

## 11.30am Table Top Discussion

WRITE UP ALL TABLES

### **1. What do you think about what you have heard this morning?**

- Very pleased with feedback from Dr Kumar
- His views don't reflect experiences of patients at all practices
- How are new services and systems going to be disseminated out to patients
- Very informative, very interesting!!
- Some people in the group felt the IT most interesting, most frightening (best Part)
- People have to have confidence to monitor their own health
- Dangerous if it alienates some people, some people may "Shut off"
- It is not for everyone – need for a range of services, approaches so that people do not get left behind – Two Tier system (second rate for those who are not/unable to be technologically capable e.g. people with learning difficulties elderly, people scared of technology)
- Need a full range of approaches. To meet all needs so no one is left behind
- Repeat prescriptions and wastage key issue discussed on our table
- empowerment of people/ people in control – systems eg if don't need a need to work
- Very informative especially Dr Kumar
- Highlights how prescriptions are reviewed (or not)
- Timing just right
- copies of presentations
- prefer to have notes before hand
- Acronyms/Abbreviations are a problem
- Smart technology we like
- Jonathan – reassured over cyber-attacks etc (Help)
- How do we keep him!
- Wonderful – Excellent
- Frightening
- Treated by Salford & a brilliant step forward – helps patients greatly
- must be a strategy that's all joined together with other areas
- Practices & Patients need to know exactly what is being used & working
- Representation of PPGs must be involved in new Innovations
- How/ where is the funding coming from? / Finance for extra services
- Pharmacy in GP practices
- Bridgewater telephone number – cost always in a queue
- Cluster working - prefer to see own GP
- Access & Resources – Issue with going to see a GP on the day
- Technology – more aimed at gender generation – not older generation
- Positive – Skype consultations for working people
- Overall been very informative
- Quite inspiring for the future
- Dr Kumar's Feedback
- Some way to clarifying the picture but lack of understanding the destination

- Questions – required to convince GPs of the way of working – who will lose and gain
- How do we spread the word – need for re-think about how we communicate with the general public? Of travel for specialist treatment
- Jonathan Kerry's Feedback
- How do we train people to utilise the technology
- Examples of the way technology has proved beneficial
- How do we sell the concept of the use of technology – Big challenge particularly elderly
- Lack of Clarity of "End Point" e.g. intention to spread these new practices
- Equality with technology (Age groups)
- We have a voice
- GP's need to be aware of clinical trials
- Progress has been made
- Technology is very important. Need to really concentrate on Share to Care. Communication is the basis of everything. It will save resources.
- Sleep Apnoea – News monitor saving visits to hospital & £1000's
- Some could be set up for diabetes – there should be a way to send into technology could help save money in budgets
- 9000 Patients in Borough do not leave their homes. These Patients need face to face communication (Isolation) Turn people away from A&E with such as ingrowing toe nails – we have to get tougher!
- Put in Television cameras for those in care homes to be able to contact people
- Refreshing
- PPG's should be informed about what is going on in different clusters
- Cost implications of diagnostic equipment in patients homes – would it be cost effective

**2. Thinking about what you have heard, are there any aspects that PPGs or other patients could be more involved in, if so how?**

- Timely access to information
- How can't be better disseminated to PPG members, eg. Shared on GP website
- Sharing 'Good practice' – good ideas within the cluster which are shared
- Trials – people may/would like the opportunity to get involved, but need to receive feedback (one person had been involved in a trial and was very disappointed as they had not received any feedback)
- The communication screen was discussed as a positive – discussed patients who do not attend
- Repeat patients/offenders!!
- give the last appointment of the day so if they do not attend it, does not impact as much on the surgery/ doctors can go home
- Acronyms/Abbreviations
- Delivery of smart technologies
- Education of patients W.R.T Technology (Help)
- Prescriptions etc. (Prescriptions Holiday's etc.) automatic flags to GPs

- Must represent a larger proportion of age groups/demographics
- Nothing about me, without me' (NHS England) from Arthritis care
- Technology – getting patient buy –in to use it is imperative
- Some GP practices see a PPG as an 'inconvenience'
- Education to schools promoting healthcare/ what services are available
- 'Patients are unaware' of what the PPG is & if exists
- Younger generation to be involved for the future
- Communicate thoroughly with practices/ Pts
- Communication i.e. G.P meetings – PPG meetings – interaction
- PPGs could be involved in educating & training in GP's Surgeries (i.e. avoid A&E)
- More information to avoid seizures (i.e. rescue Meds) prevention helps to manage seizures
- Get involved with hospital governors
- Communicating best practice
- Trailing technological advances
- Appointment – DNA's – process to improve
- PPG members include in cluster meeting
- Questioning GP's & practice managers
- On their plans, ways to communicate with patients future plans

### **3. How do you think the CCG and practices could work with PPGs and patients more effectively in the future?**

- Improve communication
- Cluster PPG meetings – monthly – compare practice –share best practice
- As stated previously – share good practice/ really good sharing and adoption of proven good practice; All about communication
- Pharmacy involvement of young people (older age group in this group)(Some people don't want to/just want to see the doctor know contribute but need to try)
- Careful use of language/Jargon so that people do not feel disempowered
- Medication and therefore cancel it but may need in the future then at the moment need to go back through the GP/surgery point – systems need to workable
- Feedback
- Communication (in simple terms)
- Attendance profiles for PPG sent to the CCG for info.
- Who is monitoring PPGs at CCGs
- Problem is information overload
- Stop being frightened of us! Patients & Public Involvement is very important
- Meetings with Clinicians
- Away days
- PPG's support – staff interviews/ Practice Meetings/
- Listen to PPG's comments, and act on them & give feedback
- What support is available from the CCG
- Continuing Care
- make it easier to join the PPG

- Some PPG's having trouble to recruit
- A lot of people do not know the PPG exists
- A need for younger members for the PPG
- GP's further training to administer correct meds/new medications are being brought in all the time
- Lots of young people are interested in having a voice & want to join PPG's – we need to make connections
- Young patients go round on wards ensuring patients do eat & drink (already have this in place)
- Improving Feedback
- More views from a wider demographic
- Could it play a larger part?
- How could younger people be more encouraged

## 2.30pm Table Top Discussion

WRITE UP ALL TABLES

### **1. What do you think about what you have heard this afternoon?**

- Very informative
- Would have been useful to have copy of presentation in advance
- Ambitious!
- We are all volunteers – some people worried about commitment
- It is allowing people to be involved however!!
- So good to share ideas/creative thoughts e.g. ideas we have heard this afternoon
- Good to hear the success with young people
- Found out what Leigh Centurions are doing – we all did not know!
- Interesting – involving community & young people - Good to get them involved right from an early age, but without overseeing
- Health Champions in school – Y/P Could become champions in schools
- The Discussion in the last table top gave so much information – sharing of ideas and information invaluable
- Hannah Forbes – Leigh Centurions community foundation
- Excellent presentation – all ages & competences catered for after listening to discussions today we feel it would be advantageous to have quarterly PPG meetings to exchange ideas with other groups
- Leigh Centurions how do we apply to PPG's Leigh Centurions can we have case study's
- Could we set up cluster trained meetings presented from Hannah Forbes
- Clusters – patient involvement
- Some areas more relevant to today's agenda than others i.e. 1-5pm information not useful to take back to PPG's
- Hopefully get a voice for younger people
- No – one knew about Leigh community foundation
- More & better feedback needed

### **2. How would Cluster PPG groups and patients like to work with the Cluster groups you are linked to?**

- PPG 'lead' cluster meetings
- Visits from PPG members outside our cluster group
- How can we? Work with the cluster groups??
- Presentations at each meeting?
- Get together and communicate?
- Getting lots of people with good ideas – one person to represent the group
- Use of technology
- Get information out to the GP practice what they want feedback on so that it is relevant and people can contribute. (people do not lose interest as not relevant)
- Great when ideas given and it is asked upon. Celebrate success – lady gave example of excellent pathway

- Our table were totally unaware until today of the project/meeting of the SWAN group
- Communication needs to improve – when are the meetings
- Meeting required of the larger group of the ‘Clusters’
- Interaction with other PPG’s to come together & generate more ‘ideas’ meetings should be opened up to other members of groups, not just chairs
- What do GP cluster groups expect of PPG clusters?
- More integration of PPG groups within the clusters e.g. all PPG members able to attend
- Invite to other PPG meeting within the cluster
- Get more young people involved – get their parents with them (if possible)
- Come up with some scheme (basic training for young people to start them able to work in practices)
- Standard agenda items – involve PPG’s in cluster projects
- Importance of involving the whole practice team

### **3. What help, support or resources might you or your PPG need to get involved?**

- Different to say what we need until new cluster PPG meeting group formed and projects identified
- Car park space!!
- Money for projects
- Speakers that are relevant at the PPG e.g. Pharmacy/GP – advertising on the radio about the PPG
- From Uni or young people 6<sup>th</sup> form colleges – try to involve y/p who are studying or interested in similar subjects
- More communication & information sent to PPG Members for meeting dates etc
- Taking PPG’s back to basics & patient led rather than GP’s leading & dictating as to how they are run & what is discussed
- We need to look at the priorities to getting involved and then to look at any funding required. The opportunity to give more people a voice
- We need feedback on the clusters has it been evaluated
- Help & advice in interesting subjects such as reading young members or any other hand of the subject
- GP attendance and clerical support at meetings
- Funding for newsletter and training courses
- Proactively going out to youth groups/youth voice/youth cabinet
- Guides, Scouts & Air cadets, sea cadets – how could we do this?
- Parent guardian consent form
- Sharing best practice with other PPG’s

### **4. How could we increase diversity of people who get involved?**

- Ask what time patients would be able to attend if meeting times were variable
- Recruitment drive
- Have meeting in evenings

- Give certificate to young people /young adults universities
- Link to the 5 points “there has got to be something in it for them”
- Approaching people directly I proactively to ask them to be part of it – this could be raised by the doctors/nurses – people would be “flattered” if asked personally
- Target health conditions age related – doctors/practice to contact patients & invite them to become involved in PPG, if only on a part time basis
- Footer/rider on back of prescriptions/GP’s letters/Hospital letters, stickers – to encourage children’s awareness & invite their ideas including logo
- PPG logo – (standard across the board) y/p & parents signposted to become involved in their own local PPG
- Funding & support for PPG’s to try to engage with a wide & varied selection of the community
- Maybe involving more young people, sourcing them through local colleges etc
- This is the question PPG’s keep asking ourselves
- Increased communication to patients i.e. electronically
- Larger venue’s joint meetings
- Young ones go into wards & help...
- Get community deal workers to cluster meetings & communities knowledge workers
- Practice staff to suggest potential – PPG members
- Change times of meetings