

**Canford Heath Group Practice**

**Patient Participation Group (PPG)**

Friday 28th July 2023 between 10-11.30am

Canford Heath Group Practice – Conference Room

**Notes of Meeting**

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|  |  | **Action** |
| **1** | **Welcome and apologies**  Present:  **From the Canford Heath Group Practice:**  JL - Practice Manager, MD – Practice Manager,  LL - Reception Manager, RR – Care Coordinator  **Patient Representatives:**  BB, LW, SMn, SMe  **NHS (Integrated Care Board):**  GF –Engagement & Communication s Coordinator (PPGs)  **Apologies:**  JH, CH, CM |  |
| **2** | **Welcome, apologies and Introductions**  JL welcomed everyone to the meeting, went around the table so everyone could introduce themselves and say a few words about what they’d like to achieve from being involved in establishing their practice’s PPG.  The emerging themes were - ‘helping the residents of Canford Heath,’ ‘improving communication (between the surgery and patients) and enabling the feeling of being heard,’ ‘building on established relationships and developing stronger links between the community and the surgery,’ ‘improving the ability to engage with patients.’ ‘We’ve been here 30yrs, seen lots of change as well as a virtual group, we want to see and involve patients’ and that ‘we’re keen to see and get going with a new group’. |  |
| **3** | **Slide presentation - Practice and Primary Care Network (PCN) Services updates**  JL and MD gave a short PowerPoint presentation updating everyone on the practice, who the partners and GPs are, what other teams and staff make up the practice team as a whole. What the practice does well and some of challenges it (and the NHS) faces. The presentation mentioned some of the PCN services the surgery offers that patients can access instead of seeing a GP, where it’s appropriate, and how the aim of using these alternative services is to shorten the wait times to see a GP when it’s needed. Lastly, JL and MD outlined what they hoped setting up the PPG would mean for the patients and practice and invited any questions.  The main question seemed to be ‘why didn’t I know about these PCN services?.’ This led to an around the table discussion about how to advertise the services and circulate the information to patients. Suggestions were to add them to our website, possibly put an article in the ‘Link Magazine.’ Use Community notice boards, social media, produce a patient newsletter and maybe having a practice ‘Open day’ – essentially, the need to advertise! |  |
| **4** | **What’s a PPG?**  GF spoke briefly to the group about her work with PPG’s. She started by saying that a PPG in some form is a Care Quality Commission requirement (contractual) for practices. In her experience the best forms of PPGs were face to face groups. That PPG’s are a terrific way to communicate information (the correct information!). They help in forming strong collaborative relationships and can be called or named whatever you like. GF went on to describe what PPG’s can do, they can review their practice’s website, help produce newsletters, support health events (flu clinics etc.) and help educate patients. PPG members are ‘doers,’ in our case ‘movers & shakers,’ effective communication spreaders, can be influential in change and a huge help.  It was mentioned that the surgery’s Facebook account was recently hacked, GF suggested a security question sign-in and having an Admin to vet those requesting to join. GF talked about her support page with has several templates that can be used, had some examples that she shared around (link to be shared). She finished by saying how much she loves her job and working with PPG’s |  |
| **5** | **Discussion – What are some of the short-term PPG aims?**  Summarising discussions on this topic, which primarily talked the need for excellent communication with patients as well as about the PCN services, the practice’s website, and the members experiences. Below are the initial suggested short-term aims.  **Aim 1 – Patient Communications**  Firstly, communicating about the available PCN services. Suggested possible actions to get the message out to patients - add to services to website, put up notices (in surgery and on community boards), create a postcard sized leaflet to hand out (as most PPG members in contact with a lot of people) and send out an MJOG message. Produce a Practice Newsletter/Bulletin.  SMe and SMn mentioned they have newsletters; ARCH has a good social media presence-all these mediums could be used too.  **Aim 2 – Launch new PPG**  Suggestions, put up PPG banner/joining information posters in surgery and Community boards/ locations. Sent out MJOG inviting applications. Look at re-vamping virtual group.  **Aim 3 – Website review and changes.**  Add PCN Services and PPG section to website. Suggestion to look into collecting website ‘traffic’ data to understand usage by patients. GF suggested looking at Cranborne Practice website/other practices for ideas.  **Agreed Action** – For all PPG members between todays and the next meeting to take a ‘analytical’ look at the practice website and bring their comments to the next meeting.  JL went on to ask the group about the possible structure of the group going forward, whether they wanted a Chair. He also asked about frequency of meetings, days, and times. GF suggested at this early stage of the PPG establishing itself that bi-monthly meetings would be best, the group agreed and as everyone was available on a Friday, it was thought, Friday’s work.  **Agreed Action** – RR to send out potential dates/time for next meeting at the end of September | All  RR |
| **6** | **Agenda items Discussion -What are some of the suggested mid-term and long-term PPG aims?**  These agenda points were touched upon, but JL suggested that these aims may come later as the group finds it feet. GF mentioned that 3 out 4 of practices within the Poole North PCN want to get going with setting up their PPGs, which is great, and she is available to provide support.  Points raised whilst discussing communications, websites and online services was the surgery moving to only online booking of appointments. JL assured the group that Canford Heath have no plans to change the way reception and appointments currently work. LL mentioned some of the issues faced by Reception with patients’ frustrations.  SMn spoke to the group about her experience in marketing and with chairing ARCH, mentioning ‘people need to see something 7 times to react’. ACRH has a website, sends out a weekly bulletin to 200+, has informal coffee mornings with residents and Network meetings with the ‘movers & shakers’ on the Heath. The groups support each other, for example the Towns Women’s Guild is funding a project for another group. The message being, it’s hard to engage people but using as many different mediums as possible and using established links will help to reach patients. SMn liked the idea of a walking group and felt a befriending service would dovetail well with Prama (BB). SMn requested to link with the Practices Social Prescriber.  **Agreed Action** – RR to put CS in touch with ARCH. | RR |
|  | **Close** |  |