

**Minutes of Wetmore Road Surgery
Patient Participation Group Meeting
Virtual Meeting via Zoom
Wednesday 31st May 2023**

Present: Patients x6 Ian N (chair), Sarah C (secretary), Aileen A,
Caroline H, Mike P, Bernard P

Practice Staff x3 Amy Carter, Rob Paton, Dr Turfrey

Apologies: Gill R, Rob M, Beryl W

<u>Agenda Items</u>	<u>Action</u>
<p>SC hosted the meeting. IN chaired the meeting.</p> <p>Apologies from GH and RM and later received from BW. CT has resigned from the group.</p> <p>IN explained that he had hoped that Ryan from Peak Pharmacy would be joining us but he hadn't confirmed that he could attend and didn't join the call.</p> <p><u>Practice Update</u> This had been emailed out over the weekend. Earlier in the day a further email had been shared which was a BMA update on GP services.</p> <p>AC talked through the practice update which mainly focussed on staffing changes. It was asked whether there have been any improvements on recruitment and retention? AC leads on Admin staffing and reported that it is very hard to recruit receptionists at the moment. RP leads on Clinical staff recruitment and also reported that it is very challenging at the moment. Recruiting pharmacists is a particular difficulty. It is hard to recruit and the number of staff retiring is causing increasing problems. Practices across Staffordshire are all competing for the same small pool of available staff. Wetmore Rd are trying to be creative and offer supportive packages to help retain staff. In August there will be newly qualified staff becoming available and the practice will endeavour to continue to recruit quality staff.</p> <p>RP talked through the BMA document. It was quite lengthy, with a multiple links to further reading, and so RP was asked to focus on how it impacts patients and practices. RP explained that the government is imposing a new GP contract with new structures that have to be followed. There is concern that what is being imposed will present a significant challenge with the current resources and funding. It appears that it hasn't given due consideration to the cost of living problems and increased operating costs, for example the rise in minimum wage and inflation, and they are being asked to do more with less money.</p> <p>RP highlighted one specific expectation that on the first phone call a patient will be able to access the clinical care they want and not be told to ring back the following day as there are no available appointments. The demand for appointments is rising. Wetmore Rd offer more GP and ANP appointments, face to face, telephone and econsultations than ever but the risk is that demand</p>	

is too great. In recent weeks 2 local practices have been to look at the way Wetmore Rd is working to see what they can learn and can't believe the number of appointments being offered. The pressure to offer more appointments is putting pressure on the cycle of routine checks, reviews and vaccinations and there is real concern about staff burnout.

The BMA recommendation is that to ensure safety clinical staff should have no more than 25 patient contacts per day – staff are currently having 30+ and in addition make telephone calls and respond to letters. It is not sustainable to work to this recommendation. There is going to be a backlash from primary care because of the pressure but having said that Wetmore Rd is doing better than many other practices. Dr Turfrey stressed that the staff work together, are motivated and loyal which is one of the reasons they are in a better place, but even so it is unsustainable. It will result in more retirements and/or staff cutting back on their working hours. She suggested the ICB may want some PPG involvement.

IN reflected that while it is a very informative document as a PPG we need to tread a narrow line between understanding and supporting the practice while not getting involved in the politics behind it. He asked whether members of the group were happy to receive these updates going forward?

MP was of the opinion that it gives us a greater awareness and understanding of the problems primary care face. We are quick to complain but reflect differently when we understand the underlying issues.

IN asked for confirmation that these are not confidential documents and RP clarified that they weren't. SC suggested that members shouldn't feel obliged to read them if they found them too detailed. IN asked that RP continue to explain the key points each meeting.

IN went on to ask, how in the light of this information, the PPG can support the practice? He also shared that although he sits on the ICB Patient Assembly meetings keep being postponed and so there hasn't been any opportunity for input.

RP suggested that for now the PPG just appreciate the issues that are being faced but further down the line there may be more specific help needed. The workforce data is something particular to note. In the short term, when they are no longer allowed to tell patients to "ring back tomorrow", they may have to default to directing them to call 111 as there are no other options but this isn't the solution.

IN was nervous about the PPG's role in this – how to support constructively if there is a perception of deteriorating service and how to we avoid pitching patients against the practice, when ultimately it is "OUR NHS".

SC asked whether addressing things on the day would in anyway address some sort of backlog and in the long term, once it was embedded cut calls because it would eliminate the repeat call backs and therefore it become more manageable, or whether there would be an unintended consequence of such efficiency and it would create a new problem around patient experience and expectation and there would be even greater demand because patients would ring for more minor issues that previously they could manage with self care because the practice had gained a reputation for being so quick to help? It was felt that latter would be more likely.

PPG Recruitment

IN reminded members that everyone had been asked to send in some information about themselves so that Sarah can complete the "Meet your PPG" flier. About half of the group had done this.

ALL

<p>Dr Turfrey suggested that some 6th formers who are considering a career in the medical profession maybe interested as it would something to put on their application form. SC responded that when TJ had been part of the group, for this reason, he had made a helpful contribution. It was suggested contacting 2 or 3 secondary schools to see if they had pupils interested. De Ferrers and Abbot Beyne would be those with more pupils in the practice area. AA offered to put a flier together and to try and find the names of the careers advisers in those schools. This would then be passed to SC to send from the PPG email. IN asked whether, with the increased emphasis on understanding Autism, Neurodiversity and Learning difficulties whether there were any parents/carers who could bring some experience of that demographic to the group. He offered to contact SENDIASS (The Special Educational Needs and Disabilities Information Advice and Support Services) to see if they had anyone interested. Other suggested groups were St John's Ambulance, Burton College, Red Cross. It was re-iterated that while contacting these groups it is important to stress that the invitation is only open to patients registered at Wetmore Rd Surgery.</p>	<p>AA SC</p>
<p>[Could the district group representatives raise this as something the district group could promote more widely for people to join their own PPG?] BP raised the question of us using the anacronym PPG which would be meaningless to those outside the group and suggested that in any material we put out we use the full title "Patient Participation Group". SC asked whether this was the most helpful name for us and while having a PPG maybe part of the GP contract we could adopt a working name for our group that was more widely understood and less wordy – Patient Group, Patient Voice, Patient Representatives???</p>	<p>IN BP</p>
<p>IN suggested we discuss this at the next meeting and people come prepared with their thoughts and suggestions. RP suggested a text message out and info on the website. SC responded that this was the intention once the "Meet your PPG" flier was finished but it has been delayed by lack of response"</p>	<p>ALL</p>
<p>IN suggested that we have as a standard agenda item "How do we support the practice in the current NHS climate?" Some meetings there maybe nothing but it would keep it at the forefront of discussion and ensure that relevant feedback to the ICB when appropriate.</p>	
<p><u>A.O.B.</u> BP wanted to give the practice his highest commendation for the care he'd recently had. IN reiterated that the reality of the current position means the NHS need our support and we need to have a voice to help sustainability BP asked how will the ICB work with PPGs? IN responded that he wanted to help John Bridges [Secretary of the District Group among many other things] with this. RP shared that is wasn't just the Patient Assemblies that had been cancelled, the monthly practice meetings with the ICB have also been cancelled due to lack of staff. The voice of Primary Care if not being heard. IN asked if RP could identify any key people for us to raise this with? IN asked for a card to be sent to GH who is unwell [SC/RP have done this].</p>	<p>SC/RP</p>
<p><u>Date of next meeting</u> Wednesday 19th July 5.30pm Zoom IN will see if the pharmacist from Peak can attend</p>	<p>IN</p>

Date of Next Meetings

Wednesday 19th July 5.30pm (Zoom)