

Westgate Practice

Patient Participation Group (PPG)

Minutes of Meeting Wednesday 18th December 2024

1.30 – 3.15pm – Boardroom Greenhill Health Centre

Chair: Tim Boyns (Vice Chair)

Present	Apologies
<ul style="list-style-type: none">• Dr R Moss (RM)• Tim Boyns (TB) – Vice Chair• Sara Allen (SA) – Patient Liaison Officer/Minute Taker• David Dundas (DD)• Brian Mills (BM)• Margaret Harding (MH)• Judith Plimmer (JP)• Sarah Ayto (SAy)	<ul style="list-style-type: none">• Sheila Espin (SE) - Chair• Sam Ellicott• Betty Bradbury (BB)• Michael Maybury (MM)• Geoffrey Nash (GN)• Sue Charles (SC)

Agenda Item		Actions/By who
1.	<p>Welcome & Apologies</p> <p>The meeting was chaired by Tim Boyns (Vice Chair) in the absence of the Chair Sheila Espin. 6 PPG members were in attendance together with Dr Rachel Moss as GP representative and Sara Allen (Patient Liaison Officer/minute taker). TB welcomed everyone to the meeting & noted apologies from 6 members of the group. He advised that the Chair SE was not able to rejoin the meetings yet and that a new</p>	

	<p>member Sarah Ayto (SAy) would be joining the meeting at approx. 1.40. He also asked that in future AOB items are submitted to SA prior to the agenda being set. SA to request these before setting the agenda.</p>	SA
2.	<p>Minutes; Actions and feedback from previous meeting (TB)</p> <p>Page 2 – Clarification that the post of Vice Chair (TB) is ongoing. (Confirmed)</p> <p style="padding-left: 40px;">One group vacancy is now filled</p> <p style="padding-left: 40px;">DD left the meeting at this point due to another appt. (amendment)</p> <p>Page 9 – Item 8 - Patients will receive a message if a repeat medication is not issued</p> <p>TB discussed the need for an AGM, last one was in June 2023. June 2025 meeting was proposed & to be held later in the day for more virtual PPG members to be able to join. Will confirm at March 2025 meeting.</p>	
3.	<p>Summary of Recent Practice Changes; including Triage update & NHS news. (Dr M)</p> <p>Staffing Changes:</p> <p><u>New Starters:</u></p> <ul style="list-style-type: none"> • PSA team- x2 & x1 scanner • Winter pressures ANP x1 • Phlebotomist x1 • New First Contact Physio on Wednesdays x1 • New GPa- x1 started; x1 starting in January 2025 • Pharmacy Technician x1 <p><u>Leavers</u></p> <ul style="list-style-type: none"> • X1 PSA 2/10/24 • X1 Phlebotomist 1/11/24 	

	<p>SAy asked that if a GP had a speciality could it be indicated for patients to be able to book with an appropriate GP when using the booking link. BM asked if the gender of the GP could also be indicated. Dr M said that this had been investigated with regards to gender, but it is not possible on EMIS but can be seen on the website. She would investigate the query regarding GP specialities being on the website for the next meeting.</p> <p>Flu & Covid vaccinations Dr M explained that these started later this year on Saturday 5th October as legislated by NHSE; all clinics finished by 30th November before the main flu/covid season traditionally begins.</p> <p>We gave a TOTAL of 4,677 flu vaccinations during these clinics and approx. 4,000 covid vaccinations.</p> <p>We continue to work with the PCN to administer vaccines in Lichfield care homes.</p> <p>Unfortunately, the practice had a fridge failure days before the last clinic & we lost our stock of vaccines but with a big effort were able to source supplies to enable the clinic to go ahead.</p> <p>Disappointingly this year there were more patients who did not attend appointments despite being booked in; this may have been due to the Pharmacies launching a big campaign early on. MH suggested that we do this next year too. JP advised that as we had a few weeks gap between clinics patients may have gone to pharmacies instead who also offer walk in appointments.</p> <p>Respiratory Syncytial Virus (RSV) vaccine – Dr M gave an overview of RSV which is more common in younger children (Bronchiolitis) and causes Pneumonia in older adults. DD remarked that it can be assumed that adults will have some immunity but the older age group 75+ are more vulnerable. Dr. M stated that the vaccination is currently rather ‘clunky’ to administer as it has to be ‘drawn up’. TB queried how often the vaccine was required, Dr. M replied that the vaccine would last at least 2 years. She then explained about the invites for the vaccine: Invitations are being sent out for those turning 75; patients need to be 75 before being invited for a vaccine, patients over 75 can be booked in if they call and request a vaccine. The ‘catch up’ cohort (75-79yrs & some who have already turned 80) is being organised for vaccines to take place after the Christmas break. Those who are Pregnant 28+ weeks can be vaccinated at the practice if they are not going to be seen in maternity services after this time. Information is available on the website, Facebook and in the Autumn newsletter.</p>	<p>Dr. M</p>
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	<p>Dr M moved on to talk about general NHS news: there is currently a big 'Flu outbreak which is affecting numbers 3-4 times higher than last year; it maybe that the current 'flu vaccine is not as effective as it could be. The practice has an extra ANP to cope with winter pressures and we are doing all we can to keep staff safe.</p> <p>Dr M also spoke about the current outbreak of Norovirus which causes diarrhoea and vomiting, maybe due to an immune system issue post covid. The practice has implemented a policy to initially do telephone consults for suspected cases to prevent infection in the practice. MH remarked that hygiene is of the utmost importance in preventing these types of infections from spreading.</p> <p>Dr M said that all of this was obviously having a massive impact on A&E services; however, the good news is that waiting lists in November were at their lowest since before the pandemic, probably due to a huge push by the NHS over the last couple of years.</p> <p>Dr M gave some information about the use of AI in identifying and supporting frequent attenders to A&E. This is based on triage, advice and education. DD commented about the positive use of AI in the NHS in interpreting results/scans etc.</p> <p>Dr M commented on the decline in rates of cervical screening tests; the NHS is developing an app to target certain relevant groups. It is thought that as the rate of the disease developing is declining with the HPV vaccine, those who haven't been vaccinated also feel at less risk. The aim is to eradicate HPV by 2040. JP/MH mentioned the use of self-testing kits, but these haven't been widely promoted or used.</p> <p>DD asked about the use of emails for giving patients information rather than texts, but Dr. M explained that there is a security issue with outgoing information being sent to private email addresses.</p> <p>Dr M then gave a presentation to the group about the development and use of the current practice triage system. This to be circulated to the group by SA.</p> <p>Questions followed the presentation:</p> <p>MH praised the system as the only choice prior to this was the 08.00am phone call.</p> <p>BM suggested that a PPG ambassador could support patients in the practice with IT issues.</p>	<p>SA</p>
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	<p>DD asked about possibility of being able to see the same GP each time for continuity of care. Dr M said that the triage system may support this better as the patient can specify a named GP on the form.</p> <p>DD spoke about his work with the Prostate Cancer Trust, aim is to see all 30-year-old men to have a PSA measurement done as a future baseline reference.</p> <p>Dr M will keep the group updated about the future of the triage system.</p>	Dr M
4.	<p>Latest Practice Workload Statistics/Complaints/Compliments (SA)</p> <p><u>Workload Stats September/October/November 2024:</u></p> <ul style="list-style-type: none"> ● Phlebotomy appointments = 4229 (+72) ● Face to Face ANP appointments = 2794 (+ 290) ● Medication Reviews = 3455 (-6) ● Telephone Consultations = 5299 (-165) ● Face to Face GP appointments = 4143 (+375) ● Face to Face Practice Nurse appointments = 4645 (+651) ● Diabetic Reviews = 200 (-50) ● Smear Tests = 388 (0) ● Asthma Reviews = 374 (+23) <p>Stats are compared to June/July/August 2024. Drop in telephone consults is mainly due to the new triage system; more face to face appointments for all areas.</p> <p><u>Complaints September/October/November 2024:</u> <u>Total = 60 (27 more than previous 3/12)</u> <u>Total No. of Formal Complaints = 32 (14 more than previous 3/12)</u> <u>Total No. of Informal Complaints = 28 (13 more than previous 3/12)</u> <u>Topic of Complaint included:</u></p> <ul style="list-style-type: none"> ➤ Clinical Care ➤ Communications ➤ Confidentiality Breach ➤ Delay in diagnosis <p>8 letters were sent to patients during this period with regards to addressing their poor behaviour/attitude.</p>	

Compliments:

Total Number of compliments received (by letter; email; website; NHS website; telephone; verbally) September/October/November 2024 = 21 + those received via Friends & Family.

Comments included:

My wife and I had our covid and flu vaccinations today and the whole process was very efficient. The staff were very pleasant.

Just a quick note to say thanks for all your help today. I called to arrange an appointment for my back pain issues. The call taker was very helpful and arranged an appointment with a student doctor ... he was marvellous, very polite and thorough.

Came for my vaccines ...I was pleasantly and warmly greeted by GP and a lovely lady who took my details. GP has always been a wonderful family doctor to us over the years and we are extremely grateful. A great ambassador for The Westgate Practice.

The new system for appointments is excellent, no more hanging on the telephone at 8am listening to generic music. The staff at the surgery have ALWAYS been excellent showing great patience and professionalism.

Friends & Family Test there is a box in main reception for blue paper slips & also instructions re giving feedback via the website. In September/October/November we also sent out texts inviting patients to give feedback on their experience using the Friends & Family questions.

Total no. received September/October/November 2024 = 814

Very good = 668

Good = 100

Neither good nor poor = 24

Poor = 9

Very poor = 13

Don't know = 0

Poor/Very Poor feedback included:

- Website can still be clunky especially verification codes. It would be nice to have confirmation that request has been accepted. Link for appointment can be delayed.
- Cannot get the service I have been used to elsewhere; facilitate seeing a doctor face to face.

	<ul style="list-style-type: none"> • Make it easier to get an appointment. The online form is only active during most of the surgery hours. Why not have it available out of hours and then deal with the queries the following day. <p>TB asked about the complaint process and discussion around significant learning events followed. SA to provide stats and explain the processes in more detail at the PPG meeting in March 2025.</p>	SA
5.	<p>Update re local council developments & ongoing MP letter (DD)</p> <p>DD gave an overview of the council’s position on the provision of GP services in the south of Lichfield i.e. The land for a surgery needs to be reserved before all the land is used for housing purposes. TB queried whether the new MP was aware of the issues previously raised with Mr Fabricant around the need for more GP services in Lichfield. DD queried whether NHS Estates would purchase the land.</p> <p>MH stated that the residents in the Cricket Lane area view Shenstone as their local surgery and pointed out that when the ICB came in to speak to the group they were more about using current buildings more effectively. MH informed the group that she had independently written to the new MP about the health care facilities in Lichfield but had not received a response.</p> <p>BM and TB thought that the group should contact the new MP; TB suggested sending a copy of the previous letter to him.</p> <p>MH queried that we should go to County Council level; JP reiterated that the ICB had previously spoken about the use of Samuel Johnsons (SJ) spare capacity.</p> <p>SA stated that she would ask Jo Williams, Head of Practice, for an update on the situation with health care provision in Lichfield for the next meeting.</p> <p>TB suggested that a review and a way forward with this would be an item for discussion at the next meeting.</p>	
6.	<p>Update re ICB Feedback (MH)</p> <p>MH reported that 2 surveys had gone out to the group via SA. However, the ICB had not been very active recently. Main concerns are that the issue of poor communication links between QHB and DRI continue; scanners are now in place at Robert Peel but there is the</p>	

	<p>issue of poor access to these for Lichfield people with no private transport. General access to secondary care services for Lichfield people is poor given the rising population numbers; SJ needs to be used more effectively. There is a wider PPG group that is hosted by QHB.</p>	
<p>7.</p>	<p>AOB:</p> <p>JP asked about GP’s providing a letter to support a person’s fitness to complete a marathon. Dr M responded that they would not do this as it is a ‘big’ statement to say ‘yes’ as no one can be sure what the outcome may be.</p> <p>BM reiterated that AOB is to be requested by SA prior to the agenda being set. BM also suggested the use of colour relevant pictures in the public areas for patients to look at whilst waiting.</p> <p>Dr M asked for suggestions for future speakers; will pick this up after the March 2025 meeting.</p>	
	<p><u>The first meeting date for 2025:</u></p> <p><u>Wednesday 19th March 2025 at 1.30pm at Greenhill Health Centre.</u></p>	