

Hollies Patients Forum (HPF)

Steering Group Meeting

Monday 6 October 2025, 6-7.30pm

Attendance

Sally Freeman (Secretary) (SF)
Rory Freeman (RF)
Harry Frost (HF)
Howard Fry (E-group Coordinator) (HFy)
Ian Hodgson (Chair) (IH)
Jeet Khosa (JK)
Mike Lyons (GP Partner) (ML)
John Nelson (JN)
Jean Nowell-Eyre (JNE)
Andy Smith (Practice Manager) (ASm)
Linda Strudwick (LS)
Andrew Swartz (ASw)
Pauline Tryner (PT)
Michael Worboys (Newsletter Editor) (MW)

Visitor: Pam Daniel

Apologies for absence

Linda Campbell
Barbara Wigley

CORE AGENDA ITEMS

1. Apologies for absence

Apologies were received from Barbara Wigley and Linda Campbell.

2. Welcome and Introductions.

Pam Daniel was welcomed to the meeting to lead the discussion on diversity and health. Pam is a member of Dronfield PPG, and a coach, facilitator, speaker and mentor focusing on health inequalities and self-esteem. She is Chair of the Sheffield Poverty Truth Commission, a Social Prescriber, and passionate advocate for the voluntary sector.

3. Notes from previous meeting and action points

There were no action points from the previous meeting, and the minutes were approved.

CORE DISCUSSION THEME

4. Diversity and health

October 2025 is [Black History Month](#), and this discussion focused on diversity and health, led by Pam Daniel. Pam highlighted several key areas:

- According to this [report from the Sheffield Clinical Commissioning Group \(CCG\)](#), 38% of the global majority population in Sheffield live in the 10% most deprived areas, which is above the 23% city-wide average.
- Housing is a major factor affecting health, especially where there is overcrowding.
- Barriers to accessing health care for the global majority is most prevalent in deprived areas, and exacerbated by factors such as:
 - Racism.
 - Language barriers, dependence on other family members for communication, and/or lack of interpreters.

- Underestimation by health and social services of previous trauma (e.g., arriving from conflict areas such as Sudan where most families would have been affected by the civil war).
- Underestimation by health services of complexities that can lead to 'Did not attend' (DNA) events. This results in unjust exclusion from services without dealing with the root problem.
- Lack of knowledge about the health system (e.g., not accessing antenatal services in the belief that they must be paid for).
- Difficulties attending screening events due to nature of zero-hour contract or de-prioritising disease prevention due to other demands (e.g., housing or employment issues).
- Specific cultural factors, such as barriers to speaking openly about sexuality and gender. This can result, for example, in low uptake of hormone replacement therapy (HRT) during the menopause in eligible women.

A short Q&A session followed. JK asked if the reason for the second-generation global majority experiencing difficulties in accessing health information was known. In theory, those schooled here should not experience literacy and language barriers and would have access to social media and other information sources. PD commented that this is often the case, but it can depend on levels of awareness and accuracy of available information.

The discussion ended with the group thanking PD for facilitating this part of the meeting.

PRACTICE FOCUS

5. Practice update – ML and ASm

The first **vaccine clinic** was held Saturday 4 October 2025 (with the second on Saturday 11 October 2025). 1400 vaccinations were given to around 1100 attendees. HPF members assisted with 'crowd control' and copies of the newsletter were available at the practice.

6. Specific items for discussion

- The impact of the new **GP Contract** was discussed, including the impact of extending the time patients can contact the practice. As an example, in one day around 150 requests were received, all of which required action before the end of the day. In the short term this is manageable, but in the long term there could be issues with the wellbeing and safety of practice staff, given that the new contract does not provide funding for additional personnel.

Action: HPF can assist with messaging to patients about the ideal ways to contact the practice, so staff are not overstretched but still able to deliver the required service.

- The **use of AI/'Sensely'** on the practice website is receiving a mixed reception by HPF. It was noted that there is no advice on the practice website on its status, nor when or how to use it.

Action: HPF members to register and trial Sensely, giving feedback to the next meeting. There is also an app for Apple and Google phones.

- LS shared her **great appreciation of regular follow up calls** from the practice about her treatment progress.

7. ASw shared progress on the **new guidelines for Hollies patients**. He acknowledged the useful suggestions already shared and will continue developing a draft for consideration by HPF and practice staff.

Action: If HPF or staff have any further ideas, please share with ASw.

PATIENT FORUM FOCUS

8. E- group feedback (HFr)

- There were no queries from the e-group, and the meeting discussed ways to reach out to the group more effectively. E-group members are valued as an additional feedback mechanism. Suggestions included:
 - Ensuring meeting agendas are shared in good time to invite queries and comments.
 - Seeking any additional input in response to meeting minutes.
 - Asking for specific input on upcoming initiatives and events.

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

- The latest newsletter was published in September 2025, and paper copies were available for the vaccine clinics. The next edition is due early in 2026.

10. Planning for 2026

- The steering group agreed that Monday evenings at 6pm are a suitable time for meetings, starting with the AGM in February 2026. Provisional dates will be provided for the group's final approval. Topics for focused discussions will also be shared in due course.
- As part of planning for the 2026 Annual Plan, JK requested that we explore ways to share useful information on public health and primary care with the wider community, and seeking more robust outcomes from our important discussions. JN and JNE shared their experiences working with their communities (mental health and sarcoidosis), and HF highlighted the important contribution of Healthwatch in engaging with service users. RF outlined his expertise in social media, and the challenges posed by mis/disinformation. ML commented that PVPCN patient meetings are also key opportunities to reach a wider audience.

Action: JK to liaise with a small subgroup (including RF and HF) to identify ways to take this forward.

11. Miscellaneous

- IH has prepared a **draft submission for the Corkill award** of the National Association of Patient Participation. This will be shared for comment and submitted by Friday 17 October 2026.
- The **Porter Valley Primary Care Network (PVPCN)** is holding its next patient meeting on Thursday 23 October 2025, 6-8pm at the Kings Centre, Union Road. All patients in the PVPCN are welcome to the event, and details are being shared with all practices on how patients can register. Topics will include the new GP contract, patient engagement, and non-GP services available in the PVPCN.
- **For the 2025 Xmas** event, Linda C has kindly offered to be host, likely to be early December 2025. As before, donations to a local charity will be welcomed ([Young Women's Housing Project](#), YWHP).

Action: IH will share a Doodle to find the best date for most people.

ANY OTHER BUSINESS AND FUTURE FORUM MEETINGS

10. Any other business

- Thanks to **Sally Freeman** for providing delicious cakes for the meeting, and **Andy Smith** for supplying drinks.
- No other business.

Date of Next meeting

- Monday 1st December 2025 – Hollies MC 6-7.30pm 2025 [Theme: *HIV and prevention*, to reflect [World AIDS Day](#)]

SF/IH

14 October 2025 [FINAL]