BRIDGNORTH PATIENTS’ PARTICIPATION GROUP

Note of meeting 9 March 2022

**Present**

Jan Colley (Chair), Dude Newell (Practice Manager), Dorothy Carson, David Draper, Linda Gathercole, David Page, Sarah Underhill

**Apologies**

Richard Bailey, Jane Freshney, Rollon Leraistre, Ersuline Whittle

**Introductions**

The members introduced themselves and described their reasons for joining the PPGP

**Practice Manager Update**

For the benefit of the Group, DN explained how the Practice was organised. Bridgnorth was one practice in the South East Shropshire Primary Care Network which consisted of:

Albrighton

Alveley

Bridgnorth

Brown Clee

Cleobury Mortimer

Highley

Much Wenlock & Cressage

Broseley

Ironbridge

One function of the Network was to share specialist staff. Two such shared roles were based at the Practice. The network was also currently recruiting two new Mental Health practitioners. As a larger practice, BMP would sometimes be expected to lead/co-ordinate on certain issues, eg Dr Swallow was Clinical Director for the area; the Practice had also led the recent Covid vaccination roll out.

Locally, Danielle Faerber, Deputy Practice Manager, had now left but would be returning later in the year to provide maternity leave cover. A replacement for Dani was being recruited, together with another receptionist. Two staff would be leaving to train as nurses which reflected well on their experience at BMP.

The Practice had recently recruited a new IT Support administrator whose responsibilities included managing the website. This role was proving very valuable.

The new Smithfield carpark and its charging regime were causing problems with patients and the pharmacy. Patients needing to come by car were deterred by car park charges and footfall was down generally. This conflicted with the Practice aim of encouraging patients to use pharmacies more for basic health advice. The Practice and hospital carparks were fully utilised and there was no possibility of making these available for pharmacy visitors. Solutions to the problem were difficult to identify. *To be kept in view*

The Practice would be happy to provide a noticeboard in the reception area for the PPG. Decisions were needed on where this would be sited and what would be displayed. *Initial action JC/DN and then DD*.

Dude Newell would arrange for key people in the Practice (eg the Care Coordinator, a Pharmacist) to attend a PPG meeting at some point. *Action DN*

The new ‘phone line was easing problems in accessing the surgery. It was still not possible to move away from limiting the appointment window to seven days because Covid made it difficult to predict which clinical staff would be working in a week’s time.

**Group Secretary**

Sarah Underhill kindly agreed to resume her role of Group Secretary while her other commitments allowed.

**Actions Points From Last Meeting**

**Contacts List**: This could be drawn up now there was a group core membership of ten. Regular contacts who were not full members could be added in due course. *Initial action JC*

**Bridgnorth Journal Publicity:** The Journal had published a letter from the Chair in the run up to the Covid booster rollout explaining what the surgery was doing to manage the various demands on services. This had appeared on the front page. It would be helpful to keep BMP in the public eye to encourage greater appreciation of its problems; to help patients help themselves and to improve further the relationship between patients and Practice. To this end, we should explore the possibility of the PPG having a small but regular piece in The Journal. *Action JC*

**PPG Role in Practice Workloads:** It had not been possible to take this forward given the DM’s departure but the Practice Manager would welcome the PPG’s help with a proposed survey of patient experience thus avoiding the need to engage a third party provider. (See separate item below.)

**Outside Organisations (special interest groups*)***: It was agreed to identify outside organisations/special interest groups who could be invited to attend PPG meetings from time to time. *Action volunteer from PPG*

Current demands on the Practice meant there was no prospect currently of inviting local organisations into the Centre to talk to patients on services they could offer.

**Website including PPG Section:** The new website was up and running. Comments would be welcomed by the administrator. There was a PPG page with a link from the Practice front page but there was no recent material on PPG activities. The website administrator should be asked to post newer material which the Chair could provide. *Action* *JC and then volunteer from PPG*

**PPG Membership – Induction:** Advertising for new members on social media had attracted several responses and there was now a core group of 10 which seemed broadly representative of the patient demographic (apart from younger age groups). An induction programme should be drawn up. The Practice Manager would share the background material used given to potential recruits. *Action DN*

**PPG Meetings – Frequency and Timing:** There was general agreement that meetings should be more frequent that in the recent past, preferably at least every two months. To maximise the chances of members being able to attend while accommodating their other commitments, meetings could start at 5pm, ideally on days when the Practice Manager or Deputy could attend. Exceptionally, where this was not possible, the Practice Manager could brief the Chair on matters of interest to the Group ahead of the meeting, similarly the Chair could take up issues raised at meetings with the Manager after the event.

**Patient Survey**: DN explained that alongside MORI and other surveys of patient satisfaction, the Practice was encouraged, notably by the CQC, to conduct its own surveys. The CQC itself was due to visit BMP shortly and the Practice Manager would welcome PPG assistance in organising a survey. The Group agreed this was something they would be happy to be involved in. First thoughts were that questionnaires used by third party providers in the past were too long and complicated. A sub-group of DD, DP and JF would be set up to compile a new questionnaire and to handle arrangements for conducting the survey. *Action DD,DP,JF*

**AOB:** The Chair had been contacted by the leader of the ‘Greener NHS’ procurement group in the Midlands who was interested promoting a green agenda within medical practices. It was agreed to invite Clare Nash to a PPG meeting in the near future. *Action JC*

The next meeting would be held on Thursday 5 May at 5pm.