

# Barwell & Hollycoft Quarterly PPG Meeting 25/01/2023

## Location: Teams 1230-1330

Attendees: LGG, SG, Alan Plumpton, Linda Plumpton, Claire Wood, Sian Sykes, Peter Leyland, Derek Marvin,

1. Welcome
2. Apologies for any absences - [SuzieT52](#), [Angeoff1](#), [Jason Smith](#) [Laura Dodds \(Social Prescriber\)](#), [Sasha Owens](#), [Tracey Underwood](#), [Linda Coyle](#)
3. PPG Chair/ vice chair / secretary [Unfortunately, Linda has decided to step down as chair of the PPG. Introduction to new members](#)
4. Changes to practice
5. Barwell build update
6. Any Other Business, including topics introduced by the chair/group
7. Interest from Castlemead patient wanting to attend our next PPG meeting to see how it's structured
8. Date of next meeting: TBC April

If you are unable to attend please contact:

Luci – [luci.garratt@nhs.net](mailto:luci.garratt@nhs.net)

### Minutes:

**3. Linda stepped down as chair.** The practice couldn't move as quick as she wanted to with changes for a PPG email, blurred lines with practice data to a Hotmail account ran by the public rather than a secure email account ran by the practice. Linda was talking with Sian Sykes at the Federation, introduction to Claire Wood

Claire Wood works for the GP Federation, she is the lead PCN manager for the 3 PCN's – 12 practices total. Sian and Anita work alongside Claire and they work across the 12 practices to develop their PPG's.

CW - is a patient at Barwell & Hollycroft Medical Centres so has connection this way. Linda disclosed problems to Sian which then got passed to Claire. Claire able to provide support, information sharing over the 12 practices. Alan did a lot of work previously and created a well-established PPG. Claire not a regular user or the surgery so unable to input this way, looking at other PPG members for support and ideas. Able to provide admin/audit background from 30yrs NHS experience

AP – Do other PPG within the PCN have chairs?

SS - No, 6 practices have chairs, 3 almost there and 3 with no chairs

CW – optimism to have all 12 PPG's to have fully functioning PPG when established. Possibly future plans of PPG chair across PCN to meet and linking through for resources for good practice that PPG can be doing. Offer to be chair of PPG, take on ideas.

AP – CW will have strengths and be able to see bigger picture, have view of local PCN. One plans, pre covid, idea of joining surgeries to have events/talks. PPG tend to be smaller, if 4/5 surgeries who can bring PPG together. ?Recruitment process for pts to attend including sale pitch for PPG at own surgery. Try and re-launch functionality of PPG.

SG – Thoughts on change to PPG chair?

DM – talks on relevant topics is good idea

AP – look at George ward for future events

SS – AP previous chair, did you have secretary/vice chair?

AP – open type of event, all patients invited, always GP present (typically DPJ), sometimes guest speaker, children's society to discuss issues, DPJ present acute issues. ?PPG Forum takes part at NEC Bham to talk about how PPG works. Room for smaller unit PCN type PPGs to do more specific work.

DM – is there a set objectives of PPG? do people know what for?

SS – general agreement/goal set by practice/managers/members

CW – do research, if not own objectives – use template of others to think about. Will need to be more personalised but can be set up

AP – organisation called NAPP national association participation groups containing generic terms of reference. No history of committee, worked better to have free meetings. Own view to encourage voices what is concerning. We changed the telephone system as part of the PPG system views. We need to have core set of people to attend

LP – used to have a notice board to advise how apps are ran and how many DNA

CW – hybrid of both, ?objectives to increase representation. PPG we would need to be careful not to be forum for complains. Objectives give direction. To send newsletters out to increase numbers to go out. Opportunities to carry on Alans previous work. Take on other PPG work and adapt to be personal to BHMC.

*SG put in chat -\*\*Advising the practice on the patient perspective Organising health promotion events Communicating with the wider patient body Running volunteer services and support groups to meet local needs Carrying out research into the views of those who use the practice (and their carers) Influencing the practice or the wider NHS to improve commissioning Fundraising to improve the services provided by the practice\*\**

DM – used to live in Anstey and in their local they would have news updates which pt found useful

CW – SMS open up links, different for different age groups.

SS – option for virtual PPG, email minutes but doesn't attend minutes, those who are working full-time hours. Looking at recruiting by younger age group for them to ?volunteer. To be doing a PPG rejuvenation toolkit to come out beginning of Feb to review.

CW – plan, not sat on PPG before so unsure of number on PPG, to contact people of PPG – see if interested in still attending, list SG send in chat to those in PPG for next PPG agenda.

AP – During flu clinics AP collected emails and consent to be contacted with info. Need to rejuvenate emails list for PPG to contact to respond or invite to next PPG.

SG – we could design a SMS to patients for an invite. Newsletter can be sent out via website. Update emails then send out. May be easier than a vast list

CW – do we need to make sure people know what a PPG is? Younger (21yr old) receiving text to say 'join ppg' might not understand what a PPG is. Do we send out comms what a PPG is? Including blurb. Wanting to re-establish post covid, if interested please contact us.

LP – if an objective is to involve younger then may need to review time of meeting.

AP – Do flyer for PPG invite, pt onus on pt. including info on new telephone system for example. Update on staff changes. Anything coming up to be prepared for. More in favour for using address' we have to get information out there.

DM – Where do list of objectives come from?

SG – come from national PPG

DM – interesting set of statements, some may not anticipate but more appealing. People may not realise they could have impact on group. Some statements invite

LP – PPG have input on new surgery, what could be done/added so could be an influential group if willing to make

CW – down to members. Happy to do newsletter in conjunction with LG+SG and circulate with PPG if happy with, if anything missing or anything we should/shouldn't be communicating

SS – Anita has template, what PPG is about then newsletter

DM – younger families in need of care may be a good target as more involved in health care

AP – tried to focus on students who want to go into social care/healthcare, may get insight of how surgeries work. Different audiences – using virtual idea of informing than F2F meetings

AP – set up telephone befrienders so took over job of PPG. Going through strength to strength.

SG – DPJ happy to become involved

AP – having a doctor in a meeting is a big attraction

LP – DPJ said time to be together and not air complaints or problems.

PL – member of PPG for few years, primarily come to learn how NHS and surgery worked, thought PPG was to educate procedures etc. How do Health Authorities work, education on how the system works.

AP – GP surgery ever changing, especially post Covid. Education needed on app system

CW – communication about ARRS staff, still some cohort of pts to see GP – can add to newsletter. Will hopefully have impact for making the receptionists lives easier when dealing with difficult patients. Can do proactive things to reduce negative view

PL - Might be a generation thing, getting to terms with 'not seeing the doctor'. Need education

AP – terminology of 'how easy is it to see your gp' should be 'how easy is it to see a medical professional'

CW – good plan with the above, will draft a plan and liaise with LG and try and get something out

AP – how many people was this sent out to?

LG – roughly 30 including 'opt out message'

**4. New staff:** if unsure what they're doing please be patient. New staff in training to replace Apprentices that have been/completed apprenticeship.

**5. Build** – We are wading through final bits of finance. Heading in right direction, not calling quits, and hoping for movement in next 6/52 but still on thin ice. Finance – hits at worst time with inflation etc. Pushing forward and not lost sight of wanting a new site build. Very real risk few months ago to possibly not go ahead but right now aiming to go ahead.

Struggling with room, application with ICB for funding for office space in between practices. Having the space giving space for admin to work off site, those who don't working remotely to be in office and have space for PCN staff. Hoping to plug gap but delays with ICB. We have movement but district valuer has been in touch.

Hollycroft – work ground holt, waiting on landlord. Bee redecorated, finer details waiting i.e. fire doors. Funding secured for auto doors, make us DDA complaint. Once finished we can

put together. Not to hold breath on fire doors so put practice back together then make extra changes. Looking white and clean. Slowly getting there.

7. All okay with castle mead pt to attend next meeting? –

SG – said in limbo so waiting on direction, open to suggestions?

AP – worth chairs talking first?

CW – give details for Claire to pt of castle mead to have a chat

AP – might be better first to meet with chair before attending

**AOB:**

AP – encourage to complete paperwork for new hospital funding. LG emailed out. Sits on ICB board so any questions speak to AP and will take forward.

**Next meeting – April TBC**

**Actions:**

CW – update distribution list, ask preference of days/times. Not attending as not convenient?

LG - Attach paperwork to agenda/minutes

LG - Add agenda to website and backdate

AP – send over newsletters to Claire

LG – send over template for newsletter

SG - Design florrey for PPG