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| White Horse Medical Practice – Patient Participation Group (PPG)  Minutes - | |
| Date of Meeting | Wednesday 22nd February 24 6:30 pm |
| Attendees - PPG | Helen Price (Chair) – HP  Amanda Harvey (Secretary) AH  Sarah Coe SCo  Derek Jerome - DJ  Alison Allen AA  Gene Webb GW  Lin Marsh LM |
| Attendees - WHMP | Beth Needham (Dispensary Manager) - BN  Angie Sammut (Practice Manager) – AS  Michelle Cozens – (PA to AS) MC  Sarah Oliver (Social Prescriber) – SO |
| Attendees – Practice Champions | Gill Cooksley GC  Anastasia Nemchuck AN  Sara Griffiths SG |
| Apologies | David Owen-Smith – DOS (WHMP)  Faye Godfrey  Christine Mott  Rachel Norris  Jonathan Russell |
| Also invited | Sue Caul  Sheila Isabel Irigoyen  Kimberley Morgan |

**Key**

* **Discussion** – the group discussed a topic.
* **Action** – an action was agreed that would be reported on at the next meeting.
* **Decision** – a decision made by the PPG (these will only relate to decisions about the management of the PPG
* **Impact** – identification of things that have been improved/implemented having been raised for the patients through the PPG.

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| **Agenda Item** |  |
| **1** | **Welcome and Apologies –** GW was welcomed as a returning PPG member |
| **2** | **Approval of minutes from previous meetings 29/22/23** |
|  | **Decision:** Approval of the minutes from the meeting held on 29th November was proposed and seconded with no amendments. |
| **3** | **Matters Arising** |
| **3a** | **(3e from Nov minutes) Altogether Better and Practice Champions –** see 4 below |
| **3b** | **(4e from Nov minutes) Terms of Reference -** see 6 below |
| **3c** | **(5 from Nov minutes) – could social prescribers do outreach support at drop-in centre (AS/SCo)** Anyone who wants social prescribers at various centres should contact SO: [Sarah.Oliver5@nhs.net](mailto:Sarah.Oliver5@nhs.net) |
| **4** | **Altogether Better/Practice Champions update**  SO – Altogether Better (AB) is the organisation which helps GP surgeries appoint Practice Champions to support patients in various ways, often through groups. This is done with the intention of reducing the number of medical appointments taken up by patients when other support would be more appropriate (to address issues such as loneliness).  1000 WHMP patients were contacted to ask if they would like to be involved as champions. 50 responded, 30 were asked to attend an intro meeting, 25 attended, 23 have been appointed as champions, 3 groups already planned/set up.   1. *GC: Digital Café*: to help with use of Engage Consult and the NHS app including checking own records. First session held in WHMP meeting room was well attended and already one report saying how useful it had been. **Discussion** about how this could work as outreach in villages eg Longworth where it could be publicised on village’s existing WhatsApp group and possibly linked to existing coffee morning in pub. 2. *SG – creative group:* for people experiencing loneliness/isolation. Sara has already run one trial workshop with volunteer Practice Champions. Sessions will respond to the needs of participants using drama/art and serve tea/coffee and cake. 12 weekly workshop starting Friday 2.30 in The Blessed St Hugh (RC) church hall. Timed to follow weekly lunch held there so people can attend both. 3. *AN - walking group:* designed to be accessible to all (including those on mobility scooters). Anastasia hopes for volunteers and will take tips from Shrivenham group. Weekly walks planned to start Monday 15th April 10.30 to coincide with Community Bus timetable.   **Discussion:** put info re Practice Champions on website. AN suggested relating them to five areas of wellbeing – connect, get active, take notice, learn, give. GW suggested this could also be publicised on Faringdon.org. Events are already featuring on whatsoninfaringdon.com.  **Discussion** how will we assess impact of this initiative? AB has said they have qualitative evidence (reduction of GP appointments needed) and qualitative evidence (stories of individual experiences). AA works in this area and offered to help work with SO and AB to assess impact at WHMP. **Action** AA will give SO her email address.  **Discussion:** do we have any younger Practice Champions and do we have any way to support younger patients as the target groups seem to be more targeted at older patients? Can we start any groups directly appealing to men as they often join groups less willingly than women?  **Action:** Practice Champions to have T-shirts and badges. AS to order. |
| **5** | **Research**  AS – WHMP is a research practice. Research is Nurse Jill Larkin, GP is Hannah Ferrington (currently on mat leave so being covered by Adam Lewandowski), Dispensary lead is Claire Griffiths. AS showed a list of all research programmes WHMP patients are currently being invited to join (Appendix 1 of these minutes). Invitation is usually done by medical staff during consultations, though patients are able to see the list on waiting room noticeboard and on website. In some cases, texts are sent to individual patients. |
| **6** | **Membership forms – Terms of Reference – saving email addresses**  i) Documents emailed to all members on circulation list:  - The PPG terms of reference (TOR): *WHMP Patient Participation Group (PPG) Policy* and *Patient Participation Groups*  *- Confidentiality Policy and Declaration Agreement for Volunteers).* Some signed member Confidentiality Agreements are still to be received. These are required so Chair and Secretary are enabled/permitted to store email addresses and use to contact members.  **Action:** HP to send text of letter to MC to chase these by post. Hard copy of form and SAE to be enclosed in case printing is an issue for these members (though they can be esigned).  **Action:** some edits will be made to the Terms of Reference (TOR) such as changing *CCG* to *BOB*  and amending a link to a toolkit which no longer works. Edits to be made by AS. Revised version of document will be on website but will not be resent to members.  ii) Resignations received from Gale McCauley, Tom McCauley, Dana Whawell and Roger Jackson. HP to provide text of email to MC to be sent requesting info for reason for resignation as this info could be useful for future practice of PPG. |
| **7** | **AOB**  **AS - Protected Learning Time (PLT)**  **Discussion:** The purpose of the PLT was queried – this is half a day when all BOB practices close to support mandatory training, GP updates, process improvement.  During this time patients are directed through 111. This happens quarterly.  **LM –** text alerting patients when prescriptions ready for collection no longer being sent out. BN replied that this is because NHS no longer supports this service financially. Timing of prescriptions will be 7 working days for the dispensary, 10 for Boots (Faringdon Pharmacy times not stated.)  **SCo –** mechanism forelderly patients to book appointments ahead to allow relatives to attend their appointments. GPs can do this at their discretion (though we heard of one instance where the GP did not appear to know this).  **Action**: AS may be able to investigate this instance if SCo can tell her when it happened.  Patient can fill in EC (Engage Consult) early on the morning of their relative’s visit to request an appointment that day. They will need to include the fact that their relative is visiting so that triage can organise a suitable appointment that day (NB appointment can only be organised eg that afternoon: very specific timings to coincide with a relative’s visits would not be possible.)  Patients can set up a proxy to allow relatives to fill in EC for them.  **Action:** ensure this is clear on website.  **DJ** – an instance of a couple who attended reception to make an appointment as they had no other way to contact the surgery being turned away by staff. MC said that the new receptionist (who has just started) should help with issues such as this.  **Action:** AS to liaise with patients’ services to advise more discretion when dealing with cases like the above.  **DJ**  reported an excellent experience of help from Tom Couzens with linking his NHS app with WHMP.  **AA** would like us to show impact of PPG actions on website (eg using ‘You said, we did’ model).  **GW** inconsistent messages given to patients eg a vulnerable couple who asked to have B12 injections together: one staff member said it was impossible, another said it was fine.  **AS** Community Pharmacy Consultation Service (CPCS)- through Engage Consult it is possible for patients to be referred to the community pharmacy for an appointment – they can see many minor conditions and prescribe for them.  This is a national programme.  **SO** – drop-in to be organised for Type 1 diabetes (hopes this may bring up a Practice Champion for the condition) and Parkinson’s.  **AS**: planning on creating a wall of ‘who is who’ as you enter the surgery – this will include photos and names of all the team members and the intention is for it to be colour coded too to help patients. |
| NB | Property update was given at this meeting or previous (DOS apologies). Previously agreed at 29/11/23 meeting that this would be a standing agenda item. |
|  | **Date of next meeting:** 15/5/24  Please arrive by 6.25 as doors are locked at 6.30 |
|  | Forward agenda items: Role of physicians’ associates |

Minutes by AH – Edited by HP

**Appendix 1 current research projects**

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RESEARCH ACTIVITY

We are currently recruiting to the following studies;

**ASYMPTOMATIC;** A Childhood Asthma Study. A trial to find out how best to use inhaled steroids to treat **children aged 6-15** inclusive with **mild asthma**.

**ATHENA**; A Shingles Study to find out if taking amitriptyline can prevent the persistent pain that some people get after shingles. For patients **50 years or older** and **recently had their first or second shingles outbreak** (within the past 6 days).

**COAT**; A **Cellulitis** study for people aged **18 and above** who have **cellulitis of one leg for 10 days or less**. Patients will receive 5 days of flucloxacillin and 2 days of placebo or flucloxacillin depending on how they are randomised.

**DaRe 2 Think**; An **AF** study for people **aged 55 to 73** to find out if newer blood thinning tablets can prevent serious long-term complications if used earlier (before a patient is 75 or those aged 65 with other health conditions).

**DEFINE;** An **asthma** study for patients **12 years and over**.The study aims to find out whether using a FeNO test during asthma reviews can help improve care for asthma patients and reduce costs to the NHS.

**PETRUSHKA**; The study aims to personalise treatment for people aged **18-74 with a new diagnosis of depression**. It uses a Web-based decision support tool to predict which antidepressant works best for each individual patient, in comparison to usual care.

**RAPTOR**; A research study for people **aged 6 and over** who have symptoms that could be associated with **coronavirus.** The study is being carried out to compare how accurate different tests are at detecting current coronavirus infection.

**RESTED;** An Insomnia and Depression study for patients **18 years and over** who have a **diagnosis of insomnia and depression**. This study is testing whether using a treatment to improve sleep will also improve depression and, if so, how it works.

**TIGER;** An **eczema** study, for children **aged 3 months to 2 years**, to assess whether dietary advice based on routine food allergy tests improves eczema control compared with standard care in children with eczema.

**TOUCAN;** A study for **women aged 18 and over** who have an **uncomplicated UTI**. The study is testing new devices that hopefully will quickly tell a GP whether a patient has a UTI. Some of the machines will be able to pinpoint which antibiotic is best suited to treat the infection.

**Treat 2 Target;** A study for patients **18 and over** who have **gout**. The study aims to determine the clinical and cost effectiveness of allopurinol based treat to target ULT in people with recurrent gout flares compared to usual care.

As well as the above studies we also send invitations to patients via text or mail for other studies that they may be eligible to participate in. DISCOVER ME is a good example as the invite would have been sent to many of our patients.

Our Research involvement is overseen by the NIHR.

Our website is kept up to date with our research involvement and my contact details are available.

Studies that we are due to support within the next few months;

IID3 National study of Gut health. This study comprises of 2 cohorts, cohort 1 household; consent and recruitment of households to report weekly on intestinal infections and cohort 2 GP presentation. Aim of study is to determine the prevalence of intestinal infections.