

**Broadway and Ingol Patient Participation Group (PPG)**

Minutes of meeting held at Ingol Health Centre Thur 1st June 17 at 1300hrs

CCG = *Clinical Commissioning Group* – PVC = *Patient Voice Committee*

NAPP = *National Association for Patient Participation* CQC = *Care Quality Commission*

VPRG = *Virtual patient representation group* OHOC = *Our Health Our Care*

B = Broadway I = Ingol

**Attendance**

Key (Pr = Practice Staff, B = Broadway Patient, I =Ingol Patient, V = Visitor)

Present		Present		Apologies
Mary Carrig (MC)	I	Jane Grogan (JG)	Pr	Gill Haworth Ali
Pauline Cooke (PC)	I	Terry Mattinson (TM)	B	Anne Corcoran
Dorothy Cuthbert (DC)	I	Mike Wain	Pr	Peter Gregson
Walter French (WF)	B	Dr Steve White	Pr	Marilyn Gregson
Juliet Green (JG)	B			

**Resignations from PPG** None

**New PPG members** None

**Our Health Our Care (OHOC)**

Further details see <https://www.greaterprestonccg.nhs.uk/our-health-our-care>

**WF** This is a consultation initiative re NHS and Social Care. Due to “Political Purdah”, relating to the General Election, consultation events which should have taken place 9, 11, 15 May 2017 have been postponed until July when they will be part of an already planned event. **As at the 26 June 17 The July events have now been cancelled See**

<https://www.greaterprestonccg.nhs.uk/latest-news/cancellation-of-july-our-health-our-care-events-1302>

**Care Quality Commission**

**JG & TM** attended the CQC Inspection on 10<sup>th</sup> May to speak to a member of the CQC team. **JG** felt the interviewer from the CQC was very pleasant & listened attentively to what was being said.

**JG & TM** : They were asked for their thoughts about the practice, from a patient’s point of view. The surgery in general was good, as was their experience of reception staff. There was a kind approach from the Doctors & other medical staff. The practice took PPG seriously & it was good to have a Doctor at PPG meetings.

**MW** CQC process ends the day with a debriefing. They were complimentary about the Practice Staff, who have put in a lot of work since the Sep 16 report. The new report is a testimony to this fact. The draft report shows a GOOD rating across all areas of the inspection. A copy of the draft report will be returned to the CQC with comments from the Practice after which the report will be published. (The Report of 15<sup>th</sup> June 2017 can be found at <http://www.cqc.org.uk/location/1-543988133> and downloaded as a PDF)

**MC** asked if there was any “Room for improvement”. GOOD was a commendable result but one cannot leave it there. The aim should be for an OUTSTANDING rating. **MW** 1) Recruitment of staff – 2) 2 GPs need to update qualifications relating to Smear Tests. Evidence of improvements needs to be gathered as one goes along.

**SW** Staff are not “sitting on their laurels”. It is a challenge to keep abreast of requirements & changes when working “flat out”. Induction of new staff has been addressed; as has Skills development.

Nursing staff – looking at how they work & finding a way to address the demand placed on Nurses.

A new “Triage” nurse is in the process of being appointed, when in post he/she should ensure patients are directed to the most appropriate part of the Practice services to meet their needs.

**TM** Good to hear about development of staff skills but there is room for educating patients as to what the NHS is about (See the YouTube presentation at <https://www.greaterprestonccg.nhs.uk/> ). Newsletter- Articles from Practice staff is a way of getting messages across to the people using the Practice. Relationships with pharmacies a good step forward. Having a triage system is useful.

**SW** The housing developments in the Cottam & North Preston areas need considering. How will the Practice be affected?

**WF** What is being done to share Good/Best practice when considering how best to implement changes to how medical care etc is delivered?

**MW** There is a Practice Managers Group for this situation.

### **Medical Service development**

**SW** CCG overseeing Sharing Services in the Preston area e.g. Out of hours Services/ Seven days a week services. There are funding issues to be overcome & also the fact there are too few Doctors available.

### **Patient Participation Group Recruiting**

There was a discussion as to how this should be undertaken.

In general face to face contact not thought to be a good way of recruiting; people who are not well may not feel up to talking.

**PC** Canvassed opinion from small group of neighbours – general opinion was they would not want to be approached in this way (Face to face).

**MC** would not want to be approached face to face – Prefer to be given a fact sheet from which a decision can be made.

**TC** Preferable to hand out a factsheet rather than leave on a chair.

**SW** People can be apprehensive about Forums & Groups. Best that Factsheets made available to people from which they decide on their course of action.

**DC** Useful if people can take the paper home to read.

**PC** Asked **MW** how members of PPG recruited at Blackpool

**MW** Getting group up & running was a struggle – Used leaflets inviting people to attend.

**SW** Around the area some groups “very functional” & others “dysfunctional”. Not easy task to recruit members to a PPG. Bear in mind that asking GPs & other medical staff to be more active might affect Patient / Medical staff relationships .

### Distributing leaflets

Leave on waiting room chairs

Hand out from Reception

Hand out in waiting room

Web site & email

### Format of Factsheet – Short?

**PC & MC** Balance between informative / succinctness needs to be correct. Keep it simple e.g. use bullet points.

**JG** The factsheet should be inviting.

**DC** Size of print important – not too small

### Makeup of the Group

**TM** Virtual Group very important; not all want to / can attend meetings. People should have a voice.

**SW** Representative of the Patient population of the practice; a diverse Community Group. Consider language spoken – Sign language.

### “Saying” what the group is

**TM** Leaflet for members of PPG to say what they gain from being a member.

**SW** Patients need to be educated about the group; what is the idea of having a group. A newsletter to this effect would be a useful tool. Bear in mind people do not always understand “jargon”.

W French