



SHP PPG Full Member Meeting

Wednesday, 22nd January, 2025

6:00 pm – 7:30 pm

On-Line via MS Teams

MINUTES

PRESENT:

Sandra Matthews (Chair) SM; Liz Rowsell (Vice Chair) ER; GC; MT; DC; BC; MM; ME; SR; SK;
Anne Devrell (Secretary)AD

IN ATTENDANCE:

Ed Turner (SHP Digital Transformation Lead)
Bal Devi (SHP Head of Operations)

1. Welcome and introductions (SM)

2. Digital updates (ET)

ET presented slides to summarise SHP Digital progress and plans thus far. He also shared that SHP had focused on the promotion of the NHS App throughout 2024 with staff and patients through a range of social media campaigns.

SLIDE 1

NHS App promotion

- Training and awareness raising for staff
- Social media campaigns running in the background
- 70% SHP patients over 13years currently using the NHS app
- 5 887 prescriptions ordered through the app Dec 2024 (Dec 2023 = 3 887)
- 52 583 log ins to the app December 2024 (Dec 2023 = 25 491)

SLIDE 2

NHS App – Next steps

- Reduce the number of steps it takes for patients to receive help on the app to reduce frustrations and increase usage
- Increase awareness of core functionality such as viewing test results
- Display posters in key areas of surgery sites eg phlebotomy rooms and waiting rooms



- Improve patient help resources on the SHP website so that they can resolve issues themselves quickly and successfully and avoid needing to 'dig round' for solutions.

SLIDE 3

SHP new website

- Work in progress in background of the current website
- Enabling all information to be current and up to date
- Roll out expected to be March 2025
- PPG will be invited to feed back on web pages before the website is 'live' through feedback on how we think it all looks and feels and any improvements the PPG might want to make/feel it needs.

SLIDE 4

Changes to SMS (text) provider and Online consultation provider (currently eConsult)

- Move to a new platform in February 2025
- Current two providers consolidated into one provider
- New single platform will be used by 40 practices across Birmingham and Solihull region providing a seamless system that will enable more effective, seamless communication across all healthcare teams rather than multiple channels that do not always provide good and timely communications
- Patients' feedback suggests that they are happy with the online consultation and appointments' service but not the length and complexity of the form
- The new provider will allow SHP to design the forms.

SLIDE 5

What does this mean for patients?

- Initially only one minor change – SHP will start sending messages using the new system rather than the old (*I guess this means messages will look different?* But I'll try to clarify (AD))
- Patients may notice a slight change in SMS (text) communications – look and feel but functionality will remain the same as before
- The new system means a reduction in the number of different systems SHP currently use to help improve patient experience by improving internal efficiency
- As SHP roll out additional functionality to patients such as the online contact form feature. PPG testing and feedback will be sought.



SM thanked ET for this very useful update. ET also informed the meeting that he would be seeking feedback from the PPG on the developments to that point.

BD further elaborated on these planned and future developments:

- Lots of work going on in the background throughout the BSol 'patch'
- Primary, secondary and community care partners closely working together for patients
- She asked that we all 'bear with SHP' as things will change and this will be informed by patient feedback
- All partners working on using the same and consistent language to reduce confusion and communication (this for staff and patients alike)
- SHP are at the forefront of these developments

BD closed by sharing that SHP have a team helping with the implementation which hasn't been the case in the past. A lot of groundwork has been carried out to get to this point but she's not promising that there won't be any hiccups! There may be, but there are lots of contingencies in place to make sure they don't affect the patient journey or the patient experience.

3. Questions to ET

A question from a PPG member was submitted before the meeting:

'Have SHP thought of directly promoting the linked profiles element of the NHS app? If so what attempts have they made to ensure that what is shown under the linked profiles element mirrors an individual's own profile?'

ET recognised and acknowledged this situation and planned to refer the question to SHP Governance to assess the safeguarding issues and potential solutions in order to safely roll out improved linked profile opportunities. **BD** added that the new system would further support improved consistency in the app.

DC added that it isn't possible to have two patient accounts on one email but there was the potential to have a proxy account provided for the primary carer. With a PoA in place, access to another's account can be put in place thus enabling the ordering of their prescriptions for example.

ET and BD left the meeting at 6.17pm

4. Committee questions for attendees

AD opened this item with a question to the meeting she had submitted to the PPG committee beforehand;

'The current membership is 286 from a patient registration of around 57 000.

Attendance at PPG wider membership meetings averages around a maximum of 20



participants; why do you think this is? How do we address this inadequate representation of SHP patient population?

SM responded by identifying that her feedback from patients is that they'd be open to joining the PPG but don't want to be more actively involved other than receiving PPG and SHP updates via the PPG email account. People don't want to 'come and sit in meetings'.

AD continued that, as a committee, we needed to connect more with patients and not necessarily at meetings (which can be a barrier). As a PPG we need to be more proactive and find other ways to connect with patients to tell them what we're about and find out from them what works and doesn't work within the healthcare service. We need to be more informal and strategic.

SM felt that the PPG communicates well through the Bulletin, information and updates through email and when volunteering.

AD added that we need to use these latter opportunities to promote the PPG and provide consent forms and information leaflets.

SM felt that 2025 would offer more opportunities, including workgroups based on specific themes/ areas raised by patients. SM explained her workgroup model where a committee member would facilitate alongside volunteer PPG members to deliver on a particular health condition/ SHP service etc.

LW felt that members need to connect with the committee at meetings to enable the planning and formation of workgroups. She was concerned that patients might volunteer for the workgroups and be enthusiastic but their involvement might tail off thus leaving the group in the same position as currently.

DC felt that patients would have identified with a particular surgery before the development of SHP and that maybe they don't feel the same loyalty to other sites within the partnership. This could explain low turnout and the current demographic in attendance at this meeting and generally within volunteer events and other activities. He also felt a way forward was to perhaps hold meetings/opportunities on Saturdays and online on other occasions. A change to the timing of meetings and a more informal approach needed to be considered.

SK agreed that a lack of identity could have a lot to do with low attendance and poor interactions. Coupled with travel to Monkspath for example, the geography of the SHP 'patch' and certain times of the year, also affected attendance. Parking was also an issue. She felt that the promotion of any event needed to be better planned and earlier communicated to SHP communities.

AD told the group that Cathy Harrison was supportive in helping to plan informal PPG 'get togethers' as a way of SHP demonstrating that they supported the PPG and wanted to see it thrive and be effective. She felt that the committee need to seek spaces within the SHP footprint that could be used by the PPG. She cited an invitation from Dickens Heath library to speak to their group and use their space. Perhaps we need to be less



formal, less intense, and just try and create some kind of affiliation and trust with the patient community?

MT added that demographics are important and it's not easy to recruit to the membership and the committee. Everyone has different interest levels but he thought that slightly less formal approaches and better representation need to be addressed.

BC added that coffee mornings and a chat would be worth trying across sites that had the space to support such events eg Monkspath/ Dickens Heath/ Haslucks Green perhaps.

SM added the potential in developing 'Warm Hubs' and Mother and Baby meetings but stressed that it's important for the PPG to have these as central to the area and that we should start with Monkspath and then if successful work out from there. This will be discussed further at the next committee meeting as per the action log on P7.

GC had asked the question about whether the membership now realised meetings were via MS Teams. **AD** to add this to the next email communication for the membership.

See Action Log

5. Open Forum

SM opened this item as an extension of Item 4

SR stated that the PPG needs to be really clear on what the PPG is; what its core purpose is. And what the expectations of members looks like. The PPG needs to be flexible and informal to better engage newcomers. A gentle approach is required. Roles on all sides need to be clearly communicated. He supported about trying to attract different groups and to encourage them to be more engaged with the PPG. He believed, as a starting point, that any event planning needed to be very clear on what people understand the group to be and also to ensure that they understand what might be expected of them. It's very easy for people to be put off by that participation role. They think they're going to have to commit to something. You've got to keep it very flexible after all people can do want they want! They can just sit and listen and they can have a chat. There isn't any commitment. But if you get them involved, then they may gradually make a greater contribution. So, I think if you're going to plan these groups, do you have to invite or just a drop in? He re-enforced the message that age groups at meetings may put patients off; they are more comfortable perhaps within their own age groups rather than mixed ones. So there could be a focus on specific groups separately... where they already meet rather than meetings with a cross section of age groups.

BC shared that the Community Centre on Monkspath site holds a range of activities that the PPG could explore and fact find with a view to promotion of the group and possible recruitment.



DC observed that older people are 'moving on' digitally and that patients can now choose their healthcare worker through the NHS app when being referred. He wondered whether patients knew this. **SM** added that patients can choose any hospital for treatment.

SR continued that he'd attended meetings for some time.

He didn't think that the role of the group is clearly communicated and whether the PPG has much influence. The message needs to be clear; everybody is a patient within the same health partnership and that what the PPG is trying to do is to improve the services that people get by having good communication and relationships with the doctors and the people who manage the surgeries.

AD I think we have to keep drip feeding that the NHS app has got to be integral to our behaviours, because it's going to be the platform of choice going forward for NHSE. I think the digital will give us lots of involvement and hopefully they'll come back to us before they make decisions rather than after they've made the decision so that they get the patient voice.

6. Close of meeting 7.30pm

**Next full member meeting
Wednesday 21 May 2025 (Annual Meeting)
Venue and time tbc**

**Next PPG committee meeting
Thursday 13 February 2025
Online via MS Teams
Time tbc**

SIGNED: ...*Sandra Matthews*..... (Chair) DATE:12/2/25



ACTION LOG

ITEM	ACTION	WHO	OUTCOME
3.	Seek clarification of linked profile views in the NHS app from ET	SM ER AD	13.2.25 committee meeting
	Confirm how to set up and manage linked profiles/proxy access for patients	SM AD (for member comms) ER	13.2.25
4.	Plan a timeline and roles and responsibilities to carry out the suggestions from members with regard to promotion of the PPG and recruitment to the PPG	Committee	13.2.25