**St John’s Way Medical Centre – Patient Participation Group (PPG)**

**Minutes of meeting on 24th February 2022**

**Patient Representatives**

Stephen Wood (SW) (Chair)

Caroline Humphries (CH), Frank Jacobs (FJ), Harriet Lane (HL) Adam Roberts (AR), Frances Tomlinson (FT) (minute taker).

**Apologies:** Jan Pollock (JP) and Mary Slow.

**Staff:** Jan Lenny (JL) - Operations Manager

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| **Agenda Item** | **Action** |
| **Agenda Item 1 – Introductions & overview of Agenda from the Chair**  |  |
| **Agenda Item 2 – Previous minutes and matters arising**Minutes of the meeting on 14th October were not yet available; no minutes were taken of the meeting on 9th December which was attended by only three members, but which included an interesting presentation by Clare Driscoll, Head of Islington Integrated Care Partnership Programme at NCL CCG. | CH |
| **Agenda Item 3 – Discussion of PPG objectives.**The meeting was mainly taken up with discussion of this item. Members asked whether the wording of the objectives was standard across PPGs generally, or tailored specifically for St John’s Way. While it was not possible to answer this question definitively, it was agreed that it was probable that all PPGs shared very similar wording. Members agreed that the wording of the objectives was fine, and there were no points of disagreement in relation to their formulation. The main issues of concern and debate related to how the PPG can effectively contribute to their achievement, without considerable dialogue between PPG members and service providers, particularly clinicians. The following points were made in relation to each objective: *to discuss service provision, contribute to the decision-making processes and support the ethos of the surgery:* it was noted that there has been discussion of particular service provision in the PPG (for example a recent presentation on mental health) but it is not clear how members contribute to decision-making processes. *to review surgery services and processes and help to re-shape them to be patient-friendly and cost effective*: agreed that this is a very desirable aim, but it is less clear how members can influence service provision. *to set up and run services that complement the surgery’s self-management and wellbeing programmes:* the PPG had, in the recent past, obtained funding to run successful singing, art and gardening groups; there are no plans currently to resume these activities. *to discuss and influence the provision of healthcare and social care locally:* noted that meetings have included presentations on current developments in provision, but that it’s difficult to keep our knowledge up to date with the pace of change in the sector. *to work together to ensure that the group is representative of the patient population*: it was agreed that this is very important, and that people currently attending meetings are not representative of the wider patient population. There was discussion of how patients could be better informed about the PPG and encouraged to participate; this is difficult at present given the much lower attendance at the surgery, but it was suggested that the PPG committee could explore this further (for example production of a leaflet or receptionists reminding people that there is a PPG forum). *to provide feedback on patients’ needs, concerns and interests:* questions were raised concerning what is currently being done at the surgery to obtain feedback from users on their experience of service provision. It was recognised that currently the work of the surgery is focused exclusively on providing health care; nevertheless this aspect was felt to be important.General discussion: the Chair asked members why they had become involved with the PPG; their reasons included an interest in its activities and wish to be more engaged with their local community; concerns about developments in the NHS and creeping privatisation; frustration and disillusionment following recent experiences with the Practice, this disillusionment being all the greater for having had very good experiences in the past. It was understood that GP practices are required to set up PPGs, but members did not want to be simply part of a ‘tick box’ exercise, but to feel that their involvement was worthwhile and that the clinicians had a genuine interest in the concerns that we raise, and the contribution that the group can make to the Practice. Members recognise the extraordinary pressure there has been on GP practices over the last two years, but are concerned that services are becoming more impersonal and fragmented. The presence of a GP at our meetings, even if only for a brief period, would be really valuable.It was agreed that SW and FT prepare a document summarising the points made in the discussion of objectives; to be shared with the practice more widely.It was proposed to introduce a standing item on the agenda: report/update on developments at the surgery from the Operations Manager  | PPGctteeSW/FTJL |
| **Agenda item 4 – Wellbeing projects** JL had been informed by JP that the accounts for the singing group had been completed by Christina Sanchez de Beggs (former PPG treasurer) |  |
| **Agenda item 5 – Keep our NHS Public** JL shared information provided by JP concerning Day of Action on 26th February.  |  |
| **Agenda Items 6 and 7 – Dates and Chair for next PPG meeting**Chair – Stephen Wood. The proposed date for the next meeting 1-2.30 Thursday 26 May.It was agreed to review the possibility of return to in-person meetings. |  |