

Westgate Practice

Patient Participation Group (PPG)

Minutes of Meeting Wednesday 28th September 2022

1.30 – 3.15pm - Boardroom

Chair: Pamela Black (Vice Chair)

Present	Apologies
<p>Chair – Pamela Black - Vice Chair (PB)</p> <ul style="list-style-type: none">• Prof/Dr Helen Stokes-Lampard (Dr H)• Sara Allen (SA) – Patient Liaison Officer/Minutes• Betty Bradbury (BB)• Tim Boynes (TB)• Sue Charles (SC)• David Dundas (DD)• Sam Ellicott (SEI)• Margaret Harding (MH)• Brian Mills (BM)• Judith Plimmer (JP)	<ul style="list-style-type: none">• Andy Smith (AS) - resigned• Sheila Espin (SE)• Pamela Playle Mitchell (PPM)

Agenda Item		Actions/By who
1.	<p>Welcome & Apologies</p> <p>The meeting was chaired by Pamela Black (Vice Chair) in the absence of Sheila Espin (Chair). There were nine 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 meeting by PB. Apologies were noted and the resignation of Andy Smith due to work commitments. PB agreed that further discussion with the chair would be needed to action recruiting another group member.</p> <p>PB reminded the group that it was expected that Andy Hadley, Head of Estates and Digital Transformation at the Integrated Care Board (ICB), would be joining the meeting</p>	

	<p>at 2.30. MH informed the group this had come about as she had met him outside of a recent public meeting and had requested that he came and spoke to the PPG about the future plans for healthcare in Lichfield.</p>	
<p>2.</p>	<p>Minutes & Actions from previous meeting</p> <p>Page 1 – PB discussed that although a letter was sent to Mr Fabricant MP there had been many changes on the political front recently, so there hadn't been much response. TB stated that in spite of the changes he is still our MP. BM asked if we had written directly to the Department of Health; PB responded that Mr Fabricant had previously said he would pass the letter onto them. Dr H stated that it was reasonable that the group now write to the Secretary of State for Health and also the Shadow minister. BM indicated that the same letter could be used for this, the group agreed.</p> <p>Page 2 – MH commented that she was pleased that it is now possible to get the covid booster in Lichfield.</p> <p>SEI asked about services at Shenstone; Dr H assured the group that Shenstone is now open and more services were being introduced over the next few months.</p> <p>Page 3 - SA to continue to look into availability of health promotion resources for coping with minor illnesses. JP stated that she had been unable to find a pharmacy in Lichfield that would treat a UTI.</p> <p>Dr H informed the group that we were now a Veteran Friendly accredited practice. This programme supports the practice to deliver the best possible care and treatment for patients who have served in the armed forces. There is signage to this effect in the practice and on the website.</p> <p>Dr H reported that the practice continues to request that staff wear face masks in patient facing and clinical areas. This will be monitored weekly.</p> <p>PB asked about cases of Monkey pox, Dr H reported that numbers were going down due to vaccination programmes using the smallpox vaccine. Outbreaks occurring due to high risk behaviour mainly amongst homosexual males; it is not often fatal but will inevitably keep recurring.</p>	<p>PB/SE</p> <p>SA</p>

	<p>Dr H spoke about the recent concern around detection of the Polio Virus in waste water in the London area. This has resulted in a vaccine programme locally in that area, no actual cases have been reported in the UK.</p> <p>Page 4: SA reported that the plan was to continue with 10 minute phlebotomy appointments; however a part time post is to be replaced with a full time post on the retirement of the current Phlebotomist at the end of October to give more capacity.</p> <p>Page 7: MH stated that there is still no replacement for the District PPG been put in place by the ICB. There are just ‘ad hoc’ meetings happening at present.</p> <p>Page 8: Dr H commented there is still a capacity issue with demand for appointments exceeding the number we can offer despite being in a good position with staff numbers. GP’s are managing patients who are on waiting lists and those with long covid as well as the ‘normal’ caseload. It would be challenging and time consuming for the team to measure and report with any accuracy on the amount of patients who do not get an appointment on the day they call.</p>	
<p>3.</p>	<p>Update of recent practice changes in day to day operating: covid-19 booster and ‘flu vaccination update (Dr. H/SA)</p> <p>Dr H reported that regular staff have now returned from Maternity leave. We have started our ‘flu/covid vaccination clinics with the first clinic on Saturday 24th September when approximately 1104 vaccinations were given. Patients are being sent invitations to book based on age/vulnerability. Both vaccinations were offered, some patients opted to just have flu or covid. We are presently giving the Moderna Bivalent as approved by the MHRA, there is also a Pfizer Bivalent that has now been approved which may also be supplied to us soon.</p> <p><u>Further clinics are planned for the following Saturdays:</u></p> <ul style="list-style-type: none"> ● 1st October ● 22nd October ● 5th November 	

	<ul style="list-style-type: none"> • 19th November • 10th December <p>The clinics are running from 09.00 – 5.00 with a 30 minute break from 1.00 – 1.30 for staff lunch and change over.</p> <p>Dr. H thanked the members of the group who were helping with the clinics. There had been very good feedback to those who had been there on 24/9/22 which has been captured via Friends & Family responses.</p> <p>SA reported that to save time patients did need to complete the covid consent form before attending for their vaccine; these were sent out with invitations sent by letter; are available by the link sent by text and as hard copies in the practice.</p> <p>Dr H informed the group that it is hoped for next year a joint flu/covid vaccine will be available.</p> <p>MH asked if/when it would be possible to book appointments in advance. Dr H said that the practice decision is still to book on the day only with advance appointments available for routine blood tests; clinical reviews etc. A GP can choose to book a patient ahead for the next appointment if felt necessary.</p>	
4.	<p>Latest Practice Workload Statistics/Complaints/Compliments (SA)</p> <p><u>Practice Stats July/August 2022:</u></p> <p>Stats are for 2 months so have been compared to the previous 2 months:</p> <ul style="list-style-type: none"> • Telephone Consultations – 6759 (204 ↓) • Face to Face GP appointments – 1922 (305↑) • Face to Face ANP appointments – 1172 (194 ↑) • Face to Face Practice Nurse appointments – 2981 (441↑) • Diabetic Reviews – 356 (105 ↑) • Phlebotomist appointments – 2858 (574↑) • Smear Tests – 316 (82↑) • Asthma Reviews – 219 (56↑) • Medication Reviews – 2582 (435 ↑) 	

Complaints:

July/August: Total = 29 (33 in previous 2/12)

Total No. of Formal Complaints = 17 (24 in previous 2/12)

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

Topic of Complaint included:

- Appointment availability/length
- Prescription Issues
- Clinical Treatment
- Inaccurate/incorrect records
- Staff attitude/behaviour/values
- Practice management

5 letters were sent to patients during this 2 month period with regards to addressing their poor behaviour/attitude.

Compliments:

Total Number of compliments received (by letter; email; website; NHS website; telephone) July/August 2022 = 18

Comments included:

- Lovely receptionist I spoke to this morning
- GP & receptionist attended to me very quickly during an exacerbation of my asthma; it was well beyond my expectations.
- Wanted to thank the practice for addressing my issues in a prompt and professional manner.
- Patient wanted to say well done to all of us; we would definitely win a Gold medal in the commonwealth games!
- The receptionists who helped me today were super-efficient; knowledgeable and resilient.
- Your colleagues were understandingit's easy to complain but giving credit where due is often forgotten.

	<p>Friends & Family Test has resumed; box in main reception entrance for blue paper slips & instructions re website feedback.</p> <p>14 received in July/August (11 from box & 3 online):</p> <p>Very good = 9 Neither good nor poor = 1 Poor = 1 Very poor = 3</p> <p>Dr H commented that the stats reflect the rise in face to face consultations and a reduction in telephone consultations. We are increasing the number of smear tests which are down nationally.</p> <p>Dr H informed the group about our Significant Events reviews and that all staff are very aware of the importance of checking 3 patient identifiers in any contact with patients. This is why patients are asked to give their Name; Date of Birth; Address at each contact with the practice. She gave examples of incidents that can occur if this is not done.</p>	
5.	<p>Update re Local Council Developments and MP Letter (DD/PB)</p> <p>DD stated that there were no council updates; he suggested the group contact the County Council as well as MP's. PB said she thought that SE (Chair) had already written to the County Council, will check.</p>	PB
6.	<p>Update re CCG & District Feedback (MH)</p> <p>MH expressed that she feels that Tamworth and Lichfield do not get any support from their MP's with regards to getting more resources. Rather Stoke on Trent is given a greater proportion of resources. It seems that the ICB has not yet set up any infra structure around patient feedback as there is no PPG involvement at present. They are however doing some work with charities.</p>	

<p>7.</p>	<p><u>AOB</u></p> <p>BM said he was concerned about confidentiality at the front desk, he would like to suggest an area be available for patients to have a private conversation. He showed the group a model he had made that could be used to develop such an area. Dr H thanked BM for the model and said she would share the idea with other practice staff.</p> <p>PB said she felt the positioning of the Blood Pressure machine was not conducive to privacy in the reception area. Dr H indicated that it was positioned as such due to the availability of electric points.</p> <p>Dr H agreed that we perhaps need to consider having some 'confidentiality' signage in the reception area.</p>	<p>Dr H</p>
<p>8.</p>	<p><u>ICB Guest Speakers – Andy Hadley and Nicky Smith</u></p> <p>PB introduced Andy Hadley (AH) Head of Estates & Digital Transformation and Nicky Smith (NS) Senior Primary care Manager for ICB to the group. Stated that the group are really concerned about the increase in the population of Lichfield and the lack of sufficient health care provision.</p> <p>MH had sent considerations to ICB prior to the meeting including:</p> <ul style="list-style-type: none"> • To know what provision is being made to improve services in our area given that we don't have capacity to expand our builds physically and the workforce shortages. • We need to understand why there isn't any input into planning applications. (We know that there isn't any statutory requirement to consider health provision but this doesn't stop input) • Lichfield has already got an aging population and more arriving with the construction of over 60's apartments. What services will be extended to cope with this age group. • How are services at Samuel Johnson going to be increased given how difficult it is to get to Burton and Derby hospitals by public transport. 	

Andy Hadley (**AH**) explained that he had a new team working with him in Estates for S.E Staffs. A lot of work has already been done with Burntwood area; agreed there was a lot to be done in all areas in terms of current estate and future opportunities. He said that the initial focus is with working with PCN's (although they do get down to practice level); data has been collected around population; housing; workforce etc. They are very keen to address future service needs at PCN level and to do bids for investment. (GP's will have received communication this week about extra support for coping with winter demands.)

As a team they are reviewing all buildings; can use premises improvement grants to support the cost (NHS 66% funded), keen to be 'Investment ready' with capital plans prepared for bids.

AH also stated that they do engage with district councils in all aspects of planning applications and have an expert in place for this.

AH stated that Westgate have already been supported with funding e.g. the redecoration/up grading of clinical areas. At present looking at how they can make more space available in the practice which may mean moving community based services to unused space in another GP practice. Looking at using Shenstone premises and vacant space at Langton is being refurbished to keep services in Lichfield such as District Nurses. **MH** was keen that this would not mean moving these services out of Lichfield; **AH** assured her they wouldn't leave the city, he is now working more closely with MPFT.

PB asked if **AH** would be reviewing potential to expand services at Samuel Johnson as this is an essential local resource and does enable local people to access services rather than have to travel to Burton. **Dr H** commented that it would be good to further develop services at Samuel Johnson Hospital, **AH** agreed and said he was aware of a lot of unused estate that needed developing. The ICB are keen to integrate services and are uncovering a lot of opportunities.

PB Stressed that there is a real need for more health services in Lichfield; seems that shops; children's nurseries etc. are built with new housing developments but no more health facilities.

	<p>AH commented that the ideal practice size is around 10,000 patients.</p> <p>TB asked what good practice had AH experienced elsewhere, AH replied that Burntwood and Stoke have both had new Health Centres fully funded. He felt it was important to be involved in council's plans and for this practice in the short term the aim is to increase capacity by readapting space available.</p> <p>DD spoke about land availability in South Lichfield; there is land still available that would be suitable for a health facility. The area is expected to see an increase of 6,000 residents in the next 2 years so it is very important that this land is secured now for such a facility to be built.</p> <p>PB asked about how the ICB plan to involve the public in consultations. AH stated that they are always happy to come in and meet the group; Dr H added that the ICB do have a duty to engage with the public. MH stressed that nothing has been developed to replace the District PPG. Nicky Smith (NS) mentioned the Patient Assembly which needs to be locality focussed. NS will feedback plans.</p> <p>AH reported that there are 12 proposed major schemes at present within the PCN; £682,000 needed as funding towards them. Persimmon have given £325,000 from a starting point of nil. Once building commences they will pass that money to the District Council which can then be bid for by the ICB for improving estate. PB asked what that money could be used for and it was advised that for example, it could pay for the rent of a new premises for a period or support extending open hours at an existing facility.</p> <p>MH raised the issue of a lack of public transport around Lichfield, needs to be taken into consideration when locating services. NS stated as Senior Primary Care Manager part of her role is focussed on access to General Practice and most appropriate care for patients alongside the estate strategy. She advised that she would be happy to attend our meetings in future to give updates and seek our views and feedback.</p>	
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	<p>DD reiterated the significance of securing land space for a health facility in South Lichfield, offered to support AH with information about this.</p> <p>PB then concluded the meeting by thanking AH and NS for coming to speak to the group, and invited them back, another meeting date to be scheduled.</p>	
9.	<p><u>Date & time of the next meeting:</u></p> <p>The final meeting for this year will be held on Friday 25th November 2022 at 1.30. Decision for the meeting to be via 'Teams' or 'face to face' to be made nearer to the date.</p>	