

free to go with her please volunteer, it maybe possible to share a lift if necessary. Dates have already been circulated and can be discussed further at our next PPG

Visiting Speaker – John Bridges

- John was welcomed and invited to take the floor and talk about his work with PPGs and the wider health care groups.
- John started by sharing his personal background which led to his involvement with so many groups. He currently sits on the PPG of his own local practice, the East Staffs District Engagement Group, the Patient Board and the CCG. His involvement at all 4 levels means he has a great understanding of what is happening and can disseminate information up and down the chain making his work more effective. IN noted that the work John does has impacted on the credibility of the Patient Board in particular. The patient board is a critical friend of the CCG. They try to hold people to account (eg when the new mental health strategy was published) and then work together to move forward. They are a voice for the patients and want to know what issues patients have that they need to raise. It was noted that although IN sits on the Patient Board he is there as a representative of the 3rd sector, not as a patient or of our PPG.
- The Challenges in Primary Care Survey has been analysed and discussed and an action plan will be published imminently. It was interesting that responses to it at every level highlighted the same issues. Each group will have to take on some responsibility to address these going forward.
- John stressed the importance of every PPG being represented at the District Group but that also when their minutes are published they are then discussed with the PPG. The more improvement in 2 way communication there is the more effective each group can be.
- Know Virgin Care have had 8 months to settle into their contract the Patient Board are going to be more proactive in holding them to account. The biggest issue across the whole of the NHS is communication.

The meeting then moved on to more discussion with John about PPGs and how to work more effectively with the practice.

- Each month RP reports to the GPs about the PPG and brings the PPG a practice update but everyone would like a more visible partnership with the doctors and for at least one of them to attend the meetings when possible. John was sharing from his experience the closer the partnership the more effective the PPG is. RP is expecting the new partner (joining in April) will take a more active role with the PPG.
- We need to recognise as a PPG the successes we have had and the surgery need to utilise what we have done to highlight and strengthen their work. Eg when the PPG reviewed the DNA policy with the practice the practice can be explicit in their DNA letters to

say this policy has been written in consultation with the patient group. The work that was done on this, along with the texting service which we also supported being introduced has had an impact on reducing DNAs.

- We discussed with John his anecdotal experience of timing of meetings to maximise engagement. He suggested 2 monthly was the optimum regularity but maybe a slightly longer meeting than we currently have. His PPG have experimented with timing and found afternoons work best for them. While this would be good for the retired members of our group it would exclude some existing members who work and it was questioned whether daytime limits the demographic?
- For greater involvement John outlined his experience of a virtual group. They receive the agenda (predominantly by email, having given permission for their email to be shared with the secretary) 2 weeks before a meeting and are encouraged to respond to this with contributions to be discussed at the meeting.
- Another suggestion was to have a PPG newsletter to share with the whole practice what they are doing to raise the profile of the group. It could contain information about who is on the PPG, when they are meeting, reports on completed projects and information about what they are doing next. It is also a way to publicise PPG events. John's PPG have coffee mornings, quiz nights, health awareness events and such like. Space is a greater issue for us at Wetmore Rd with similar activities but IN questioned whether Manor Pharmacy would be willing to host any of these. John was questioned as to whether being a village based practice made it easier for them to engage people but he didn't not feel that was the case. It was more likely to do with people willing to contribute time and energy towards making events happen. It was also recognised John was a driving force in these events and we don't currently have a "John" in our PPG.
- SC raised, and was seconded by others, that there are so many meetings and reports how do we filter out what we need to focus on and how can we be best serving our patients/practice with the limited resources we have. We also want some "job satisfaction" from our involvement. It is frustrating giving time when there is no clear purpose. What was apparent was that people want to use their time well, to feel it is worthwhile, to have a sense of achieving something and to have greater gp involvement.
- It was suggested we find one or 2 "bug bears" and commit to working them through. As had already been mentioned it is a 2 way thing so we want to hear from the surgery what they would proactively like help with so we feel we are making a difference to them. Success breeds success so if we can do 1 or 2 things well this can then grow moving forward.
- John offered if anyone would like to attend a PPG meeting at Tutbury as an observer they would be most welcome to see if we

can learn from them.

- RP had had a message from the practice manager at Tutbury that she would be willing to come to our meeting and share a practice perspective on how to build an effective PPG. This was welcomed and RP asked to arrange.
- John invited us to enter a team into one of their quiz nights. It was too soon for the next one but may a “Wetmore Wonders” team could be put together for a future one.
- HB thanked John for his time in coming and the work he is doing and he left.

RP

Practice Update

- Sister Gill Boast is retiring at the end of February. Liz Griffin will be stepping up to be the lead nurse. A new nurse has been recruited who was previously a student at the practice. There will be 2 extra nurse sessions a week.
- There is ongoing discussion as to what other staffing increases there need to be to increase clinical capacity. Would an additional GP or nurse practitioner be the best way forward to meet the practice’s needs and be achievable given the current recruitment challenges.
- There have been some changes on the reception team.
- There was a message in the PPG communication box last meeting suggesting a water station could be provided in the waiting room. The practice had discussed this and felt that storage would be a problem but the overriding factor was the health and safety concerns with room and dealing with spillages. However RP would make sure the receptionists had water available should a patient need a drink and would consider whether a poster needed to be put up to make people aware. The group accepted this as a reasonable response and will update our “You asked, we did” board to reflect this.

RP

SC

AOB

- GR had attended a meeting where the problem of loneliness in the community was raised. Horninglow Friends offer a befriending service. We felt that services such as this were priorities to publicise among the many posters the practice are requested to display. IN suggested differentiating between 2 noticeboards – 1 for national issues and 1 to promote local initiatives. RP will consider this. GR will contact Horninglow Friends to ask for some publicity materials. She will have these sent to her so they are not lost amongst the quantities mail the practice receive.
- Discussions are ongoing locally as to how to meet the government drive for 8 til 8 appointments. It may be something we can discuss further down the line when time for consultation arises.

GR

Preparation for next meeting

- In light of earlier discussion it was suggested that everyone reflects on what bug bears we have/hear about and that RP asks practice staff

RP/ALL

the same so that at the next meeting we can discuss these and adopt two – one from the patients and one from the practice to work on improving and give us a sense of purpose.

The meeting closed at 7.30pm