Attendees: Paul Midgley (PM) – Chair; Anne Toler (AT); Mike Prior (MP); Christine Jones (CJ); Dr John Prestage (JP)

**Progress against actions/new actions/ideas for Rushcliffe PPG Conference**

* **CJ** provide monthly NAPP bulletin to all PPG members **add Wanda, Tammie and Petra to list**
* **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)
* **CJ** – agenda item for next QPDM – what topics would staff/doctors like highlighting on TV/leaflet rack? **Carried forward**
* **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 – **booklet always needs updating – 20 new patients per week. CJ needs to look after website when RB leaves from 1-1-2020.** PPG to review the booklet – December agenda
* **CJ -** re-training reception staff to offer wider range of appointments including weekend appointments – and listen to what patient wants
* **PM/CJ –** check email distribution list and update
* **PM** – include prevention (self care) education as future PPG focus topic. Discuss with CASTLE PPG
	+ **keep as future item – awaiting Dr Griffith’s input on behalf of PartnersHealth/PCN**
* **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** – and to add to PPG Conference discussion with Nikki Lucas/
	+ **PM/Nikki Lucas** – centrally coordinate Health Info on TVs via Partners Health **Carry forward to Active Group** soapbox session – engaging patients

**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/PPG Conference – directory of support groups please**

**Plus questions about loss of Rushcliffe services e.g. Carers, LLWIR etc, when will they be replaced and will Rushcliffe get access to some City commissioned services e.g. Autism support on referral?**

* **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. **– AT tidied the other week. AT and JB to organise into themes**
* **AT/JB** – use JP’s list to order relevant leaflets for patient information racks under key headings
* **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. (HP is joining full time in December as a salaried GP)
* **MP** – add content to TV slides in advance of major national awareness weeks and cycle content to keep fresh – **done. Check theyre on the telly!!**
* **MP add actions from this meeting to slides** Googling your condition may not be good for your health – put it on the slides!! It can create an expectation that the doctor then has to undo/negotiate around and can waste time
* **WM** to approach niece Helen re joining PPG virtual etc **– Carry forward**
* **ALL -** Review of the practice self help (spiral bound) booklet by PPG would be useful to ID resources – December agenda item
1. Apologies for absence, matters arising not on agenda, confidential items, declaration of conflicts of interest

Emails don’t always seem to be coming through. CJ and TW didn’t receive my email re this meeting. Apologies received from Tammie, John B, Tom (to CJ). **PM/CJ – check email distribution list and update**

1. Approve minutes and check actions from the August meeting – actions summary above – all approved. Actions completed have been removed.

FOCUS TOPIC

1. Preparation for Soapbox session at 16th October Rushcliffe Patient Conference Soapbox session – see action above. **Plus questions about loss of Rushcliffe services e.g. Carers, LLWIR etc, when will they be replaced and will Rushcliffe get access to some City commissioned services e.g. Autism support on referral?**
2. **Self help groups** – what do we have access to beyond Breathe Easy, Diabetes and Carers? (Caroline – receptionist – is our lead but Carers UK and Lynn from Age UK also now decommissioned) and what others do we need?? Prep for Breathe Easy/National COPD week 21st Nov. Coordinate to our educational resources and point people to charity websites –

JB by email: All I would say about the Support group I organise is that the more meetings we have the more benefit the group members get. Sitting with other people who live with a condition and offering each other emotional and practical help is, I feel just as important as the medical advice and treatment we are offered by the medical professionals. I would like to explore ways we can promote support groups more in our Medical Practice. Of course Diabetes is my concern, but I’m sure there are a number of groups, for a variety of conditions which would benefit from increased promotion

There is a booklet of self help groups in JP’s clinical room, and on reception. Drs tend to think only medical support says JP in the limited time available in the consultation. AT says patients with skin conditions need support. JP says lots of people think skin conditions = cleanliness issue so can stigmatise patients. E.g. with eczema/psoriasis/vitiligo. Crohns & Colitis UK have local branches. **Review of the practice self help (spiral bound) booklet by PPG subgroup would be useful to ID resources (add to agenda next time).** Need a selling job. Maybe a topic for a future QPDM to sell to staff, and patients via practice TV/leaflets……..**ACTION MP add to slides/refer to reception**

1. **Support for patients for Long Term Conditions to prepare for their annual review** – difficult as many patients don’t have the capability to prepare themselves, don’t always realise to book a double appt, and often then focus on an acute problem rather that their review discussion. Many of the chronic LTC patients have lots of alerts on the computer which need addressing when they actually attend so often difficult for GP/nurse to have a general discussion. Practice would love LTC patients to be more proactive e.g. to own their own illness – how can we change this?? Many patients are fatalistic and won’t change their lifestyle. See app idea for soapbox session @ PPG Conference.
2. **Easily accessible appointments to Extended Access Service** –discussed how Reception staff can more easily offer option when booking appointments – Nikki Lucas has a suggestion re: opening SystmOne when opening reception at same time as EMIS. CJ says its been really busy & short staffed on reception till v recently – JP says **reception need re-training to offer wider range of appointments including weekend appointment** (have automatic speil says John) even the next routine available rather than on the day – e.g. QPDM (and at **appraisals for receptionists - ACTION CJ)**
3. **Feedback from Flu day 28th September** 700 patients turned up – very successful
4. **Updates** from MMP and outside organisations: QPDM/CQC dates; NAPP bulletin, NHS England, Rushcliffe Primary Care Network (PCN) RAPID Group, Gt Nottm CCG PPEC, Diabetes Support Group, Castle PPG – verbal PM/JB/JP

Most external meetings currently focused on reconfiguration, move to combined CCG and PCNs. Feedback from Patient Conference will be really interesting as focusing on PCNs. JB (via email) keen to discuss how more support groups like diabetes can be formed/promoted as his group is very well received as patients find just as useful as their medical appointments.

1. What are the main [seasonal] reasons people are attending the practice over the last month? (verbal JP) – **MP =** **Googling your condition may not be good for your health – put it on the slides!! It can create an expectation that the doctor then has to undo/negotiate around**
2. **Recruitment to PPG/virtual PPG** and appointment of PPG secretary - PM/WM/LL/JP including Wanda’s niece Helen – Petra Westlake is interested in rejoining but unavailable this week. No new faces but CJ will MJog to youngsters now she has some wording from PM.
3. **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) **Google feedback** – some negative comments recently, but also some nice letters too. Some less positive reviews of reception in last 6 months (there have been some staff leaving/extra pressure). There needs to be a better system of recording verbal abuse of receptionists in notes. In extreme cases the GP will ring back and discuss with patient.
4. **Agree key topics for December meeting** (and AGM).

Agree Focus topics for next year (and dates).

Look at practice new patient booklet

Look at Self Help booklet in December.

Ideas/feedback gleaned at Rushcliffe PPG Conference.

1. **Summary of Actions agreed & key messages** for Virtual PPG members, Practice TV, Rushcliffe PCN RAPID, etc – see above (today’s actions added to overspill actions)
2. Check Out, close and depart.

**Dates of remaining 2019 PPG meetings:**

6pm5th December (Inc AGM)

2020 dates to be agreed on 6th December, and key topics