



## SHP PPG Committee Meeting

Thursday 17<sup>th</sup> August 2023

6:30pm – 7.45pm

Monkspath Medical Centre

### MINUTES of the meeting

#### PRESENT:

Sandra Matthews (Chair) SM; LR (Vice Chair); GM; AS; MM; HA;LW;SK;PC;GC; Anne Devrell (Secretary) AD.

**Via Zoom:** GA

**APOLOGIES:** DA

#### ACRONYMS:

**PCN** = Primary Care Network

**SMC** = Shirley Medical Centre

**F2f** = face to face (meetings)

#### 1. Approval of minutes of 13.7.23 (committee) and 20.7.23 (wider PPG meeting)

These were unanimously approved by the meeting and were therefore ready to be uploaded to the SHP website. It was also agreed that the minutes of 20.7.23 meeting be sent to those members who attended in order that they are satisfied as an accurate account of that meeting before being uploaded.

**ACTION: AD** to circulate minutes from 20.7.23 to those PPG members who attended the meeting. Committee felt it appropriate so that the account can be uploaded.

**ACTION: AD** to amend wording in Item 1 of the minutes to reflect the seeking of attendees' approval (20.7.23).

**Current database membership is 241.**

**Action Log from 13 July committee meeting has been deferred to the 21<sup>st</sup> September meeting.** (log updated according to secretary's knowledge)

ITEM	ACTION	RESPONSIBILITY	OUTCOME
4.1	Investigate whether web site 'hits' can be recorded	LR	17 August 2023
	Send updated calendar of events to LR	AD	Closed 17.7.23



4.5	Set up PPG focal point at SMC as a model for all sites going forward	SM/HA/AD/GC	Planned for 31 <sup>st</sup> August.
8	To respond to enquiry regarding PPG committee membership	SM	Closed

## 2. Brief run through of points raised in full members meeting (20.7.23) and matters arising from last committee meeting

**SM** reminded the meeting of the points she had noted from the wider PPG meeting. The discussion that took place resulted in the outcomes in the table below. Of particular focus was the wider PPG meetings structure and the expectation of PPG members at the previous wider meeting (20<sup>th</sup> July) that introductions would be added to the meeting agendas. She explained that this could take time as currently, the attendees differed from meeting to meeting. However, it was suggested that those attending who were new to wider PPG meetings should introduce themselves. This would minimise the time taken.

Table of key points from 20 July meeting:

### Key:

Red= to be agreed/clarified

Green = closed

Introductions for new attendees – <b>10 mins</b>	ALL	<i>Meeting outcomes</i>
Patient Concerns limited to max 4 items – <b>10 mins per topic with follow actions post meeting and closed out prior to the next meeting</b>	ALL	<i>Noted that concerns and complaints are not the remit of the PPG. Patients to be encouraged to use official patient Experience channels. Focus on meetings to be 'Themes' for discussion/ response etc</i>
PPG Improvements – Webpage to be updated, more inclusive better exposure. Use of social media FB, Twitter, WhatsApp, IG, YouTube etc. Platform to record patients concerns, use of MS forms, paper versions for those who can't access the internet etc. Suggest a SWOT analysis is done ?? (see note in next column). Need to outline action plan with a separate workshop to tackle this. Think tank session on how the workshop will look like - <b>10 mins</b> .  <b>We already have a digital workgroup in place, and we are currently concentrating on the PPG area of the site. We are shortly going to be asking for more volunteers from members to join this group.</b>		<i>Committee felt that such an approach was inappropriate for a volunteer group.</i>



New patients are afraid to join SHP due to the reviews and feedback on many platforms. Google rating 1.2 out of 5 – Speaks volumes with 5 being very good	ALL	<i>Quoted ratings are not those of other sites</i>
Patients trying to contact PPG with no joy or replies back	ALL	<i>Secretary challenged this and tested this out with a recipient; receipt after completion of the form was almost instantaneous.</i>
Draft agenda produced and sent to the members prior to meetings. Ask members to submit items they would like to be included in the agenda	ALL	<i>Taken on board and opportunities to put forward items for the agenda, in development.</i>
Topic to discuss at next meeting – To be tabled and listed in order of priority not to be discussed in great detail at the next meetings –agreement of topic matters to go forward, again feedback from patients from various sources see below list in no particular order - <b>10 mins.</b>	ALL	<i>This is already a standing entry at the end of committee meeting agenda.</i>

### 3. Review where we are as a group. How should we proceed. Agree content of Steve New presentation 21 September 2023.

**SM** explained the thinking behind this item; an opportunity at a mid-way point in the PPG year to assess the purpose of the committee and its impact for patients together with re-thinking the wider PPG meeting in terms of schedule and structure.

She invited all attendees to share their thoughts in a round table discussion.

**LW** asked whether SHP could have more obvious involvement in PPG meetings generally.

**GC** felt that the input of the CEO needed a refresh as the current focus did not add anything to his understanding of SHP. This was an area committee had previously discussed.

**SK** suggested that his quarterly updates consisted of some very specific points in addition to two/three questions (previously agreed and forwarded to SN for preparation).

**LW** suggested that two/three items were sufficient. She also thought that committee should find out what the wider PPG members wanted raised with him.

**AD** suggested a PPG survey covering these points could be developed and circulated with a focus on themes rather than single questions (which are dealt with from the database each month and forwarded to SHP for response and sharing with the membership). This received a positive response from some attendees.

**LW** also felt that, given experiences at the AGM in January as well as what she'd heard herself, it was time that committee asked SHP to work with them to produce information around the original merger of the seven surgeries for patients and reissue again. She felt that many patients (and certainly new patients) are not aware of the rationale behind Primary Care Networks (SHP is a PCN) believing it to have been directed by the surgeries rather than being part of a development and directive from NHSE. Again, there was support for this.

**ACTION:** **AD** to share this with SHP and suggest how it could be co-produced quickly and successfully.



**SK** suggested this could be a subject for the next AGM

**PC** believed that the merger was 'done badly'.

**GM** added that new patients don't know the history of SHP especially as 'it was easy to make appointments before the merger and they wonder why it's not as good now.'

**SK** believed that the PPG should communicate facts and not opinions and advocate for patients.

**AS** added that it's important to explain why SHP was formed, the benefits to counteract negative and inaccurate messaging on social media platforms.

**MM** asked whether committee knew that doctors moved around the network. Some did but it was not unanimous. Perhaps this is another piece of information to clarify and share with the membership.

**AD** added that staff structures were different now as a result of NHSE expectations and because of the delivery of new services.

**GA** suggested that committee should ask members what they want from the group. She asked 'how do we raise expectations so it's not just about what we think as a committee. Patients' needs come first and committee must remain objective.

**GC** added that we need to increase our (committee) profile.

**AD** suggested that this would be helped by creating clearer messages at sites within 'PPG corners' as was planned for 31<sup>st</sup> August at SMC.

**LW** suggested that the screens in waiting rooms should be used to promote the PPG as well as being reinstated for appointments.

**GM** believed that the PPG interaction with SHP needed to be improved. Non-committee members could be part of a Q&A session with a SHP member of staff. This should be marketed to everyone. He believed it was an opportunity for members to ask the committee and SHP questions and should be f2f and online. This approach would be to 'explain what's happening' and to share 'promotional positives'

**SK** believed meetings like this would be difficult to manage.

**LW** thought that local media should be part of the promotion, suggesting Michele Padwana.

**HA** reminded the meeting that we still need to be mindful of those patients who were not online or unable to make f2f meetings.

**PC** asked which patients received SHP updates and information beyond PPG channels. **AD** replied that, as far as she knew, SHP communications were on a range of social media platforms as well as their monthly stakeholder summaries, letters, text and email messages. However, she will check this out for accuracy.

**ACTION: AD** to ask CO for the media used to communicate updates and information to all SHP patients.

**PC** asked **AD** about the financing of the PPG. He stated that it was part of the GP contract therefore there must be a financial element for SHP. He also wanted more information about online bookings and access. What's in place currently 'is not good enough'.

**AD** replied that she was pretty sure that there wasn't a financial benefit to having a PPG. Currently, (as with PPG banners, leaflets, monthly Bulletin) SHP fund these themselves for the PPG and, ultimately, patients.

**ACTION: AD** to ascertain whether there is a financial element in having a PPG.



**SK** added that the online status needs to be part of Steve New’s next update to committee (21<sup>st</sup> September). Her question would be ‘Is there a timetable for the reinstatement of online bookings or have SHP kicked this into the long grass? Are they just creating road blocks?’

**LR** added that the committee need to be clearer about their purpose and role.

**GC** asked **AD** about whether patients can be emailed. She explained that they are by SHP as addresses are given for health- related communications only. The PPG have tried to explore whether the access that SHP have to patients via email could be used by the PPG but apparently not. There would need to be a new process, asking patients whether they wanted the PPG to have their email addresses for their communications or not. (GDPR) Active consent must be given. The PPG have explored the possibility of opting out of a process to set this up ie a patient at SHP automatically has their email shared with this patient group. This matter has not been resolved.

**4. Agree criteria for discussion items for full Meeting. Set guidelines for items which PPG can address.**

**LW** led this item as she had raised it with the Chair. **LW** felt that if concerns and/or complaints were to come to a wider members’ meeting, the owner of that issue (not on behalf of someone else) should attend in person. She also highlighted the impact of third-hand issues being shared on social media platforms. She felt that it was vital that true, first-hand experiences were brought to the PPG and not relayed via another individual. She continued that the agenda identified the boundaries that the meeting worked within so that all attendees understand their responsibility to each other and the wider patient community as well as respecting what the committee are trying to provide.

**AS** and **SM** reminded the meeting that the PPG leaflet made it very clear what a PPG could and could not do and made it clear what SHP PPG will do and won’t do. Complaints are not within the remit of PPG work and should be sent to the official SHP channels.

**AD** suggested an idea for the structure of wider PPG meetings (see below) and the notion that perhaps wider PPG meetings need to be more frequent so that the discussions and agenda items are more relevant and recent. There was always the option to increase the wider meeting to up to 1hr 30 mins from 6pm.

Suggested format for wider PPG meeting agenda...

1. Committee updates and actions – essentially a debrief on what we’ve done etc in the time since the last meeting	<b>20 Mins</b>
2. Topic/Theme for discussion	<b>20 mins</b> From wider PPG membership. Could be a speaker
3. Open mic	<b>20 mins</b> Open to attendees to share their priorities with the premise that it’s <b>hands up; inclusive; no interruptions,</b>



	<p><b>comments, conversations or asides;</b> and an acceptance that specific SHP items will be passed on to them with no comments made by PPG committee or other PPG member; an understanding that online attendees are acknowledged and included in the same way as f2f attendees. Committee must not attempt answers... just listen and record.</p>
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No decision was made about the above.

**SK** added that perhaps committee were in danger of over-stressing these meetings. They must not be personal for an individual and there should be no personal health information shared.

**SM** reminded the committee that she does encourage other members to submit items for meeting agendas, both at meetings and via email but with little result.

**5.Update from SHP Board meeting (enclosed)**

**SM** attended. A copy of the meeting points and outcomes is attached. There was no discussion as time was running out.

Key:

Black print = AD

Red= **SM**

Blue = **SHP**

**6.'Under One Roof' carer event 30 September 2023**

**AD** confirmed and thanked those committee already volunteering for this important occasion. AS/HA/SM/AD. Further details to follow.

**7.Items to be considered at the next committee meeting**

**SM** invited attendees to let her know vis email.

**8. Meeting concluded at 7.45pm**

**Date of next committee meeting:  
Thursday 21<sup>st</sup> September 2023  
6.30pm – 7.45pm Monkspath surgery and via Zoom**

Signed: ...*Sandra Matthews*.....(Chair)      Date: ...*August 2023*.....





### ACTION LOG

Item	Action	Responsibility	Outcome
3.	SHP merger - the reasons and rationale To share this with SHP and suggest how it could be co-produced quickly and successfully.	AD	21.9.23
	To ask SHP what their communications are with patients ie how do patients know what's happening and why. Those includes those not on the internet and those unable to receive text messages.	AD	21.9.23
	Ascertain whether there is a financial element for SHP in having a PPG.	AD	SHP confirm there is no financial benefit attached to GPs having a PPG (26.8.23)