1. **Welcome and check-in:**

Paul Midgley (PM) (chair), Jacqualine Cooksey (JC), Tammie Daly (TD), Mike Prior (MP), Sue Wing (SW), Tom Wedgewood (TW), Anne Toler (AT) , Christine Jones (CJ), Lindsey Hill (LH), Linda Lowne (LL)

43 members now in the virtual group

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

Apologies received from: John Prestage (JP) and Val Highfield (VH), David Shipman (DS)

1. **Approve Minutes from the last meeting**:

Minutes of the last meeting held on the 2nd February 2017 were accepted as an accurate record**.**

**Actions arising from that meeting:**

AT to give feedback on NAPP guides - deferred to April meeting. On tonight’s agenda

AT to send TW copy of her CQC report on what makes a practice outstanding - On tonight’s agenda

JC to report on using social media more effectively at next meeting - deferred to April development meeting. On tonight’s agenda

PM and MP to revamp slides. Done but ? uploaded

JP to suggest taking over slide administration from Gavin. ?? actioned

PM PPG Standing agenda item to see if need to tweak slides for TV. Done

JP stated he sees lots of younger patients e.g. aspiring medical students and maybe could suggest to them joining the PPG ?? actioned – CJ to check

LL to summarise FFT – deferred from last meeting. On tonight’s agenda

1. **Using the NAPP guides to Build Better Participation in MMP – AT/LL** ********************

AT and LL discussed the guidance papers for PPGs, using above documents. Highlighted some areas that either needed to be addressed or required clarifying.

Plan: 1. Practice and PPG need to have a shared understanding of the purpose and the role of the PPG and also 2. what the practice expected from the PPG

AT and LL suggested 2 ways to look at the issues:

1. PPG members could work in small groups to look at certain areas, review the checklists and the action needed. These could then be prioritised
2. Take the areas that have been identified as requiring the most action, and make those the priority, and start to address these as a group - agenda item

Group decided that option A was possibly the best way. 2 groups required looking at:

Holistic view of the practice – LL, AT, MP

Roles and members welcome pact – SW, TW, PM, TD, JC

 Outline from each group at next meeting. To help each group in their discussions, here are the current PPG Terms of Reference:



1. **Striving for and providing evidence of Excellence** – AT

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 Deferred until next meeting

1. **Using Social media to improve patient** **engagement** – JC (verbal)

JC looked at Facebook and twitter but found little for this area. Only 3 practices had location pages. St Georges had lot of use i.e. people saying they were attending for injections etc. Ruddington practice aligns to the very active Ruddington Mums group. Radcliffe Health Forum also uses Facebook, having only set up last year it now has quite a following.

One PPG had Facebook page (Gamston) but limited signups.

Nothing on twitter for local PPGs, but nationally there are some active.

Friends of Castle group but closed group which can apply to join.

JC to investigate further by looking at NAPP and whether to set up closed group. Musters MP does have a Facebook page but it’s currently inactive.

ACTION: JC to make recommendations at next meeting on 1st June on MMP Social Media strategy

1. **Updates from NHE England, GNH&CP/STP, Principia MCP/PartnersHealth, Rushcliffe CCG Active Group & Patient Cabinet, Castle PPG**

 

CCG meeting today and PM attended. Next Steps on the NHS 5 year forward view is a new document produced in March 2017 that sets out the future direction for the NHS and cites S Notts as one of the early movers towards and integrated health & social care model called an Accountable Care System. More of this over coming months as things develop.

1. **Correspondence/patient feedback, Friends & Family Test** feedback CJ/LL

Deferred until next meeting – CJ gave LL lots of F&F feedback forms

1. **Summary of Actions agreed & key messages for Virtual PPG members, Practice TV, Rushcliffe Active/Patient Cabinet**

CJ Slides have been revamped but unsure whether they have been uploaded

JP had suggest taking over slide administration from Gavin. Please confirm if actioned, if not please have the conversation and feed back to PPG

JP stated he sees lots of younger patients e.g. aspiring medical students and maybe could suggest to them joining the PPG – CJ to check with JP for suggestions (they could join the virtual group if unable to attend meetings)

ALL Outline from two subgroups at next meeting for improving PPG using NAPP guidelines – **leaders** to convene their subgroups prior to 1st June

Holistic view of the PPG role with the practice subgroup – LL, **AT**, MP

PPG Roles and members welcome pact group – SW, TW, **PM**, TD, JC

JC to investigate further the use of social media by looking at what NAPP has produced, the possibility of linking with another group who use some form of social media already, or whether to set up closed group.

10.00 **AOB:**

7th June Rushcliffe PPGs networking event and 4 people from this PPG can go

 10.00-14.00 hours. To discuss further at next meeting

 Discussed and decided to start meetings at 18.00

11.0 Check Out, close and depart

Dates of 2017 meetings: **Jun 1- START TIME 18.00**, Aug 3, Oct 5, Dec 7 (AGM).

Potential future topics to consider:

* Antimicrobial Stewardship
* Re-visit terms of reference
* Supporting the Self Care agenda
* Disease focus e.g. Diabetes prevention programme, Tele-dermatology
* Patient self-help groups e.g. Dementia, Diabetes, Mental Health
* Open public event (joint with CASTLE?)
* Castle PPG collaborations/Health Hub for Embankment PC Centre

**REQUEST - please could all members presenting papers circulate prior to the meeting. This will ensure all members have time to read the papers and a more meaningful discuss can take place on the night.**