

Patient Participation Group Open Meeting 17th November

Attended by:

Patient Participation Group

Jennifer Hounsell
Anthony Hounsell
Pauline Edwards
Lesley Tricker
Val Dixon
Alan Cotterill
Liz Rhodes
Colin Farlow
Peter Pepper
Arthur Harman
Sara Carless
Colin Stiff

For the Practice

Andy Potter - Practice Manager
Hamish Duncan – Practice GP

Apologies from PPG Members

Ed Pitman
Ruth Sanders
Ruth Smith
John Thorndyke

Guests

Gerry Hinton
Chair of the Mount Pleasant
Practice PPG

Richard Westlake
Chair of the Isca Practice PPG
and Chairman of the DCC
Health & Wellbeing Scrutiny
Committee.

Opening Remarks – Andy Potter

AP gave a brief history of the Pinhoe & Broadclyst Medical Practice's Patient Participation Group. This was currently a 'virtual' group operating in effect an email forum with just over 80 registered subscribers. The majority of people who regularly responded to email updates and/or specific requests for information, were represented here tonight. A further 3 members had formally sent apologies, so there was probably a little under 20 individuals who could be regarded as regularly 'active' members. For a Practice of our size that was a perfectly respectable number.

Some members were keen to extend the scope of the group to have regular face-to-face meetings and to generally become more proactive.

Guest Speakers

AP introduced our guest speakers, Gerry & Richard, who briefly spoke of the experience of their own Practice PPGs. Arthur Harman also reflected on his time as Chair of the Oakhampton PPG. Key points that emerged from their presentations and the discussion that followed, included:

- The value of the group in supporting surveys and more generally gauging patients' opinions and views was important.
- Similarly the group could and should be a resource for the Practice to consult with on changes, new developments, etc. The role of the group as both sounding board and as a 'Critical Friend' was mentioned on a number of occasions.

- The Mount Pleasant group had run a 'Health Fayre' in conjunction with their flu clinics, which was adjudged a great success. This sort of activity was seen as an effective way of giving a group a higher profile.
- The importance of Practice involvement at meetings was stressed, typically with a GP and the Practice Manager always in attendance.
- To facilitate such involvement an early-evening meeting time of around 6PM had proved successful elsewhere.
- Notwithstanding the above points, it was agreed that the PPG be patient-led, with a patient chairing the group.
- The issue of just how *representative* were PPGs was raised. Most members of most PPGs were of a certain age, with retired individuals predominating. It was acknowledged that this might well reflect the more frequent users of the service. Also, at the end of the day, these were the people who had actually offered themselves to give service. Nevertheless efforts should be made to widen the scope of membership if possible.
- There was an educational role for PPGs, both in respect of specific disease groups and also in a wider context, such as making better sense of how the NHS was organised.
- There was no conflict in having a 'real' group meeting face-to-face, together with an associated subscribing or 'virtual' group who wished to be kept more directly informed
- The way to attract more members was by example. By demonstrating that the group was engaged in valuable and interesting activity.
- Bi-monthly was generally agreed as a good interval for meetings to be held.
- As regards taking a campaigning stance, it was felt that membership of bodies such as Healthwatch locally, or national pressure groups such as 38⁰ might be a more appropriate route. It was important that a PPG did not become a home for individuals with very particular axes to grind.
- Fundraising was mentioned, although this was perhaps more associated with the traditional 'Friends' group. In this Practice, any fundraising might conflict with Practice-supported efforts to raise money for Clyst Caring Friends ?

Next Steps

It was agreed that we had the momentum to establish a 'real' PPG that could meet on a regular basis and begin to explore some of the opportunities outlined above. Key points noted were:

- The group needed a constitution, Terms of Reference or something similar and AP would undertake to find something suitable.
- Agreed we should avoid too much bureaucracy. We DID need a Chair – which had to be a patient of course – but should avoid having too many 'officers'. The membership criteria was simple, you (a) had to be a patient and (b) had to accept the terms of reference.
- The issue of reaching out to unrepresented groups was discussed. The use of Social Media was important and links to local schools might help in identifying individuals who had the requisite skills to help us with this.
- Agreed we hold our inaugural meeting in January and AP would circulate a date. Midweek was suggested and a start time of 6:00PM seemed to work well for other Practices.

AP thanked everyone for their attendance and the meeting closed.