**DUKINFIELD MEDICAL PRACTICE PATIENT NETWORK GROUP**
**MINUTES OF THE MEETING HELD ON 13th OCTOBER 2026 AT DUKINFIELD MEDICAL PRACTICE, CONCORD WAY, DUKINFIELD AT 1.00PM**

**Present:** Marion Higgins (Chair), Sheila Frith (Secretary), Joyce Jones (Treasurer), Bhikhu Mistry, Margaret Mason, Simonne Ellams, Julie Pregnall, Brian Malpas, Ahmit Mistry, Kath Ratcliffe, Ann Wright
**Apologies:** Roger Acheson, Charlie Garside

**1. Minutes of the last meeting**
These were approved and there were no matters arising that were not included on the current agenda.

**2. Treasurer's Report**
Joyce updated the meeting on the current finances. £30.63 General Fund plus £83.23 Growing Together left £113.86 in RBS business account. Pipe donations of £25.00, Growing Together refund of £21.36 and personal donation of £25.00 makes Growing Together fund £154.59. Christmas underspend of £1.22, makes General Fund £31.85. Thus making a total balance of £186.44.

The committee agreed that going forward essential packaging should come out of General fund or from the Practice if insufficient funds in Baby Bundles.
Specified grants spent as determined by relevant funding organisation. The Treasurer has authority to accept requests for funds prior to expenditure and if request granted, then receipts must be provided. If an exceptional amount is requested further guidance will be requested. All monies to be spent come through accounts to show activities of PNG. Individual donations can be linked to specific activities if requested. Additional funds need to be raised.

**3. Update on Latest Funding Application**
Marion reminded the meeting about the search for suitable grants/monies that we can apply for in order to continue with our activity groups. We had looked exhaustively at Action Together's list but had found only one grant where we matched the criteria. The main difficulty is that most funding is for new initiatives, not for supporting existing activity. We have drafted an application to the Manchester Guardian Society and this is currently with Julie for scrutiny, who has suggested there may be ways to expand our application. Once that is completed, it can be submitted. It's important to note that we identify specific expenditure for grants, and as part of the final evaluation, we have to demonstrate that was how the funds were spent, via receipts, photographic evidence, reports etc.
The meeting was asked for further suggestions for funding raising and a useful discussion ensued. Brian said he would like to expand the items he has made which have successfully been sold to raise funds.
**Action: Julie/All**

**4. Patient Survey Results**
Julie reported on recent data. Once again, Friends and Family scores remain high, although there is an historic trend where August scores drop very slightly. We can only speculate on why that might be. The percentage rate of responses remains relatively low. Julie acknowledged that the amount of information that can be gleaned from this data is limited. However, the surveys that have been carried out face to face with patients in the waiting room have produced some additional valuable information, specifically related to patients being asked what additional services would be useful. This has resulted in some useful suggestions. They will be explored as part of the Practice's continuing endeavours

to provide services that are responding to need, and within the current contractual conditions.
A constructive, informative discussion followed including:

- An acknowledgement that overwhelmingly comments are positive.
- Whilst it may not be possible to provide an actual identified service, relevant information can be made available via the newsletter, the Practice's Facebook page etc.

It was agreed that we should continue with the surveys carried out directly with patients in the waiting room and arrangements were made with those group members who have been doing them.
**Action: Survey Team members**

**5. Christmas Plans and Decorations**

Always a popular topic and today's discussion was, as usual, lively and enthusiastic. Marion updated the meeting on progress to date. Geoff Hill has once again been contacting local supermarkets for donations. These have not been particularly substantial for a couple of years but we are nonetheless grateful as they contribute to the gift hampers that we provide to local care homes. Julie suggested additional recipients, ie Fir Trees, The Beeches, Sycamores. These gifts are made up of a handmade useful gift along with a couple of festive treats, card etc. They are delivered to the care homes by our volunteers. The party will once again follow the format that has been very successful for the last two years; afternoon tea for carers and those they care for. Funding for this activity is very kindly donated by a local business and not the Practice. The event is always popular and we offer our thanks once again for the donation. The next steps were identified and Geoff will be asked to contact a local bakery and Kath Ratcliffe will telephone potential guests with invitations.
**Action: All**

**6. How a Patient Referral Works**

Julie described how the referral process has changed and developed over recent years. In order to better meet demand and save time and stress, GPs can now take advantage of an Advice and Guidance service, in our case, based at TGH. This means that s/he can ask for additional help when dealing with a particular issue with a patient. There is a specified response time and advice might involve a suggested change of medication or additional tests etc. It could also result in the patient being referred to secondary care or alternative services. The process requires detailed information being collated and supplied to the hospital. The whole record, including response remains part of the patient notes.
DMP's GPs can also refer directly to Tameside General Hospital. Although a patient has the right to request a different hospital, it should be noted that other hospitals outside the area have the right to restrict their services to their own local population. In this instance, a referral letter is formulated which will undergo a form of triage once received. Again, it should be noted that once that referral has been accepted, DMP has no control over the process.
Once again, this resulted in a general discussion and it was strongly felt that this sort of information is valuable to patients and ways of disseminating it were suggested. One was a rolling series of articles for the newsletter, perhaps entitled "Behind the Scenes".
**Action: List for future meeting**

**7. Supervision of "Trainee" GPs**

The term "trainee" might be confusing. These doctors have completed their medical training, are fully qualified and are embarking on three years' training to become general practitioners. They benefit from ongoing support and advice, weekly tutorials, etc. It should be borne in mind that General Practices are businesses and so their training includes

awareness of the different skills necessary to run a successful business, albeit under the NHS “umbrella”. They have additional qualifications to work towards as well as learning how general practice is managed. It is a challenging schedule.
It was suggested that this vital aspect of general practice could also form part of the newsletter articles mentioned in the previous item.
**Action: List for future meeting**

**8. Any Other Business**
There was no other business.

**9. Date of Next Meeting**
This was fixed for Tuesday, 17th November 2026 at 1.00pm at Dukinfield Medical Practice.