

Minutes of the 2nd Manor View Patients Participation Group Committee (MVPPGC)  
5.00 pm 10<sup>th</sup> September 2015 at Manor View Practice

Present

Richard Beeden, Joan Manning, Brian Richards, Jesse Anthony

Apologies : Radhika Biswas, Colin Stodel, John Perry

1. Minutes of last meeting

Minutes and Actions were not formally reviewed but some issues were dealt with under other Agenda items.

Richard had proposed future meeting dates as 10<sup>th</sup> September, 10<sup>th</sup> December, 10<sup>th</sup> March 2016, 9<sup>th</sup> June 2016 – Action 1.1 Complete.

Action 1.2 – Vice-Chair to seek an additional member for the Committee – Action continues

Action 1.3 – Vice-Chair to prepare a briefing on Clinical Commissioning Groups, practices, budgets etc for the December committee meeting – Action continues.

Richard reported that he had attempted without success to have a conversation with the Attenborough PPG. Contact details and “thumbnails” of our PPG members were attached to the last meeting Minutes.

Action 1.6 Complete

2. Notes of Chair and Vice-chair meeting with Paul Davies and Liz Webb, 3<sup>rd</sup> September 2015

Notes had been circulated to Members. Brian asked whether it was agreed practice to limit Committee representation to 2 people; Richard said the Practice staff preferred it this way. Brian suggested that, this being the case, Chairman should invite inputs, comments, points to be raised etc from Committee members before the next meeting, 15<sup>th</sup> October. Richard agreed.

Action 2.1 Chairman

3. Newsletter- last one and next one

Richard noted that the Practice had sent out the last newsletter to everyone on the Practice’s e-mail list. He also noted that the Practice was updating its “handout” sheet to include the Web address. Brian said he had found the last Newsletter very interesting and congratulated Joan on her efforts. For the next Newsletter Joan suggested including an item encouraging people to consider becoming carers, there being a great shortage of such people in the community; also an exhortation to patients not to demand anti-biotics for simple ailments as the Practice has been over-prescribing them. Members agreed. Joan reminded members that suggestions for Newsletter items were welcome- and needed! (Secretary’s note: Joan had circulated a draft of the latest Newsletter to members before publication and would do so in future, completing Action 1.5 of the last meeting minutes.)

Action 1.5 Complete.

4. Notice-board

Joan reported that Colin Stodel had suggested having a PPG notice board in the waiting area near the treatment rooms; this will need to be taken up with the Practice

5. Talks Programme

Joan suggested that as the next issue is due out shortly before Christmas it might be appropriate to include an item on food, sensible eating or something similar. The heading “How to stay out of A&E at Christmas” might be used. Members agreed. Joan said she would like to be able to offer a mince pie and possibly some mulled wine ( or probably non-alcoholic punch) to attendees. Members thought this was a good idea, but Richard queried the cost. See Item 9, Budget.

6. Web-site address on communications from the Practice

This had been actioned; see Item 3

#### 7. Web-site Developments including Facebook and Twitter

Richard thanked Jesse for his excellent paper on this topic; he said he would forward it to the Practice and seek to encourage a meeting to take this topic further between Jesse, Colin, Sav and Liz . Jesse noted that young people were unlikely to visit the website directly and need to be informed of events via social media.

#### 8. Recruitment to the PPG

Brian noted that he had sent Richard a proposed “flyer” to be handed to patients seeking to enrol in the EMIS on-line system, encouraging them to join the PPG. Richard said he had not found time so far to review it but would do so ( this has now been done). Members agreed it would make sense, provided the Practice were willing, to have 3 versions, one for patients seeking to enrol in EMIS, one for those who had already enrolled, and a third for others. The versions would have slightly different wording but the core message would be the same. No other suggestions for trying to increase membership were offered . (Secretary’s note: if the “flyer” idea could be carried forward this might also increase attendance at future talks, implicitly completing Action 1.4 in the last meeting Minutes)

#### 9. Budget

Richard said he would talk to the Practice about establishing a small PPG Budget item in their accounts.

Action 2.2 Chairman

Joan noted that the Practice paid for the gift of a potted plant to the speaker at last night’s talk on diabetes, which was well- attended and which all members present had found very interesting, useful and well presented. Joan also said that the Practice would normally pay for postage of PPG related items. Brian reminded Richard that John Perry had expressed an interest in fund-raising ideas.

#### 10. Herts Valley Clinical Commissioning Group (HVCCG)

Joan reported that she had attended a meeting of various lead members of the PPGs within HVCCG, but that not much of value had emerged. Joan provided some information about the CCG; there are 4 “localities” being Dacorum, Watford and 3 Rivers, St Albans, and Hertsmere covering a population of about 600,000 people ( roughly half of the whole of Hertfordshire) and 70 GP Practices of which about 28 including Manor View are in Watford and 3 Rivers.

#### 11. AOB

Brian raised again the idea of getting some information about Practice Costs, Budget Items and cost distribution, some of which could be shared with patients in an attempt to improve their understanding - and ours - of the Practice’s cost problems. Joan said the Practice was effectively a private business and would be unlikely to disclose this information, however Brian said that he came from a position that patients were, or should be, responsible people. In particular he wondered if we could get some information about how much of the Practice Budget went on prescriptions and use this information to encourage patients to seek to reduce or at least control their own prescription costs. He noted that in his experience GPs did not routinely review patients’ medication, as they were supposed to do annually, but often added items thus increasing prescription costs. Joan said it was up to individual patients to request annual medication reviews – which Brian accepted – but Richard thought there was some merit in the idea and agreed to discuss this informally with the Practice.

Action 2.3 Chairman

There being no other business the meeting closed at 6.30 pm