**SOVEREIGN PRACTICE PP G**

**MINUTES**

**Of the Full Group Meeting**

**Held at Princes Park Health Centre**

**On 22 February 2019 at 10 am**

Present: P Palmer (Chair), R Dine, E Laye, M Mottram, P Vine, K Ogden, G Townsend, J Hardy, S Chell, B Hatcher, D Spencer (CQC), Dr K Norwood

Apologies: R Miller

The meeting opened at 10 am where PP introduced the new PPG Secretary, Monica Mottram. The group welcomed Monica.

1. The Minutes of the last meeting were agreed and signed.
2. Matters Arising:
	1. PP had contacted L Jenkins as agreed in item 4, last paragraph. She prefers not to join the Full Group at this moment but will remain with the Virtual Group. PP had also contacted another interested patient – P Rudkin. It had been agreed that Ms Rudkin attends the AGM in March and decides then if she is still interested. As we have a full compliment of 10 members we may ask her to join the Virtual Group until a vacancy arises. Discuss at April meeting.
	2. PP had received individual feedback after the last meeting regarding Item 5 – the 2019 Programme. Some members thought, on reflection, that monthly Health Awareness Sessions were too much to ask of our volunteers. Also, three days may be too much in our June PPG Awareness Week.

PP asked for some plain speaking and honest thoughts on both these events. Would less events be more valuable and therefore more achievable? She asked EL, PV, JH and BH to feedback, during the debate, on the first Health Awareness Session which had taken place the previous Friday (08 February). EL and PV were disappointed that staff were not aware we were running the event on Friday and the Health Professionals questioned whether the GPs had been told. PP responded that she had let both the Practice Manager and Reception Manager know on 31 January 2019. She does not have e-mail addresses for all staff and GPs so had to rely on the message getting through. DS confirmed they were all reminded at their regular meeting. EL and PV thought patients were overwhelmed by too much PPG paperwork. It was agreed in future only relevant paperwork to the topic should be distributed, although it was noted that it is an opportunity to promote the PPG! DS advised that group members attending alongside health professionals should be guided by them as to key questions to ask patients and the approach they require. DS also noted that it is an opportunity to promote the PPG as well as carrying out surveys for the Practice. The last one had been a big success. BH thought the event table was totally in the wrong place. It should be at the front, with a quieter area elsewhere (meeting room?) for patients to speak privately to the Health professionals. JH considered the afternoon successful and urged that we do not give up and perhaps we can put more thought into bi-monthly events. BH also noted that the whole waiting area is awash with random posters, making the area look tacky. PP asked and he agreed to do a survey of the situation and feed back. PP asked him to check the feasibility of putting the PPG noticeboard on the front wall next to the fish tank. If so, we could approach the Practice Manager for permission. RD mentioned that he is having difficulty securing an appointment with AH to get our page on the Monitor up and running. It was agreed the writing is small but that is because of the size of the screen. He will keep trying,

 BH suggested asking patients to fill in a form stating their preferences for topics. Both PV and PP thought more paperwork was unnecessary and suggested PPG members have a clipboard and ask patients informally at each session. Dr N was asked for topics. She replied that it not about what the doctors would like but what the patients want. The medical staff would like patients to make decisions to find out what their own needs are and request more information. It is noticeable that the younger generation are not looking after themselves, for many reasons, but they are also the hardest to reach with information. Can we interact with the baby clinics perhaps?

RD’s suggestion that for this year we carry out quarterly sessions was met with a favourable response. After much discussion the general consensus was – next session in April, followed by Awareness Week in June, September (which could promote the ‘Flu jab clinics) and an end of year one in December. PP suggested a drop-in coffee morning format, with specific Health Care professionals present. This would also cover one of our original intentions to encourage lonely patients to come in for a chat. That part of last year’s Awareness Week was very successful. PP asked for a vote on quarterly sessions – 7 members were in favour one against, preferring bi-monthly. It was agreed to trial quarterly sessions this year.

PP will liaise with DS regarding availability of the meeting room for both April and June. JH noted Mondays were best as the surgery is busier. PP will e-mail all members once she has room dates and we will agree sessions by e-mail asap.

1. JH/KO, visit to Park Practice PPG. They distributed hand-outs and briefed us on aspects of their visit. It was noted that in comparison to some PPGs, we are a very organised group. They asked if they could invite Park Practice to sit in at our meeting in April. The group agreed.
2. Virtual Group. Because GT is leaving the group, it has become necessary to address who will take on his role to ensure the continuity of the Virtual Group. In the past the existence of such a group has been questioned by some members. The Management Team discussed the situation and have agreed to ask MM to contact the Virtual Group by e-mail with news and requests for help when appropriate. JH and KO thought we have enough to do without a Virtual Group. RD thought we need to reach younger and working/house-bound people so a Virtual Group and Facebook should continue. We’ll reach a wider cache of opinions. It was agreed by the majority to re-address the subject early next year. AH changes the PPG e-mail password every 90 days and has informed GT. DS offered to take on that role. However, RS monitors the e-mail account too so PP thought she should be informed of changes. PP to check with RM.
3. AGM. The group will aim to meet by midday (earlier if possible) in order to provide refreshments on arrival and hand out the Agenda for the meeting. EL and PV in charge with all other members present helping out. The meeting will start at 12.30 prompt.
4. AOB. PP formally thanked GT for his support of the PPG during the past year and wished him well in future projects. PP also formally thanked staff member Julie Ranger for stepping in as PPG Secretary whilst we sought a permanent volunteer. PV asked if the timing of the PPG meetings could be alternated so that she could attend regular classes. Although the group were sympathetic about the request it became obvious that everyone had different commitments on other days. PP asked that we address the situation again in a few months and requested a reminder from PV.

DS announced that one of the biggest responses to the recent Surgery Patient Survey mentioned lack of information. With that in mind she has compiled a small ‘factoid’ card to be printed up and distributed to patients. She showed examples which were favourably received and it was agreed she should go ahead with the project.

JH handed out copies of the NHS Long Term Plan .

1. The next meeting will be the AGM at Midday on -12 March 2019

There being no further business, the meeting ended at 11.55.

Signed................***Patricia Palmer*** .........(Chair)

Date......*09 April 2019*......................