**Minutes of PPG Meeting 7 December 2023**

Present: Colin Berthelsen, Jan Choopani, Mary Egan, Dr Liz Hermaszewska, Susan Smee, Stefan Sieradzki

Apologies: Mary Perkins

**Next Meeting: Thursday 18 January 2024 at 2:30pm.**

The document inviting participation in the PPG prepared by Jan and amended by Dr Liz was briefly discussed. It was agreed that the content was good and could be circulated. Given its length, it was felt it worked best as an attachment to a brief email. Colin agreed to provide the text of the email.

Dr Liz felt early evening meetings of the PPG – as a way of attracting more participation - were acceptable to the practice. However, there were issues for attendees such as turning up in the dark etc. Dr Liz quizzed the members about widening the meeting from the narrow current attendees. Although a larger attendance might make the meeting unmanageable, it was generally felt that new attendees should be welcomed without restrictions for now. Asking potential attendees to confirm that they would attend was deemed a sufficient approach.

Dr Liz reminded the meeting that Simon has a spreadsheet with 50 people potential candidates that can be shared with the PPG.

Dr Liz mentioned the December issue of the Practice Newsletter – revived after a period of long absence - which was welcomed by members. The practice was planning to publish 3 or 4 times a year. One hundred copies were printed for handing out around the surgery. It is also available on the practice website.

In answer to a query Dr Liz explained that Reception was entitled to ask patients for id such as a passport when setting up online access and for no other reason.

The presentation from **Northwood** **Live At Home** – who support isolated people - arranged by Susan was set for **10 am on Thursday, 1 Feb 2024**. Dr Liz to confirm that this was OK with the surgery. Regarding publicising the meeting perhaps targeting the 75+ patient age group might be apt. Jan, Susan and Mary to work on making a PPG poster to be displayed in the surgery waiting room. Most likely this will be on the 4 Jan 2024 at the surgery, Susan offered to check room availability etc with Lisa.

Susan also informed the meeting about slow progress with a presentation by COPD / Breathe Easy.

Stefan informed the meeting that he was expecting a call from Alzheimer Society about a non-fund raising presentation.

Mary mentioned that she had a MS Therapy contact willing to do a presentation. It was agreed that a Wednesday meeting starting at 10 or 11 am in March or April was the date to aim for. Mary to pursue firming up a date with her contact.

A presentation from Mencap was also discussed. Mary had a Watford contact which raised a concern about it not being local to our area and not in Hillingdon borough. However, a presentation avoiding local information might still be of benefit.

It was agreed that the social prescriber Claire McDonna, would be most welcome to attend the next meeting of the PPG.

The role and functions of the Primary Care Network were briefly discussed. Jan wondered if the patients knew about PCNs and could benefit from knowing more.

The difficulties of finding and addressing an appropriate subset of patients for any presentation subject was discussed. Confidentiality regulations limited the kind of information the surgery could hold. Jan wondered if the clinical categories that the surgery presumably did hold might help and guide the choice of subjects for presentations.

Colin explained the background to the confidentiality document that had been signed in the past by PPG members and whilst it is still adequate, intend to find out more about the PCN materials available from them for PPG’s.

Colin briefed the meeting on some of his reading, research etc regarding nationwide health – In 2019 NHS produced a long-term plan and have just revised it for next ten years. The following is an extract from ‘How we will deliver the ambitions of the NHS Long Term Plan’.

1.‘Doing things differently’; will give people more control over own health and care they receive by encouraging more collaboration between GP’s and community services e.g. PCN’s - to increase what they can provide jointly. Increase focus NHS organisations working with local partners as ‘Integrated Care Systems’ which meet the needs of their communities.

2.‘Preventing Illness and Tackling Health Inequalities’: NHS increase contribution to tackling most significant causes of ill health – smoking, drinking, and type 2 diabetes, with focus on communities and groups most affected.

3.‘Backing workforce’ increase NHS workforce, training and recruiting more professionals (including thousands more clinical placements for undergraduate nurses, hundreds more medical school places and more routes into NHS e.g. apprenticeships. Make NHS a better place to work so more staff stay.

4. ‘Make better use of data and digital technology’ provide more convenient access to services and health information for patients. New NHS app as a ‘front door’, better access to digital tools and patient records for staff; improvements to planning and delivery of services based on analysis of patient and population data.

5. ‘Getting the most out of taxpayers investment in the NHS’ continue working with doctors and other health profesionals to reduce duplication in how clinical services are delivered. Make better use of NHS buying power to get products cheaper and reduce spend on administration.