



SHP PPG Committee Meeting
Thursday 18th April 2024
6:30pm – 7.45pm
Monkspath Surgery

Minutes of the Meeting

PRESENT:

Sandra Matthews (Chair); AS; SK; LW; Anne Devrell (Secretary)

APOLOGIES:

GA; MM; ER

Initialisations:

SN – Steve New (CEO)

AL – Dr Lupoli (Chair SHP Board)

NB – Dr Behl

1. SM informed the meeting that GM, a committee member, had resigned from the group with immediate effect but remained a member of the PPG. There followed a discussion around his reasons for leaving given that the committee were once fourteen members and now that figure is eight. All eight are female PPG members. The discussion was a prelude to Item 5 where it was planned to begin to carry out a reflective review of the committee by the committee itself. Much was made about the ongoing feeling from those present as well as those who had left, that the committee was not achieving very much and that meeting management meant that loose threads were often left after meetings, agendas weren't followed and too much was started but rarely completed. All these created feelings of frustration for everyone and as described by those who had left the group in their resignation messages. Those present also described that meetings were evidence of people interrupting each other so that 'discussions' became 'conversations' that extended the time allocated for particular items.
2. SM then moved onto the proposed PPG survey for patients. This had been developed by some of the committee following the previous committee meeting on 15 February 2024 and arose from a feeling from some committee members that the PPG were not instigating any activities and just supporting SHP in their events. Permission was sought from SN when he spoke at the committee meeting on 21st March but, due to Easter closures, the survey situation remained unresolved. SM raised this with Board on 4 April. This was their response:

SM had sent through a copy of the proposed questions prior to the meeting.

The PPG would like to replicate the patient survey they conducted a few years



ago for SMC patients and stated that it is one of their points in their TOR. This would involve the PPG setting up in the waiting rooms and asking the patients to fill in the survey and collecting patient feedback for the purpose of forming a plan of action for the coming year.

AL responded by saying that a lot of the questions are already in the national NHS survey which was completed in March. The results of which will be published around July and are reflected and actioned on, then patients are resurveyed. These questions are very detailed and scientifically framed to unpick issues and so this would be duplicating. NB added that the national surveys results are in the public domain and it may be worthwhile for SM to look at these to see the type of questions asked. SN suggested the PPG could promote the resurvey which will be later in 2024 around the same time of the PPG Awareness Week. CH added that Healthwatch also conduct their own independent patient surveys. There are also friends and family test (FFT) cards on sites, online forms and text messaging feedback requests that capture patient experience feedback across all channels.

SM continued that she didn't think that the national survey would 'do the job of the PPG survey'. SK added that she believed the PPG survey was more local. AS said that she felt disappointed that much of what was being discussed was focusing on what was, for some patients, not working rather than recognising all the positives and progress that have been achieved by SHP and the PPG. She cited the PPG involvement in telephony improvements; PPG input to eConsult; PPG involvement in carer events; the information shared across the PPG email account; the monthly Bulletin.

SM added that she 'wanted to get to what I believe a PPG should be doing. We want a project that's PPG led and the survey can provide this.' LW interjected 'patient-centred care' She added that, in her opinion she believed that there are many positives but that SHP are 'good at systems' but not 'patient – centred care'. She offered to present a paper on what this meant. AD suggested she attend a Board meeting to share this. AS agreed that the survey should be carried out, results received and then a project and/or a clear action(s) arising that the PPG itself is responsible for.

ACTION:

- a) SM to inform SHP that the survey will be shared with the database of members and to seek permissions to visit sites to carry out the survey directly with patients.
- b) SM to prepare wording for the mailing to the database setting the survey in context and explaining the rationale.

3. PPG areas at sites.

SM reminded the meeting that at the last committee meeting it had been agreed that the site manager would install the material in dispensers for the PPG by 30 April 2024.



SM brought up the situation around the PPG email account that was discussed at the last committee meeting and which she had taken to Board on 4 April. SM observed that the main thing is that no-one has access to the database distribution list so no communications can be sent out when AD is not available. Most email accounts have an alternate email on the 'away' message. She went on to say that this item has been discussed on several occasions since the set up of the single PPG. It was also discussed whether the PPG needed to hold members' telephone numbers or if just name and email address were sufficient

Response from Board: *Currently only AD has access to the SHP PPG email account and therefore if AD is away, emails cannot be accessed or actioned by anyone else. SM requested log in details for these such events.*

AL said that due to GDPR, we now have multifactor authentication where a registered mobile phone will receive a code which has to be entered to gain entry to the account. This prevents password sharing and email accounts are for one sole user. At this time, we are unsure of a solution to this but we can look into it.

It was suggested that SM contacts CSU or the National Association of PPGs to seek advice.

AD did add that she had been away from the account on a handful of occasions since May 2021 when the new, single PPG database had been set up and there had been no issues from any of the wider members. The use of an NHS.net account had been integral to the creation of the new SHP PPG as it offered security and regular updates and protection. Having one person monitoring the account fulfilled GDPR regulations and all email accounts are stored securely on the site.

SM emphasised the need for access in case of 'emergencies' and would pursue again with the Board. She shared that 'most PPGs don't have a NHS.net account' and that she would also be pursuing the setting up of another account in due course.

SM went on to share her observations that, in dealing with the Board and around PPG eConsult feedback, if she 'brings anything up' SHP are defensive and see what she says as a criticism. She felt this was the same when she brought a Monkspath pharmacy issue to the attention of the Board. They were again, 'defensive' in her view.

Pharmacy item from SHP Board:

A member of the PPG visited Monkspath pharmacy where they were told of a new system which results in at least one more day is added to the turnaround of prescriptions.

AL responded by saying that the turnaround for SHP prescriptions is 48 hours and we have very little influence on how pharmacies within the locality operate. Patients are encouraged to allow as much time as possible for repeat prescriptions in case of unexpected delays and to avoid running out of their medication.

CH visited the pharmacy to find out more information and was told that they have created a hub in Knowle that receives the repeat prescription from SHP to process and it is then sent to Monkspath pharmacy to fulfil and issue to



the patient. This new process does not change the patient experience and the pharmacy's turnaround is also 48 hours.

Patients should allow 4-5 days for their prescription to be processed.

AL suggested that CH and the PPG can help with communicating this turnaround time for routine prescriptions to our patients for clearer understanding and for the prevention of issues. SM will be adding this to the PPG newsletter for patient awareness.

LW went on that her 'patient-centred care' approach was about getting information to those patients who are not technologically minded or able to find out what they need to know. SK added that younger people and families fit this group. AS added that communication is shared across many channels and mediums and that we can only use all of these channels to share information. This is already happening and we can't force people to read communications. It just needs to be available.

LW volunteered to sit at sites and talk patients to show them what was available to them and how to go about navigating the systems and services at SHP.

4. Annual meeting planning

The discussion covered:

- Set up and furniture arrangements – those in attendance felt it wasn't necessary to move the tables from the 'meeting' format as thirty chairs (max) could be accommodated either side and at right angles to the screen where online attendees could be seen; housekeeping (including exit in case of fire) by SM
- Refreshments – all in place apart from milk!
- roles and responsibilities – SM to lead the evening and to manage questions from the floor after the SHP input; AD to manage the online attendee participation; available committee to attend well before the start in order to prepare the room. The change in venue means that the opportunity for discussions flowing the SHP input needed to be re thought.

SM in thinking about her input at the start of the meeting shared that she was finding it difficult to find any PPG - led activities but did recognise where they had supported SHP in their activities. AD stated that she was shocked and disappointed at this statement and felt that a more positive approach was needed even if only to recognise what volunteer PPG members had participated in and that we were grateful to them. AD also reminded SM of the 2023 action plan and summary of activities that she had circulated to the membership in December 2023 ahead of the planned January 2024 AGM.

In terms of the 'Table Talk' element that was a feature of the first AGM in January 2023, this would need to be altered given the lack of space at the revised venue. It was decided that SM would invite attendees to respond to a couple of discussion starters around gathering members thoughts and ideas about the development and work of the PPG. This would be an open discussion for all to participate in a



managed approach. This element to include feedback on locations, dates, days and times to enable more members to participate in meetings and events. This would provide ideas for PPG focus and actions going forward and would be what members wanted not just what the committee believed was important for patients.

5. Matters arising from 21 March

Committee Development

This item was generated due to the ongoing discussions about committee effectiveness and whether another name for the group would be more acceptable (some believed that 'committee' can be a barrier for people joining a group). It also revolved around the reduction in committee members. 'What was going wrong?' 'How can this be fixed?'

SHP and PPG working relationship

in addition to supporting SHP in their activities the PPG needed to be seen to carry out their own activities. Additionally, the perceived slowness of responses from SHP when requests/messages are submitted eg calendars and meeting minutes; Digital group meetings; the management of messaging to the Communications Officer to avoid duplication and work load for the CO, it was felt that a meeting with SHP to review the partnership, would be a positive move.

Due to time constraints, there was not an opportunity to discuss these areas any further at this meeting. AD requested that the next committee meeting agenda for 16 May, as well as the review of the AM, would cover these two areas.

SM summarised that, as well as preparing her welcome, PPG overview and agenda, she would;

- speak to the Digital lead re PPG account access
- follow up the survey with SHP ready to be distributed to the database of members initially
- seek permission to take the survey to sites for wider dissemination

5. The meeting closed at 7.48pm

The next committee meeting is 16th May 2024

Monkspath Surgery

6.30pm to 7.45pm

Signed:....*Sandra Matthews*.....Date: ...May 2024.....



ACTION LOG
21st March 2024
(updated 19 April by AD)

Item	ACTION	Lead	Outcome
2.	To check the potential extra availability of the Monkspath meeting room for PPG use.	SN	Ongoing
	To meet with the SHP CO and the Operations Manager to review the next step for the PPG survey.	SN	Being discussed 11.4.24 Discussed at Board 4 April
5.	AGM final planning to be an agenda item for 18 th April committee meeting.	SM	Completed
	18 th April committee meeting to be two item agenda; Committee Development SHP PPG and SHP – developing a successful working relationship	SM	Deferred to 16 May committee meeting as little time to discuss
	All committee members to prepare areas to cover for SM by 11 th April for discussion and way forward	ALL	Deferred to 16 May



ACTION LOG

18th April 2024

Item	ACTION	Lead	Outcome
2.a	Inform SHP that the survey will be shared with the database of members and to seek permissions to visit sites to carry out the survey directly with patients.	SM	Completed
2.b	Prepare wording for the mailing to the database setting the survey in context and explaining the rationale.		Completed
4.	Complete preparation for Chair's input at AM and focus for open discussion after speakers	SM	Completed