**MINUTES OF PPG MEETING 24-09-24 VENUE: Backwell Bowls Club.**

**PPG Members Present**

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| RR (Chair) | TM (vice-chair 2)  |
| DT (Vice Chair) | BH (secretary)  |
| RER (Treasurer) | HW |
| JW **Apologies** | JR |
| PR (TMG) | BR **Apologies** |
| AW  | MC |
| MW **Apologies**  | PN |
| MK **Apologies** | SP **Apologies** |
| CBJ  | PP **Apologies** |
| HO (Associate member, Wellbeing Officer, Nailsea Town Council) **Apologies** | Dr SP (Partner TMG) |

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| 1 | **Membership and Attendance**Apologies and those not present: See list above.SP said that he would not be able to attend for some time and offered ongoing apologies for the next few months. We welcomed Dr Sarah Pepper, Partner, Long Ashton Medical Centre  |
| 2 | **Minutes from previous meeting**NDAs from a few members still outstanding, despite several contacts. JW, PP, SP. **BH to contact**.Other issues included in the agenda items |
| 3 | **Treasurers Report.**After paying for the Bowls Club and the costs of the Falls Event, balances are:Account Balance: £1699.85Designated funds: £1488-57Non designated funds: £211.28 |
| 4 | **TMG Input**Dr Pepper joined Backwell in 2014 and has been at LA for 5 years. She is a partner in TMG. Other responsibilities include leadership roles# Clinical Director at TMG# Representative place on the Local Partnership, representing TMG. (NB Primary Care representation here is for GPs, not the wider group of primary care givers such as dentists, pharmacies, opticians etc)# Representative place on the GP Collaborative Board. (Originally just GPs but gradually morphing to cover the wider group of primary care givers)# Representative place on the Integrated Care BoardDr P explained the interrelationship between the Primary Care Network (TMG), The Locality (Woodspring and Weston within North Somerset) and the ICB which covers the whole BNSSG area). The GP collaborative board strengthened the GP voice within the locality partnership and within the Integrated Care Board and enables them to shape policy.Dr P also explained how Pharmacists, Opticians, Sirona Community Care, Out of Hours care, etc fit into the framework to have a voice influencing local decisions. Examples include# Reorganisation of the Blood Testing system to make it safer and more efficient.# Pharmacy First implementation had gone particularly well locally.# Complex Care pilot currently underway in GordanoMC asked whether Pharmacies could cope with the extra load and JR commented that pharmacies were closing, asking whether the tariff used to pay pharmacies was adequate. Pharmacies get a payment for referrals from GPs and they choose whether to participate in the scheme. As GPs they cannot influence the tariffs on offer. **Other TMG** **News:-**# RSV virus. (Respiratory Syncytial Virus) RSV Vaccination programme - this is ongoing, and patients can have this throughout the year as it is a one-off vaccine, The two clinics we set up to vaccinate as many of the cohort prior to the winter has been completed.# Flu and Covid vaccination roll out will follow from October# Discussions continue with Nailsea School around coopting students within TMG and hopefully input to PPG. **PR to progress**# Discussions around suggestions received:That toys, books etc be available for children. Agreed that this was an infection control nightmare. On other infection control issues in surgeries PR said that Reception Screens were cleaned twice daily. Similarly, check in screens are cleaned regularly and hand gel is available next to them which patients are advised to use.# Request that there be a screen around the BP area in Backwell surgery in the interests of privacy. **PR to investigate**# Friends and Family feedback:The feedback links are now sent via the NHS app, no longer via text messaging as the latter is expensive whilst messaging via the NHS Ap is free.Dr P pointed out that the results need to be seen in context of comparisons with other PCNs.

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|   | Green | Amber | Red |  |
| January | 97.7% | 1.3% | 1.0% |  |
| February | 96.8% | 2.2% | 1.0% |  |
| March | 96.7% | 2.0% | 1.3% |  |
| April | 97.1% | 2.1% | 0.8% |  |
| May | 97.17% | 1.31% | 1.52% |  |
| June | 98.13% | 0.97% | 0.90% |  |
| July | 96.22% | 2.42% | 1.36% |   |
| August | 96.92% | 1.57% | 1.50% |   |

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| 5 | **Events and Activities Progress****Wellbeing:** The link with the Wellbeing Officer to run Wellbeing Events is being very useful. **The Falls event** which was held at the Baptist Church in Nailsea and supported by Voluntary Action North Somerset (VANS) was seen as very successful with 163 people attending. The TXT messaging by TMG was seen as a great help. A similar event is being held in LA, MC will be attending the WI meeting in February to help to publicise it.**The Good Grief event:** Dr P felt that it this should not be targeted at ‘older’ people as death as a topic should be discussed by the population in general, from schools upwards. TMG felt that the audience scope was too wide to use the TXT system effectively.**Stoma Care Support**PN updated the group on progress on this issue. There will be a meeting on 30/10/24 at 17.00 at No 65 for people with stoma, or who care for people with stoma. PN suggested that it would be helpful if TMG could use the TXT system to reach out to people with stoma. Dr P said that feedback she had suggested that the clinical care for these patients was excellent and that TMG were not involved with this. PN said that need is rather for emotional and social support.**Diabetes Club**This is ongoing. We need to address the ‘professional’ input element. BH to talk to Mary Blatchford.Jamie Swistun, the TMG dietician agreed to be the drop in guest on October 8th if we have not found an alternative. |
| 6 | **Communications**BH outlined the recommendations made by DT and BH following their discussions around PPG communications. (paper attached) In brief this was that a very short summary of the PPG minutes be sent to local paper media and uploaded to local forums, with links to the full minutes which will be posted on the TMG website. **BH to do this as part of secretarial role**. There was general agreement with this. It was suggested that a young person, coming forward because of the ongoing school liaison might be able to help with the social media side of this. |
| 8 | **AOB:** # MC concerned that landlines are to be discontinued. She was reassured that it was analogue lines that were being discontinued and were being converted to digital.# Discussion around location of meetings. It was felt that LA options had been exhausted and whilst venues were available in Backwell, as most PPG members are Nailsea based, then No 65 should become our standard venue, also having the benefit of being free. **PPG to address issues of transport for those who need it.**# Dr P asked about comparisons of our PPG and how other PPGs are formatted. RR described how the PPGs within the local PPG forum are progressing and how in some respects they are not ‘mature’ organisations in comparison to the Tyntesfield PPG.# Dr P talked about how the next TMG ‘project’ and focus was going to be Cardio Vascular Disease and talked about the problems of reaching those at risk who they probably do not see in surgery. There was some discussion of what the PPG could do to help. **PPG to discuss further.****#** Promoting outreach posters for VANS. Agreed to post on PPG and TMG Facebook **BH to do.** |
| 9 | **NEXT MEETING**: Tuesday 22nd October;**AT**: 7pm**MEETING LOCATION**: No 65 High Street  |