Agenda SMP PPG meeting 30 October 2019 at 4.30pm

#	Item
1	**Present**: EM, EAll, AC, CC, LJ, CL, RB, KC, NF **Apologies**: EAsh, JG, PH, JM, HS Membership: CB would like to assist with projects but will not attend meetings.
2	**Minute taking**: NF
3	**Items for AoB**: EAsh would like to say more on PCN if time.
4	**Minutes of last meeting and matters arising** Jayex: The display content is much improved and it was noted that the sound is also lower. The meeting thanked HS for all her work on this. Interpreters: AC reported that there was some inconsistency between what was currently offered by different clinical staff. NF reported that the topic had been reinstated on the website with a general form of words. EM and EAsh felt this could be improved and EAsh will suggest some more suitable wording along the lines of: 1) That patients might be able to bring a friend etc who could interpret. 2) In an emergency, telephone translation could be used but that a double appointment was required. 3) Two-weeks' notice was required for an interpreter to be present in person and again a double appointment would be needed. NF also reported that the whole website had the facility to be translated into almost any language using the "select language" button at the top of the page.
5	**PCN** LJ reported that the one-day seminar had been a waste of time and money. EM explained that our own PCN now has regular meetings led by two GPs from Wallington Family Practice. It was suggested that the PPGs from the 5 practices should also meet periodically to share good practice and provide patient feedback to the main PCN team. The meeting decided to offer to lead the first such meeting and to invite all PPG members from the 5 practices to attend. A date of 4 December at 4.30 was suggested and EM will take this back to the PCN – if agreed, it was proposed to hold in the same room as for our PPG and this would need to be booked. EAsh explained that she now had a several PCN projects in hand but unfortunately time did not permit hearing more about these. JG had expressed concerns about the implications for, and demands on, the voluntary sector.
6	**PPG Survey 2019 – feedback and report** NF reported that it was a possibility that some completed surveys had gone missing as PPG members had individually reported the numbers completed at each session. Nevertheless, the 213 collated results represented a big improvement on last year and the team was to be congratulated on this. NF reported on the key results as per the report circulated in advance of the meeting and which is an appendix to these minutes. There was insufficient time to discuss the modus operandi for the survey and this will need to happen before any future surveys are carried out. The report contained suggestions for "you said, we did…" which were then discussed: 1) Considerable interest had been expressed in diet/healthy eating. It was suggested that eg Weight Watchers might be able to hold meetings in the Jubilee Centre. EAsh said that she thought one of the "slimming"

	organisations was endorsed by the NHS and undertook to investigate. As regards other health issues, EM reported that group consultations could be used for some of the topics, perhaps with a specialist nurse and would be to brief patients more fully so they would be able to manage their conditions more effectively. EM suggested that AC could act as a moderator for these sessions and AC offered to run awareness-raising sessions in parallel. 2) Walking was reported as a popular activity and NF reported that there were several local walks which could be promoted. She will provide more info. CL said it should be possible to produce an A4 version of her activities chart which only contained physical activity and not purely social. An A4 document could then be displayed and downloaded more easily. CL undertook to attempt to produce this. 3) The majority of people were prepared to pay up to £5 for a healthy activity. NF reported that SB, a local fitness instructor (NHS L4) might be available to put on a special class for the Practice. Possible venues could be in the Jubilee reception area, SCOLA in Wallington or Purley Sports Club. AC pointed out that to use the Jubilee Centre rigorous risk assessment etc would be required . It would require approval and costing from the building managers. Patients from WFP would also then be included. If another venue was to be used, costs would potentially be more. SB would be prepared to carry out some screening so that patients were directed to a suitable class. EM/EAsh undertook to consider what might be the best venue/time of day and whether this would be a feasible/practical project in terms of being relevant to the clinical team and patients. RB reported that Evergreen provided activities locally for the over 50s at Westcroft at a reduced fee. 4) We need to review how information is disseminated and this would require a review of leaflets and the website. See below. 5) Take up of online access has considerable room for improvement. NF suggested this could be a focus for the group and this was agreed.
7	**Infection control** PH reported that she had contact info for Infection Control Nurse and would ask for a visit to discuss blood test numbers, touch screen etc. She further said that the touch log-in screens had been raised by HealthWatch when the building was being commissioned and that it was not possible to have gel near the electronic screens. KC felt our concerns were over-cautious. CL pointed out that we had raised this some time ago and it had not been resolved.
8	**Social prescribing** Wallington Neighbourhood Wellbeing: CL reported on the recent highly-successful “International Older People’s Day” event she had organised at the Trinity Centre. The meeting congratulated her on being awarded Trustee of the Year 2019 in the Sutton Community Awards. WallyWalks: NF said the walk was still going well with in the region of 35-40 each week. As such it is full but she hopes to set up another walk in the New Year.
9	**Health Champion report and awareness raising** AC said she was ready and willing to do more awareness-raising days in addition to assisting with possible group consultation sessions. She explained that all the Health Champion training and networking had now finished and she had passed the exam. The meeting agreed that we were fortunate to have an on-going and proactive Health Champion in the Practice

	AC would liaise with EM about new awareness-raising topics and days. The list from the survey would inform the choice to a certain extent, though AC felt it was not appropriate for her to approach patients to discuss mental-health issues. The meeting agreed so this will not be the subject of a campaign.
10	**Noticeboards, leaflets and notices** NF had provided clinical staff and AC with Essential Tremor leaflets in which there had been great interest. CL will obtain more. NF and HS suggested a working group to look at Noticeboards and leaflet display and CL, RB and NF offered to be in this. AC would be kept in the loop. NF will contact to arrange a visit with HS to view and discuss strategies etc. NF suggested a type of leaflet holder and CL has some she can provide temporarily as an experiment.
11	**Website** EM reported on Cinnamon – an organisation which assists elderly people with their pets. EM will send info to NF for inclusion on the website. NF asked about incorporating DoctorLink on the website and EAsh said it was not yet ready for inclusion. EAsh will advise further and also re video consultation. In general, the website needs to be reviewed to ensure that health information is easily accessible. NF and HS will investigate.
12	**Self care – progress** EM reported that this was on-going and that clinical staff now issue pharmacy prescriptions for over-the-counter medicines alongside traditional NHS prescriptions. He did not feel it would be appropriate to issue prescriptions for social/fitness activities as it was too general. NF had been told that Hackbridge Medical Centre had an excellent Self-Care noticeboard which at some point she aims to view. She also handed over to AC a supply of relevant leaflets from the Older People's Day.
13	**PRG feedback** LJ reported on the recent PRG meeting. His report will be added as an appendix. In particular he mentioned that Age UK as significant funding for social prescribing for all ages. The referral process is as yet unclear.
14	**AoB** Unfortunately there was insufficient time to hear further about EAsh's PCN projects but the meeting hoped to hear more at the next meeting if EAsh could attend or if EAsh could send a summary.
15	**Items for next agenda** Election of officials PCN update Survey follow up, prioritising and target setting Improve online access
16	**Date of next two meetings**: 5 February and 29th April 2020 Proposed date for PPG/PCN group: 4th December