



PPG ANNUAL REPORT 2018/19

1. Recent history

The PPG was originally formed in 2014 but the last recorded AGM was in Sept 2016 and the PPG ceased to function in early 2017. In the autumn of 2017, the TVH Practice took action to form a new PPG and various people attended the first few meetings for which there were no Chair and no formal organisation. By mid 2018, the “committee” had some structure with an acting Chair, Secretary and Treasurer but its membership was fluid. Discussions were mainly around trying to clarify the role of the PPG. A revised constitution was proposed to assist in that process. In the past year, the structure and role have evolved to the extent that it is now appropriate to formally agree the Constitution, to elect Committee members and to receive and approve an Annual Report and the Treasurer’s report. The AGM on October 2019 aims to enact that process.

2. Achievements in the past year

Over the past 18 months, the PPG has assisted the Practice in 4 areas:

- a) The PPG gave a patient perspective in the revision of the telephone answering message heard by patients when they ring in. The aim was to help patients understand why receptionists asked for brief details of the need to see a specialist (first stage triage) in order to guide them to the right service to meet their need. The message is in use today and is given by one of the senior doctors.
- b) It was agreed that the TV screen in the waiting rooms could be used to explain the structure of the Practice and the services that it offers patients. The PPG again gave a patient perspective during the development of the presentation as it was developed by TVH management.
- c) Records are kept by the Practice of the number of ‘Did Not Attend’ appointments categorised by specialist areas. A member of the PPG has analysed these records on a monthly basis and published the statistics on notice boards in the waiting rooms. Obviously missed appointments waste specialist resources and happily the DNA statistics have greatly improved over recent months.
- d) Development of a directory of local activity groups to assist the newly appointed Social Prescribers to find activities that would suit a wide range of patient needs.

In addition the PPG and TVH encouraged the establishment of the Tamar Area Prostate Support group (TAPS). TAPS held its first meeting in October 2018 at Callington Health Centre and it has met monthly ever since. 42 people have attended one or more meetings and the average number per meeting is 15. TAPS much appreciates the support of TVH.

3. Current activities

Earlier this year we welcomed some new committee members who have volunteered to lead a couple of projects suggested by the Practice:

- a) To survey the needs of TVH patients and then assess how these may be met.
- b) To propose methods for encouraging and increasing patient use of the electronic management system, eg for ordering repeat prescriptions, etc.

These projects are in their early stages but ideas for other useful projects would be welcome. However while the PPG is undoubtedly a useful concept, it has proved quite difficult to obtain patient engagement and to find projects that are not only useful to TVH but are also interesting for PPG members to lead and implement.

4. Conclusion

The Practice PPG now has a much clearer view that its role should be to identify and manage projects of value to patients and TVH management and its staff. However the PPG is constrained by a limited pool of active members and it is currently seeking both new Committee members to lead projects and also members who will attend some meetings but also be available to assist in the project actions.

CG
Acting Chair PPG
4 October 2019