AGENDA

Structure agreed for 2019 PPG meetings:

1. Review minutes
2. Focus topic/s
3. CJ or JP report back from the Practice e.g. main issues/seasonal demands/notices
4. PM report back from local health related organisations and JP from Partners Health
5. PPG recruitment & development
6. Patient feedback
7. Summary of actions/feedback to other local PPI groups/virtual group

**Summary of Actions agreed at June meeting and actions arising in August**

* **CJ** to put the “Do you look after someone?” booklet into the practice welcome pack
	+ **Carry forward**
* **CJ** provide monthly NAPP bulletin to all PPG members **???is everyone getting these Chris????**
	+ **CJ** to confirm #characters an MJog message can contain to PM **Carry forward**
	+ **PM** to send text to CJ to send via MJog to all 16-21 year olds on practice register asking if they would like to join a MMP Health WhatsApp group (good for their Personal Statement etc) **– Carry forward**
* **CJ** – agenda item for next QPDM – what topics would staff/doctors like highlighting on TV/leaflet rack?
* **CJ** - Produce an indexed reference book for patients providing key information for e.g. on the Practices Procedures, On- line Facilities and Self Care advice and Help organisations, add key bits into practice leaflet for new patients and align to whats on the practice website
* **CJ -** Prep for Flu season activities – **Chris to send through dates for weekend Flu clinics and agree activities - ??Pulse checks maybe not/BP checks possible (remind on the MJOG) – much commoner – SOP for PPG to ask questions**
* **PM** – include prevention education as future PPG focus topic. Discuss with CASTLE PPG
	+ **Will keep as future item**
* **PM** – include prevention education as future PPG focus topic. Discuss with CASTLE PPG/wider PCN **– await Dr Griffith’s input on behalf of PartnersHealth/PCN**
* **~~TW/JP~~** ~~to discuss priority areas to bid for funding – key options were educational resources and training PPG members to provide bereavement counselling DONE education agreed as best (PM/TW met and agreed too early to identify exact needs re education so will hold fire re grants)~~
* **PM/Nikki Lucas/PartnersHealth** An opportunity to explore linking TV messages to the new NHS app so patients get pinged a health message on their Smartphone when they enter the practice
	+ **Carry forward to Active Group**
	+ **PM/Nikki Lucas** – centrally coordinate Health Info on TVs via Partners Health **Carry forward to Active Group**
	+ **PM contact Elaine Cooper**- Need a MH Patient Support Self help group similar to the diabetes group across Rushcliffe PCN (like the diabetes group). **Carry forward to Active Group**
* **~~PM to contact Keyworth PPG Chair~~** ~~Keyworth PPG have a bereavement counselling service – no appetite within PPG membership. REMOVE from actions~~
* **AT/JB** MH resources into leaflet rack- PPG could use our educational resources to support patients to access self help e.g. mindfulness, Headspace app, Couth app, etc. Currently nothing in the leaflet rack specifically on MH support but needs to be. **– Carry forward**
* **AT (by email)/JB** volunteered to do monthly leaflet tidy up. **Coordinate diaries & link to MH action**
* **AT/JB** – use JP’s list to order relevant leaflets for patient information racks **– see below item 4**
* **~~JB~~** ~~agreed to look at the Bingham Library health hub for inspiration and feedback at August meeting.~~~~DONE (and WB Library too)~~
* **JB** agreed to also tidy up the leaflet racks asap one lunchtime **DONE**
* **JP** to send a list of the key health topics that need ongoing patient education **to all OUTSTANDING**
* **JP** Invite Dr Peacheyto address patient survey results at next PPG as her husband works at St Georges MP so she has insight into both practices.
* **MP** – add content to TV slides in advance of major national awareness weeks and cycle content to keep fresh – **coffee discussion with PM – MJP to send PM dates**
* **MP-** Patient Education on the slides “Please request all your tablets at once. This reduces inappropriate use of GP time” **(is this practical?? JB has found it difficult to get the pharmacy to agree to this but AT says she manages it)**
* **WM** to approach Helen re joining PPG virtual etc **– Carry forward**
* **ALL** - contact PM to book your place. At 16th October Rushcliffe Patient Conference - Will include a Soapbox session – first come first served only 4 places
* **ALL** - contact PM with your ideas about what you’d like to discuss/ask in our 5’ slot on the soapbox **(also on agenda for 10th October meeting)**
1. Welcome and check-in

Paul (PM), Anne (AT), Mike (MJP), John B (JB) and John P (JP, from 6.30) in attendance

1. Apologies for absence, matters arising not on agenda, confidential items, declaration of conflicts of interest

Apologies received from Tammie, Christine and Tom. No matter arising or COI raised.

1. Approve minutes and check actions from the June meeting – actions summary above. Minutes approved as accurate.
2. MMP Patient Educational Resources update from April discussion – TW/JB/AT/JP

JB had tidied up the leaflet (thanks JB) and revisited on 2 occasions since – the leaflets hadn’t obviously been riffled though as remained very tidy and undepleted! Do people read leaflets any more these days. JB observed patients look at their phones or the TV screens. Hasn’t observed anyone taking a leaflet during his visits. This underlines the importance of getting the TV slides content right and changing it as befits the seasonal messages. See progress below against suggestions from April’s focus topic:

**Recommendations from April meeting**

4.1 For immediate consideration and implementation

* PPG to assume responsibility to ensure leaflets are displayed in a tidy and organised way. Anne Toler has volunteered to help out John Burnett has too. Set up monthly tidy up.

To include:

* Reduce the volume of leaflets and notices – keep tidy each month. DONE
* Identify other ways to impart/download information e.g. have a computer terminal e.g. there is 1 terminal in the Interview Room (and room 40 also has 2 computers too) manned either by PPG volunteers OR reception staff (might be better to have a health hub in the coffee area if Embankment agree SEE ABOVE – TW/PM discussed – part of wider Rushcliffe PCN initiative
* John Burnett to look at the Bingham Library health hub for inspiration and feedback at August meeting.
* PPG to select key issues (up to 10) and messages to be promoted and displayed in leaflet rack and other locations by theme. Top priority topics identified by JP are:
* Maintaining good Mental Health (Self Help including Mindfulness)
* Cancer section
* Look after you Heart (including Health Checks)
* Prostate problems
* Diabetes (inc prevention & reversal)
* Skin problems including skin cancer
* Managing Medically Unexplained Symptoms
* Basic First Aid (including basic medicine cabinet)
* Practice Procedures

and display accordingly under a heading or have a separate display for each

* Ensure leaflets and notices are available and supported by key messages presented on TV and promote present and future health initiatives (will be an aspiration – aligned to Partners Health initiatives, focus health week etc). Health Education ‘calendar’ to be developed across Rushcliffe and locally owned by PPG
* A volunteer member of the PPG to assume responsibility for the above and undertake the tasks on a monthly basis and provide a verbal report to the bi monthly PPG meeting – **JB agreed to continue to do this**

4.2 Recommendations for mid/long term consideration and implementation

* Undertake a patient expectation survey –asking patients what they feel they should know and how they should be informed **(October meeting)**
* Ask clinicians and medical centre staff what information they feel patients should be aware of that could make their jobs easier **(next QPDM)**
* Produce an indexed reference book for patients providing key information for e.g. on the Practices Procedures, On- line Facilities and Self Care advice and Help organisations **- CJ**
* The ultimate innovation would be to be able to have a system that would allow as soon as a patient enters the medical practice they receive a welcoming app (message) on their phone, similar to what high street retailers are developing to tell their potential customers of current offers. In our case it would be to inform patients of key messages and information, possibly a duplicate of the TV content – see actions – PM to liaise with Nikki Lucas for pan-Rushcliffe PCN approach
* An opportunity to explore this possibility is to integrate this facility to the new NHS app that will be on line later this month to the practice – also PM to discuss with Nikki Lucas

Mental Health

* Building resilience is key, social support crucial.
* Could use our educational resources to support patients to access self help e.g. mindfulness, headspace, Couth, etc. Currently nothing in the leaflet rack **JB/AT see above re leaflets to put under key headings.**
* Self help group similar to the diabetes group across Rushcliffe – PCN suggestion – JB talked about this being helpful (like the diabetes group). Elaine Cooper is the person to talk to @ RCCG and/or Dr Nick Page (GP MH lead) **– agenda item for October**
* Site [www.bacp.co.uk](http://www.bacp.co.uk) (British Association for Counselling and Psychotherapy) which lists qualified counsellors by subject and location. CRUZE is good for bereavement counselling. Waiting times for therapy can be q long. Often see the GP initially to get an action plan. Keyworth PPG have a bereavement counselling service. PM/TW looked into it – verbal fb (see attachment) – decided not to pursue, too many concerns, not enough expertise.
1. What are the main [seasonal] reasons people are attending the practice over the last month? (verbal JP) – not a focus topic today. On-call had been pretty quiet today for a change!
2. Prep for Breathe Easy/National COPD week 21st Nov. Coordinate with these to our educational resources and point people to charity websites. **Carry over to October meeting**
3. Prep for Flu season activities – **Chris to send through dates; ??Pulse checks maybe not/BP checks possible (remind on the MJOG) – much commoner – SOP for PPG to ask questions. Practice to dissuade people getting jabs at regular appointments**
4. Updates from MMP and outside organisations: QPDM/CQC dates; NAPP, NHS England, ICS/ICP/PCN/PartnersHealth, Rushcliffe PCN Active Group, Gt Nottm CCG PPEC, Diabetes Support Group, Castle PPG – verbal PM/JB/JP

PCN – Musters will get a pharmacist 2 days a week – **JP thinks will provide more work. Won’t be prescribing pharmacists – so will need GPs to action any ‘tasks’ arising**

Active Group - latest PCN development across Rushcliffe, **16th October Rushcliffe Patient Conference Soapbox session – focus topic for next PPG on 10th October**

Active Group - Use of weekend services focus – MMP v low users. Pre-bookable Sat/Sunday option needs advertising in light of the options feedback on the GP survey – issue – Receptionists have to register patients onto systmOne so may be a deterrant to offering as onerous as we use EMIS (e.g. vs CASTLE who use S1 routinely) – disadvantaging MMP patients and may be one of reasons our patients are reporting declining access satisfaction

Active: Patient Survey (devised by PartnersHealth) to be carried out by all health centres in Rushcliffe during flu season: 1st Oct – 30th Nov – **bigger discussion required – see survey results and also refer to recent changes eg not being able to book in afternoon for evening on the day without GP triage; Online booking – AT perception that fewer slots available (JP says more likely that more people are using online booking). Practice approach to how they manage the business e.g. through salaried GPs in future. Extra 0.5 dr from Dec once RB retires. ?more shared posts across PH and more AHPs across PCN supporting medical staff**

Update on the Rushcliffe Weekend Extended Access Service – see below – MMP 16 pre-booked appts vs CASTLE 926 (MMP<2% vs Castle) – see comments above



CCGs merger update – following the results from the consultation held in June, a formal application for the merger has been submitted and a response is anticipated for the autumn on whether this will go ahead or not. **JP worried about the loss of focus this will bring e.g. Rushcliffe GP spec disappearing which may impact practice income**

“Digital First” access to GP appointments NHS England consultation – ends 20th August. JP raised questions about value of Skype appointments but acknowledged that App based screening might support some diversion to other places eg Pharmacy

1. Recruitment to PPG/virtual PPG and appointment of PPG secretary - PM/WM/LL/JP including Wanda’s niece Helen – **carry over to next meeting/WL to send any progress to PPG.** Petra Westlake, former PPG member, is interested in rejoining, PM to confirm and invite to Oct meeting
2. Correspondence/patient feedback/Friends & Family Test/Annual Patient Survey – <https://gp-patient.co.uk/report?practicecode=C84090> (link to Musters MP results from national survey) –

CL and LL not present so no FFT feedback.

Discussed National patient survey results (see link above) and compared Musters’ results to Castle and St Georges. Sense is that Musters feedback, whilst still very good, has declined against previous years whilst Castle has improved and St Georges remains excellent. Agreed to make this a major topic for next PPG – include extended hours weekend access. Focus on LTC group dissatisfaction/fb poor(er) – JP says there are mitigating circumstances during the period of the survey – idea – [MJP] provide patient counselling about how to prepare people with multiple LTCs/comorbidities for their annual review to support better self care. **JP Invite Dr Peachey to address the topic at next PPG as her husband works at St Georges MP so she has insight into both practices.**

1. Agree key topics for October meeting

Support for patients for Long Term Conditions and their annual review;

Patient Survey results & Extended Hours weekend service utilisation;

Self help groups – what do we have access to beyond Breathe Easy, Diabetes and Carers and what others do we need??

Prep for Rushcliffe Patient Conference 16th October

Prep for national COPD week in November, co-ordinate with Breathe Easy activities (TW)

1. Summary of Actions agreed & key messages for Virtual PPG members, Practice TV, Rushcliffe PCN Active, WB Wire

**see above; also CJ to contact PPG members with details of the Flu clinics and support required (will it be blood pressure this year?)**

1. Check Out, close and depart.

A useful meeting despite low numbers which has highlighted some interesting trends in both the practice structure, access and attitudes which need PPG input to help the practice maintain its reputation of excellence.

**Dates of remaining 2019 PPG meetings:**

6pm10th October **(prior to 16th Oct Pt Conference)**, 5th December (Inc AGM)

**Remaining focus topics for 2019:**

‘Basics’ and questionnaire; Be CQC ready; Common medical topics; Review of the year/AGM (December meeting)

**Other potential future topics to consider**

* Antimicrobial Stewardship (wise use of antibiotics)
* Disease focus e.g. managing skin problems (Tele-dermatology)
* PartnersHealth/PCN local service development initiatives as part of the local rollout of the NHS Long Term Plan