

## Patient Participation Group – Quarterly Meeting

12.30 pm Wednesday, 7<sup>th</sup> October, 2015 at Millennium Village Health Centre

### Attendance:

Maureen Gill (PPG) (MG)

Katharine Ford (PPG) (KF)

Louis Kleinman (PPG) (LK)

Dr. Daniel Prudeanu (Clinician) (DP)

James Cucchiara (Regional Manager, IMH) (JC)

Jo Randall (Practice Manager) (JR)

Kate Rees (Deputy Practice Manager) (KR)

1. MINUTES. The minutes of the previous quarterly meeting had been already circulated and were taken as read.
2. APOLOGIES had been received from Chew-yeen Lawes, Joe Lee, Charlotte Watson, Arunima Saha, Debbie Williams, Therese Loh, Noreen Salmon, Anne James, Natalie Telfer and Rosie Sotillo.
3. TERMS of REFERENCE (ToR). The discussion was led by Katharine Ford who related a brief history of the PPG at the practice and said that the group felt it was the time to look afresh at the connections between the patients and the professional staff.
4. Jo Randall and Maureen Gill expressed concern that only three of the patient members of the PPG had attended the meeting. KF explained that people had indeed sent apologies –

rather than 'not turning up' and that the PPG group had felt it acceptable that they send three representatives of the patients and of the 'working party' to represent them.

5. JR voiced concerns about representation saying she felt there was an 'insider' group in the PPG and stressed the need to obtain the views of all patients' opinions. KF said she did not share those concerns because anyone can join the PPG/ PPG Working Group and that the way in which the PPG is now moving forward would lead to increasing numbers.
6. MG complained that she was not receiving emails from the PPG. She is on the circulation list so the Chair and Maureen are to look into the technical reasons at both sender and receiver ends, as to why emails might have gone astray.
7. JR informed that she had been contacted by people who were interested in joining the PPG – but that despite sending that information to the Chair, those people had not been contacted. LK expressed surprise at this, confirming that he had contacted everyone that KR had sent details of and the meeting accepted that people may self-exclude, even after they have shown initial interest. It was agreed that there be an up-to-date list of members of the PPG to be shared between management and the PPG – evidencing that all interested parties have been contacted and invited to join the group.
8. The 'Working Group' was discussed . KF explained that the PPG would like everyone to be involved but that it accepted that many who wanted 'a voice' in the work may not be able to commit the time to also doing the work required. KF reiterated that membership of the PPG was open to all – as indeed was membership of the 'Working Group' – but people needed to be able to self-exclude when it came to 'doing work' for the PPG as opposed to providing opinion/feedback to the PPG.

9. JR said she was concerned that the PPG was too small in terms of numbers (some 3+ at each meeting), however JC said that he regarded this attendance as acceptable. He went on to say that PPGs vary enormously in their size, aims, ambitions, funding, ways of 'meeting' and communicating – illustrating some of the differences.
10. JR asked what the roles individuals were going to be taking in the PPG. It was explained by KF that the group was in the process of determining the work that was to be done by the PPG (via ToR) and the 'Working Group' and thus the roles that would need to be filled. These roles will be in place before the next quarterly meeting.
11. JR asked KF if she had read the NHS document which she had sent her.
12. JR asked if one designated representative who would act as a conduit to the management team. This was agreed by LK and will be implemented at the end of October 2015.
13. JR said that she would be willing to have a meeting monthly with a PPG representative.
14. KR said that the PPG should be reaching out to those registered patients that did not attend the surgery.
15. JC said the PPG needed to publicise the positive aspects of the surgery and also that it was good to see the group moving forward in a positive and motivated way. He would offer some minor suggestions in terms of changes to the ToR.
16. The annual survey of patient's views about the practice is due to take place and the PPG will be involved. JR suggested that members of the PPG might like to invite patients who were visiting the surgery to complete the questionnaire, thereby improving the profile of the PPG.
17. IMH update.

JC then gave an overview of the relationship between Integral Medical Holdings (IMH) and Malling Health (MH) as the new 'contract holders'. It appears that the premises building was leased to Oxleas NHS Trust and the contract for GP services at Greenwich Millennium Village (GMV) was granted to MH; subsequently there has been some form of agreement between IMH and MH, the terms of which are unclear, but any subsequent discussion was left for the future because of time constraints.

In response to the request by the PPG that IMH fund the membership fee to join the National Association for Patient Partnership (NAPP) at a cost initially of £60, JC said that it was not the policy of IMH to fund this and he suggested that fundraising by the patients would be a way of increasing the profile of the PPG and possibly provide funds for the improvement of facilities. JR suggested that a collection box for loose change could be placed at the reception desk and that coffee mornings could be arranged as fundraisers. KF explained that the request was not a matter of 'money' as such – it was more an 'indicator of positive intent' towards the revitalised PPG. It was hoped that IMH would want to indicate their early support by a goodwill gesture for NAPP seed funding. KF asked JC to convey the disappointment of the PPG to the senior management of IMH. JC agreed to do so and said that although this funding was not available they were prepared to support the PPG in other ways including: making their facilities available for meetings and fundraising; arranging and paying for printed material for the promotion of the PPG and its work; making computers available for the use of PPG members who do not have one.

JR said that Sarah , the Prescribing Nurse Practitioner, would be increasing her working hours from January 2016.

JR said that although there had been a marginal improvement in DNAs they are still of ongoing concern. She discussed the 'three strikes and out' approach to managing 'no show' patients and explained that management does not take a unilateral approach and the matter is discussed with the GPs first before instigating removal from the list.

There is to be an inspection of the premises by NHS Property Services.

Dr Daniel Prudeanu announced that he would be leaving the practice. MG expressed her concern that the surgery was losing a good doctor and discussed the turnover of doctors. DP said he had no future employment plans but KF offered the congratulations of the PPG and wished him well.

Because of the burgeoning population in the vicinity of the practice, Greenwich CCG had plans for the expansion of the practice list to 25000. There was discussion about how the surgery would cope and it was confirmed that there would not be an additional GP practice on the peninsula. If patient registrations increase the contract allows for additional doctors to be employed.