

Westgate Practice

Patient Participation Group (PPG)

Minutes of Virtual ZOOM Meeting Monday 23rd November 2020

2.00 – 3.35pm

Chair: Prof/Dr. Helen Stokes - Lampard

Present/Joined	Apologies
<ul style="list-style-type: none">• Chair Prof/Dr Helen Stokes-Lampard (Dr H)• Sara Allen (SA) – Patient Liaison Officer• Betty Bradbury (BB)• David Dundas (DD)• Sheila Espin (SE)• Margaret Harding (MH)• Judith Plimmer (JP)• Pamela Usher (PU)• Andy Smith (AS)• Lesley Bushell (LB)• Sue Charles (SC)	<ul style="list-style-type: none">• Shirley Trelfa (ST)• Lorna Bushell (LBu)• Pamela Playle-Mitchell (PPM)• Sam Ellicott (SEI)• Brian Mills (BM) • Pamela Handscomb (PH) - resigned

Agenda Item		Actions/By who
1.	Welcome & Apologies Chair Dr H welcomed everyone to the second Zoom meeting of the Westgate PPG; four apologies were noted; Brian Mills was unable to join due to technical issues and the resignation of Pam Handscomb was noted. All are happy to continue to use ZOOM as a way of meeting given the current pandemic until it is deemed safe to meet face to face.	

2.	<p>Minutes & Actions from previous meeting</p> <p>Minutes of previous meeting agreed as accurate.</p> <p>Actions agreed - Dr H gave an update on the canopy; it is now part of the GP improvement grant application for the practice.</p> <p>Other items on the meeting agenda.</p>	
3.	<p>PPG Chair Election Outcome; Other Roles; Terms of Reference</p> <ul style="list-style-type: none"> ➤ Dr. H confirmed that following a very close vote between two candidates, Sheila Espin and Margaret Harding, that Sheila would be the new chair of the PPG; she hoped that Margaret would still continue to be an enthusiastic member of the group. MH will continue as the representative for the District PPG. DD suggested that the group looks to appoint a Vice Chair; DR. H said that this should be considered by the group in the near future. ➤ SA has circulated the existing TOR's which need to be reviewed; PPG members to feedback thoughts/ideas to SA who will pass to new chair SE for consideration. 	<p>PPG members/SE</p> <p>PPG members/SE</p>
4.	<p>Update of recent practice changes in day to day operating due to covid-19 (Dr. H)</p> <ul style="list-style-type: none"> ➤ Dr H reported that we are continuing to operate the practice in a safe way with extra precautions in place; the national situation has deteriorated again since October; we are in another national lockdown currently, the increase in prevalence is concerning. When we come out of lockdown on 2nd December Staffordshire can expect to be in tier3. Last week the practice had 20 people absent which included staff who were self-isolating, some are able to continue to work from home. Laptops have been provided where possible. ➤ Dr H reported that we haven't had any 	

	<p>recent staff changes and at present there are no vacancies.</p> <ul style="list-style-type: none"> ➤ DD commented on the queuing arrangements outside the practice entrance, the signage for where to wait is not clear, needs to be at a higher level. 	
5.	<p>Practice Communications Plan</p> <ul style="list-style-type: none"> ➤ Dr. H gave an overview about how staff were generally feeling down about poor feedback in the media that practices are closed or not 'doing anything' when they are continuing to work hard to meet the needs of patients. The GP partners have discussed a new communications plan to improve the views of patients and show our human side more. This will include looking at the telephone system updating the message to be 'warmer' but no longer; to do some customer service training with the reception team; emails will have a standard sign off; we will endeavour to make more use of the website and face book as well as other social media platforms such as Instagram and twitter and also to review use of posters and name badges. ➤ DrH asked for any ideas from the PPG members to be feedback to SA ➤ SC suggested we may look at the 'typical day' of a member of staff to demonstrate what the role entails. DrH said she had done 'The Journey of a Blood Test' with a visiting MP. ➤ LB said we could do a practice survey to get feedback ➤ JP said she had given feedback about the service she had received at Samuel Johnson after a recent visit. 	<p>PPG Members</p>
6.	<p>Planning for Covid 19 Vaccination Update</p> <ul style="list-style-type: none"> ➤ Dr. H gave an update of the current position with the development of a Covid 19 vaccination. There are 3 vaccines that have been proven to work but as yet none have been licensed for use. The next move is for 	

	<p>the JCVI/MHRA to review their safety and grant a license for their use. The likelihood is that NHS clinical staff and care home residents/staff will be prioritised. No other public will be offered the vaccine until the New Year.</p> <ul style="list-style-type: none"> ➤ Dr.H The GP's in Lichfield have all offered their help to support the local roll out, but there is a challenge to balance everyday work with the extra time needed for supporting a vaccination programme. Local sites are being explored, most likely to be Samuel Johnson Community Hospital as there are already medical facilities in place. MH said that the Dean of the Cathedral had offered it as a space but DR. H said that although this was a lovely idea she was concerned that the space was needed 7 days a week and this may not be possible there. MH to feedback to the Dean. ➤ Dr.H said there was still uncertainty as to which vaccine will be used, it will be the biggest peacetime mobilisation and the logistics are challenging but she is confident it will happen. Likely to be large dedicated sites along with more local sites for people to attend. ➤ JP asked how people would be tracked to ensure they came back for their 2nd dose Dr. H said people would need to be given two appointment dates when initially booked in. She is expecting there to be new software to record who has been vaccinated/side effects etc. which will be a national system although unsure how this will be linked to GP records. MH asked how people would be called for their appointment, Dr. H said it was likely to be a national system like the one used for bowel cancer screening so maybe by text or letter. MH explained that she was concerned as she didn't get a text to enable her to book a 'flu vaccination and felt aggrieved about how the clinics were run and appointments offered by the practice. In the end she had her vaccine at the chemist. Some patients who are 	<p>MH</p>
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	housebound are still waiting for 'flu vaccines, Dr. H reassured her that we do have a list of patients waiting but due to staffing we are unable to do them at the moment but they will be done as soon as possible.	
7.	<p>Flu Vaccination Programme Progress</p> <ul style="list-style-type: none"> ➤ SA sent out an update of stats ahead of the meeting; the practice has so far vaccinated 6,550 adult patients of which 4,917 were over 65 years and 1,633 were from the vulnerable category. 403 eligible children have also been vaccinated. This is more than in any year at this point. ➤ SA another clinic is planned for Saturday 12th December with 1,000 appointments planned for those with shielding patients in their household or those still at risk. We are still offering appointments during extended hours and at opportunistic appointments with Practice Sisters. ➤ SA overall we have had some excellent feedback from those who have attended the flu clinics with regards to them feeling safe and the efficiency of the system put in place. ➤ Dr.H indicated that we may run another 'flu clinic between Xmas and New Year depending on vaccine stocks. 	
8.	<p>Statistics Update</p> <ul style="list-style-type: none"> ➤ SA gave a review of the complaints received based on the time period 1st April to 30th September 2020. Has been less feedback from patients due to not having Friends & Family or our own yellow slips available. However the new website has presented patients with an alternative mode for feedback. The number of formal complaints dropped from 70 during this time period last year to 30 this year. Only 6 were categorised as 'upheld'. SC asked how we differentiate between formal/informal Dr. H explained formal usually by letter/email patient will state wants to make a complaint. Informal can usually be dealt 	

	<p>with quickly and resolved without investigation. SE pointed out that it is essential that complaints are used as a learning tool. Dr. H informed the group that we do have a process to ensure this happens within the practice.</p> <ul style="list-style-type: none"> ➤ SA gave some general stats around practice activity during September/October: <ul style="list-style-type: none"> • Telephone Consultations = 9460 • Face to Face GP = 813 • Face to Face ANP = 172 • Face to Face Practice Nurses = 786 • Asthma Reviews = 204 • Diabetic Reviews = 268 • Medication Reviews = 2892 • Phlebotomist Appointments = 1821 ➤ PJU asked about stats for missed appointments SA said this was previously done monthly but had not been since April, she will look into it. ➤ DrH said the doctors are trying to call patients twice, and then will text to let them know they haven't been able to reach them. ➤ BM sent in a note to the meeting wanted to raise points about the telephone system and suggested the following may help: <ol style="list-style-type: none"> 1. Dedicated phone number for making an appointment 2. A different number for all other departments e.g. Test results 3. Another line to cancel appointments linked to 24/7/answer service which is checked each morning. 4. Modify the phone message and streamline it. <p>BM also wanted to suggest that when a GP advises a follow up consultation it is booked at that point with the same GP to support continuity of care.</p> 	SA
9.	<p>Patient Access to Medical Records</p> <ul style="list-style-type: none"> ➤ MH asked how a patient would be able to see what a consultant had said following a hospital consultation. SA outlined the different levels of patient access to medical 	

	<p>records and what patients need to do to get access to their records to which they have a right. DD spoke about the difficulties of different hospital trusts being able to get results to be available for consultations e.g. QHB to QE Birmingham. MH confirmed that this was also an issue with xrays. AS said he had not had the same problem when being seen in Birmingham with results from Wolverhampton.</p> <p>➤ Dr. H explained that this issue is due to different hospital trusts having different computer systems that don't talk to each other.</p>	
10.	<p>Update re Local Council Developments</p> <p>➤ DD said nothing new to report; he has chased a response to the letter that was sent to the council in February from the PPG with regards to having a health centre built on land that is currently available in the south of Lichfield. Suggested that the practice contact Cllr Ashley Yeates; Dr.H said she would discuss with partners.</p>	Dr. H
11.	<p>Update re CCG & District Feedback</p> <p>➤ MH attended a 2.5 hour meeting on 18th November and outlined the main points raised. Notes provided to SA for minutes as follows:</p> <ul style="list-style-type: none"> ● Blood clinics: Outpatients Matron at GH reports running at reduced capacity due to sickness and shielding so moving to appointments system to manage numbers. Work being done to stop Consultants asking for blood tests to be done at GP surgeries should be done at hospital. Dr H stated that we already have employed our own Phlebotomists. ● ReSPECT Form: to be introduced and used instead of DNAR form. Gentler approach to be agreed with the patient earlier rather than later need time to consider the complex questions about what the patient and relatives want/expect to happen at end 	

	<p>of life/critical points. Adopted by UHD&B needs to be rolled out across all care sectors. The form should rest with the patient so that anyone attending them e.g. ambulance, GP, District nurse can pick it up and understand the patient's wishes. Information has gone to GP's, forms are available but it's not yet digital. Dr. H stated that we are actually already using this form and have done so for most of the year, we use it digitally to ensure it can easily be sent out to anyone who needs it. She agreed it is more compassionate and comprehensive than the previous system and all the Drs were very supportive of its use.</p> <ul style="list-style-type: none"> • Changes to NHS111: National changes to the NHS 111 service being rolled out in December. Aims to reduce numbers attending A&E - issues with infection control and treatment times. Instead of going to directly to A&E the patient should ring 111 who will triage and direct to the most appropriate services e.g. Minor Injuries, Urgent Care, GP, Pharmacist or A&E. The patient would be given a time slot to attend A&E but if it's a real emergency an ambulance would be sent immediately. No-one would be turned away from A&E. Should speed up treatment; reduce waiting times and take pressure off A&E staff. Vocare runs NHS111 in Staffordshire, would like to be able to book patients into their own GP surgeries. NHS111 will become even more important out of hours. Dr. H commented that as a practice we are involved in a pilot for this scheme, have had a few problems but have fed back to CCAS. • Primary Care: There are ongoing issues with estates and primary care requirements need to be fed into planning process which isn't the case at present. LDC failed to support or contribute to plans using monies from the Rugeley Power Station development for a Primary Care facility, ?what. We need to write to them and express concerns at their lack of provision. Cannock Council contributed £500,000. PPG 	<p>PPG</p>
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	<p>to write to LDC, any feedback to SA.</p> <ul style="list-style-type: none"> • Covid Survey: This was done by a Patient Engagement group in East Staffordshire. It shows just how many had lost out on services, fears for the future, impact of lockdown on mental health. Some like the telephone consultation other refuse to engage with the system. Not everyone has the technology. Messages from the NHS and GP's need to be clear and concise. There is an overload of information and then no-one reads it or takes it in. • Healthwatch are asking for feedback on GP appointments. • No permanent Covid testing sites in Lichfield or Tamworth. The further south in the county the less likely to get resources! 'Pop up' centre for Covid Testing in Lichfield, currently at Friary Car Park. Dr.H thanked MH for continuing to attend these meetings as our rep. 	
12.	<p>A.O.B</p> <ul style="list-style-type: none"> ➤ Dr.H SA and SE will liaise re date/time of next meeting. ➤ JP queried that you need own email to register for online access. Dr.H confirmed that this was the case. ➤ SC keen that TOR's are reviewed and that the group have actions/objectives from the practice for the PPG to work towards. ➤ AS expressed concern that there were no new health facilities planned in the area to cope with the amount of new housing in Lichfield. Pointed out that when trying to book on patient access only appointments for 'flu or physio seem available. ➤ DD reiterated the importance of reserving space for building a new health facility. Also said PPG could organise events for the practice and that monies are available through the city council for items such as waste bins; road signage. Would like PPG to be more active/involved. ➤ LB expressed concern with Patient Access as a system, very 'hit & miss', so telephones in. 	<p>SA/SE</p> <p>Dr.H</p>

	<p>Dr.H advised that there are only a minimal no. of appointments put on Patient Access best to telephone for on the day appointments.</p> <ul style="list-style-type: none"> ➤ MH asked if 'ring back' can be removed from the phone message. SA to refer Patient Access comments/phone back to IT Lead. ➤ PU agreed that there are issues with Patient Access. ➤ BB asked if Dr. H will still be attending meetings following appointment of new chair. Dr. H said she would when she can, if not another GP partner will attend. BB thanked Dr.H for her work with the PPG. 	SA
13.	<p>Date/Time of next meeting</p> <p>The next virtual meeting of the Westgate PPG will be held on:</p> <p style="color: red;">Monday 8th February 2021 at 2.00pm via zoom</p> <p>Dr H thanked everyone for attending & for their input.</p>	