

**MINUTES OF PRACTICE PATIENT PARTICIPATION GROUP (PPG) – WEDNESDAY 27<sup>TH</sup> JULY 2011**

**PRESENT FROM PRACTICE:** Dr Y I Patel (Partner), Darshan Kaur (General Manager – Chair Person), Nasima Patel (Company Secretary)

**PATIENTS (PPG):** Caroline Brown, Helena Faria DeSousa, Harvinder Dhingra, Gurbax Dhingra, Marina Duncombe, Rebecca Hemming, Abdul Kadir, Dilaver Master, Peter Rekhaye, Tejinder Dhingra, Karin Holloway, Paul Holloway

**APOLOGIES:**

**MEETING:** 7.00pm –8.00pm

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**POINTS DISCUSSED:**

**1. Thank you and Welcome:**

Dr Patel introduced himself and the WMP staff to the new members to the Patient Participation Group. He then handed over to Darshan.

**2. Rules and regulations of PPG:**

Darshan welcomed the new members and asked the group to sign the attendance register and fill in contact details including email addresses if they have one so that she could email this to all the group members for easy contact. Darshan then went over the Ground Rules for the new members.

**3. PPG Group Business:**

Darshan presented a power point presentation of the Agenda for today's meeting:

- a. **Elections** - Main purpose of today's meeting was to elect a Chair Person and a Secretary. Peter commented he was unable to take on role of Secretary but put himself forward for the role of Chairperson. He explained the rules around this elective process.

Dilaver proposed **Peter** and this was seconded by Helena.

Dr Patel discussed the role of the Chairperson and that this can be taken over by another PPG member after a term of 6 months or longer. All agreed.

Peter suggested having a Vice Chairperson in case the Chair was unable to attend a meeting, this was agreed upon and **Tejinder** put herself forward. Caroline proposed **Tejinder** and this was seconded by Dilaver.

- b. **PPG Secretary** - Dr Patel spoke about the role of the Secretary and again this can be re elected after a fixed term. Main role of Secretary is to take minutes of the PPG meetings and circulate to all members. Tejinder proposed **Caroline** and Rebecca seconded Tejinder. Dr Patel proposed **Rebecca** as Vice Secretary and this was seconded by Mr Dhingra.

c. **Frequency of PPG meetings:**

It was agreed that there will be no PPG meeting in August due to Ramadan; next PPG was confirmed 28<sup>th</sup> September 2011 at 7.00pm at WMP.

Marina suggested not setting date for frequency of meeting and it was agreed that this would be confirmed at each meeting.

- d. Quorum - it was agreed as a team that for meetings to take place 6 PPG members need to be present.
- e. Annual Reviews – To review this once PPG has established itself
- f. Darshan will email new members previous meeting minutes etc, also not all members received these so to email again and check email addresses.
- g. Short term objective – PPG members getting to know each other is priority. Darshan informed all that we are in process of getting an email set up – wmp.ppg@nhs.net. Notice board and 'post box' for PPG members in main reception to be in place by next meeting.
- h. Adding PPG information on our website. To promote our website as we're not getting many hits. Booking online appointments/order repeat prescriptions – to explore this and best way of promoting our website.

It was difficult to have many e-appointments, unable to provide Triage on line. Discussed not raising too many high expectations too soon, difficult to put ideas in place.

- i. PPG surveys – Discussions took place around various survey ideas. It was discussed that out of 11,700 patients only a minor percentage would fill in a survey. About 30 patients in the past and that do not represent the Practice population and hence not give an accurate survey results.

Best ways of conducting surveys – handing out to patients by PPG members, helping patients fill in these surveys, to liaise with Practice staff and get them on board.

Dilawer proposed one idea regarding repeat prescriptions – 28 days supply but some months have 30 and 31 days! It was agreed that we would invite local pharmacist to the group and discuss these types of issues.

PPG members to come in and discuss issues with patients – confidentiality must be respected. Cluster PPG groups around area would help and guide with some of the issues raised and form a group together and speak to PCT as one voice – community integration.

Health Promotions – a lot of problems in this area, ways of 'educating' patients to help themselves, especially on long term medical conditions. This can also be posted on our website.

- j. Feedback on current issues from the Practice – this will be done at each meeting so that PPG are aware of the changes in the Practice and PCT. Discussions took place around local and national NHS cut backs. Paul spoke about Phlebotomy as one service which has suffered. This puts more burden on GPs as resources are cut back.

Other organisations – Newham Health Partnership (NHP) based at Stratford Office Village, GP Consortiums, who works alongside GPs – to invite Non Executive Director of NHP **Mr Wayne Farah** who is also PPG representative, to discuss best way forward in these matters. His contact number is

#### **4. Next Meeting:**

- a) It was agreed that by next meeting PPG members should have a brain storming session and have a clear objective to work on rather than continue to have discussions. Next meeting 28<sup>th</sup> September 2011

Dr Patel thanked everyone for attending and it was agreed as from next meetings WMP staff will take a back seat and let PPG group chair and conduct meeting. We will be around for any help and advice and will provide refreshments.

Meeting concluded at 8.00pm

Minutes of Second PPG Meeting – 27.07.11 – Training Room/WMP