**BRIDGNORTH MEDICAL PRACTICE PATIENTS’ PARTICIPATION GROUP**

**Note of meeting 23rd October 2021**

**Present**

Jan Colley (Acting Chair)

Ersuline Whittle

Richard Bailey

Danielle Faerber (Deputy Practice Manager)

**Apologies for absence**

Beverley Whitman

Dude Newell (Practice Manager)

**Introduction**

(a) The members of the group introduced themselves and described briefly their background, experience and how they came to join the PPG.

(b) It was agreed to put together a contacts list for the Group **(*Action JC*)**.

**Update on developments since 10 June (last meeting)**

(a) DF provided an update on pressures, staffing and morale within the Practice and provided a chart showing the number of ‘phone calls over the past week. These had been running at over 4,000 a day compared to 1,450 pre Covid levels but had now fallen dramatically to around 2,250. The number of unanswered calls was now decreasing also.

(b) Five reception staff had been assigned to ‘phone lines. There was some leeway in re-allocating staff when pressures were severe but capacity for redeployment was limited.

(c) DF explained the system now operating for patient appointments. The practice was running both face to face and telephone consultations. Urgent Care Practitioners (UCPS) would see all urgent (as categorised by patients themselves) cases within two days. GPs saw all other patients. Continuing appointments were seen by the same GP wherever possible.

(d) JC asked if patient representatives on the Group could be provided with figures showing the approved staff complement in both clinical and administrative posts to familiarise themselves with the size and organisation of the Practice (***Action DF***). DF said that currently the Practice was one UCP and one receptionist below strength.

(e) DF explained there was currently a 45% turnover in staff. Reasons given for departures were heavy workloads and the attitudes towards and treatment of staff by some patients.

(f) The group discussed how they might support the Practice in relieving pressures and improving morale. The Bridgnorth Journal could be a conduit for communicating to a wider public the unseen pressures and the impact on staff particularly of abuse by patients. JC would contact the editor of the journal to explore possible mechanisms, eg an article or a letter (***Action JC*).** DF mentioned she had asked for Journal coverage on previous occasions but had no response

 (g) JC asked if more direct PPG support would be helpful. At the last PPG meeting, she and Group member Beverley Wightman had offered to take on some administrative tasks provided this would be welcomed and was within the confines of patient confidentiality etc. DF said there were things such as ‘scribing’ which it should be possible to delegate. She would investigate potential for PPG members to help in this way **(*Action DF*)**.

 (h) JC suggested that where there was a need for extra resources, for example the recent Covid inoculation roll out, it might be useful to involve members of the PPG so they could take advantage of the opportunity to interact directly with patients. This could help publicise the role of the PPG, get patient feedback and where appropriate, to explain difficulties faced by the Practice.

(i) DF said there had been plans at one stage to welcome special interest groups to the Practice for eg coffee mornings to meet the staff in a social setting and to exchange views and experiences. JC undertook to explore this idea with the Practice Management and to organise something if possible **(*Action JC*)**.

**Website**

(a) DF reported the Practice website was currently undergoing improvement and updating. She would investigate what progress was being made **(*Action DF*)**.

(b) Currently, there was little and no recent information about the PPG on the website. EW would ask Sarah Underhill (longer standing PPG member) what material on the PPG might be available for posting **(*Action EW*)**.

(c) DF said feedback on the website from group members would be welcomed. **(Action EW, RB, JC).** Given the Practice Manager’s concern about public image, JC mentioned there was no obvious place on the existing website for compliments while most of the Comments section was devoted to the formal complaints procedure. Compliments posted on the NHS website were especially valuable but there was no direct link to this website from the Practice one.

(d) EW suggested a practice logo or something similar might communicate a brighter image for the Practice than the current photo of the premises.

**Size, Composition and role of PPG**

(a) Given the current low numbers of Patient Representatives on the Group (five) and ambitions for a more active and engaged PPG, expanding membership was key to reinvigorating the Group and its future effectiveness. There had at one time been 15 members and national bodies overseeing patient participation recommended at last ten. The aim should be to construct a group representative of the patient demographic.

(b) The practice Manager had passed the details of a possible new member to JC who had contacted the person, though she was unlikely to be available soon.

(c) RB suggested gender balance concerns meant there should be efforts to recruit more men to the Group. It was also important to attract people with jobs because of the skills they could bring to the Group and because of their particular experience with appointments times etc. Evening or Saturday meetings would be necessary to allow these members to attend.

(d) Young people should also be represented. RB suggested the local Sixth Form. JC would approach the Principal of the college. **(*Action JC*).**

(e) RB offered to approach another PPG for any lessons that could be learned about recruiting to and running an effective PPG. He would approach the Market Drayton Practice. DF would give him contact details **(*Action DF, RB*).**

(f) RB would also get in touch with the administrator of the *Love Bridgnorth* Facebook page with a view to inviting applications to join the PPG **(*Action RB*)**.

(g) It had been recent practice to hold PPG meetings about every three or four months but in order to maintain momentum, it would be helpful to meet more frequently. If possible, the next meeting should take place early in the New Year.