

# Shifnal & Priorslee

## Patient Participation Group Meeting

Wednesday 12<sup>th</sup> November 2025, 18:15-19:30, Shifnal Surgery

### Meeting Notes/Actions

#### Attendees:

Paul Thomas (Chair)	PPG Chair	PT
Sue Mckie	PPG Vice Chair	SM
Dr Ian Chan	Medical Director (Teldoc)	IC
Dr Chandler	GP S&PMP	PC
Elaine Edwards	Dir. Quality and Governance (Teldoc)	EE
Louise Glover	PPG Member	LG
Jayne Stevens	PPG Member	JS
Tom Brettell	PCN Digital & Transformation Lead (Teldoc)	TB
Neil Pulker	PPG Member	NP
Gill Riggott	PPG Member	GR
Hilary Norbury	PPG member	HN
Amanda Dowd	PPG member	AD
Joe Mascarenhas	PPG Member	JM
Julian Bengé	PPG member	JB

#### Note Taker:

<b>Sue McKie</b>	PPG Member	SM
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ITEM	SUBJECT	ACTION
1.	<p><b>Apologies:</b></p> <p>PT welcomed everyone to the meeting and advised that the following apologies had been received.</p> <p>Alison Jackson and Paul Jones.</p>	
2.	<p><b>Chairs Statement</b></p> <p>“As you know, I have been in the position of Chair for over two years. During this time, I have invested a great deal of time and effort in helping to redefine the PPG to be more proactive and engaging in its meetings and activities.</p> <p>In some respects, I believe we have made good progress — the recent Focus meeting, in particular, was a major step forward. However, we have also faced challenges. With several resignations and a lack of responses, our group has reduced to 12 members.</p> <p>I feel that while our meetings should have structure, they are not intended to be formal board meetings. Everyone should have the opportunity to speak on agenda items as they arise, with mutual</p>	

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	<p>respect and a shared sense of purpose. Likewise, I expect that same mutual respect in return.</p> <p>Unfortunately, I have often found myself needing to chase members for confirmation of attendance, and I rarely receive items for consideration under “Any Other Business.” This makes it difficult to plan and run productive meetings.</p> <p>Given these circumstances, I would like to ask both the members and the Practice to consider whether you wish me to continue in this role as Chair. I am happy to continue if there is genuine support and engagement from the group, but equally, I will understand if you feel that a change would be beneficial at this stage.</p> <p>Thank you for your time, your contributions, and your honesty. I look forward to hearing your views.”</p> <p>There were no objections and so it was agreed that Paul would continue in the role of Chair.</p>	
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<p>3.</p>	<p><b>Introduction</b></p> <p>PT reminded the group of the need to respect confidentiality due to the sensitive nature of some issues. Referring to the focus group meetings held in the summer; the group identified areas and metrics for future discussion, primary areas of concern were appointments and complaints. PT had met with EE to discuss the proposed metrics, but as previously reported the practice advised that they were not required to provide this data to the PPG as they were accountable to their commissioners. There was further discussion relating to the Terms of Reference.</p> <p>PPG members reiterated the rationale for understanding whether the practice was an outlier in any areas and the need to be able to benchmark and see trends. The group felt that by having this understanding they would be better placed to report and feedback to patients and support the practice. NP referred to the availability of data in the Daily Mail report. Dr Chan suggested that data on its own much of which is static and taken out of context is open to interpretation and that we need to look at population outcomes. He reported that there are still challenges with estates and appointments are still an issue but if urgent then patients will be seen. HN noted that the definition of urgent is open to interpretation, Dr Chan advised that the practice receives lots of urgent requests and clinicians use a needs-based model to triage and prioritise appointments.</p> <p>In conclusion, the practice agreed to review what information they can share with the PPG and produce a dataset for consideration. LG asked if we could have some outcome data on hospital admissions.</p>	<p>EE</p>
<p>3.</p>	<p><b>Minutes of the last meeting</b></p> <p>These were approved and it was noted that Louise Glover was down as Joyce Glover in error.</p>	
<p>5.</p>	<p><b>Standing Agenda Items</b> Update from the practice</p>	

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	<ul style="list-style-type: none"> <li>• Local Enhanced Services (LES) - Winter Resilience and Demand Management</li> </ul> <p>EE advised that the practice needs to increase clinical capacity with the use of locums and overtime to deal with winter illnesses, specifically respiratory. The Commissioners will monitor the practice performance.</p> <ul style="list-style-type: none"> <li>• Quality Standards – Complaints – trends/analysis</li> </ul> <p>EE advised that complaints are monitored and are at a relatively low volume, approximately 10 per month (27 in Q1). The practice has seen an increase in complaints since the introduction of online access by increasing patient expectations. Complaints relating to access can be dealt with quickly by the patient experience lead plus a deputy, clinical issues need investigation by a GP so take longer. Patients are given the opportunity to go to the ombudsman if not satisfied.</p> <p>HD questioned the accuracy of the patient information leaflet. The practice has responded to the delays in dealing with complaints by recruiting more staff and the leaflet will now be reviewed.</p> <p>JS reported that the call back service does not work.</p> <ul style="list-style-type: none"> <li>• FFT</li> </ul> <p>This is a useful indicator of patient satisfaction and is publicly available on the NHS website. The practice gets approximately 200 reviews per month, and the results are viewed quarterly and dissatisfied comments monitored. In Q1 92% of respondents extremely likely or likely to recommend the practice.</p> <ul style="list-style-type: none"> <li>• Website</li> </ul> <p>It was agreed that 2 years' worth of PPG minutes to be displayed on the website, with a one on, one off approach going forward. AD requested that the TORs be added to the website. JB questioned whether the GPs were identified on the website and after some searching it was acknowledged that they were.</p> <ul style="list-style-type: none"> <li>• Priorslee Surgery</li> </ul> <p>PT reported that the proposals for the new surgery had been modified and that progress had been made but it was likely to be 2027 before completion.</p>	TB
6.	<p><b>Contractual changes</b></p> <p>Dr Chan informed the group that the GP contract had recently changed, and the practice is now open 08.00 – 18.30 with open access. He informed the group that meeting demand would be difficult every day and could lead to a routine appointment waiting list.</p>	

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7.	<p><b>POD decommissioning Impact</b></p> <p>A text had been sent patients telling them that this service would no longer be available. It was agreed that the best way to order is via the NHS app and the practice social prescribing staff were offering support to patients who are unfamiliar with the app.</p> <p><b>Daily Mail report</b></p> <p>This was discussed under item 3</p> <p><b>Practice expectations of the PPG</b></p> <p>This was discussed under item 3</p> <p><b>Pre arranged (AOB)</b></p> <ul style="list-style-type: none"> <li>• <b>National survey – NP</b></li> </ul> <p>NP reminded the group about the National Patient Survey</p> <ul style="list-style-type: none"> <li>• <b>Patient privacy – AD</b></li> </ul> <p>AD acknowledged that the self check in was good, but she had concerns about patient privacy. The practice agreed to review this.</p>	EE
8.	<p><b>Next Meeting:</b> Wednesday 18<sup>th</sup> Feb 2026 18:15-19:30, Shifnal Medical Practice, Haughton Rd, Shifnal, TF11 8DD Apologies received from Amanda Dowd.</p>	