

Informal notes of the Wolseley PPG meeting 13th January 2020

Present:

(Apologies, I wasn't intending to write this up initially and missed people's names ☹)

In attendance:

Moira Harrison (Healthwatch Hull)

Colin Hurst (Hull CCG)

FM opened the meeting with a discussion about future agendas, and there was some general discussion about a way forward.

MH then joined the meeting.

Introductions were made for MH

MH stated that her aim was to support the PPG, although she didn't know much at that point. She had done some preliminary research and had hard copies of some information she had downloaded from the Hull CCG website (<https://www.hullccg.nhs.uk/ppg-resources/>).

She said that she was still 'getting to know' people and organisations and was not attending regularly at meetings such as Health and Wellbeing Board.

AM and DB both referred to documents they had obtained prior to the meeting, and it was agreed that it would be useful if these were circulated to the group prior to the next meeting (*Please see the bottom of these notes*).

SA suggested that copies made of the template Terms of Reference, and these were subsequently distributed to those present.

There was a wide ranging discussion around raising the profile of the PPG within the practice, ranging from placing a desk in the waiting area, and manning it during specified times, when footfall was usually highest in the practice, to the production of posters and leaflets. It was also suggested that Healthwatch Hull could set up a page on their website to promote and support not just this, but all the PPGs in the CCG.

A member of the group asked for clarification of the acronyms being used, and there was reference to a pdf document that is already on the Healthwatch Hull website (<https://healthwatchkingstonuponhull.co.uk/wp-content/uploads/2019/11/HWH-ABC-Health-and-Social-Care-Updated-October-2019.pdf>)

This led to a discussion around the potential for finance from either the practice or the CCG. MH and DB both offered to find out more.

At this point Colin Hurst joined the meeting

CH outlined the support that was available from the CCG, including the documents previously referred to by MH, and pointed out that the CCG would pay the first year's membership to NAPP (National Association of Patient Participation), which was a good source of support materials and ideas. However, as a condition of this, the CCG would expect a representative from the PPG to attend the CCG Ambassador meetings, and that payment of subsequent years' membership was down to the PPG.

He then informed the group that in the past, the CCG had run training sessions on social media and profile raising, and indicated that if there was sufficient interest from PPGs in total they would be prepared to run it again. CH said that he would email relevant information to AM for circulation to the group.

There was also discussion about ways to engage the patients.

Suggestions included holding coffee mornings, making use of more general clinics such as smoking cessation, when patients may be more inclined to chat, than if they are ill and waiting to see the doctor or nurse. SA suggested asking the practice for information about busiest times, and for demographic information that may help the group understand the wider patient cohort.

Potential ideas for topics and issues to garner patient responses

FM suggested that a potential issue was the lack of communication between services that patients are referred to, and the patient and GP regarding decisions, and offered examples.

Other topics suggested were the MSK service as this will be up for review, and the new initiative around the prescription service.

CH suggested that a good start could be a general open-ended question asking what patients liked and didn't like to get initial feedback and a way towards the action plan.

AM left the meeting at this point but offered to type up the notes she had been making and circulate them to the email group, along with links to any documents referred to in the meeting. She would also forward the notes of the meeting to Ruth, and request that she sent them, plus hard copies of the documents referred to, to those members of the group who did not have email access.

It was agreed that the agenda for the next meeting should start with a discussion and agreement on the TOR and the role of members.

Other potential items for the agenda are, agreement of a schedule of meetings for the year, agreement on a standard agenda for meetings, and feedback from the practice on the comments that were placed on the noticeboard in the waiting room

Useful links

https://kpin.org.uk/wp-content/uploads/Patient-Participation-Groups_Example1_Toolkit.pdf

<https://healthwatchcwl.co.uk/wp/wp-content/uploads/2018/03/PPG-Best-Practice-Guide-2017.pdf>

http://www.pocklingtongps.nhs.uk/files/2018/05/PPPG_Report_2013.pdf

<https://www.gpwebsolutions-host.co.uk/7291/files/2014/05/Tudor-Lodge-PPG-Action-Plan-2014.pdf>

Ali Middle
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