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

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

50 members now in the virtual group

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

Apologies: David Shipman (DS), Christine Jones (CJ), Lindsey Hill (LH), Linda Lowne (LL)

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

Minutes of the last meeting held on 8th December 2016 were accepted as an accurate record, apart from the future meeting in **October is the 5th not 6th.**

**Actions arising from that meeting:**

Most are either agenda items or were deferred until next meeting

It was agreed that there would be two developmental sessions per year - April and October.

The April topics would be feedback on CQC outstanding practices, NAPP guides (AT) and using social media more effectively (JC).

Content on the TV slides has not been updated. Discussion took place as to what should be on the slides. The topics need to relevant, concise and up to date. Must ensure state where the information put on slides comes from i.e. centrally

Maybe construct some pertinent messages alerting patients to NHS austerity e.g. somethings previously available on the NHS may no longer be possible to supply.

The slides need to be updated regularly. To be a standing item on the PPG agenda. JP offered to undertake changing the slides (previously done by Gavin)

1. **Patient implications of NHS austerity – e.g. OTC medicines on prescription restriction consultation, Choose Wisely campaign re 40 unnecessary medical interventions etc.**

Rushcliffe clinical commissioning group are sending out more consultation documents.

Pain clinics are going out into the community.

Agreed there is the need to break the mentality of thinking that NHS supplies everything. People need more awareness of costs including missed appointments. JP did not think it was a big issue for this him as it provided time to catch up/ telephone calls. Investigations won’t always change the management of a condition which patients need to understand better.

Maybe there is the need to construct some pertinent messages and communicate to patients (see above use of waiting room TV)

Need to explain book on the day/ urgent appointments.

Need to look at how to engage younger people, especially self-awareness.

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1. **Principia MCP/Partners Health update, Rushcliffe CCG Active group & Patient Cabinet feedback**

****Date agreed in June for CCG- sponsored development meeting/awareness day.

Partners Health – sharing resources and ideas to do things more efficiently e.g. meeting targets, producing proforma for IT to help doctors achieve targets for patients with LTCs.

VW says Rushcliffe is now training hub – nursing associate pilot. An auxiliary from MMP is on the pilot which involves undertaking a course at Derby Uni, which when completed will achieve a foundation degree.

Practice also getting suitable software for digital dictation system funded by Partners Health. This should allow letters to be sent out more quickly and efficiently.

Patient Active Group received info today from Partners Health about weekend service and extending evening services, some of which will be hosted in our building, from 1st April.

New services in this building include:

* Mental health – service for people with severe/enduring depression
* Medically unexplained symptoms clinic

1. **Feedback/ideas from the South Notts PPG sharing event and East Midlands AHSN patient/public event**

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October South Notts event now being replicated for Rushcliffe in June to share best practice across PPGs and bring more people into being patient volunteers. AHSN meeting in January also discussed what can patients get involved in as volunteers, including in medical research

1. **New survey responses, Correspondence/patient feedback, Friends & Family Test feedback, QPDM feedback**

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1. **Summary of Actions agreed**

AT to give feedback on NAPP guides - deferred to April development meeting.

AT to send TW copy of her CQC report on what makes a practice outstanding

JC to report on using social media more effectively at next meeting - deferred to April development meeting.

PM and MP to revamp slides. MP to call PM

JP to suggest taking over slide administration from Gavin.

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

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

LL to summarise FFT – deferred from last meeting.

1. **Key messages for Virtual PPG members, Rushcliffe Active/Patient Cabinet**

Communication key messages including recruiting new younger members via direct approach from younger GPs

10.0 **Check Out, close and depart**

**Dates of 2017 meetings:** Apr 6 (developmental session) Jun 1, Aug 3, Oct 5 (developmental session), Dec 7 (AGM)

**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.**

**Potential future topics to consider:**

* 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
* Castle PPG collaborations/Health Hub for Embankment PC Centre