

**MINUTES OF VICTORIA AND MAPPERLEY PRACTICE PPG MEETING
HELD 1 JULY 2014 AT VHC**

Present: James Pam Deborah Main Ingrid Green
 Susan Hawkesford Susan Clague William Brown
 Anne Hardy Catherine Wallis Collette Saxon – DPM

Apologies: Christine Roach Julie Lester-George Jennifer Jones F.Elias – GP
PPG lead

Agenda Items:

1. **Warm welcome to everyone** – Collette introduced herself to the patients & gave a brief overview of her previous posts she has held within the NHS & her experiences of working with Patient Participation Groups.
2. **Getting to know you!** - Each patient introduced themselves, each giving a brief account of their employment history.
3. **What is a PPG? Patient Participation Group – Presentation** – Copy of the presentation was disseminated to members.
 - It was agreed for meetings to be held every 2 months to begin with then possibly 3 months - to be monitored
 - Explanation given that involvement in the group was as little or as much as each individual chose to do.
 - PPG should be run by the group & the practice will support them in any way they can.
4. **What would patients like to get out of the group?**- Feedback form patients .
 - Members requested a breakdown of the practice population eg practice list size, Ethnicity, age and gender for both sites. – **Action CS to obtain this & circulate to members.**
 - An indication of any particular demands on the two practices eg. Drug & alcohol misuse, MH issues, teenage pregnancy etc. - **Action CS to discuss with GP EF & inform members.**
 - GP present at all the meetings - CS explained that although this would be ideal, it may not always be possible given the demands of the practice. However, CS had already planned that at each meeting there would be a representative from the practice team. This was to ensure that the PPG could get to know the staff & their roles, which would give them a better insight into how their practice is run & the skills/special interests staff may have. **Action – CS to organise representative to attend next meeting.**
 - Members asked about the finance & what budget they had to work with as this would help if they needed to plan any spending. CS explained that the accounts would not be obtainable however this would not restrict them as could be obtained via FOI act. **Action – C/F to the next meeting when GP present.**

- A Chair & Secretary for the group were discussed. Mixed opinions of whether it was too early as the group was still in its infancy, to decide if these were needed yet. CS felt that these posts were needed as there no one available amongst the staff to provide this for them. During the groups early phase she didn't mind taking the minutes or chairing until the group established itself . Other members expressed that the positions should be in place as this would help from an organisational point of view everyone would know who to approach. It was agreed that James Pam would chair for 2 meetings & Sue Clague would minute. Then review to see if members wanted to alternate the tasks to be done amongst themselves or nominate a person/s. **Action – To be reviewed in Nov/Dec 2014 – All**
- Patient surveys were discussed as members commented that they had never been asked to complete a questionnaire. CS explained that these were in circulation at certain times throughout the year focusing on patient access & patient care. These would be made available & patients can ask at reception for one when they are next in circulation. **Action – CS to ensure notification of the next survey is in the waiting room & on the website. Patient will be encouraged once again to participate in this.**
- Staff – members requested information/update of all staff members including clinicians as they were unaware of who their GP's were & who the PM was etc..CS suggested a flow chart. **Action - CW kindly agreed to liaise with CS to create a photo frame of all members/roles for the waiting room at each site.**
- Website – Many members were not aware of this facility. Although one person had looked at the site & commented that it needed to updated & utilised more. CS commented that she was aware of this & it was on her list of project's she will be working on. **Action: CS to update website.**
- Access –on line appointments were discussed & patients were informed that a pilot scheme would be in place but staff training needed to take place before patients could volunteer to use this. **Action: CS to inform the group when these are available.**

5. What would the practice like to see happen following the establishment of the PPG?

- Better communication/engagement with patients – a link between patients & practice staff.
- Patients suggestions/views listened to & where appropriate their views taken into consideration when making decisions about any changes within the practice.
- Discuss the services on offer at the practice & if/hoe improvements could be made .
- PPG to represent our patient population. Trying to obtain patient views from the minority sector, seeking comments from patients in the waiting room who would not necessarily attend meetings.
- Long term – Patient education in health matters & gradually becoming more confident in taking a reasonable amount of responsibility for their health with the support of their GP.
- Long Term – PPG providing practical support & help in implementing any changes at the practice
- Long term –building a relationship between the practice & its patients that breaks down barriers & shares information where appropriate .

6. Mission statement – This was on the agenda but the group felt that it was too early to make this yet. CS agreed. **Action - All to think about this & bring ideas to the next meeting.**

7. PPG constitution – CS informed members that this has been drawn up prior to the meeting to save on time & would require signatures from members ideally at the next meeting. **Action – Members to read/amend document if necessary & sign.**

DATE OF NEXT MEETING - THURSDAY 18TH SEPT 1:00pm @ VHC

Please note there is no car park at this site.