Westgate Practice

Patient Participation Group (PPG)

Minutes of Meeting Friday 7th June 2024

1.30 – 3.15pm – Boardroom Greenhill Health Centre

Acting Chair: Dr Helen Stokes Lampard

Present	Apologies
• Prof/Dr Helen Stokes-Lampard (Dr H) • Sara Allen (SA) – Patient Liaison Officer/Minutes • Betty Bradbury (BB) • Sue Charles (SC) • David Dundas (DD) • Brian Mills (BM) • Judith Plimmer (JP)	• Margaret Harding (MH) • Tim Boyns (TB) • Sheila Espin (SE) - Chair • Michael Maybury (MM) • Geoffrey Nash (GN) • Pamela Playle Mitchell (PPM)

Agenda Item		Actions/By who
1.	**Welcome & Apologies** The meeting was chaired by Dr Helen Stokes Lampard in the absence of the Chair Sheila Espin & resignation of Vice Chair Pamela Black; 5 PPG members were in attendance together with Prof Dame Helen Stokes Lampard as GP representative and Sara Allen (Patient Liaison Officer/minute taker). **Dr H** welcomed everyone to the meeting & noted apologies from 6 members of the group.	

	Dr. H informed the group that the chair Sheila Espin had sent apologies as she was unable to be with the group today and that the Vice Chair Pamela Black had resigned for personal reasons. A 'Thank You' card was circulated for her. **Dr H** advised the group that they would need to think about a replacement for the Vice Chair; and also how we could increase the group as there are now a couple of vacancies.	
2.	**Minutes; Actions and feedback from previous meeting (Dr H)** All agreed previous minutes were factually correct. **Actions:** Page 2 – Amended **(SA)** Page 3 – Small laminated notices up in practice **(SA)** Page 3 – **SA** to speak to Laura Griffiths (IT) re telephone message Page 3 – **SA** to check if staff badges say 'Patient Services Team' & how they perceive themselves in that respect**.** Page 6 – **SA** has supplied DNA stats for this meeting. Page 6 – **SA** not able to get stats for those who were not able to get an appointment on the day. Page 6 – **SA** gave update from Jo Williams (Head of Practice) that no further action re health facility for north of the city. Only news is that 100% of GP improvement monies is now provided to us rather than 66% as previous. Page 7 – **SE** not present so unsure of progress re further letter to MP	**SA** **SA**

3.	**Role of Clinical Pharmacist – Yvonne Cheng (Lead Clinical Pharmacist)** Yvonne Cheng kindly gave a talk on the role of the Clinical Pharmacy Team in the practice which was well received by the group. She spoke about the following areas: The Clinical Pharmacy Team (CPT) consists of Clinical Pharmacists (x4) and Pharmacy Technicians (x3) **Clinical Pharmacists:** Registered independent prescribers - able to prescribe any medicines within their competence. **<u>The Role includes:</u>** **Medication Reviews** - people on multiple medicines (more than 8) get a medication review booked by a pharmacy technician. The purpose of the review is to check that every medicine prescribed is still indicated; appropriate and safe. Also to give the patient the opportunity to ask questions about their medicines. **Signing Repeat Prescriptions** - ensuring that medication requested by patients on acute/repeat are safe to continue then issuing a prescription (if not safe then they will contact the patient for a review). **Meetings** - Attend the daily GP catch up; team meeting and significant event meeting. **On the day duty slots** – these maybe used for issues such as prescribing queries from patients/clinicians. **Pharmacy Technicians:** Pharmacy technicians are not prescribers, but they are valuable members of the team as they help to relieve the workload of Clinical Pharmacists. **<u>The Role includes</u>**: • **Reviewing Chronic Disease Meds** • **Support with Medication Reviews** • **Monitoring High Risk Drugs** • **Actioning Discharge Letters** • **Discuss Statin therapy with new patients**	

	JP asked about the delay in receiving discharge letters from hospitals – **YC/Dr H** explained that there isn't a computer link between GP services & secondary care so we are slow to receive these. Patient/relative can bring a copy in or scan and email to speed up the process. The PP Group thanked Yvonne for an informative talk.	
4.	**Summary of Recent Practice Changes & NHS News (Dr H)** There was some group discussion around appointments and opening hours. **DD** raised the point that patients were now queuing again at the front door from around 7.30am for an 'on the day appointment', photo shown. Queried if it was possible to open the practice for longer hours. **Dr H** responded that the practice does fulfil the GP contracted hours; would like to open longer but currently resources are already stretched. **BB** asked why if there are 22 GP's listed on the board we are still short. **Dr H** explained that the majority are part time; many also have other roles attached to their GP hours such as research, student training. **DD** queried the allocation of monies per patient. **Dr H** explained that there is a basic allocation of circa £105 per patient per year; uplift is given for age/sex/additional needs/list turnover based on the Carr-Hill formula. Mostly rely on the younger fit patient's income who don't need care! Pharmacies are currently receiving around £40 per treatment as well as additional core costs to help them set up Pharmacy First. We also receive 'backbone' fees for services related to the Quality Outcome Framework (QOF) e.g. Blood Pressure recordings, and for some extra's such as 'Flu/Covid vaccine administration; GP training; paid fees for HGV medicals. **DD** stated that there doesn't appear to be much regard for the age of the population that the GP practice is serving. **Dr H** also explained that the practice made the decision not to deliver private GP care as some practices do. **Dr H** then discussed the current political situation with a General Election scheduled for Thursday 4th July. This impacts on the Junior Doctors strike as there isn't anyone for them to negotiate with at present.	

	Dr H explained that the British Medical Association (BMA) had balloted GP's re the 5 year contract leaving GP's very far behind the rest of the NHS. The below inflation 1 year deal of 1.9% uplift has been wiped out by the staff pay rise for the basic living wage adjustment. GP's are very unhappy, but unlikely to strike. **DD** said we should question the election candidates on their plans for the frontline NHS and social care. **BM** commented that we need to continue to train new GP's; **Dr H** agreed but at present there isn't enough resource to support them in training or money to offer them jobs in general practice once trained. **Dr H** informed the group that we are having a new Phlebotomist start on 17th June which will help reduce the current 3 week wait for a blood test.	
5.	**Latest Practice Workload Statistics/Complaints/Compliments (SA)** Workload Stats March/April/May 2024: • **Phlebotomy appointments = 3648 (- 101) (new Phlebotomist starting in June)** • **Face to Face ANP appointments = 2780 (+ 226)** • **Medication Reviews = 3351 (+111)** • **Telephone Consultations = 6316 (-128)** • **Face to Face GP appointments = 3938 (- 184)** • **Face to Face Practice Nurse appointments = 4522 (- 497)** • **Diabetic Reviews = 252 (+ 87)** • **Smear Tests = 362 (- 75)** • **Asthma Reviews = 311 (- 27)** **No.'s compared to December/January/February 2023/24.** **During the year 1st April to 31st March 2023/24 the following chronic disease reviews were completed:** **10,250 – Medication Reviews** **4,190 – Hypertension Reviews** **1,314 – Diabetic Reviews** **1,233 - Asthma Reviews** **367 - COPD Reviews**	

	These checks improve the future quality of life for patients by reducing their risk of complications such as asthma attacks; heart attack; stroke; loss of sight or kidney failure along with a reduction in overall mortality. **Complaints March/April/May 2024:** **Total = 55 (9 less than previous 3/12)** **Total No. of Formal Complaints = 18 (↓ 13 on previous 3/12)** **Total No. of Informal Complaints = 37 (↑4)** **Topic of Complaint included:** ➢ Clinical Care ➢ Communications ➢ Prescription Issues ➢ Appointment availability ➢ Telephone System **5 letters were sent to patients during this period with regards to addressing their poor behaviour/attitude.** **Compliments:** **Total Number of compliments received (by letter; email; website; NHS website; telephone; verbally) March/April/May 2024 = 29 (17 in previous 3/12)** **Comments included:** • **Thanks to the GP for everything you have done, much appreciated** • **Receptionist & GP were very courteous and professional** • **Compliments to the nurse she was a lovely lady** • **Thank you to the patient services team for finding out information for me.** • **Receptionist was very helpful and kind; went above and beyond.** **Friends & Family Test** there is a box in main reception for blue paper slips & also instructions re giving feedback via the website. In March/April/May we sent out texts inviting patients who had recently visited the practice to give feedback on their experience using the Friends & Family questions; response rate has been around 30%.	

	Total no. received March/April/May 2024 = 577 **Very good = 427** **Good = 91** **Neither good nor poor = 30** **Poor = 14** **Very poor = 13** **<u>Poor/Very Poor feedback included:</u>** • **Can't get an appointment** • **Extremely difficult to get an appointment** • **Slow to answer phones** • **Kept waiting for excessive time for our appointment** • **No flexibility for those who work** **<u>Did not attend figures:</u>** **Reviewed for <u>April 2024</u>, includes ALL available appointments (booking on day for GP/ANP appts):** **DNA's = 1.5% = 209 out of 13,692** **In 2019 average DNA's were at 4.5% when still pre booking appointments.**	
6.	**Update re local council developments & MP letter (DD/SE)** **DD** no updates to report. Feels that the District Council are not interested and the NHS doesn't want to support new developments. **Dr H** responded that the GP's won't do any private new builds as it is too risky and they don't have the 'appetite' to want to do it. Private investment companies have proved to be too costly. **JP** commented that there are empty rooms available at Samuel Johnson**. Dr H** said that conversations had been had around this but as it is the domain of UHDB they hadn't got very far. The number of people living in Lichfield is growing with no extra funding for healthcare at present. **SC** pointed out that a new build is probably not the answer if there is no money to employ anymore staff. **Dr H** agreed that commitment by all is too vague at the moment, there is no spare money in the system.	

7.	**Update re ICB Feedback (Dr H for MH)** **Report received from MH, tabled and communicated by Dr H:** **<u>UHB Patient Participation Group 9th April 24</u>** 1. Across the 5 sites of UHDB there have been a number of minor refurbishment works including the upgrading of neo-natal at UHDB. 2. There are big projects planned at Derby including the construction of a multi-storey car park and an upgrade to the electrics. The electrical upgrade is necessary for the projects to start. The car park build starts in August and will take 12 months. There will be a free shuttle bus service every 20 minutes to and from a Park and Ride on Kingsway estate. Car park 3 will be solely for Blue Badge parking. 3. Some of the Community Hospitals are being improved and set up as diagnostic centres. The budgets for these upgrades are: **Finch £11.6m; Ilkeston £5.1m; Robert Peel £3.1m**. All to be completed by 2025. 4. **No reference to anything at Samuel Johnson**. It was pointed out that we have an X-ray department but with very limited hours. **<u>ICB People and Communities Panel</u>** **PPG network** has been set up by UHDB but run by PPGs to connect PPGs to the Integrated Care Board (ICB) and bring more local involvement. One nominated member per PPG. Members commented that there isn't any connection at the moment and the NHS is in a total mess. **Community Engagement Plan**. Local issue – local areas. There is a need to look beyond the health services to other areas that contribute to health and wellbeing. The NHS contributes 20% , others 80%. There needs to be a more tailored approach working with other partnerships. A lot going on in the background. A need to get feedback and intelligence.	

	Urgent and Emergency Care. The final version of the Urgent Treatment Centres, Urgent and Emergency Care Strategy is in progress. There will be **two areas** and the categories of treatment are defined as: **Emergency** -: Heart Attack, Stroke, severe chest infection, Sepsis, Internal bleeding **Urgent Treatment/Care Centres** – new to replace Minor Injuries and Walk in Centres. -: Sprains and strains, suspected broken bones, minor head injuries, minor burns and scalds. **Urgent Treatment Policy**; the timescale not yet met. It is co-located with the Emergency Care, some stand-alone centres. Able to offer services for ambulances where patients are suitable. **To conclude:** There seems to be an ever-revolving set of plans. A lot is going on in places like Derby, some at Queens Burton and here and there in the community hospital like Sir Robert Peel. The amounts of money are eye-watering. Representatives at the PPG Network were not happy or convinced that the new PPG network would achieve anything much given the huge diversity of communities and locations e.g. Lichfield versus the Staffordshire Moorlands. Before the introduction of the ICB there had been district PPGs which were able to tackle more local issues. A county-wide one was far too widespread to address the needs of different areas. The meeting agreed that there is little or no understanding by the ICB or UHDB of the difficulties in accessing hospitals and the lack of public transport to get there. Also concern was expressed at the lack of GP appointments and services. There will also be the need for the general public to be educated in understanding the new system for Emergency or Urgent Care. Until there are sufficient Urgent Treatment Centre's with all the facilities they require, and accessible 24/7, then A&E will remain the place to access care. **MH** stated "I must apologise for not accessing the ICB Board meeting earlier this month but I didn't have an internet connection."	

8.	**AOB:** **DD** asked about the use of AI for MRI scanning**. Dr H** replied that she was aware of its use for mammography etc. as we can train machines to check results; checks done by both humans and a machine are proving to be more accurate than those done by two humans. It will be the future of investigative healthcare and is being used successfully for IT systems involved in handling data. **DD** talked about baseline tests for PSA's in young males; **Dr H** stated that this has been raised before but we are not currently involved with this, but baseline measuring for different tests may become more common in the future. **DD** commented that people would have to think about the effects of this on insurance policies. **BM** mentioned that the signage at the front of Samuel Johnson Hospital (part of UHBD) directs people to the nearest A & E being at Good Hope Hospital rather than Burton! **JP** mentioned the current rise in the number of whooping cough cases; wondered if adults should be vaccinated. **Dr H** unsure, **SA** to find information around this and feedback to the group. Staff have been offered the MMR following rise in measles cases earlier this year. **Dr H** informed the group that Dr Kharim will be attending the meeting in September to talk about Safeguarding. **SA** to request ANP input for our December meeting. Meeting closed at 3.20pm, **Dr H** thanked all for attending.	 **SA** **SA**
	Date & time of the next meeting: **The next meeting date:** **Monday 23rd September at 1.30pm Greenhill Health Centre.** **Last meeting date for 2024: Friday 6th December at 1.30pm.**	