

# PATIENTS' PARTICIPATION GROUP (PPG)

(Affiliated to the National Association for Patient Participation)

Minutes of the Tenth Annual General Meeting held at 10.00am on Saturday 24<sup>th</sup> September 2016

Reports provided to all attendees:

- Minutes of the Ninth AGM dated 29<sup>th</sup> September 2015
- Chair's report
- Treasurer's report

1: **Welcome and apologies:** Norman Shiel, Chair of the PPG's Steering Group welcomed all attendees (25), speakers and guests.

2: **Minutes of the Ninth AGM** dated 29<sup>th</sup> September 2015 were proposed by Helen Kingdon, seconded by Dr Laura Bethune and accepted by those present.

3: **Report of the Steering Group Chair** ; no comments raised.

4: **Financial Statement of Accounts of the Treasurer** ; considered accurate and accepted.

5: **Election of Steering Group Officers:** Chaired by Sir Denis Pereira Gray (our Patron)

## Current Members & Vacancies

**Chair** – Norman Shiel – nominated and accepted

**Vice Chair** – Felicity Hall – nominated and accepted

**Secretary** –no nominations received, Helen Kingdon to Act for the time being

**Treasurer** – no nominations received, held over in abeyance

**Patient Members** - Geoff Barr (research representative), Hazel Burrow (Book sales), Hilary Noakes, Margaret Turner, Barry Robinson (PPG representative to Exeter Locality PPG's Panel)

**Practice Members** – Dr Laura Bethune (Partner), Helen Kingdon (Practice Business Manager) and Mary Hurrell (Practice Operations Manager).

All those present were happy to accept the current members continuing.

6: **Any Other Business** none submitted or raised.

7: **Date of next AGM** – September 2017 to be confirmed. Endeavour to avoid the RD&E Event.

## Open Meeting

### 1. Tania Crabbe & Patricia Holloway (NIHR Research Network)

#### Patient and Public Involvement and Engagement in Research

An explanation of why research is important to us in primary care. Discussion of what individuals or groups can do to support research at this practice or in general. (Slides provided)

#### Questions Raised

- One attendee asked how the outcomes of the current pilot (Wellbeing Referral Service) would be shared. Helen Kingdon responded to this as this is outside of the research network. The current pilot is taking place at the three St Leonards Practices (St Leonards, Barnfield Hill and Southernhay House). It's funded by the ICE Board and is being delivered by the Westbank Centre. The outcomes of this will be reported to the ICE Board. It is hoped that this pilot will be merged with another currently being run in St Thomas and extended to more Practices across Exeter. The anecdotal reports from patients so far have been very encouraging.
- Another attendee asked how today's event had been advertised. Helen confirmed that 5000 text messages and 5000 emails had been sent to registered patients at St Leonards. In addition, the event had been advertised on the Practice website, Facebook page and on the waiting room TV. It had also been featured in the Community News section of the Express and Echo and on the St Leonards Neighbourhood noticeboard. Helen confirmed that she was delighted with the number of attendees!

The suggestion was made that a paper notice would be useful behind the reception desk and by the check-in screen for future events.

- Geoff Barr encouraged all those present to get involved in research. He feels that patient involvement is key and adds value to the process and outcomes of research. He encouraged the researchers to write article and journal entries that are accessible and understandable to everyone.

## **2. Ellie White**

### **Continuity of care in General Practice - does it matter?**

A brief overview of the research study carried out on Continuity of care in General Practice. Longitudinal continuity has been associated with outcomes including patient satisfaction, medical costs, hospital admissions and mortality. We undertook research on patients registered for 50 years or more to see whether continuity of care with the same GP practice had any effect on patient outcomes. (Slides Provided)

- Ellie explained that research has shown that more continuity = lower death rates, and this is not just in the UK.
- At St Leonards Practice, 70% of patients usually get to see or speak to their preferred GP. This is above the national average.
- Ellie asked those present why they wanted to see the same doctor; answers provided were laziness, and familiarity.
- One patient had experienced a breakdown in communication regarding changing medication doses between his consultant and the Practice. His own GP had been away at the time. Ellie used this as an example of why continuity is so important; information continuity as well as relational.

Norman Shiel closed the event with thanks to everyone for attending.