

**RICHMOND MEDICAL CENTRE PPG**  
**MINUTES OF CORE COMMITTEE MEETING**  
**14<sup>TH</sup> JANUARY 2020**

**Present**

VC (Chair), GB (Vice Chair) DH (Secretary), NB, DC, JC, RH, MM  
CH and TB welcomed by VC and confidentiality agreements signed.

**1. Apologies**

MS, LG, CS

**2. Minutes of 21/8/19**

These were agreed as a true record of the meeting.

Proposed: JC    Seconded: DC

VC signed the minutes accordingly.

**3. Matters Arising**

MS, GB and VC attended clinics for leaflet drops and JC, DH and RH distributed in the surgery.

JC and DC organised putting up posters in areas covered by the practice.

DH and RH set up PPG Notice Boards.

**4. Practice Updates**

VC was thanked for her email to all members summarising to date the closing of Crossroads Practice.

Dr M Thornton entered at this point and detailed the future of Richmond Medical Practice, to be known as Richmond Moor Lane Site, and its taking over Crossroads Medical Practice, to be known as Richmond Village Site.

The additional space and consulting rooms will enable the access of improved services and specialists for all patients. All staff will be retained and patients will be able to use either site equally. MT and NB have a vision for the future which includes potential for growth where necessary, and have worked hard to ensure Richmond Practice and all patients benefit from the takeover. Currently they are over halfway through the timeline when all Crossroads patients become Richmond patients on 1<sup>st</sup> April 2020 and IT systems are merged on 22<sup>nd</sup> April 2020.

MT left at this point and NB continued in sharing a spreadsheet showing current clinical and non-clinical staffing and future staffing with the appointment of new staff. A duty manager will be available every day.

NB updated the working of the phone lines and that with more staff employed to receive calls the waiting times are now much shorter.

**5. Patient Communications**

Posters are displayed in the locality, fliers handed out in waiting room, notice boards in place and members to attend Richmond/Crossroads meetings in the Ark.

VC spoken to CCG for ways to communicate with patients and is awaiting a return call with any other possible ideas.

MT said PPG can write 30 word blurb to go on prescriptions. VC has spoken twice to local pharmacies as to whether leaflets could be handed out with prescriptions.

**Action:** VC to check with lead pharmacy to see if this is possible.

Core PPG at Crossroads, which will cease to exist, are to be invited to join Richmond PPG. If the 1 or 2 members at Crossroads choose to join Richmond we will then be a full Core PPG.

**Action:** VC to contact Crossroads PPG members to invite them to join Richmond PPG.

As Core PPG is full VC suggested our priority should now be to grow the Virtual PPG as this will be our representative sample with whom we communicate.

A smaller leaflet to hand out to patients specifically inviting them to join the Virtual PPG to be created.

**Action:** GB to design, members to hand out when attending for own appointments and when attending for clinics.

A box for patients forms etc for the attention of PPG to be made. Contents to be discussed under Patient Communications which is to be a standing item.

**Action:** TB to make box.

## **6. Recruitment of New Members**

As the Core PPG is to be full any future members need to be representative of the population's diversity and fill any gaps in skills currently offered.

**Action:** VC & GB to circulate possible requirements for new members to discuss at next meeting.

## **7. Questionnaire and Distribution**

GB explained the background to the formulation of the questionnaire. This to reflect the experience of patients on the day. One different day a week over five weeks to be targeted. VC thanked GB for the Questionnaire.

**Action:** VC to email dates to PPG so members can sign up when they can attend and distribute questionnaires. Completed questionnaires to be placed by patient in PPG box.

## **8. PPG Roles**

Responsibility for Virtual Groups - LG

Distribution of Leaflets – DC, JC

Notice Boards – DH, RH

Emails, Facebook – VC

Liaise with supporting groups – CH, MM

GB explained Health Awareness weeks for April to June 2020.

**Action:** GB to email list of weeks VC and NB.

NB to consult with Practice to decide most appropriate week for PPG to support.

CH & MM to liaise to prepare for Awareness Weeks.

Members to attend to support.

PPG to decide at next meeting which site will be used.

## **9. Future Objectives**

Mostly already covered.

Discussion took place on how to make patients aware of ways they can access help eg online system, Social Prescriber, when to call 111/999. NB thought this valuable especially with the changing future of the practice.

**Action:** To discuss at next meeting

## **10. AOB**

VC reported that DNA figures sent from CS show no change.

VC informed members that HR had resigned from the PPG due to family commitments and that our thanks had been given.

MM stated that she was not receiving text messages with appointment reminders. Other members had found the same.

**Action:** NB to inform CS who will investigate text messaging.

NB showed members new website. All were impressed.

**Action:** NB to email VC to when new website is live.

VC to inform members.

Members to use and give feedback at next meeting.

VC discussed the provision of bimonthly Patient Council Meetings run by the CCG for PPG Chairs to attend and share good practice etc.

**Action:** VC to attend.

## **11. Date of Next Meeting**

Tuesday 17<sup>th</sup> March 2020 at 10am

Signed:

Date: