



Wolstanton Medical Centre – A Keele Academic Practice
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Wolstanton Medical Centre Patient Participation Group



Monday 15th October 2018, 6pm
Room 3, Bradwell Lodge, Bradwell Lane, Porthill, ST5 8PS

Minutes

Present: John Maddison (Chair, JM), Jacquie Byrne (JB), John Cooper (JC), Sarah Lawton (minutes, SL) and Eileen Schofield (ES).

Apologies: Margaret Bowers (MB), Lynne Cooper (LC), Caroline Gray (CG), Julie Hammersley (JH), Julia Stanway (JS), Jo Webb (JW), Janet Wright (JWr).

2. Minutes of the last meeting

The minutes of the last PPG meeting were accepted as an accurate record.

3. Action points and matters arising

Outstanding actions from the last meeting were reviewed.

Action 1: JM has sent off the PPG NAPPG renewal and SL has requested that DA, at the practice, process the payment for the renewal.

Action 1: SL to check with DA that the renewal payment for the NAPPG affiliation has been processed.

Action 8: JM had emailed JC with regards to obtaining a council application form for funding. JC updated the group that funding had diminished and that there was only approximately £900 left – to which the council were already in receipt of multiple applications for. The group decided to abandon any proposed application for this funding.

All other actions were to arise during the meeting.

4. Items for discussion

a. PPG Terms of Reference

As per action 2 from the last meeting, SL finalised the Terms of Reference for the group and the document has been signed off, see Appendix 1. They will next be reviewed on 10th September 2019 unless any significant changes to the group or its remit occur in the meantime. The ToFR will remain as a standing item on meeting agendas, acting as a reminder and all new members of the group shall receive a copy.



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b. PPG advertising

As per action 3 from the last meeting, SL had updated the PPG group advertising materials and sent them through for display at the practice. As per action 4, JW was not present at the meeting today to provide any feedback received on the advertising materials.

SL queried with the group what happens to those patients who register online to become a member of the PPG. SL confirmed that she had registered herself but had received no feedback from this. SL to investigate with the practice how the website operates and is managed.

Action 2: SL to chase some feedback on the advertising materials displayed and to investigate the functionality of the practice website.

The group agreed that advertising would be focussed on again at the next meeting, following some feedback and investigation, as above.

c. Patient Information

As per action 7 from the last meeting, SL circulated the updated Healthcare (HCP) Roles document for review. It was agreed that finding appropriate pictures and appropriate wording was difficult. SL informed the group that she had engaged Prof. Jo Prothero in this task and was due to meet with JP at Keele this week in order to discuss further. JP is an expert in Health Literacy and has agreed to join or editorial group in the development of the patient facing materials. SL confirmed that following a meeting with JP, the HCP Roles document would hopefully be updated, as appropriate and then formatted into a leaflet, circulated for PPG group review and approval, before printing.

Action 3: SL to continue with development of the HCP Roles leaflet.

As per action 5 from the last meeting, PPG members ES and JB tabled a list of acronyms/terms which they felt were appropriate for inclusion in a patient glossary, for development by the group. SL thanked the PPG members for their time in this task, as it is important that we get the ideas, views from the PPG members who are representatives of the practice patients.

A glossary of terms was discussed, JM suggested that SL speak with Robert Taylor (Keele RUG member) who had produced a similar glossary of terms for the Keele RUG and look at the NAPPG for further ideas for content. SL to continue with the development of the Glossary of Terms, together with involvement from JP.

Action 4: SL to continue with development of the Glossary of Terms document.

As per action 6 from the last meeting, JW is yet to send SL a copy of the patient questionnaire feedback which has been recently conducted, to identify patient information requirements and a copy of the patient practice leaflet, in order that information is not being duplicated. SL to chase.



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Action 5: SL to chase JW for a copy of the patient questionnaire feedback and the patient leaflet.

5. Update on Academic General Practice

SL updated the group on the AGP progress;

- SL and Drs EC and JE had visited the Netherlands to investigate the AGP network infrastructures they have. SL explained that it was a really interesting and productive trip. SL discussed the fact that PPG groups in the Netherlands for practices were rare and that we seemed to be 'ahead of the game' to this regards here.
- A funding application submitted for practice infrastructure investment, had reached the second stage of application which was sounding promising.
- Automated check-in screens should be arriving this autumn.

6. Update from the practice

No practice representative was present at the meeting, however a few things raised by those present were discussed, for further investigation and feedback to the group.

- The members noted at how out dated the practice website was and whether an update to this could be scheduled.
- Extended hours were discussed again. It was noted that there had been no further information received about how to access the extended hours appointments or any information on this displayed by the practice. The group agreed that this would be investigated and more information on this included in the Winter Newsletter.
- Text messaging was discussed. ES noted that many of the older population do not use or have mobile phones to be able to use this function. It was noted by others though, that an upgrade to the extent to which mobiles could be used to e.g. inform the practice of non-attendance to an appointment, would be beneficial.
- Results of patient tests/investigations ordered by the practice was queried. The group wondered whether it was a default that if the test/investigation was returned to the practice as 'normal', then you do not hear of the result, and only if there were abnormalities detected you are informed?

Action 6: SL to request some feedback from the practice on the points raised.

7. Reports from Patients Congress and Locality Group Meetings

JM requested confirmation that all PPG members were in receipt of materials provided by Sandy Turner, for circulation. All members present confirmed receipt.

8. PPG Newsletter

As per action 9 from the last meeting, SL had drafted a 'Winter Newsletter'. Points were taken by the group for amendments.

SL noted other amendments which had been requested from virtual / not present PPG members;

- ST noted that there should be a Who's who? section and that the appointment DNA rates should be noted.



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The group agreed to include the DNA rates on future newsletters, and that each issue should include a little bit about different groups of practice staff but not to take up too much room on the newsletter with this.

- LC had noted that Facebook updates should be noted.

Overall, positive feedback from the PPG members were received from this first draft. Format and printing costs were discussed. Again SL would look at the content with JP and then hopefully the 'Winter Newsletter' would be updated as per meeting requirements, circulated for final review and then printed.

More ideas were also generated for the next, 'Winter' Newsletter.

Action 7: SL to complete and disseminate the 'Autumn Newsletter'.

9. Any Other Business

JC highlighted that he might have access to additional pockets of funding available locally and was there anything that the group wanted to obtain funding for. It was agreed that patient information screens were the priority. JC to feedback should there be any funding available.

ES asked how long it took to get the results of research into practice. This was discussed by the group and it was explained that it depended very much on the type of research that was being conducted, the nature of the research and the funding available. Evaluation of new services are being conducted at present at WMC, e.g. the introduction of a Wellbeing Practitioner, however if it was the introduction of a new drug/procedure/surgery then this would take longer, due to healthcare guidance requiring appropriate update, CCG budgets etc. In addition, it was noted that trials sometimes take years to complete and be reported, as follow-up periods can be lengthy to ensure an understanding of the longer term implications of new drugs/procedures/surgeries.

10. Date, time and location of next meeting

Monday 19th November 2018, 2pm, Room 3, Bradwell Lodge.

Appendix 1



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Wolstanton Medical Centre Patient Participation Group



Terms of Reference (TOR)

Overall Remit

The Wolstanton Medical Centre (WMC) Patient Participation Group (PPG) consists of patients and practice representatives who come together to discuss the work of the practice, identify areas for improvement and work collaboratively to improve performance.

Membership

Core Members

- Chair: John Maddison
- Secretary: Caroline Gray
- Practice Representative: Lynne Cooper / Jo Webb
- Academic Practice Representative: Sarah Lawton

- Patient Representatives: Various

Additional Members

- GP Representative: To attend meetings on an ad hoc basis, as required.

1. Aims of the Patient Participation Group (PPG)

- 1.1 To facilitate good relations between WMC and patients by communicating patient experience, interests and concerns and providing feedback to WMC on current procedures and proposed new developments.
- 1.2 To work collaboratively and positively with WMC to improve services and facilities for patients and to act as a sounding board for WMC staff on issues affecting patients.
- 1.3 To build two-way communication and co-operation between WMC and patients, other individuals and organisations in healthcare, and the wider community to the mutual benefit of all.
- 1.4 To act as a representative group to support WMC and influence local provision of health and social care.

2. PPG Structure and Membership

- 2.1 Membership of the PPG shall be open to all registered patients.



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- 2.2 The carer of a patient registered with the practice can be a member of the PPG even if he or she is not a patient at the practice.
- 2.3 To support the PPG and extend its reach, the PPG has an online group called the Virtual Patient Participation Group (VPPG). Any patient may volunteer to join the VPPG. The PPG will regularly contact the VPPG in order to obtain their views on specific matters.
- 2.4 Members of the VPPG will follow the same Code of Conduct as those in the PPG that meets face-to-face (see Appendix A: Code of Conduct).

3. Management of the Face-to-Face PPG and the Virtual PPG

- 3.1 The PPG shall meet face to face no fewer than eight times a year and discuss items as per the agreed agenda.
- 3.2 For the meeting to be quorate at least 2 core members and 2 patient representatives must be present. In the absence of the Chair, those members who are present shall elect a Chair from among the attendees.
- 3.3 The PPG may invite relevant professionals or patients to specific meetings. Any such persons shall respect the confidentiality of the PPG.
- 3.4 Decisions shall be reached normally by consensus among those present. However, if a vote is required, decisions shall be made by simple majority of those present and voting. Consideration of the views of members of the VPPG will be taken into account.
- 3.5 The Secretary shall produce minutes of meetings to be considered and approved at the following meeting of the PPG and subsequently be sent to members of PPG and VPPG and made available to all via email or hard copies displayed in the practice. In the absence of the Secretary, those members who are present shall elect a minute taker from among the attendees.

4. Confidentiality

- 4.1 All members of the PPG (including the Face-to-Face and Virtual Groups) must be made aware of the need to maintain absolute patient confidentiality at all times.
- 4.2 In line with GDPR and data regulations, all PPG and VPPG member contact details will be stored securely and will be undisclosed unless specific permissions are sought first.

5. Code of Conduct

- 5.1 All PPG members must abide by the Code of Conduct shown at Appendix 1.

6. Activities of the PPG

- 6.1 As required in the GP Contract 2015/16 sections 5.2.1 to 5.2.6, the PPG will



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- a) Make reasonable efforts during each financial year to review its membership in order to ensure that it is representative of the registered patients in the practice.
- b) Obtain the views of patients who have attended the practice about the services delivered by the practice and obtain feedback from its registered patients about those services.
- c) Review any feedback received about the services delivered by the practice with practice staff and relevant members of the PPG with a view to agreeing the improvements (if any) to be made to those services.
- d) Contribute to decision-making at the practice and consult on service development and provision where appropriate, expressing opinions on these matters on behalf of patients. However, the final decisions on service delivery rest with the practice.
- e) Act as a sounding board to provide feedback on patients' needs, concerns and interests and challenge the practice constructively whenever necessary, also helping patients to understand the practice viewpoint.
- f) Communicate information which may promote or assist with health or social care.
- g) Explore overarching ideas and issues identified in patient surveys.
- h) Maintain a PPG area in the waiting room of the surgery with up-to-date information on current activities and opportunities for patients to comment (e.g. via a suggestion box). The PPG will, where possible, regularly meet and greet and engage with patients in the waiting area.
- i) Act as a forum for staff to raise practice issues affecting patients, or for input into any operational issues affecting staff, so that patients can have their views on practice matters taken into account.
- j) Act as a forum for ideas on health promotion and self-care and support activities within the practice to promote healthy lifestyle choices.
- k) Raise patient awareness of the range of services available at the surgery and help patients to access/use such services more effectively.



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7. Signed agreement

These Terms of Reference were adopted by Wolstanton Medical Centre PPG at the meeting held at (PPG Meeting 10th September 2018) and may be reviewed according to emerging needs.

Signatories

1. PPG Chair

Name: John A Maddison

Signature: 

Date: 25 September 2018

2. General Practice representative

Name: Lynne Cooper

Signature: 

Date: 19/9/18



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Appendix 1

PPG Code of Conduct

The PPG Membership is not based on opinions or characteristics of individuals and shall be non-political and non-sectarian, at all times respecting diversity and exemplifying its commitment to the principles contained within the Equality Act.

All Members of the PPG (including the Virtual PPG) make this commitment:

- A. To respect practice and patient confidentiality at all times.
- B. To treat each other with mutual respect and act and contribute in a manner that is in the best interests of all patients.
- C. To be open and flexible and to listen and support each other.
- D. To abide by the seven Nolan Principles of Public Life: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty and Leadership.
- E. Not to use the PPG as a forum for personal agendas or complaints. These should be taken forward through other appropriate channels.
- F. To accept that the ruling of the Chair or other presiding officer is final on matters relating to orderly conduct.
- G. Otherwise to abide by principles of good meeting practice, for example:
 - 1. Reading papers in advance
 - 2. Arriving on time
 - 3. Switching mobile phones to silent
 - 4. Allowing others to speak and be heard/respected