

Minutes of the Appletree PPG Annual General Meeting **25th January 2012**

Attendees: Terry Kelly, John Beavis, Wendy Palmer, Margaret Raw, John R Meggitt, Maxine Cheesbrough, Ken Donovan, W Stuart Holmes, John Rowlands, Ann Martin, E Whinfrey, Marian Chesters, Martin Thorne, Jenny Humphreys, Suzannah Macken, Dr Richard Ward, John Raw, David J Greatorex, Steve Leather.

Apologies: Dawn Payne, Betty McKeggie

Introduction to Meeting

After opening the meeting and welcoming those present, the acting Chairman, David Greatorex gave his report on the work of the Group over the last 12 months, see appendix 1 at end of minutes. David extended his thanks to all those who have contributed to the work and momentum of the PPG over the preceding year, to Elena Whinfrey and Margaret Raw for their work on gathering patients' views at Focus Group meetings, to all those Carnival attendees who helped raise the profile and awareness of the PPG, to Jenny Humphreys for the taking of the minutes and to Steve Leather for his enthusiasm and support in getting the PPG established and meeting regularly.

This was then responded to by a report on the Practice's view by Stephen Leather, Appletree Practice Manager (see appendix 2 at end of minutes) who extended his thanks to David for acting as Chair and stepping into the role after the previous Chair had to resign. Steve stressed that he wanted patients at the heart of Appletree Medical Practice and the PPG and its Action Plan at the centre of the agenda for moving forward with the full support of the Partners.

Election of Officers

The meeting then moved to the appointment of Officers for 2012. The present incumbents for the roles were elected into office for the period of two years: Chair – David Greatorex; Vice Chair – Martin Thorne; Secretary – Jenny Humphreys; Treasurer – Philip Mucklow.

PPG Action Plan

The meeting then moved to the PPG Action Plan for 2012 presented by John Raw. John stressed the need for volunteers from the PPG to enable action and achievements in 2012. Please see Appendix 3 for a summary of the Action Plan.

Format of future meetings

It was asked that people volunteer for a working group on the four key areas by signing a form in the break between the AGM and January PPG meeting. Steve Leather led the suggestion that the PPG should meet bimonthly from now on with the intervening periods reserved for meeting and action by members on working

groups of the four key areas of the action plan. Further it was suggested that the group who had met to materialise the action plan would remain in a steering role to ensure that duplication is avoided and endorse actions by the working groups, for example that suggested activity is covered by the PPG Terms of Reference and supported by the Practice. The suggestions were met with agreement.

Closure of meeting

The AGM meeting was closed and attendees stayed on for the 12th meeting of the PPG.

APPENDICES

Appendix 1: Appletree Patient Participation Group (PPG) Report on the first year, by David Greatorex, Chairman.

A little over twelve months ago I happened to visit the Duffield surgery for a medication review and saw on the reception desk a notice about a meeting to consider a proposed Patient Participation Group. So, having 'nothing particular to do' on that evening, I decided to attend – along with some twenty other people – to find out more about this new venture. Many of those who attended that first meeting have been very much involved over the time since then.

So, what have we been doing.

Initially it was a time to find out more -

1. about each other,
2. about the practice and the people who work there, and
3. how involvement for patients could be effective in trying to 'influence' what goes on in this new (at least to us) type of venture.

A format for monthly meetings was accepted and attendance has averaged around twenty each time from a total of some forty different people who have shown interest on various occasions. By the end of the meeting in April 2011 we had considered and accepted formal / administrative issues – including agreeing our terms of reference, ground rules for conducting meetings and a constitution.

Also, we found out more about the practice and commenced thinking about what we might do over the next weeks and months.

The various 'officer' posts were filled until such time as they could be formally filled by election at the AGM.

Over the summer months a considerable amount of effort was given to collecting information from surveys and attending various meetings in the practice area.

Carnivals in Duffield and Little Eaton saw a joint presence with staff from the practice and again we were able to carry out surveys.

Much other valuable work has been done in recent months – one particularly being helping at the three flu clinics and being invited to be part of the review process undertaken by the practice.

We were honoured by a visit from members of the Arthur PPG – Horsley Woodhouse – and we were able to share views and experiences.

I believe we have made great progress over the year with input from all members attending the meetings and working on the various issues in between them, and it is very good to see this. For me, an important part of our progress has been the involvement and support we have received from everyone at the practice, in particular Stephen Leather, Practice Manager. It is also good to see and hear that we have the support of the Partners and that time has been given by them to attend our meetings.

A lot of survey data has been collected - and this is great. However, it is of little value if not put to good use. Bringing everything together has been an involved process and the results have been the source for the development of an Action Plan. From all of the information collected and appropriate consideration given at our meetings, this has now been collated by a small working group – to whom our thanks are due for their diligence in this task. The group has been ably lead by John Raw and he will be presenting the Action Plan for formal adoption during the meeting.

To conclude, we seem to have gone a long way in just one year. This creates for us challenges and in the years to come we need to keep up the momentum and respond to issues to keep the Group moving forward. We must be prepared to adapt, change and revise when appropriate. All this will, in turn, allow the Group to develop and we must be willing to vary our targets be they small or large as circumstances demand.

Thanks to everyone for your enthusiasm and support in this first year of Appletree Patient participation Group. Let us move into year 2 with renewed strength and vigour basing our work around the Action Plan.

Appendix 2: Appletree PPG – a Practice view on the first 12 months, by Steve Leather, Practice Manager.

The first thing to say is “Happy First Birthday”!

And as is the case in the first few months of life we have started the year in sublime ignorance and ended the year upright, aware of our environment and taking our first steps forward as I think the Action Plan 2012 will show.

Back in January 2011 starting the PPG was a “nice thing to do”. There were no obligations on the Practice to take the initiative but we felt that “putting the patient at the heart of our business” was something we wanted to do, not simply have foisted upon us. Since then of course our masters have put patient participation on the political agenda and we are starting to see many more practices taking their first steps.

So it is particularly pleasing to see that already we are being spoken about as a model to follow and a PPG to watch. That is not to say that we can rest on our laurels – absolutely not – and the next 12 months will be vital in demonstrating that Appletree PPG has teeth and the ability to get things done.

Which is why I am so interested in seeing your response to the Action Plan which has been put together as a result of input from all of us and the patient feedback we have been receiving in the Group’s first year.

The partners at Appletree are serious in enabling our patients to have a greater say in the design of the healthcare they receive, so please take every opportunity to use your influence to make the necessary changes.

Thank you all for your support to date. Long may it continue.

Happy Birthday and many happy returns.

Appendix 3: Action Plan Summary

The intention of the action plan is ‘to enable Appletree Patients and Practice to contribute to, and benefit from, a comprehensive, efficient and effective medical service’ with the following general objectives:

- To ensure high quality of access to and of provision of, medical care and treatment
- To assist in the design of a comprehensive range of medical facilities
- To be aware of the work of other PPGs and medical agencies
- To work with the Practice and the wider patient community on issues of mutual interest

The Action Plan was conceived by the group originally through a brainstorming exercise in October 2011 and has been filtered by a working group into a series of achievable targets under 4 key areas as summarised in Table 1 below.

Table 1: The four key areas of the PPG Action Plan and Actions needed

Area	Actions needed
<p>Communications linking patients and providers: to ensure effective two way communication between patients and the Practice and to provide the PPG with views representative of the wider patient population</p>	<ul style="list-style-type: none"> ▪ Develop a PPG Newsletter ▪ Gather and disseminate information about support groups, including a directory of services supporting patient welfare ▪ Develop, distribute, collate and interpret patient questionnaires on general or specific topics ▪ Develop and run patient focus groups ▪ Identify other opportunities to enhance patient awareness of practice services
<p>Access to service: to ensure patients have the best possible access to Appletree services</p>	<ul style="list-style-type: none"> ▪ Understand, influence and communicate the design of the Practice’s appointment system ▪ Investigate and implement patient transport to and from the Surgery for those with travelling difficulties ▪ Investigate the logistics of holding a “Medical Fair” during Duffield Carnival week ▪ Be a key source of information on the changes in the Clinical Commissioning process and changes to the NHS
<p>Care and quality of services: to ensure the best available care is provided for Appletree patients</p>	<ul style="list-style-type: none"> ▪ Establish a support forum for Local Carers ▪ Work with the Practice to resolve issues of timescale and formality, concerning feed-back to patients from diagnostic procedures and tests ▪ Monitor Patient Reference and Focus Groups’ responses relating to the Supply and Demand for medical services ▪ Explore the possibility of Exercise Facilities at the Practice ▪ Identify other opportunities to influence the development of patient services
<p>Environment of the services delivered: to help create a welcoming, safe and informative healthcare environment</p>	<ul style="list-style-type: none"> ▪ Monitoring the Practice environment and making recommendations with special reference to: <ul style="list-style-type: none"> ▪ Boxes, Suggestion and Prescription ▪ Notice boards, displays, health promotions ▪ Gritting, pathway safety and car parking ▪ Disability access ▪ Toys, books and hygiene ▪ Surgery furniture, signage, noise levels and privacy

Appletree Patient Participation Group
In association with Appletree Medical Practice
Duffield, Derbyshire

