

Meeting of Riverside and Tower House PPG

Date:
Thursday 18th February 2016

Time:
2.15pm – 4.15pm

Venue:
Tower House Surgery

PRESENT:

Michael Benson – Chair (MB)

Anne Broom (AB)

Gordon Haigh (GH)

Fiona Halstead (FH)

John Northcott (JN)

Joan Spencer (JS)

Patrick Stock (PS)

Pamela Tuckett (PT)

Andrew Turnbull (AT)

Rod Wallace (RW)

Amanda Coleridge (AC) – Practice Manager

APOLOGIES:

Item:	Subject:	Action:
1.	<p>Welcome and Apologies</p> <p>Anne Broom was welcomed to the Core Group as a new member, and Joan Spencer was welcomed back to the group. (10 members). Two members had resigned from the Core Group and joined the Virtual Group (4 members).</p>	
2.	<p>The notes of the last meeting were signed by the Chair as correct.</p> <p>Matter arising: Jo Curtis had confirmed there was no need for CRB checks for PPG members unless they would be working 1:1 with patients in their own homes or in isolated areas of the practice.</p>	
3.	<p>The Terms of Reference were formally adopted and signed by the Chair.</p>	
4.	<p>An amendment was made to the Guidelines for Volunteers item 11.</p> <p>“The approval of the Practice Manager must be sought before use of any practice I.T. equipment and such use must be in accordance with practice I.T. policies.</p>	<p>AC to amend, and circulate for signature and return by C.PPG members.</p>

	It was agreed to review this document in 6 months to ensure it was fit for purpose.	Ac to agenda in August 2016
5.	Joan Spencer (Riverside) was elected as Co-Chair for an initial 12 month period.	
6.	<p>It was confirmed that all C.PPG members were happy to share email addresses. V.PPG members would be emailed bcc.</p> <p>Request for members not to “Reply to All” when responding to general emails.</p>	AC to circulate names and email addressed to all C.PPG members
7.	<p>“Primary Care Strategy: asking patients what they think” Important to obtain as many patient views to inform the CCG – concerns raised about socio-economic issues and issues around rurality.</p> <p>It was agreed each C.PPG member would invite 5 patients living in their local vicinity to complete and return this CCG survey.</p>	AC to obtain copies and email members when available to collect from the practice.
8.	<p>Patient Representation:</p> <p>The Practice had previously belonged to the Moor-to-Sea Locality but would be joining the Newton Abbot Locality in March. The geography of the Moor-to-Sea Locality had made collaborative working difficult and the practice hoped it would be better placed to develop patient services at scale working with Newton Abbot.</p> <p>Patient forum: Gordon Haigh volunteered to attend the Newton Abbot Patient Group Forum as our representative and Joan Spencer kindly agreed to attend the first meeting with him.</p> <p>CCG Engagement and Public Consultation: Joan Spencer will continue to attend the stakeholder meetings; although it is expected there will only be one more before the CCG goes to Public Consultation in May.</p>	<p>Ac to make contact with Newton Abbot Patient Forum and confirm date and time of next meeting.</p>
9.	<p>Feedback from v.PPG:</p> <ol style="list-style-type: none"> 1. Important communication with V.PPG is two way. Agreed an email will be sent to the V.PPG before each meeting ask for comments/ideas/suggestions. 2. Suggestion Box – Agreed to implement and request patient I.D. to allow follow up if necessary. 	<p>AC to send email</p> <p>Fiona volunteered to design a feedback sheet for use with the suggestion box</p>

10.	<p>Patient Feedback: Comments from Friends and Family Test distributed. Noted many positive comments but common theme was length of time to book appointments. Highlights from the Annual Patient Survey discussed. Overall a very positive outcome. Agreed a working party would look at the detail of the results and report back to the C.PPG the main themes together with any ideas/solutions.</p>	<p>Fiona/Patrick/Joan/Gordon/Pam to co-ordinate meeting and report back to C.PPG in due course.</p>
11.	<p>Making a Start: Need to consider ways to communicate with all patients and raise awareness and increase membership.</p> <p>Issues at Chudleigh as two separate practices with separate PPGs.</p> <p>Communication and Relaunch Strategy to be main item for next meeting</p> <p>Agreed to pull together a Directory of Local Services – All contributions to be passed to Michael to collate for next meeting.</p> <p>Agreed members would invite those patients they discussed the “Primary Care Strategy: asking patients what they think” survey with to consider joining the PPG.</p>	<p>AC to contact other practice to investigate collaborative working</p> <p>All members to pass contact details to Michael before next meeting.</p> <p>All members to canvas patients.</p>
12.	<p>A.O.B:</p> <ul style="list-style-type: none"> • Patient On-Line Access – Huge amount of work involved by practice team in transferring to new computer system. Expect to have patient online access to some appointments, requesting repeat medication, and part of medical record by 31st March 2016. • Review of meetings – Well chaired, positive energy, good discussion, name badges too small, agenda rather lengthy, prefer 9.30am start! 	
13.	<p>Next meeting: Thursday 3rd March at 9.30am at Tower House Surgery.</p>	

Signed:..... Chair

Date: