**James Alexander Family Practice Patient Participation Group (PPG)**

**Wednesday 29th November 2023**

**Room 0.25, Ground Floor, Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW**

**Present**

Karen Andrew, Strategic Lead, James Alexander Family Practice (KA)

Nikki Dunlop, Strategic Manager, Marmot Primary Care Network (ND)

Christina Thompson, PPG Member

David Dearing, PPG Member

Dorothy Chapman, PPG Member

John Coats, PPG Member

Peter Hawley, PPG Member

Keith Bilton, PPG Member

Mark Ovington, PPG Member

Martin Parr, PPG Member

Neilson Forsberg, PPG Member

Angela Cullingworth, PPG Member

David Cullingworth, PPG Member

Pauline Wharam, PPG Member

**Apologies**

Carole Cooper, PPG Member

Heather Bullen, PPG Member

1. **Welcome and Introductions**

KA welcomed members and introduced herself to the group. KA explained that she is the Strategic Lead for James Alexander Family Practice (JAFP) and that Adam Burfield (not present) is the Operational Lead for JAFP. KA also added that Dr Scot Richardson is the Clinical Lead for the practice (not present) and the 3 of them make up the management team for JAFP.

A member of the group asked who was the Practice Manager for JAFP. KA explained that no-one within the practice holds that title and that the “management team” are responsible for the overall management of the practice.

A few members of the group raised that it was confusing to understand “who was who” in the practice and what their roles were. ND proposed that a structure of the practice be shared with group members, members agreed. The group also raised it wasn’t widely known how to contact the practice and who to contact within the practice. ND proposed that contact details be shared with the group and once agreed, advertised on the practice website.

A member of the group asked for clarification on which GPs were currently working within Marmot. KA confirmed that Dr Richardson, Dr Goodman, Dr Raghunath, Dr Boyes and Dr Macleod worked within the practice. The group raised their concern on the number of Drs within the practice and the confusion over the word “clinician”. ND advised the group that practices have moved from “traditional general practice” to “modern day general practice” which gave practices the opportunity to utilise a wider skill mix. ND advised that nationally, it was now common practice for Advanced Clinical Practitioners (ACPs) to undertake appointments that would have traditionally been carried out by GPs and are able to prescribe, make referrals, diagnose, provide treatment options etc, just like a GP.

A member of the group raised a query in relation to prescribing within the practice. KA explained how repeat dispensing/repeat medication works within JAFP.

The group asked whether, going forward, a GP and/or the Clinical Pharmacist would be able to attend the meeting. KA confirmed that this may be possible, dependant on the agenda.

KA advised the group that the PPG is not a forum to raise individual queries and that these should be raised via the usual channels within the practice.

**Action: Practice structure to be shared with group members – KA**

**Action: Practice contact details to be shared with group members – KA**

**Action: Once approved, structure and practice contact details to be shared with wider practice population via social media, posters etc.**

1. **Purpose of the PPG**

KA confirmed that this was the first meeting to be held since COVID and that JAFP did have a PPG prior to COVID but unfortunately, this had not continued. KA questioned how many members of the group had previously been a part of the PPG, to which a few members of the group acknowledged that they had.

KA explained the purpose of the PPG; a way of involving patients in the care the practice offers and helps define and shape the services going forward to benefit all patients. The practice are keen to encourage patients in the PPG to be actively involved in new services going forward. KA updated group members that the practice have been active in a number of charitable events over the past year and that the PPG would have the opportunity to be involved in those going forward and other fundraising events.

1. **Terms of Reference**

KA shared the draft TOR with the group. KA asked for feedback in relation to the draft TOR.

ND commented that the TOR did not indicate the length of the meeting. ND suggested that each group member completes a Declaration of Interest form and that this be reflected in the TOR. This would protect group members against any decisions in the future. ND suggested that the TOR reflected how minutes/action notes would be taken during each meeting and shared with group members.

A group member questioned whether there would be a need to remove items from the minutes that were considered “confidential”. KA confirmed that no confidential information should be shared during the meeting and where a group member might bring “an example of patient care” the details would not be documented in the minutes.

The group had a discussion around date/time and frequency of future meetings. It was agreed that the meetings going forward would be a combination of daytime and evening meetings to accommodate those patients who may have existing commitments. A group member suggested that due to the amount of topics that needed to be discussed going forward, the meetings should be frequent for the first few months and then potentially monthly. ND proposed that the next meeting should be dedicated to identifying topics for discussion which would then be prioritised. The prioritised items could then form a “workplan” for the group. Members agreed.

Members agreed for the next meeting to be held on Monday 11th December at 6.00pm.

KA raised the issue of electing a Chair to the group. Members agreed to go away and consider the role and to elect a Chair at the next meeting.

A member of the group proposed that name plates/badges be made available for the next meeting.

**Action: KA to update the TOR in relation to the discussion/identified areas above – length of meeting/declaration of interests/minutes and actions/confidentiality/date and time and frequency of meetings.**

**Action: Members to consider the role of chair and add to the agenda for election at the next meeting.**

**Action: KA to supply name plates/badges for the next meeting.**

KA brought the first half of the meeting to a close.

**Marmot Primary Care Network – Nikki Dunlop, Strategic Manager**

ND gave a presentation on Marmot Primary Care Network – see attached.

ND advised that the intention was to split the meetings, first half for the practice and 2nd half for the PCN. Members agreed.