

## Patient Group Meeting 15 February 2022

1. Apologies -
2. Update from the practice (Amanda and Catherine)
3. Update on Clinical Commissioning Group and the Chichester Alliance of Medical Practices' Patient Representative Board (Tony)
  - a. Unfortunately, I have missed a number of these, but I am in touch. However, whilst they offer opportunities to discuss things they are doing, they seem very much about information coming down. I see little result from information going back up.
  - b. I realise I haven't been circulating all the papers from these groups, would it be helpful if I did?
  - c. There was a lot of discussion about the Health and Care Bill, the PRB chairman was very exercised about it, and a letter was sent to Gillian Keegan MP. A standard reply was received, but the points raised were ignored.
  - d. It is very clear some PPGs have very active patient support, but some are worse off than us. Lots of talk about why, but no obvious solutions.
  - e. It was suggested that we have joint PPGs, but I can't see any benefit. PPGs are about patients engaging with their own practice. Agree?
4. Financial update (Amanda)
5. Future of the Patient Group (All)
  - a. As we approach the Spring (? "the Patient Group at Cathedral Medical Group", ? link direct to patient group pages, Contact me?)
  - b. Patient Group email. I can only remember it being used properly a couple of times. Most is spam (84 messages in January 2022) and the others, 3 to 6 a month, are patients trying to contact the practice. I was personally responding to each, but now using 'out of office' to reply saying "Was your email intended for the Cathedral Medical Group?" I wonder about changing from [ppgcathedralmedical@gmail.com](mailto:ppgcathedralmedical@gmail.com) to [PatientGroupCMG@gmail.com](mailto:PatientGroupCMG@gmail.com) if so can Sheena do?
  - c. [sally.eisen@gmail.com](mailto:sally.eisen@gmail.com), no contact for nearly a year (March 2021), [susanmason311121@gmail.com](mailto:susanmason311121@gmail.com), no contact for over two years (January 2020). Action?
  - d. Sign up

### Books

6. Patient suggestions
7. Any other business
8. Date of next meeting - **April 12, 19**

## Notes

PRB

We have a small majority for meeting in the morning at 9.30am. We are assuming that this will be on Teams still?

As we have not yet established a format for the AGM I would be grateful to have your input. I expect it will be quite short & we will want:

Chair's report

PCN Report

Election of officers

Comments and questions from patients.

If we hold a regular meeting after the AGM we will need to ask non-board members to leave, in line with our TOR.

The announcement and invitations to the AGM will need to be sent out by 15th February. We will need a deadline for applications to attend from other patients. AGM documents can be sent out to attendees a few days beforehand.

In line with our discussions since the previous PRB meeting, probable agenda items for the regular meeting might include the following—all of which are in line with our current TOR:

Improving public engagement and patient participation

Improving practice communications with patients, including websites

A PCN-led patient survey.

Review our terms of reference.

Combined with agenda items from the PCN and yourselves, this might be too much!

With respect to public engagement, Tom Goodridge was extremely helpful and supportive of our aims. I hope to contact Jane Lodge about the public engagement 'toolkit' that the team is working on and particularly how it relates to the PCN.