – focus on addiction and recovery services – JN*]
- 5 October 2026 [Theme: *Infectious disease, to reflect the Autumn vaccine clinics – IH*]
- 7 December 2026 [Theme: *HIV and prevention, to reflect World AIDS Day – IH*]

HF/IH

23 February 2026 [FINAL]

APPENDIX: Hollies Patient Forum: Summary Report 2025

ACTIVITIES AND ACHIEVEMENTS IN 2025

1. Held **6 meetings**, each of which included a core discussion theme and refreshments.
2. Responded to **e-group queries** – members continue to provide a useful feedback mechanism and assisted with piloting the 2025 survey questionnaire.
3. **Membership:**
 - a. Five new regular members
 - b. One person joined and then left (remained on the e-group)
 - c. Two members resigned for health reasons
 - d. Official patient forum # as of February 2026 – 12 [can have up to 14]
4. Provided **feedback to the practice** on introduction of Heidi Health, and the impact of changes to the GP contract.
5. Assisted in several **vaccine clinics**.
6. Led and reported on a **patient survey** which provided valuable insights into HMC's strengths, and areas for attention.
7. Published **two member-focused newsletters**.
8. Excellent **Xmas 2025 event** (and with gift donations to Sheffield [YWHP](#) which were well received).
9. Maintained **effective working relationships** with the practice.
10. Further collaboration with the **Porter Valley Primary Care Network (PVPCN)** – two meetings (January and September) held at the Kings Centre, with more planned for 2026.
11. Collaboration **with other PPGs in the PVPCN** (Falkland House, Greystones and, as of 2025, Rustlings Road) and sharing resources. IH and other chairs meet monthly.
12. Joint support for a **new PPG** (Rustlings Road, launched 2025). The status of PPGs in Porter Valley is:
 - a. HPF – long standing and very active
 - b. Falkland House – long standing and very active
 - c. Greystones – established 2024 and becoming very active
 - d. Rustlings Road – launched in 2025
 - e. Carterknowle and Dore – no current patient group but continuing interest in PVPCN patient events
 - f. Nether Green – unknown
13. Ian attended **NAPP AGM** on behalf of the group. We also applied for the 2025 NAPP Corkill Award (unsuccessful).
14. Thanks to:
 - **Sally** for notetaking.
 - **Howard** for taking over e-group coordination.
 - **Michael** for the newsletter.
 - **Linda and Sally** for their excellent baking!
 - **Linda** for hosting the Xmas 2025 event.
 - **Hollies Staff** for their support and positive interactions with the group.
 - **Everyone** for their continuing commitment to the forum and working towards improving the experience of Hollies patients.

What about 2026?

These are suggested and can be discussed further.

10. Expand **outreach opportunities** and explore ways to **reach out to community groups** in the area and share important information about health and primary care.
11. **Continue to strengthen our understanding** about what patient involvement means.
12. **Increase SG numbers** and diversifying the demographic.
13. **Continue collaboration** with other PPGs in the PVPCN.
14. **Ensure we (together with other patient groups)** are involved in changes resulting from the [‘10-year plan for health in England’](#).
15. **Complete the first guide** for patients (adapting FH resources).
16. Continue our **positive relationship with Hollies staff**, especially around being a sounding board for new initiatives and/or current challenges.
17. Improve **ways to keep patients informed** on primary care developments (including care navigation, social prescribing, and community health), and ensure patients are aware of what’s going on (including the ‘living well’ who rarely access primary care).
18. Explore ways to get the **e-group more involved**.

IH/2 February 2026