

# The Mission Practice – PPG (Patient Participation Group)

## Meeting Minutes

Friday 10th June 10, 2022

Present:

Mission Practice Staff:

- Ruth Waring, Practice Manager (**VIRTUAL**)
- Judith Littlejohns, Practice Clinician and Chair
- Emma Hawkins, Practice Clinician
- Wilma Bol, Wellbeing Link Worker
- Philippa Hutchison, Patient Advisor and Acting Secretary.

Patients:

- Felicia Ogunleye
- Elisabeth Crafer
- Ronald Wheldon
- Richard Thomas
- Garry Harper
- Jacky Frost
- Philippa Jackson
- Mukash Bhatt (**VIRTUAL**)
- Edward Patton
- Fareda Haffagee-Harrison
- Mei Lin Li
- Gerry (Geraldine) Matthews.

Next meeting:

Friday 15<sup>th</sup> July, 09:30am, The Mission Practice

***Please find the full agenda, constitution and terms of reference documents attached below.***

### **1. Welcome, Apologies and Attendees.**

*Led by Chair*

- Chair presents welcome to first PPG meeting. Outlines that we will cover ground rules, name of group, how we work and what we want to achieve.
- Apologies from Vanessa, CJ and Anne who could not make the meeting.

## **2. Icebreaker**

*Led by Wilma*

- Wilma kindly provided name labels and led icebreakers for group. (Name, how long person has been patient and something that keeps them well).

## **3. Discuss Ground Rules, Constitution and TOR.**

*Led by Chair*

### *GROUND RULES*

- Chair describes documents based on templates provided by Health Watch. Read out the ground rules for group.
- Philippa J. reports concerns she has regarding Ground Rule #6 and if a member of the PPG group is of a quiet nature.
- Ronald agrees and states silence does not mean agreement.
- Gerry suggests the chair should clear decisions with everyone before moving on.
- Gerry suggests the use of a handbook or resource for the chair of the group, for training for the chair and for members to possibly take turns to chair.
- Chair acknowledges and thanks Gerry with regards to the resource idea.
- Clarification: Rules of conduct = Ground rules. Chair confirmed.
- Jackie agrees that silence is not equal to agreement. Suggests member should raise hand to speak?
- Ronald suggest a fixed timeslot for discussions, with the ability to park issues if no resolution within the time slot.
- Gerry is in disagreement with this idea.
- Garry offers assistance in the form of a contact (John) who can help with group structure. Chair acknowledges and thanks Garry with regards to this suggestion. Wilma requested contact details for follow up.
- Chair asks for group to consider if other ground rules could be added.
- Group indicates they are satisfied.
- Ronald suggests we will adapt and grow as a group.
- Garry would like to highlight the rule regarding confidentiality.
- Chair agrees silence is not equal to consent and requests alternative ideas from group.
- Garry seconds Gerry's idea of going around the group to check with the individuals.
- Mukesh would like to know what provisions are being made to keep virtual attendees included. He agrees that Rule #6 should be removed.

- Chair suggests as a rule substitute that perhaps “Chair will include all views” would suffice.
- Chair also advises she makes sure to keep the virtual screen within line of sight during meetings, and that virtual attendees can put their hand up, either physical if there is a camera, or virtually using the applications functionality.
- Garry expresses concerns regarding accessibility with software and hardware.
- Chair acknowledges and advised will make sure to check in with virtual attendees before moving onto next topic.
- Wilma agreed that rule #6 is not functional and that members should raise their hand to speak.
- Gerry is concerned about the length of time the group is spending talking about “how” meetings should be run. Suggests documents be passed around with agenda, times with notes about points of interest and expected behavior.
- Chair advised that this discussion is important as we have members with varied levels of experience with meetings.
- Felicia suggests a small timer for speakers who have raised their hand. Felicia would like to also highlight importance of confidentiality. Otherwise happy with rules.
- Ronald thinks the physical layout of the room could be improved to encourage fair communication.
- Chair agrees and apologises as although delighted with the level of participation, had not expected the numbers.
- Mukesh has a concern about rule #10 regarding no phones or disruptions. Would like to ensure that individual’s needs are met regarding comfort breaks.
- Chair agrees that if people need to step out they can.
- Ronald with Mukash regarding individuals being able to step out when they require.
- Gerry addresses rule #6 again – concern regarding change of topic. Gerry suggests that the rule has change from a rule about how the group comes to an agreement to how the group communicates as a whole. Gerry suggest a new rule entirely regarding hand-raising for speaking.
- Chair suggests rule could be “Chair will ensure all views heard regarding decisions”.
- General agreement.
- Gerry suggests hands raised could be put elsewhere in the documentation other than the ground rules.
- Chair offered addition to documents on how to reach agreement.
- Ronald suggests agenda is sent out prior to meetings so individuals do not have to attend if subject doesn’t interest them.
- Chair suggests all decisions need over 50% majority to pass.
- Group agrees.

- Elizabeth suggests movement needs to be recorded precisely prior to vote, and record of for/against needs to be kept.
- Chair agrees.
- Group agrees.

*Decisions require 50% majority to pass.*

*Issues to be voted on need to be stated, recorded and votes noted.*

*Members can have breaks as necessary but are to avoid interruptions where possible.*

*Rule #6 to be changed to “Chair will ensure all views heard regarding decisions”.*

*Addition to either ground rules or documentation to say group members must raise hands prior to speaking to allow for everyone to be heard.*

#### *CONSTITUTION*

- Chair acknowledges name needs to be decided and will come back to that as is further down on agenda. Read out constitution for group.

#### *PPG Aims*

- Jackie enquires as to who we will be discussing it with – just the members or wider population?
- Chair suggests the PPG may want to expand its range to gain more insight as the group may not be a full representation of the patient population. The group may seek the views of other patients.
- Gerry advises she is the chair of a TRA (Tenants and Residences Association) and most of the tenants attend the Mission Practice, 500-600 people, so she may be able to assist in reaching more people.
- Chair acknowledges and thanks Gerry for this offer, advises these links to various associations may be useful in the future.
- Mukesh is not sure the residence organisations will be a useful resource. Is concerned that TRAs may not be representative of population of residences.
- Chair advises there are many ways to do this, and the NHS has various methods to contact patients.

#### *OBJECTIVES*

- Felicia seeks clarity that “TBC” is not the group’s name. Chair reassures that it is just a placeholder.
- Chair would like to query how group will feed information back to community, and what exactly does that mean?
- Elisabeth suggests that this is a very large topic and may require its own agenda item for another meeting.
- Gary suggests Wilma could assist by feeding back information through her work with patients and the wider community groups.
- Wilma advises not all patients are involved in community groups.
- Gerry would like to define “community” in this context. Suggest patients currently attending? Catchment area?
- Chair advises catchment area is whole of E2.
- Gerry asks if catchment area is better wording.
- Chair agrees.
- Garry would like a map of catchment made available to all patients for clarity.
- Ronald agrees as it can be unclear.
- Philippa H. seeks clarification regarding change of wording.
- Group agrees wording should be “Surgery Catchment Area” not “community”.

#### *RULES*

- Wilma would like to know who is currently secretary.
- Chair advised Philippa H. is acting in the position and taking minutes for the meeting. Chair also states that there are two hosts for the meeting required: Chair and secretary. It is good practice for these roles to be filled by patients with the practice providing admin support.
- Fareda would like to address an item in objectives – Fareda is concerned about accessibility to information with regards to technology and language barriers.
- Gerry advises that OFCOM states that 11% of the population does not have access to the internet (verify for accuracy). Include the question of smart phones and that the %s might be higher in this area.  
Gerry would like access to be addressed as a bigger point overall.
- Chair acknowledges the point about access, but advises will have to be addressed at a later meeting due to time constraints.
- Gerry moves for it to be added to future agenda.
- Chair agrees.
- Mukash adds the limitation in accessibility caused by physical constraints such as blindness. Seconds agenda item. Feels communication from practice has not been good in the past in regards to changes in processes.

- Philippa J. agrees regarding electronic accessibility.
- Garry agrees.
- Chair would like to discuss how future chairperson will be appointed. Advises that they will be elected in a future meeting, so that the requirements for the role can be discussed, and members of the group can get acquainted. Acknowledges Gerry's idea of training for chair position.
- Gerry enquires as to whether the secretary will be a patient. Chair advises it is up to the group.
- Gerry enquires as to how group will access minutes. Chair advises either via request or website. Gerry states not currently available on website.

#### *TERMS OF REFERENCE*

- Chair asks what max number for group should be.
- Ronald suggest 15 due to size of room.
- Chair states currently 18 people at this meeting. Perhaps 20?
- Ruth advises that there are more than 20 people who would like to attend.
- Ronald suggests 30.
- Garry suggests attendance should be provided on email prior to meeting.
- Chair recommends 4 minimum, 30 maximum due to room size and to allow for clear communication.
- Group agrees.

#### *OBJECTIVES*

- Wilma suggests the number of objectives are a lot for 4 meetings a year.
- Fareda agreed.
- Gerry concerned about objective regarding complaints.
- Chair reassures that practice still responsible for the complaints, and the PPG is just to review them.
- Gerry suggests a rewording for clarity.
- Wilma suggests a combination objective, where the complaints are viewed with an aim to take action.
- Gerry suggest the word "Overview" for complaints.
- Jackie suggest this is something the group could address once a year?

#### *MEETINGS*

- Richard asks how group will contact practice, the text replies bounced.
- Chair advised there are a variety of communications used, with some patients coming in in person.
- Jackie suggests a shared email list.
- Chair advises this is possible if the whole group agrees. If not, the email list can be done via the practice for privacy.
- Ronald has concerns about accessibility via email. Preference for alternative but use email.
- Chair advises will find out individual preference for communication at a later meeting.
- Felicia reports a strong preference for paper copies and communications.

#### *DISSOLUTION*

- Chair asks if any questions, queries or issues regarding this part of the document.
- Group has none.

#### *COMMITMENTS*

- Elisabeth offers material to assist with chairing.
- Chair acknowledges and thanks Elisabeth for offer.
- Elisabeth also suggest that there is a responsibility to the group for members to pre-prepare before meetings and for the secretary to provide the minutes of the previous meeting in advance.
- Group agreed.

#### *PPG MEETINGS*

- Gerry would like minutes a week after meeting.
- Chair agreed.

#### **4. Choosing a Name for the Group**

*Led by All*

- Chair suggest we vote on the group name.
- Emma provides list of suggestions. Please see below.

NAME SUGGESTION	NOTES
The PPG	Original name
The Mission	Garry suggested
Friends of the Mission Practice	Edward suggested
Patients Friends	Jackie suggested
PTC (patients taking control)	Ronald suggested
Patient Voice	Suggestion from practice
Patients Step Forward	“ “
OSPREY	“ “
Practice Support Group	“ “
Mission Accomplished	“ “
Ground Control	Post meeting from acting secretary Philippa H.

- Fareda suggests we vote at next meeting.
- Group agreed.

**5. AOB**

- Jackie requests demographic information of patients, as well as statistics of patients with disabilities to properly discuss accessibility and representation.
- Chair agreed.
- Gerry wants to know how CCG works. How does the practice function regarding processes, funding, complaints and systems in place?
- Chair agreed to provide information for group.
- Edward suggest additional meeting due to new group.
- Group agrees.
- Chair enquires on how to arrange next meeting.
- Ronald suggest something regular like last Friday of the month.



- Chair agrees that having it at the same time has the benefit of keeping regular members attending.
- Gerry asks about members who cannot regularly attend a weekday due to work commitments and other clashes?
- Ruth advised people who submitted apologies for this meeting had not indicated that there would be a regular issue with this time/day.
- Garry suggested an evening slot to accommodate just in case.
- Chair suggested an option whereby there is a year for this group of patients at this time/day followed by a year with an evening slot.
- Fareda states that the main concern is with fairness for all members and patients interested.
- Chair proposes next meeting for Friday 15<sup>th</sup> July at 09:30am.
- Emma advises she may not be present.
- Group agrees to the proposed meeting time/day.
- Garry has concerns about a prior engagement but will try his best to attend.
- Felicia would like to pass her thanks to the Mission Practice team and requests a group photo of the PPG at the next meeting, for posterity.