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

Paul Midgley (PM) (chair), Jacqualine Cooksey (JC), Tammie Daly (TD),  Tom Wedgewood (TW), Anne Toler (AT), Christine Jones (CJ), John Prestage (JP), Mike Prior (MP), Sue Wing (SW)

The group wished to express their thanks to Val Highfield who is stepping down due to other commitments. She has been an active and valued member of the PPG for many years since its inception. The group also wished to thank Lindsey Hill and Jacqualine Cooksey, who are also stepping down, for their contribution to the group.

44 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: Linda Lowne (LL)

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

Minutes of the last meeting held on the 6th April 2017 were accepted as an accurate record**.**

**Actions arising from that meeting:**

CJ Slides have been revamped but unsure whether they have been uploaded – **yes upload immediately**

JP had suggested taking over slide administration from Gavin. Please confirm if actioned, if not please have the conversation and feed back to PPG. **Gavin said he would action on slide changes more quickly.**

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). **JP will continue trying and seek the support of the other GPs.**

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 **Agenda item**

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. **Agenda item**

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

Nottinghamshire STP (South Notts focused) Citizen’s advisory group are meeting in June for first time. Their role is to check items from STP have patient scrutiny.

Rushcliffe Active Group feedback – Social prescribing. The idea is for link workers to support GPs and provide patients with information and contact details for things like health coaching, healthy living who can tailor the support required. Project being run by IMROC. It will signpost patients to appropriate resources to support their ongoing needs including voluntary sector, providing the links to support GPs. Possible role here for PPG members to support the introduction of this initiative later in the year.

Rushcliffe PPG conference postponed until 7th September 10.00- 14.00. There are 4 places for this PPG members and the conference which will be held at Rushcliffe Arena.

PM, AT & MP would like to attend. Anyone else interested – please let Paul know.

Taste of Rushcliffe event 22nd July – Require volunteers for that event. Can anyone do the afternoon? (Paul will attend in the morning till 1pm). Let Paul know.

At future Active group meetings there will be a pre meeting for all 4 practices in West Bridgford area to look at working more collaboratively to engage the whole West Bridgford population on wider health matters.

1. **Using Social Media to improve patient engagement – guidelines from patient groups etc. JC provided feedback.**

NAPP - Nothing useful

NHS England - basic information on how to post on Facebook page so wasn’t helpful. Did say that would require policy or strategy – goals from using social media, who will monitor what is being put on face book page.

PPG in Stoke had best guidelines – they suggest must have proper training and only spend 10 minutes, 3 times week, updating it. Must ensure it clearly states that it is for general information not for complaints or appointments etc. Stoke had started to use Videos for health topics as well, and using DNA stats. This is supported by Radcliffe on Trent who set up Facebook page last year and have built up several hundred users and adopted a similar ‘little and often’ approach. Can invite their chair, Kam Pentreath, to advise MMP subgroup, on best way forwards.

Would require quite a bit of work to build it up to a level that it would self-sufficient and get 2 way chats.

Would be public page.

Needs policy and guidelines.

Should be under umbrella of Muster Medical Practice even if administered by PPG.

Could be tailored to needs of the local population.

JP to discuss with other GPs the possibility of having a Facebook page which would then replace virtual group emails.

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

Congratulations to the practice who had only received 8 complaints in the previous 12 months.

Last month’s FFT feedback all positive

1. **Feedback from subgroup meetings:**
2. **Holistic view of the PPG role with the practice subgroup – LL, AT, MP**

See enclosed summary.



All agreed that it was difficult for the PPG to influence at a strategic level with the Practice. Often practices being dictated to by government and at regional levels. Partners Health now provides much of the strategic direction for the practice

 Discussed possibilities:

* The PPG could request a 15 minute slot at next QPDM meeting and periodically as required to report on PPG activity and to update progress against Joint Expectations and Goals. CJ and JP thought this was possible. CJ to send date of next QPDM.

- Discussed whether PM could extract the most relevant minutes of PPG meetings and put in email to the relevant Partner (for clarity), rather than relying on informal channels. However it was agreed that it would work better if JP took the issues to the relevant person as the nominated PPG partner lead.

- Produce ‘PPGs purpose’ paragraph to put into PPG’s ‘terms of reference’ which JP could take to GPs to approve. AT and PM to action

1. **PPG Roles and new members welcome pack group – SW, TW, PM, TD, JC**

See enclosed summary





Discussed roles:

It was agreed that a Deputy Chair was required – MP volunteered.

Need something on what is expected from a PPG member

Need something on durations to say positions of key members e.g. any role can be extended after 2 years with the agreement of the whole group.

Require PPG members pen profiles. PM to send out template.

PM agreed to draft a pack and circulate for comment.

8.0 **AOB:** MP raised issue as to what happens when the lift is out of order. Need emergency number on outside of the lift in case if disable person needs assistance to gain access into the building.

PM to raise issue with Nick Page

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

**Actions**

MP Put something on TV slides about how to become a PPG member and how we could have a recruitment campaign for certain target groups – 2 vacancies - young person and person with young family – check with PM before sending to JP

JP to discuss with other GPs about having Musters Medical Practice Facebook page

ALL Taste of Rushcliffe event 22nd July –volunteers required for the event to talk to locals about healthcare. Briefing will be provided. Paul doing am.

JP Need to have something on the TV slides saying what is classed as an urgent appointment – please liaise with MP around wording

AT and PM Produce purpose paragraph to put in terms of reference which JP could take to GP.

PPG member could go with CJ on walk about when looking at Health and Safety issues. CJ to let us know dates. TW volunteered to go on first walk-about.

JP Check with Richard if PPG minutes are still being put on the website for all patients to see.

JC happy to do list of useful acronyms. PM to send source document

JC to put PPG members pen profiles

PM to send pen profiles template out to all and to be returned ASAP

PM to draw up draft PPG new members pack for circulation/comment

PM to raise issue with Nick Page about signage to support disabled people accessing building when the lift is out of order.

1. **Check Out, close and depart**

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

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