### **Westgate Practice**

### Patient Participation Group (PPG)

### Minutes of Meeting Friday 8th July 2022

### 1.30 – 3.15pm - Boardroom

Chair: Sheila Espin

Present	Apologies
<ul> <li>Chair – Sheila Espin (SE)</li> <li>Prof/Dr Helen Stokes-Lampard (Dr H)</li> <li>Sara Allen (SA) – Patient Liaison Officer/Minutes</li> <li>Pamela Black - Vice Chair (PB)</li> <li>Betty Bradbury (BB)</li> <li>David Dundas (DD)</li> <li>Sam Ellicott (SEI)</li> <li>Margaret Harding (MH)</li> <li>Pamela Playle Mitchell (PPM)</li> <li>Judith Plimmer (JP)</li> </ul>	<ul> <li>Andy Smith (AS)</li> <li>Brian Mills (BM)</li> <li>Tim Boyns (TB)</li> <li>Sue Charles (SC)</li> </ul>

Agenda Item		Actions/By who
1.	Welcome & Apologies The meeting was chaired by Sheila Espin. There were eight PPG members in attendance together with Prof Helen Stokes Lampard as GP representative and Sara Allen (Patient Liaison Officer/minute taker) who were all welcomed to the first face to face meeting since January 2020 by SE. Masks worn due to current increase in covid numbers. Apologies were noted.	
2.	Minutes & Actions from previous meeting  Page 2 – Letter sent to Mr Fabricant MP as agreed; SE thanked those who had contributed to it. Other members had written individually to their MP.	

**SE** discussed the setting of meeting dates ahead; practice had already informed **SE** that they were not able to support monthly meetings due to work load, so agreed an extra meeting this year. Dates proposed Wednesday 28<sup>th</sup> September and Friday 25<sup>th</sup> November 2022.

**SA** informed group that she had spoken to IT re Patient Access issues but as it is a separate business we are not able to alter any settings. We do feedback issues to them.

Page 3 – MH asked about the likely location for covid boosters going forward. Dr H informed the group that the practice were hoping to be able to offer them in September along with the 'flu vaccine; younger people may need to go to larger hubs.

Page 4 – MH asked if there were any plans to allow booking ahead of appointments; **Dr H** responded that at the moment the practice were continuing to book on the day appointments only but do constantly review the situation. Can book blood tests etc. ahead.

Page 5 – SA responded to query regarding FTE for GP's. Westgate have circa 15.5 FTE's supported by Locums as required. DD asked if 2,000 patients per GP was average, Dr H replied that it was better than average with some areas of the country having 3,000 patients per GP. PPM commented that the demographic is a consideration. Dr H added that although Lichfield has a fairly high elderly population it is considered to be generally a more affluent area. DD asked if the practice has any difficulty in recruiting GP's; Dr. H responded that the practice never had to advertise previously but now it does. Recently have had 2-3 applications; space is now more of a challenge.

Page 7 – SEI Asked how you get an appointment at Shenstone rather than Lichfield. SA suggested that when booking to ask if possible the appointment is made for Shenstone surgery.

Page 8 – PB asked about a list of Pharmacists who can help with minor illnesses etc. **SA** stated that this is available on the website.

JP asked whether Pharmacists can treat UTI's, Dr H stated that most of the larger pharmacies would do this. **Dr H** then demonstrated some of the website facilities, asked the group to have a look around the website and PPG report back around its helpfulness at the next meeting. **PB** suggested that a poster is put up in the practice to inform patients about self-help and services that can be offered by the Pharmacist. SA to look into availability of SA health promotion resources for this area. 3. Update of recent practice changes in day to day operating: covid-19 booster and 'flu vaccination update (Dr. H/SA) **Dr H** reported that the practice had relaxed mask wearing for staff who were not on front desk duties or in patient waiting areas; however due to the recent rise in Covid case numbers and staff absence, mask wearing had been reinstated this week for all staff and requested of patients/visitors. This will be monitored weekly. Dr H gave some information about forthcoming 'Flu / Covid boosters, the vaccines are ordered and the practice is hopeful that these will be able to be given together starting in September. There is some concern that as in Australia the 'flu season will start earlier than usual. **Dr H** also reported that there are around 1,500 known cases of Monkey pox in the UK mainly amongst homosexual males, contracted by close contact. She also gave information about waste water surveillance which has been increasingly used since Covid to monitor disease levels and polio has been detected, thought to be from live polio vaccine, in East London communities. Although no confirmed cases have yet been reported. JP asked if chicken pox would protect from Monkey Pox but **Dr H** stated that it would not however the smallpox vaccine would offer some cover. Dr H reported that the covid Moderna vaccine is being developed to protect against the new strains of Covid

but would possibly only be used for the most vulnerable

in the population.

MH asked about the wait time for a blood test. Dr H acknowledged that this had gone up again. SA stated that appointments are continuing to be every 10 minutes, they were every 5 minutes prior to covid. SA will raise with Management Team for operations/GOLD group.

SA

**SEI** asked if the position was still that if you didn't hear anything after a blood test then you could assume all was ok. **Dr H** responded that if you have any doubt then do call between 10am and 3pm. However you will get a text if there is any further action needed.

**JP** asked if needed urgently would a GP do bloods; **Dr H** replied that they would, but the collection service finishes between 4.30 and 5.00pm so this may be a factor.

**PB** asked about how the blood results are checked; **Dr H** explained that they are allocated to specific GP's to review each day. Diabetic bloods are given to one specific GP. She also explained that with the advent of the new NHS app in 2/12 time patients will be able to see their own results.

**PB** commented that it is quite challenging to get onto the pre Diabetic Programme and also that the results are not feedback to the GP. **PPM** commented that the cardiac programme at Burton hospital is good. **Dr H** responded that it is an issue with joining up the systems that are used in secondary care with those in Primary care.

# 4. Latest Practice Workload Statistics/Complaints/Compliments (SA)

#### **Practice Stats May/June 2022:**

Stats are for **2 months** so have been averaged out and compared to the previous months:

- ➤ Telephone Consultations 6963 (573 ↑)
- Face to Face GP appointments 1617 (197 ↑)
- ➤ Face to Face ANP appointments 978 (174 ↑)
- Face to Face Practice Nurse appointments 2540 (153↑)

- ➤ Diabetic Reviews 251 (5 ↑)
- ➤ Phlebotomist appointments 2284 (62↑)
- ➤ Smear Tests 234 (96↑)
- ➤ Asthma Reviews 163 (43 ↓)
- Medication Reviews 2147 (3 ↓)

#### Complaints: Total = 33 (34 in previous 2/12)

# <u>Total No. of Formal Complaints = 24 (15 in previous 2/12)</u>

## Total No. of Informal Complaints = 9 (19 in previous 2/12)

### **Topic of Complaint included:**

- > Appointment availability/length
- Prescription Issues
- Communications
- > Follow-up care
- ➤ Inaccurate/incorrect records
- > Delay in failure to refer
- Practice management
- 6 letters were sent to patients during this 2 month period with regards to addressing their poor behaviour/attitude.
- 1 Patient was requested to register elsewhere.

#### **Compliments:**

<u>Total Number of compliments received (by letter;</u> <u>email; website; NHS website; telephone) May/June</u> 2022 = 12

#### **Comments included:**

- Incredibly impressed with GP; impeccable bedside manner; professional yet approachable.
- Receptionist was professional; helpful & understanding.
- Thank you all for being there and providing such an excellent service.

**	Always	had	polite	&	prompt	service
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 Nurse Associate was amazing; understanding & helpful

**Friends & Family Test** has resumed; box in main reception entrance for blue paper slips & instructions re website feedback.

Only **7** received in June (5 from box & 2 online):

Very good = 5 Good = 1 Very poor = 1

**Dr H** commented that we had received some very positive feedback following a complaint review by NHSE. She also explained about the Friends and Family test as this is used as a review tool by CQC for the practice.

MH asked about complaints relating to waiting for calls to be answered; Dr H said this would be included in communications. SEI asked if the telephone options could be reviewed as there are too many at present. SA to feedback to management team.

SA

# 5. Update re local council developments and MP letter. (DD/SE)

**SE** spoke about the letter that had been written; all feedback that she had received from the group was incorporated into the letter which was drafted by **SE** and **PB**. **JP** apologised that she had not contributed but was away at the time. **SE** said following **DD's** comment they had sent a shorter version to Mr Fabricant. A reply had been received from Mr Fabricant which **SE** read to the group.

**SE** commented that with the current state of 'flux' in government she will contact Mr Fabricant MP again in a couple of weeks to check that the letter will be followed up.

**Dr H** observed that it was good that Mr Fabricant had responded. **PB** agreed, but also felt it was disappointing that he had passed it on to another department rather

	than dealing with the needs of his own constituency himself.	
	Dr H took the opportunity to discuss the new government directive around the need for GP practices to offer more enhanced access hours, 28 per week, from 1 <sup>st</sup> October 2022. Our current offer is 3 evenings and alternate Saturdays. She asked the group for feedback on when they would think there was the most need/demand for 'out of hours' appointments.	
	JP commented that she personally doesn't mind anytime but for those working it would probably be early morning or later afternoon/evening. BB agreed that later appointments would be popular for those at work. PB responded that many people are still doing some working from home so may possibly be able to be more flexible.	
	MH had forwarded the survey to interested others that SA had sent out to the group re the enhanced hours which is also on the website.	
6.	Update re CCG & District Feedback (MH)	
	MH stated that the new Integrated Care Service (ICS) started officially on 1 <sup>st</sup> July 2022 to replace the CCG. There were no further patient group meetings planned as yet. However on 13/7/22 those previously in the CCG Patient group were meeting online to see how they could encourage incorporation of patient involvement in the ICS. Integrated Care Board (ICB) had cancelled some public face to face meetings in June, unsure why this had happened.MH will keep the PPG informed of any further developments.	
	<b>SA</b> had sent on information from <b>MH</b> to the group including an information video.	
7.	AOB	
	MH had submitted 2 questions prior to the meeting which SA had shared with Dr H.	

Question 1. How does the named GP carry out their responsibility for oversight when a patient never sees their named GP and has contact with any number of different doctors and other health professionals in the Practice and who sometimes have different opinions? How do they ensure that a multi-disciplinary care package to meet the needs of the patient is implemented?

**Dr H** responded that everyone is allocated a named GP; but for the most part names are just put against a GP. It was a government 'initiative' several years ago. In specific cases e.g. End of Life care a named GP may take on the case for continuity of care, which is very much valued but difficult to maintain. **MH** said that without continuity it does make follow up of care difficult, specific examples were given.

**Dr H** informed the PPG that we now have 2 Care Coordinators in post (contracted to the PCN) who are there to try to join up care for the most vulnerable which should help support continuity of care for this group.

**PPM** asked if a GP can book a follow up appointment **Dr H** said that they could if they felt it was needed.

Question 2. How many patients who ring starting at 8am do not get offered the appointment they request as by the time they get through to the surgery all appointments have gone and so are told to ring after 12 and who then try again, but still get no appointment that day because they cannot get through to the surgery?

**Dr H** explained that the practice had done an exercise in May 2022 to look at this issue but it involves staff manually logging the outcome of all calls for appointments for the whole day so is time consuming and not that accurate. A baseline also needed to be established re numbers and types of appointments available each day.

BB asked why appointments are released at 8.00 and 12.00. rather than just at 8.00am. **SA** explained that this is to ensure that all expected staff are able to come to work as they may call in during the morning as not fit for the afternoon session. **DD** informed the group that FFP2 face masks are more effective than the standard blue ones being worn. They can be purchased online. MH communicated changes at Good Hope Hospital i.e. Elective Orthopaedic Surgery will recommence there from this month and also Orthopaedic Rehab will be restarted. There are 2 new modular wards in place a 28 bed Stroke unit and 29 bed General Surgery ward. They are all fully staffed. **Dr. H** said she would pass this news onto the other GP's. 8. Date & time of the next meeting: All agreed that they would still like to meet face to face in September. Next meeting will be on Wednesday 28th September 2022 at 1.30 in the Boardroom at Greenhill Health Centre. The final meeting for this year will be held on Friday 25th

November 2022.