**CARNON DOWNS SURGERY PPG**

**AGENDA**

**Thursday 2nd March 6.30pm – 8.00pm**

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|  | **Attendees** |
|  | Geoff Avers - ChairAlison AvardSheridan BrownHilary HunkinNigel MorsonJudy WardPaul Cook – GP PartnerSarah McCammon – Practice Manager**Apologies**None |
|  | **6.30pm** |
| **1.1** | **Review of last minutes** |
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| **2.1** | Introductions |
| **2.2** | Presentation slides followed by discussion/feedback - SM |
| **2.3** | Update from Nigel Morson |
| **2.4** | General discussion  |
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|  | **AOB** |
| **3.1** | Timing and frequency of the group |
| **3.2** | Communication channels in the group |
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| **REF** | **MINUTES** | **ACTION BY:** |

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| 2.1 | GA welcomed the group back.SM introduced herself and gave some background on her previous roles. |  |
| 2.2 | SM talked through the slides and updated the group on practice staffing levels, appointment data, challenges and priorities. (slides attached).SM had prepared a Terms of Reference document for agreement. (to be circulated for agreement/amendments after the meeting). |  |
| 2.3 | Nigel gave a summary of his recent meeting with the ICA and the focus which was put on the function and importance of PPGs for engagement purposes. |  |
| 2.4 | An open discussion was had with a few key themes:The question was raised about having additional members representing different patient cohorts. The obvious one was the lack of a young person on the group and whether this would have an impact on understanding the needs of a younger age group. It was generally agreed that it might be a challenge to get a young person to engage with the group, but NM raised the point about the use of social media being essentially to reach all groups. The use of focus groups was raised as a possibility to get the viewpoint of the younger patient cohort.It was agreed that a key focus for the group was to improve patient experience. It was also noted that we need to reach the ‘difficult to engage’ groups and this could be a challenge. SM suggested that any patients who raised a complaint could be offered, where appropriate, the option to have a chat with a member of the PPG – this would give the patient a supportive ear to chat through issues and the PPG could then support the practice to find solutions which would benefit the wider patient community.PC introduced the group to Fingertips ([link here](https://fingertips.phe.org.uk/profile/general-practice/data#page/12/ati/7/are/L82061)) to show the demographic breakdown of the patient population.The issue of ‘perception’ was raised, and GA described how he had the recent experience of a patient who was known to him remarking that the practice had ‘gone to the dogs’ even though, when questioned, they said they had experienced a positive encounter themselves. The group discussed how the PPG could respond to conversations such as these. JW said that she would like to be able to answer questions about the surgery when people contact her and the suggestion of having a regularly updated FAQs would help. This could also be published on the website. HH raised the point that there was some out-of-date information on the website and AA pointed out that it can be quite ‘wordy’ – SM to action. GA raised the point that the PPG could use the website to communicate messages out as the group gathers more information and activities recommence. NM had mentioned that a few of the PPGs in the area had been named as successful, Perranporth being one of them and is going to contact the chair to see what sort of activity they are undertaking.It was decided to continue the discussions to get things moving and a date for the next meeting was scheduled for **Wednesday March 22nd at 6pm** – 7.30pm.It was agreed that SM would set up a WhatsAp group for ease of general communications between the group. |  |