**Minutes Patient Panel Meeting 1st May 2024**

Minutes

1/5/2024 1pm Silsden Medical practice

**Welcome** from Tessa Mounsey (Chair)

**Attending** - Andrew Knight, Andrew Makin. Tony Colgrave, Tessa Mounsey Martin Gourlay, Diane Waterhouse Miranda Fowler Abdul Shohid Katie peacock Andrew Makin Mary Lawson Claire Marie Jackson Bill Graham Marie Sunderland

**Apologies** Chris Porter and others from What’s App – Molly Driver Russell Brown Fatima Bibi Lisa Robinson Veronica Mellor Wendy Batey Pam Essler Paul Kilgallon Rena Begum

**Introduction and a presentation - BG** about involvement and what might be possible – see attachment.

**Purpose of meeting TM** – agreeing the Terms of reference / constitution/ protocol (whatever we decide to call it) for this group - **one item Agenda today**.

**Tessa** – we are keen to have a group / panel that represents patients.

In theory every patient is a member of the PPG. (87,000 patients)

**TM** - We need an Effective & reliable group which presupposes some continuity.

Looking at something that looks like a committee or panel.

Then we can agree work to do and encourage getting views.

But work needs to be underpinned by a group.

**Abdul,** we need commitment and support for this.

**Andrew K** doesn’t stop us having a wider reference group.

**Mary L** - I think everyone is here representing the full group.

**Andrew M** - we do need to support the full patient group - we can’t be proprietary and are all staff on board.

**Tessa** - BG will be keen to know we canvas the views of patients.

**DW** - we need a central point a focus for the group and work.

**MG** we can be the steering wheel.

Also, we might have various work packages - and that can be our rationale.

**Will we vote on are we happy to envisage ourselves as a committee/ panel?**

**KP** in favour but don’t like committee.

Vote taken.

Yes, all in favour.

We are happy with patient panel - seems to be the agreed name.

**DW** - We should have at least one person on the panel per surgery.

**Aims of patient panel document**

**The group went through the draft Terms of Reference document to agree the scope and responsibilities of the group.**

**Some suggestions had been made in advance.**

**TM** Changes agreed will be set out in final document.

Final document will be circulated – Just notes on the discussions around the changes and proposal below.

**Point 2 Aims of Patient Panel**

**MG** to work collaboratively with the PCN - *see MG comments in draft version.*

Broad agreement

Point 3 **PPG Structure** **Membership and participation.**

This group is now the patient panel, and the wider group is the PPG.

Agreement on code of conduct

Code of Conduct attached as separate document.

* Membership of PPG means you can join patient panel.
* Needs flexibility in how people can participate to ensure equity of voice for a broad cross section of patients.
* But needs some restrictions.
* But for reasons of pragmatism, we need some fixed number.
* Do we have open sessions where people can drop in?
* We can co-opt people to represent groups.
* We want to take a flexible approach so people can be part of something.
* MG open session at start of every meeting
* We all have a responsibility to encourage participation.

See Pam comments. (unable to attend the meeting)

***I’m a bit unsure about the roles of the PPG committee, the PPG itself and the general patient population. Is it envisaged that it is the committee or the whole PPG that will take on the advisory role outlined in the aims? If we restrict this to members of the PPG, then we run the risk of marginalising sections of the patient population that are often vulnerable and ignored. Should key role of any PPG be to ensure and support engagement of a wide section of the patient population. We must be careful that the PPG does not become the sole method of engagement.***

***- ⁠similarly, the role of the committee, if needed, should be clearly defined as a conduit to wider participation and not a means in itself.***

***It may be that having had to miss a number of meetings I have misunderstood the proposed method of working and if so, I apologise but as you might have gathered, I am keen that whatever is decided is as inclusive as possible.***

**AK** says and what? What are the consequences if not adhering to code of conduct?

**Discussion around membership and number of meetings a year and expected conduct.**

**BG,** we need to make it easy to take part.

**KP** don’t be heavy handed about conduct.

**AK** - stricter about subgroups or activities

**ML** unlikely a meeting of this sort will have people airing individual grievances.

**AM** - we need continuity of principles when the panel changes.

**Miranda** - the expectations of the panel or being part of the panel should be clear.

**KP** - some of this covered in the earlier clause - so we don’t need to repeat.

**KP** I’m going to resign - *leaves room.*

**TC** - confidentiality can be agreed if needed for a particular item.

**CMJ** you can agree / vote on what’s app.

**After extensive discussion the ToR as attached was accepted further to some final amendments -1st May see attachment**

**Action** – BG to finalise ToR with TM based on discussions today and circulate round the group.

**Next meeting (provisional date) 4th July - Location and time to be agreed.**