

3	TB asked to be the wider Patient Contact for the PPG Committee and how he could be contacted by patients. JS and TB to meet to discuss how this could work.	TB/JS
4	The minor changes proposed to the TOR were discussed and following feedback from the Practice as to the potential issues that changing the wording may cause it was decided to accept the existing version of the TOR.	None
5	<p>Practice Updates: Dr M is leading on improving the mission statement for the Practice as one of the indicators from the CQC on being “Well Led”. This is being completed by all the Practice staff to identify how they feel the Practice identify their values; all members have been asked to contribute by selecting 5-10 values which they feel represent the Practice. Dr M shared the document to the group with a request to contribute, please can this be returned by the end of the week to the surgery.</p> <p>PK asked where this would be shared, Dr M confirmed this would be on the website and shared publicly.</p> <p>Dr H informed the group that in the middle of May Dr Hussani would be leaving the Horndean Surgery to join a practice in Portsmouth. The Surgery is currently exploring their option to either recruit another GP or seek an alternative role. JS mentioned that the challenges with GP recruitment are still an issue, but the Surgery is seen as an attractive option to potential recruits.</p> <p>The Practice Manager for the Primary Care Network (PCN) explained her role. She manages a network of 7 GP Practices across Hampshire from Bordon to the South Coast with the aim of supporting the GP workload with paramedics, physiotherapists, pharmacists etc.</p> <p>Twice a year there is a PCN PPG meeting, the next one is scheduled for July where 2/3 members of each PPG meet to share good practice and ideas which representatives from our group can attend.</p> <p>She explained the PCN support roles are funded by NHS England, but this is complex and “role limited” and requires resubmission for funding annually. Dr H explained the complexity of the funding methodology and the challenges involved.</p> <p>She offered to share a presentation at the next meeting to the group to give more information and detail on how the PCN works with the Practice.</p> <p>JS reminded the group that a PPG representative from the Grange Practice is keen to attend a future meeting to help us to understand how a good PPG works.</p>	All

Dr H explained how the Surgery always aims to sign up to any extra services available to the Practice and are looking to offer **Shared Care Prescribing** from April.

Spirometry services were stopped during COVID and the Surgery, like all practices, is trying to catch up on the backlog of patients who require this service. JS has kept a list of all patients and the Surgery hope to be offering this as a normal service in April.

The question of the Surgery offering **e-Consult** was asked by the group, Dr M explained the challenges this would create for the workload at the Practice and clearly outlined the reasons why the Practice have decided this is not an option at this current time. TH also shared his personal experience of using this service at his own Surgery and added his support to the decision taken by the Practice.

The group asked the Practice Staff how best they can support them with any campaigns the Surgery are running. The Practice would welcome support with for example COVID/Flu clinics, cytology screening campaigns or the importance of responding to requests for blood pressure readings. Dr H explained how the Practice can now send an electronic request which the patient completes and returns which automatically averages the readings and updates their notes.

Dr M said there needs to be a clear demarcation between the Practice and the PPG who are seen as a support network to help the Practice to provide the “best service they can” best described as “another pair of eyes”

DT said that the first section of the TOR clearly defines our roles and is a useful reference.

CR asked if the Practice would share, or hold, any KPI’s which the group could view to identify any potential areas for improvement from a business perspective. Dr M replied that the Practice is mandated to complete a rigorous set of indicators for NHS England and CQC as part of the Outcomes Framework which measures their clinical and non-clinical activity, and a business approach would not necessarily be the best option to adopt. The Practice is compared nationally and locally and performs very well in national and local league tables. JS explained how, for example, the call waiting times for the Surgery are measured and the Practice currently performs very well compared to other Practices.

Dr H said that the Practice collect a comprehensive set of data which he could share as part of the Practice Update in the meetings which the group could use to support campaigns for example missed appointments or non-responses to requests for patients’ blood pressure readings.

	NAPP membership – we need to set up an account, JS to meet with JF to action this.	JS/JF
6	<p>The grouping of the topics for the Sub-Groups was agreed and the group was invited to volunteer to be part of any, or all, of the sub-groups as a working party. The working parties would be expected to meet between the Committee meetings and share back progress at each quarterly meeting.</p> <p>PK shared her feedback on her analysis of the existing notice boards content which had identified duplication of information and said she would be keen to support the Patient Communication sub-group.</p> <p>RL asked about the Surgery’s status of the rollout of Shingles vaccine, Dr H and JS explained that the parameters around the criteria are difficult to interpret and some patients may just be entering the period of eligibility for the vaccine but the Surgery is on target.</p> <p>AS shared that in her role as a Dental Hygienist she has a depth of knowledge in the cyclical impact of periodontal disease and associated health conditions and would be happy to hold awareness sessions within the Practice setting. The concept of the Health & Wellbeing Event held earlier in the year in Petersfield was identified as a great vehicle for Patient Education and a willingness of the group to mirror this within the Practice was discussed. As the Surgery already hold monthly Saturday extended hours sessions this was identified as a potential opportunity to hold community Wellbeing and Signposting events on a wealth of topics. The PCN manager said that the PCN would be happy to support these sessions which could be held in the PCN meeting room within the Surgery.</p> <p>Volunteers for groups to be sent via the WhatsApp group, one person from each of the sub-groups to be nominated as the lead to feedback progress to the committee meetings, it was also agreed the groups would be “dynamic” to allow members to engage with any “current” topics of interest. JF to collect group volunteer names and circulate.</p>	JF
7	<p>AOB – none. Meetings to be quarterly on a Monday with flexibility included, agreed that August meeting would be moved to September.</p> <p>Therefore, the dates of the next meetings will be: Monday 13th May 2024 Monday 9th September 2024 Monday 11th November 2024 Monday 10th February 2025 All held at Horndean Surgery, 17:50 for prompt 18:00 start.</p>	