**Minutes of Bingley Medical Practice Patient Participation Group (PPG) meeting 13 October 2025 at 6.30pm, Canalside Health Care Centre**

1. **Present**

Janet Daykin (Chair), Carey Dowson (Practice Manager), Peter Home (Treasurer), Cathy Aldred, Lynn Asquith, Pam James, Val Kennington, Tony Leach, Nirmal Rayatt

2. **Apologies/absent**

Richard Aldred, Maggie Chilvers, Beverley Ford, Margaret Tetley, Norma Bartle, David Child, Charlotte Hamilton, Dawn Myers, Dave Rowlinson, Sally Turner, Jill Wadsworth

3. **Conflict of interest** none.

4. **Minutes of last meeting.**

**Approved**: Proposed by Lynn Asquith, Seconded by Val Kennington

5. **Matters Arising:** Query on **Community Café Report** – the group had agreed that money made by the café should be put back into equipping the kitchen or spent on something which will help the practice. The discussion was around the wording – ‘practice’ should have read ‘patients’.

6. **Practice report from Carey Dowson, Practice Manager**

Carey thanked Janet for allowing him to go on fist due to ongoing health issues

Really amazing that the PPG are putting on the forthcoming events, so thank you from all the partners for such a great opportunity.

PPG is a really great bunch of people and I’m personally proud of its achievements and pleased to be associated with its ethos and how it delivers, so again thank you.

We are taking on a new Health Care Assistant next Monday, so that will boost the number of blood clinics we can put on for our patients and it will be useful backfill for Sally L (one of our existing team) as she progresses through the ‘ranks’ from a nursing associate to a qualified nurse in about 18 months to 2 years’ time.

Dr Esraa Elgizawy has started and is settling in well and progressing really fast on her induction, so will be fully fledged in a week or so’s time.

Really appreciate the PPG considering purchasing the FENO machine for our patients and please see separate request detailing the necessary information from Dr Tom Ankcorn.

Update from meeting. The meeting was broadly in favour of the request for the FENO machine but with a few questions which Dr Ankcorn has responded to here:

In response:

* FeNO is advised by NICE and is in the national asthma guidelines, but unfortunately it isn't funded currently by our ICB. The question around funding has been raised on many occasions, but there has been no suggestion it will be funded at the moment. We all feel it should be a funded service much like Spirometry is, but currently it isn't. There are many examples of similar scenarios across the NHS sadly!
* Some practices have got FeNO (but not many). Those we know of have either had access though a clinical trial (but these were not allowed to use it for patient facing care) or have self-funded it.
* Historically the machines were around double the price and mouthpieces similarly were even more expensively priced. This (and the lack of funding) is why there has been very little offering in primary care - most have struggled to make the numbers work.
* For BMP the timing of this is primarily based around our nursing skill shift and our long spirometry waiting list. From a business sense the timing (and cost reduction of the FENO) makes more sense as it will help reduce the burden of time performing Spirometry (which takes around 30-60mins depending on the situation), therefore freeing up nursing time to do other patient facing work. FeNO can also be performed with limited training and takes a fraction of the time. We can select the suspected asthmatics and do FeNO for them and use Spirometry for COPD diagnosis. Thus, targeting the most appropriate test to the patient. It will help us improve patient care. It will not generate any meaningful profit. This is primarily about patient care and improving access.
* In terms of numbers, it is difficult to anticipate. Certainly, we have a minimum of around 30patients on the current Spirometry list who would benefit, but this will most certainly rise! What this number doesn't incorporate is children - the list we have is only adults. It is a little bit of an unknown, as the current business case is to help us with initial diagnosis in adults. It might be in future that we use it in asthma reviews - but we would target those with poorly controlled asthma as those are who are most likely to benefit. Potentially hundreds would benefit. But the first few months we will be targeting the use of the machine for diagnosis of asthma.
* Currently there is no plan to offer this outside our own registered patients, as the initial rationale is for improving our own patient care and helping improve the Spirometry access (by offering FeNO instead where appropriate). If there was demand for it in the future, we could potentially look at expanding to offer it as a service for other practices. However, this would only make sense if it were advantageous for the practice by either generating income (allowing us to offer additional services/staff to our own patients) or if it expanded our respiratory offering for our own patients. As stated above, this is not a profit generating acquisition, it is about improving our asthma care/diagnosis and attempting to improve access.
* Mouthpieces - if the PPG felt able to continue to support/fund the mouthpieces this would be most appreciated but not expected.

I hope that answers their questions. If you think I've missed anything, please let me know.

**Questions/thoughts to Carey**

* Pam wanted to compliment the practice on the efficiency of the recent flu clinic.
* Discussion around providing plaques for the ambulatory blood pressure monitors to show that they have been provided by the PPG.

7. **Treasurer’s Report – Peter Home (treasurer)**

Peter reported the bank account balance at the end of August was £12,964, and the end of September £13,596.

Cash had been paid in of the money David Child had been holding as our previous treasurer and a deposit had been made of £100 for the cafe volunteers’ meal at the Shipley Golf Club in December.

 8. **Community Café report** **- Margaret**

As far as the cafe all is going well, we have a few more volunteers but certainly can do with more to allow for holidays but hopefully most people will have had their holidays now. As far as the coffee machine is concerned Jill has found out we could have one without a tank underneath as we have the water boiler at the side of the coffee machine already. I didn’t realise this at the last meeting, but we would need permission from the owners of the building.

9. **Patient News/Screens/Noticeboards: Janet**

**PatientNEWS** has been very well received, has been widely shared and is getting attention. Thank you, Richard, for a wonderful job. **Screen** - Carey has been updating whilst Dr Francis is away. **Noticeboards** - still a bit messy - if anyone sees anything inappropriate/out of date can they please remove?

10. **Sustainability – Janet**

PatientNEWS gives details of how some of the practice’s surplus stock, most of it from the Covid days, has been distributed, showcasing supporting sustainability, green principles and collaborative working.

11. **Events – Women’s Health Circle, Men’s Health, LD/ND Cancer Screening awareness**

Plans coming along nicely. Drs Scott, Ribeiro and Ashfak will be giving a PowerPoint presentation in the same room we used for the men’s night last year. This will be followed by a Q&A and Dr Scott has asked if Jo, Menopause group, would join them at the end for the Q&A. Dr Scott will be focusing on menopause, heavy and painful periods and similar, Dr Ashfak will be focusing on bone health - important at all ages and a little more than the osteoporosis we discussed. Dr Ribeiro is preparing a survey to learn what went well, what we could do better and collate suggestions. This will be on paper on the night with a QR code and shared online too after the event.

Dr Scott asked if we could provide a ‘timekeeper’ to keep us on track on the night - to keep an eye on the time and ask for ‘one last question’ so we don’t go on too long. Cathy kindly volunteered – thank you Cathy.

Thank you to Richard for the wonderful poster/leaflet, which is now on noticeboards, cafe and on Bingley Residents Facebook page and shared to Bingley Menopause Group and will be shared to other pages too.

We want to take photos on the night to use in future PatientNEWS/publcity so will put notices up to ask if anyone doesn’t want to be in photos to let us know. It will be useful to take photos of the doctors involved in the events for the feedback article in the next PatientNEWS.

So far in addition to the doctors’ presentation and Q&A we have:

Cafe will be open for free refreshments, thank you to our brilliant volunteers

Charlotte - Breastfeeding

Breast screening information – Amelia, Pennine Breast Imaging, Bradford Teaching Hospitals

Sean Johnson, Bingley Bubble Community Partnership - AF testing, Sean will also publicise on the Bingley Bubble Facebook page

Social Prescribing - Sue Hodgson, Director, Engaging Communities, CIC

Bingley Music Town – representatives at the event

Arts Group – leaflets/Dawn will be there

Waiting for responses/confirmation/still to ask:

* Carers Resource
* The Bridge Project
* Sue Ryder
* Bingley Belles
* Walkers are Welcome

Possibles for this/future events:

* Healthwatch
* Locala
* Physio
* Yoga/Pilates
* Any other suggestions?

**LD/ND event update** will start to plan/confirm plans once the Women’s event is finished.

**Men’s Night update** - will plan properly once Women’s event is finished but along similar lines to last year’s event.

12. Request from Carey – FENO machine for asthma patients – discussed previously and answers to questions above from Dr Ankcorn to enable a decision as soon as possible.

13. **Any other business**

Richard has volunteered, with Marcus and Amy, to plants the winter bedding once the current bedding has finished flowering. Currently it is looking better than the winter bedding.

Next meeting

**Monday 10th November at 18.00**

**Confidentiality and Data Protection**

Information concerning patients or staff is strictly confidential and must not be disclosed to unauthorised persons.  This obligation shall continue in perpetuity.

Disclosure of confidential information or disclosure of any data of a personal nature may result in prosecution for an offence under the Data Protection Act 1998 or an action for civil damages under the same Act, in addition to any disciplinary action taken by the Practice.

Any breach of confidence will be taken seriously and, following necessary investigation, may result in a request that the member(s) responsible resign from the PPG.