

# Derby Road Health Centre Patient Participation Group

## Special Meeting – Wednesday 29<sup>th</sup> June 2016 – Draft Notes

### 1. Apologies and Introductions

Glenys and Patrick Randle, Margaret Gotheridge, Harbhajan Nunwa, Darsha Nunwa, David Ward, Derek Shepherd

Present: Stephen Hyde (Chairman), Mary Stokes, Ann Ceurstemont, Rob Kirkwood, Phil Pendleton, Corinne Haynes

### 2. Purpose of the Meeting

This meeting is to reassess ourselves and our relationship with DRHC. It is a meeting of patients only.

### 3. Membership

- a. Increasing Active Membership – how do we do this? PP wishes to support patients coming out from ICU, the nearest group is in West Bromwich. To follow up in due course. We note the absence of the PPG notice board. It needs to be restored.
- b. Communication with Virtual Members – we need to have direct contact with these, with an overlap of people. An e-mail list would be the most appropriate mechanism.
- c. Communication with Other Patients – we need to do better, there are so many facets: website (practice), newsletter (practice). We need to work with the practice to reach more people. (What is the Patient Action Group as per the “TV screen”?) Can we reach other groups of people with respect to age, ethnicity, etc? As per 3a (above) the PPG area of the DRHC noticeboard needs to be restored. We also need to harness the “TV screen” services to reach our fellow patients.

### 4. Relationship with DRHC

- a. Communication - to and through us. So far we have done ok but we need to review. We need to meet more often, more than 3 times a year, we need to properly review minutes etc. We could possibly produce a flyer with updates.
- b. Involvement of GPs. We need to have regular attendance, 1 GP per meeting, which might only need 1 meeting/year for each GP. We need regular attendance from at least one GP.
- c. Involvement of Other Staff. We agreed that we would very much want Anna Benner to remain as PPG secretary. We need to consider attendance from other staff; we need to understand DRHC communication processes, so that we can plug into them

### 5. Activities

- a. Raising Our Profile. We could have stalls at key times, e.g. flu clinic, baby clinic, PPG members' photos, etc.
- b. Health Promotion. We could reinforce messages, e.g. which areas of health need most education.

- c. Research – NIHR etc. This could benefit from more patient involvement, more prominence needs to be given to this, via PPG. Should the PPG be involved in decision making? Eye problems easily slip through the net, e.g. glaucoma and macular disease.

6. What do we do next?

Stephen Hyde announced his intention to stand down as chair. He was thanked for his great contribution over many years. He recommended that Rob Kirkwood should take over. RK is willing so to do. As noted above, we hope that Anna Benner to remain as PPG secretary.

PPG terms of reference will need to be developed, based on the sample from the NAPP booklet. SH and RK will arrange to meet with DRHC reps, probably in late July, to discuss our proposals. The next regular meeting will be in September.

7. Frequency and Timing of Meetings

We have only been meeting c.3/year. To be effective we need to meet more often, initially 6/year, to be reviewed after 1 year but to not drop below 4. Traditionally meetings took place at 5pm; this should be the standard time.

8. Any Other Business

CQC visit on 6<sup>th</sup> July 2016, with patients' meeting 10am to 11am.