**MINUTES OF THE MEETING OF THE PARK PATIENT GROUP**

**HELD ON Friday 17th January 2020, 2.30 until 3.30pm at PARK MEDICAL CENTRE**

**Present:**

*Nick Dent, Chair (ND,*

*Richard McCleod, Business Manager (RM)*

*Dr Yvette Brindle, Practice Partner (YB)*

*Samantha Roberts, Practice Operations manager (SR)*

*Caroline Gerrard (CG)*

*Peter Maskery, (PM)*

*Anne Rigby (AR)*

*Becky Holgate (BH)*

*Francis Burgess (FB)*

*Lisa Howells (LH)*

*Sandra Rudd (SR)*

*Christine Meagher (CM)*

*Tania Hinde (TH)*

*Carole Brand (CB)*

**1. Welcome and introductions**

ND welcomed new members and encouraged them to contribute actively to the meetings. PPG meetings are informal and all members are encouraged to contribute where they wish to do so, bearing in mind that other members’ views are respected and listened to.

**2. Apologies:** Margaret Holmes. Margaret requires hard copy correspondence by post as she does not have a computer. ND to arrange for this to be in place so that Margaret can attend meetings.

*3.* **Staffing update**

SR was introduced as the new Practice Operations manager. She has previously worked with the North Staffs GPs Federation and now works for the Park 32 hours per week. Her role is to support day-to-day operations of the practice. Both SR and MC intend to attend all PPG meetings if the group is happy with this. The meeting endorsed this decision

CG holds a co-ordinating role on behalf of Chester East Primary Care Network of GP practices. She attended the meeting in order to develop joint working between the PPGs within this network. This is covered later in the minutes.

4.  **Updates on outstanding actions.**

-**Development of Leaflet** (RM): The draft leaflet was distributed to members at the meeting as hard copy which meant that AR who is bisually impaired did not have access to the text. She pointed out once more that this was unacceptable and that any document tabled at a PPG meeting needed to be accessible to everyone present.

Members were asked to make suggestions for amendments within the next fortnight and submit them to SR so that she can amend and update the draft leaflet. This work will include use of the new logo and branding. RM to email draft leaflet text to AR. It was suggested that more collaboration with the other practices within the East Chester PCN was desirable and that it would be helpful to view leaflets and publicity from the other practices.

**-Notice Boards** (BH): BH had re-organised one of the noticeboards and pointed out that she did not feel comfortable to carry out work that involved climbing ladders. BH felt that a protocol was needed to ensure that appropriate and timely information was displayed on noticeboards in order to avoid clutter and information being out of date or irrelevant. A new reception manager will be responsible to ensure relevance and timeliness of information on noticeboards. There is also some mandatory information that needs to be displayed, such as CQC assessments, etc.

It was felt that PPG members should only be responsible for maintaining the PPG noticeboard, and that a volunteer was needed to maintain the board, and SR put herself forward. Information displayed on the noticeboard should include current minutes, the leaflet and a summary of survey results.

-**Responding to Patient’s Survey Results** (All) This item is to be put forward to a future meeting which will focus largely on this topic.

There was a discussion on the use of text messages as a means of passing information on to Patients. As the text message alerting patients to the last patients survey generated in excess of 500 responses, It will be repeated this year around April time for the new patients survey. Patients will be encouraged to complete the survey online and view the leaflet at the same time. RM agreed to building into the budget the cost of 4 text message campaigns a year.

**-Recruiting more members** (RM): AR had emailed RM the list of interested people she had contacted in 2019, and some of them attended this meeting, in spite of the short notice.

The introduction of virtual membership could widen the demographics of PPG membership.

**-PPG Portfolio** (PM/ND): PM and ND have been working on putting all the PPG documents into a folder. These include minutes, Terms of Reference, PPG leaflets, leaflets the PPG has been instrumental in developing, notes of working parties, copies of relevant information, and a list of all abbreviations used. This project is near completion, and the PPG will need to maintain and update it with a master copy being held in a central file containing all PPG information at the Park. A copy will also be held by the PPG chair.

-**Feedback from GP Partner’s Meeting** (YB): YB reported that partners want to make patients more aware of extra services provided by the practice, including extended hours appointments, nurses appointments, dressings service, pharmacy services, first contact physio etc. Some of these services are to be promoted by virtue of text messaging, and there is also some scope in including some of these services in the answerphone message at the practice so that patients can hear them when they wait in the queue. Depending on financial resources available, a number of specific campaigns could be carried out each year. YB also informed members that a funding bid for Health Box had been submitted. The practice wants to promote more self-care in order to prevent patients from coming to the practice unnecessarily.

Funding for first contact counselling for students will be introduced, with funding having been approved from ICP.

At the conclusion of these update reports ND suggested that central to most of them was the means to communicate with members of the practice. Communications was felt to be key in order to raise awareness of the PPG, and some practices hold “Meet and Greet” events at flu clinics or other events attended by a large number of patients .It was agreed that the next PPG meeting would devote the bulk of the meeting to a brain storming session on this important topic of communication.

**5. Practice Manager’s Update**

RM reported that the practice is continuing to be involved in GP training, with two registrars currently on site. This has helped with managing appointments and is to be maintained over the next few months.

A telephone update is due between the practice and the CQC, and the resulting document will be shared with the PPG.

**6. Any other business**

**-Terms of Reference**: This item has been postponed to a future meeting.

**-Caroline Gerrard,** **Co-ordinator, across Cheshire East Primary Care Network**:CG informed members about her role of co-ordinating the implementation work of the network with the help of a limited amount of funding from NHS England. The network covers approximately 50,000 patients served by four GP practices in Each Cheshire. (Park Medical Centre, Broughton Heath Centre, Upton Village Surgery and Heath Lane Medical Centre.) The aim of the network is to share resources such as physiotherapy service and other facilities which can be jointly provided across the network. The NHS England service spec did not sufficiently match up with the roles and planned activity across the network, and there will be some engagement and feedback on the draft from NHS England. Once a more relevant document is available, this will be made available to the 4 PPGs.

One of the first new roles to be introduced will be the role of a Social Prescribing Link Worker, who will signpost patients to a variety of services and facilities. This role will be based across the four practices but also from a variety of premises including libraries. Health Box, a third-party provider, is carrying out the recruitment process for this role.

Another service to be promoted across the network is that of Structured Medication Review, where patients on multiple medicines can be reviewed with a view of improving and reducing the range of medications they are taking. This kind of review will be undertaken by clinical pharmacists working across the practices within the network. The network is to work more closely with the local council and other health and care providers.

Part of CG’s co-ordinating role is to facilitate closer collaboration between the PPGs, and this was welcomed. The purpose of this collaboration would be to exchange information and experiences and to learn from each other. Some members pointed out that every PPG was different in its mode of operation, and that each PPG still needed to have its own identity, not wanting to function as a tool for the implementation of the network plans or being a “talking shop”. The PPG is very much in favour of working together on common themes and learning from other PPGs, and it was felt that PPGs ought to have some input in the undertakings of the network contract.

CG informed members that, rather than it acting as a pure money-saving scheme, the network is to deliver an additional resource to the practices it includes, and that it is designed to deal with the crisis in terms of workforce shortage.

CG agreed to email all relevant links to ND so that he can distribute them to members and include them in the minutes.

**7. Date and time of next Meeting**

The next meeting of the PPG will be held on Friday, 20 March, from 2.30PM until 3.30PM at Park Medical.

A larger venue may need to be considered if membership of the group increases. The Community Centre in Hoole had been used on previous occasions but RM & SR agreed to research alternative locations nearer to the practice which would aid YP, Partner GP, in attending meetings.