

Westgate Practice

Patient Participation Group (PPG)

Minutes of AGM Meeting Friday 23rd June 2023

1.30 – 3.15pm – Boardroom Greenhill Health Centre

Chair: Sheila Espin

Present	Apologies
<p>Chair – Sheila Espin (SE)</p> <ul style="list-style-type: none">• Prof/Dr Helen Stokes-Lampard (Dr H)• Sara Allen (SA) – Patient Liaison Officer/Minutes• Pamela Black (PB)• Sue Charles (SC)• Margaret Harding (MH)• Brian Mills• Pamela Playle Mitchell (PPM)• Judith Plimmer (JP) <p>Plus 21 virtual PPG members</p>	<ul style="list-style-type: none">• Tim Boyns (TB)• Betty Bradbury (BB)• Sam Ellicott (SEI)• David Dundas (DD)

Agenda Item		Actions/By who
<p>1.</p>	<p>Welcome & Apologies</p> <p>The AGM meeting was chaired by Sheila Espin (Chair); 8 PPG members were in attendance (4 apologies) together with Prof Dame Helen Stokes Lampard as GP representative and Sara Allen (Patient Liaison Officer/minute taker). 21 virtual members joined online via teams; everyone was welcomed to the meeting by SE who then gave a chairs opening report which was an introduction to herself and the PPG group:</p> <p>“Firstly, on behalf of all of the Patient Participation Group committee members as Chair I would like to welcome you to this Annual General Meeting of the Westgate Practice Patient Participation Group and to</p>	

	<p>thank you for your interest in becoming part of the reformed virtual PPG.</p> <p>We hope that you will find the AGM informative, if you would like to ask any questions then please type them as we go through and we will endeavour to respond during or at the end of the meeting.</p> <p>My name is Sheila Espin, and my background was in Local Government in Birmingham City Council, where I worked as an Assistant Director for Housing, one of my roles was supporting the tenant led Housing Liaison Board which existed to hold the Department to account on matters of Performance and my role was to provide the professional advice and support they sometimes needed. This experience led me to think that I could be considered for the position of Chair of the PPG and I was delighted to be elected into that role in November 2019.</p> <p>However as we are all aware in early 2020 we faced the devastating and restricting consequences of Covid , which understandably impacted on how we could function as a group . Not to be deterred, with the help of the Practice we continued to meet “virtually “ and set about reviewing our Terms of Reference and what our core objectives should be which are to:</p> <ol style="list-style-type: none">1. Improve Communication2. Improve knowledge of changes within the NHS3. Influence service provision4. Involve others when appropriate (Elected members-Local & National) <p>As soon as the Covid restrictions were relaxed the group began meeting on a regular basis face to face again. Our regular agenda includes an update of recent practice changes in day to day operations as well as the latest practice Workload Statistics/Complaints and Compliments. At a recent meeting we engaged with the newly formed Integrated Care Board (CCG's being disbanded) in order to establish their plans for health care in Lichfield, and we are also communicating with Lichfield Council in order to emphasise the urgent need for new healthcare facilities in the area. Our meeting minutes are published in the news section of the Westgate Practice website for our patients to read.</p> <p>I will now hand over to our speaker Professor Dame Helen Stokes Lampard one of the GP partners at the practice and the lead link for the PPG.”</p>	
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<p>2.</p>	<p>Speaker – Professor Dame Helen Stokes Lampard (GP Partner/PPG Link)</p> <p>Dr. H introduced herself, explaining her role as GP Lead for the PPG; a role that includes answering queries from the group & feeding back to the other GP partners in the practice. As a high level overview she explained that she had joined the Cloisters practice in August 2002 which then merged with Westgate Practice in 2017 to become one practice in order to give stability in uncertain times which has enabled it to be a highly successful and resilient practice. It is currently fully staffed with a diverse staff team of over 100 people. Dr H also explained that the PPG had been in existence for over 30 years being reformed in 2020. The virtual group has recently been rebuilt and has in excess of 180 members.</p> <p>Dr H went on to outline the changes that occurred at the practice when Covid happened in March 2020; 62 changes were made to our normal operating procedures in the first year! Some of the changes have become permanent e.g. Clinicians have continued to wear scrubs; greater use of telephone and video consultations which proved popular with many patients; wearing of masks where appropriate. Appointments are now very much a mix of face to face and telephone. The use of IT has increased to enable faster and more efficient communication with patients e.g. Texts; digital services; website; video consultations. She also spoke about the success of the covid vaccination programme which began very symbolically at the cathedral and was well supported by volunteers. ‘We were very grateful to everyone for their support.’ Currently there is one week left for those over 75 or at particular risk to get the spring booster.</p> <p>Dr H also pointed out how staff roles have changed and evolved in addition to the roles of GP & ANP we have access to services such as Mental Health; Musculoskeletal; Clinical Pharmacists; Social Prescribers, who act as link workers for help with social needs; Care Coordinators, who help those with complicated needs to navigate the health & care systems. The practice has 23 GP’s working variable hours between 8.00am and 6.30pm Monday to Friday with extended access clinics 2 evenings per week and Saturday mornings at Samuel Johnson Hospital.</p> <p>Dr H then referred to the latest government GP Access plan released in May 2023. This was in response to a national increase in demand for GP services following the pandemic. The main challenge is access to appointments.</p>	
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	<p>Our appointment system has recently changed:</p> <ul style="list-style-type: none"> • New appointment release time is 8am for all appointments for the day • Online bookable appointment with a GP are no longer available as it does not sit with triage/ care navigation • We are increasing self-booking for patients who need to book in advance for procedures such as smears; blood tests, this leaves phone lines free for acute on the day issues <p>This information is on the website; Facebook; practice screen & posters.</p> <p>Dr H highlighted a few of the other positive links that the practice has developed i.e. Dementia Friendly; Veteran Friendly and outstanding participation in Research.</p> <p>A question was posed by Jane from the virtual group with regards to patients who are not as competent at using IT to access services and may become reticent about getting an appointment. Dr H acknowledged that we are aware that this can be an issue for some and that we can add an alert to patients notes, they can also be supported by our Care Coordinators.</p> <p>Anne from the virtual group asked if it would be possible for new patient information to still be given out as a hard copy, this was halted in covid and is now all online. SA will look into this.</p> <p>Following a general query Dr H assured the meeting that new patients would be picked up via our systems for routine vaccinations.</p> <p>General queries regarding the current appointment system at the practice followed, Dr H responded that there was no perfect system; we don't have a set no. of appointments each day this will vary depending on staffing and unfortunately we are not able to measure the 'call failure rate.'</p> <p>Following a further question about routine GP follow up after hospital appointments Dr H explained that unfortunately due to workload GP's are not able to do this for every patient who attends one.</p> <p>Queries were raised about obtaining results, Dr H advised that these can be seen on your NHS app. Anyone with an NHS no. can get access to this by downloading the NHS app. If their credentials are not recognised then they will need to contact the practice for a linkage key and account I.D.</p>	<p>SA</p>
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<p>3.</p>	<p>Annual Workload Statistics/Complaints/Compliments – Sara Allen (Patient liaison Officer)</p> <p>SA stated that to put these stats into context it is worth noting that the current number of patients registered with the practice = 30,815</p> <p><u>Covid and Flu Vaccinations autumn/winter season 2022/23:</u></p> <ul style="list-style-type: none"> ➤ 7,720 patients had either ‘flu, covid or both vaccinations at the practice. ➤ Our clinicians actually gave just over 15,000 vaccinations. <p>We didn’t offer Spring Boosters as it would have meant taking away vital services to deal with a small number of patients who could access a booster via the commissioned providers. Most of the eligible patients have now received these, this offer finishes on 30th June.</p> <p>However we are looking to offer the ‘Flu/Covid vaccine in the autumn and are awaiting news from the JCVI about the actual requirements of the autumn offer.</p> <p><u>Other practice statistics for 1st April 2022 – 31st March 2023 include:</u></p> <ul style="list-style-type: none"> ➤ Phlebotomy Appointments: 16,257 (1,354 pm) ➤ Face to Face ANP Appointments: 9,814 (817 pm) ➤ Medication Reviews: 12,715 (1,059 pm) ➤ Telephone Consultations: 65,508 (5,459 pm) ➤ Face to Face GP Appointments: 14,580 (1,215 pm) ➤ Face to Face Practice Nurse Appointments: 17,118 (1,426 pm) ➤ Diabetic Reviews: 1,811 (150 pm) ➤ Smear Tests: 1,779 (148 pm) ➤ Asthma Reviews: 1,285 (107 pm) <p><u>Complaints for year 2022 / 2023: Total = 222</u> <u>Total No. of Formal Complaints = 130</u> <u>Total No. of Informal Complaints = 92</u></p> <p><u>Topics of Complaint included:</u></p> <ul style="list-style-type: none"> ➤ Clinical Care ➤ Prescription Issues ➤ Practice Arrangements ➤ Communications 	
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	<p>25 letters were sent to patients during this 12 month period with regards to addressing their poor behaviour/attitude.</p> <p>3 patients were deregistered due to unacceptable behaviour/attitude resulting in a breakdown in doctor/patient relationship.</p> <p><u>Compliments:</u></p> <p><u>Total Number of compliments received (by letter; email; website; NHS website; telephone; verbally) for year 2022/23 = 89</u></p> <p><u>Comments included:</u></p> <ul style="list-style-type: none"> • Just wanted to say that the doctor was kind; caring & helpful • Thank you to the lovely receptionist for her help today • The doctor was knowledgeable; listened to me & had a lovely manner • Thank you to all of you for all your hard work & for being there through difficult times <p><u>Friends & Family Test restarted June 2022;</u> box in main reception entrance for blue paper slips & instructions available to give website feedback.</p> <p><u>Received in 2022/23 (June 2022 – end of March 2023) = 755 in total</u> (Inc. those collected at 'Flu/Covid Clinics)</p> <p>Very good = 638 Good = 85 Neither good nor poor = 11 Poor = 10 Very poor = 11</p>	
<p>4.</p>	<p>Information from Integrated Care Board (ICB) – Margaret Harding (MH) PPG Member</p> <p>MH acts as the Westgate PPG Representative for the ICB - The People and Communities Assembly and gave the following information to the meeting:</p> <p>In 2022 the Integrated Care Board (ICB) was established replacing the CCG's (Clinical Commissioning Groups) as the commissioning body for health services in Staffordshire and Stoke on Trent. These services are delivered through the ICS (Integrated Care System). The aim is to have</p>	

better joined up health care and to deliver better outcomes for patients and carers.
Previously there was a forum for PPG representatives and other interested health groups to receive information about service changes and future plans and to feed information and concerns back to the health providers.
The ICB & ICS need to deliver information and receive feedback and it is required to have a public involvement forum of some kind.

The Purpose of People and Communities Assembly

The aim is to bring together a wide range of people who can help the ICB/S really listen to the people of Staffordshire and Stoke-on-Trent. The People and Communities Assembly is not an engagement forum but will help to:

- Identify groups or channels that could be used to communicate or engage with the public.
- Reach people who often don't get a say.
- Advise us on how to adapt our approach for particular groups.
- Share information about best practice or things to avoid.
- Support us to build stronger relationships with the public.
- Hold us to account – to make sure we are doing engagement right.

The aim is to move away from 'tick box engagement' to genuine two-way conversations with partners and the public, based on the core local principles.

The Assembly is still in the early stages of working through the practicalities, whereas the previous forums were more locally based e.g. South Staffordshire, this is county wide. The meeting is chaired by David Pearson the Chair of the ICB. So far, we've had two meetings on Zoom as this is the easiest way to get representatives together. There is a proposal to have meetings in Stafford but not everyone is able or inclined to travel there. Perhaps Zoom has become too convenient.

The standing agenda items are: -

- ICB update of activities and finance
- The Joint Forward Plan (The rolling 5 year plan)
- Report on Transformation i.e. changes to services.
- People's panel.
- Community Engagement Spotlight
- Next Steps
- AOB

At each point there is an opportunity for questions and clarification.

	<p>There are opportunities for everyone to be part of the ongoing consultation on health and care services by being a member of the People’s Panel which was launched in 2019.</p> <p>It is made up of members of the public from across Staffordshire and Stoke-on-Trent and the aim is to provide a representative forum of the local population via a digital (online) survey platform.</p> <p>It provides views about the work of the ICB and the ICS partners and is part of ICB's wider strategy for working with people and communities.</p> <p>The People's Panel has been contacted regularly since 2019 to seek views on work by the ICB and/or ICS partners.</p> <ul style="list-style-type: none"> • It is updated with anonymised reports of findings from surveys and with infographics about the impact they've had on health and care services. • Responses have been consistently in the low hundreds since 2019 – lower than hoped and impacted by the pandemic. • The Panel is managed by a third-party organisation; a new contact commenced 1st April 2023. • A group of Panelist Ambassadors act as critical friends reviewing graphics, promotional material and public updates to ensure they are clear, understandable and accessible. • A Recruitment Plan has been developed to support recruitment of more panelists while maintaining the representative nature of the panel. • Membership is measured by gender, age, social grade, district council area, long term health problems and ethnic minority. • Members are asked about areas of interest to support targeted surveys to gather qualitative views from interested and affected individuals about specific service areas. • There is an increased range of activity across digital and face-to-face opportunities to recruit more panelists to hear views from more people. <p>To join the People’s Panel go to:-</p> <p>https://staffsstoke.icb.nhs.uk/get-involved/peoples-panel/</p> <p>This will give you more information and the form needed to join.</p>	
	<p>At 2.30 on behalf of the Chair Dr H closed the AGM by thanking everyone for attending and participating in this our first AGM the minutes of which will be forwarded and available on the website in due course.</p>	

5.	<p>Minutes of the previous meeting (SE)</p> <p>SE confirmed that there were 4 apologies for today's meeting.</p> <p>Pg. 2 – PB -Still no response from Cllr Pullen to PPG letter. JP had raised it with him when he called re recent local elections! SE will send again.</p>	SE
6.	<p>AOB</p> <ol style="list-style-type: none"> 1. Discussion followed AGM about how to continue the meetings & involve the virtual group. BM queried if the virtual group could be amalgamated with actual group. Suggestion that we should offer 2-3 places to the 21 who attended the meeting virtually today by application. SA to send out the minutes & 'thank you for your interest note' to the other 180+ who are identified as virtual members. 2. MH enquired about the current appointment system, difficulties in access/getting through by phone etc. felt it was a retrograde step going back to only releasing appointments at 08.00am. It has made making contact more difficult and people give up trying. PB also said unable to book in advance is problematic, Dr H suggested doing the 'Ask the Doctor a Question' option on the website. Dr H stated that we will be enabling a call back system which may help alleviate some of the problem in repeat calling. SE said that we are aware of all the pressures, Dr. H asked the group if they had any thoughts on what would resolve the problems, MH responded that more clinicians GP's/ANP's would help. 3. JP asked about emergency appointment availability Dr H assured the group that there were 2 duty doctors available each day for this specific role. 4. MH informed the group that when contacting the 111 service they advise attendance at Walsall Manor (rather than Burton or GHGH) ?due to postcode in Lichfield being WS13/14. 5. BM had brought examples of possible new signage that could be used in the practice to enhance clarity e.g. an appropriate image & a signposting. Dr H agreed that this was a good idea, SA to look at the viability of the design & professional printing of these. 6. JP asked about current Health Visitor service & advice for young mums, feedback that there is a lack of support after childbirth. PPM also had first-hand information about this cut in services. Dr H stated that the service has been much reduced and that GP's have no input into the service, asked SA to find out what current service is in relation to the practice. 	<p>SA</p> <p>SA</p> <p>SA</p>

	<p>7. SE raised DD concern about informing of PLT closures. SA assured the group that the dates are on the website; in the practice and are put as a note on Facebook the preceding week. SA will now also put on website the preceding week.</p> <p>SE concluded the meeting at 3.15 and reminded the group about the next date of Monday 25th September at 1.30pm.</p>	SA
7.	<p><u>Date & time of the next meeting:</u></p> <p>The next meeting date: Monday 25th September at 1.30pm</p> <p>The last meeting date for this year will be:</p> <ul style="list-style-type: none"> • Friday 8th December 2023 at 1.30pm 	