

Westgate Practice

Patient Participation Group (PPG)

Minutes of Meeting Monday 23rd September 2024

1.30 – 3.15pm – Boardroom Greenhill Health Centre

Acting Chair: Dr Helen Stokes Lampard

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

Agenda Item	Actions/By who
<p>1. Welcome & Apologies</p> <p>The meeting was chaired by Dr Helen Stokes Lampard (Dr H) in the absence of the Chair Sheila Espin. 8 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 3 members of the group.</p> <p>Dr H advised the group that due to personal circumstances the Chair SE would not be able to attend the meeting today. She also advised</p>	

	<p>the group that it was her last meeting before she leaves the practice to take up her new role as Chief Medical Officer for New Zealand. She thanked the group for their support over the past few years and they thanked her for supporting the PPG. A card and painting done by BM was presented to Dr H.</p>	
<p>2.</p>	<p>Minutes; Actions and feedback from previous meeting (Dr H)</p> <p>All agreed previous minutes were factually correct.</p> <p>Actions:</p> <ol style="list-style-type: none"> 1. The group need to decide during this meeting about a replacement for the Vice Chair for the December meeting, even if it is on a temporary basis. Also how we could increase the group size as there are now a couple of vacancies. <p>Dr H introduced Dr Rachel Moss (RM) who will be taking over as the Westgate GP link for the PPG from October 2024. Dr H informed the group that RM was part of the team that had introduced the new triage system at the practice. RM gave an overview of the system including a brief background to reasons for the system i.e. 08.00am overload, lack of appointment availability etc. She said that the system was working well with 2 GP's supported by 2 members of the Patient Services Team. We had received some very good feedback from patients; the call volume had significantly reduced and that new policies and procedures were ongoing to support it running effectively.</p> <p>MM asked if it was possible to show the gender of the GP online for those choosing an appointment. RM said she would add this to the EMIS system.</p> <p>BB asked about support for those who are unable to complete the online form. RM responded that the form can be completed for you if you call the practice the Patient Services Team will help you.</p> <p>MH said she had used it very successfully, she did note that it was only one issue per form so queried what happens if a patient has several problems Dr H responded that as the appointments are only 10 minutes then need to ensure you can deal with the problem in the time, but that anything interrelated would obviously be considered in the same appointment.</p>	<p>PPG</p>

	<p>MM asked if you would need to do another form if you were asked by a GP to come back for a review in 4/52 time RM said yes need to do another form but could request the same GP.</p> <p>Dr. H said she felt that the transition to the system had been good and she thanked RM and Dr Madill for introducing the triage system.</p>	
<p>3.</p>	<p>Safeguarding – Dr Kharim</p> <p>Dr. Kharim (SK) had joined the meeting to give an overview of Safeguarding and the processes we have in place at the practice. He firstly thanked the group for all of their support at the practice. He then gave a presentation outlining what Safeguarding means; who needs protecting and our processes.</p> <p>There was then chance for the group to ask questions:</p> <p>MH asked how the frontline staff are equipped to deal with Safeguarding Issues. SK responded that everyone has some training at different levels dependent on their clinical role. Level 2 is basic training = 4 hours over 3 years and Level 3 Clinical posts = 8 hours over 3 years for children and adults; 50% of the training is face to face.</p> <p>SK explained that the practice holds regular safeguarding review meetings where different cases are discussed, but all investigations are carried out by specialist Social Care Safeguarding teams. He stated that we have about 3-4 cases per quarter.</p> <p>Dr H highlighted the importance of sharing information amongst all of the services to ensure the ‘red flags’ are picked up. The quarterly multidisciplinary meetings also include midwives, we no longer have a Health Visitor attached to the practice. Current numbers are 26 Children in Need & 32 on the Child Protection register, we do have foster carers registered with the practice.</p> <p>MH asked about CRB checks for staff. Dr H stated that all staff are CRB checked before being employed.</p>	
<p>4.</p>	<p>Summary of recent Practice changes & National Health news (Dr H)</p> <p>Dr H spoke about government changes, with a new local MP for this area so it may be appropriate to reach out to him as a group. She also explained that there has been a lot of NHS data collected by the Lord Darzi Report (Independent Investigation of the NHS in England Sept. 2024) so there is likely to be a full review of the NHS by the Kings Fund with a 10 year plan possibly to be released in 2025. There will also likely be a 10 year GP plan in 2025; there has been no recent changes for GP’s as there has not been a new GP contract put</p>	

	<p>in place. Junior doctors have now agreed a pay offer but Royal College of Nursing have rejected the nurses pay offer. A discussion followed regarding possible changes ahead and the role of Social Care. Dr H advised that there is likely to be a focus on Community Care and an increase in the use of IT.</p> <p>Dr. H then gave an overview of staffing changes at the Practice:</p> <ul style="list-style-type: none"> • Dr. Helen – off to New Zealand to take up a new Health post • Dr Clare Pilkington – Retiring • New Pharmacy Technician in post • New Physiotherapist in post • We are recruiting for 2 Patient Services Assistants and a Scanner • We will be interviewing for a Salaried GP on 30th September, not likely to be in post until January 2025. • Dr Neil Forbes will become a partner in October. <p>Dr H also talked about the limited space in the practice and the plans to upgrade Rotten Row.</p>	
5.	<p>Latest Practice Workload Statistics/Complaints/Compliments (SA)</p> <p>Flu & Covid vaccinations are starting later this year as legislated by NHSE, we will however have all clinics finished by 30th November before the main flu/covid season traditionally begins.</p> <p>Clinics start on Saturday 5th October, this clinic and the following one on Saturday 12th October are now fully booked.</p> <p>Further clinics are arranged for: Saturday 2nd November; Saturday 9th November & Saturday 30th November.</p> <p>We are working with the PCN to administer vaccines in Lichfield care homes.</p> <p>Respiratory Syncytial Virus (RSV) – Invitations begin for those turning 75 from 1st October, patients need to be 75 before being invited for a vaccine. The ‘catch up’ cohort (75-79 yrs & some who have already turned 80) will commence after flu/covid clinics due to a need for a 7 day gap between vaccinations. 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.</p>	

Information is available on the website; Facebook and newsletter which will be updated to include the consent form for the covid vaccine. These will also be available in hard copy in the practice and sent as a link on the booking text.

Workload Stats June/July/August 2024:

- Phlebotomy appointments = 4157 (+509)
- Face to Face ANP appointments = 2504 (- 276)
- Medication Reviews = 3461 (+110)
- Telephone Consultations = 5464 (-852)
- Face to Face GP appointments = 3768 (- 170)
- Face to Face Practice Nurse appointments = 3994 (- 528)
- Diabetic Reviews = 250 (-2)
- Smear Tests = 388 (+26)
- Asthma Reviews = 351 (+40)

Stats are compared to March/April/May 2024. The drop in the number of telephone consultations is mainly due to the new triage system which started on 15th July 2024.

Triage stats:

Circa 200 incoming per day; majority are medical issues; between 14% & 54% on anyone day are converted to F2F GP appointments, with between 2% and 18% converted to telephone appointments. Others will be advice; referral to other services e.g. Physio; Mental Health Practitioner. Maybe directed to ANP or Practice Nurse Appointments. Only 6 days where they were not all dealt with on the day, patients are informed that it may take up to 72 hours for a response. Have had some excellent feedback, although a couple of patients have used it for making a complaint or as a 'conversation' when a response has been quick!

Complaints June/July/August 2024:

Total = 33 (22 less than previous 3/12)

Total No. of Formal Complaints = 18 (same as previous 3/12)

Total No. of Informal Complaints = 15 (22 less than previous 3/12)

Topic of Complaint included:

- Clinical Care
- Communications

- Prescription Issues
- Referral Delay
- Loss of records

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) June/July/August 2024 = 10

Comments included:

- Just wanted to say new triage system is brilliant, better than sitting on the phone at 08.00am
- Your receptionist showed incredible compassion and understanding
- I felt extremely heard and validated by two GP's ... and I feel clear and reassured with the plan going forward.
- How lovely, kind and thorough your ANP was with me.

Friends & Family Test there is a box in main reception for blue paper slips & also instructions re giving feedback via the website.

In **June/July/August** we sent out texts inviting patients to give feedback on their experience using the Friends & Family questions; response rate has been around 25%.

Total no. received June/July/August 2024 = 886

Very good = 719

Good = 117

Neither good nor poor = 26

Poor = 9

Very poor = 13

Don't know = 2

Poor/Very Poor feedback included:

1. Change to medication & patient said they weren't aware.
2. Impossible to get an appointment (June 2024)
3. Need more appointments each day
4. Communication with patients could be better

<p>6.</p>	<p>Update re local council developments & ongoing MP letter</p> <p>SE and DD were not available to feedback on this item. Jo Williams, Head of Practice, had given some feedback via SA:</p> <p><u>Report from Jo Williams Head of Practice re current & future needs of the practice:</u></p> <p>A good meeting was recently held with Andy Hadley, Head of Estates and Digital Transformation, and Sarah Jeffrey (Primary Care Portfolio Director) from ICB.</p> <p>The aim of the meeting was to look at both current and future needs of the practice. The Practice has submitted two applications for additional space at Greenhill to expand into.</p> <p>Over the last 12 months much work has been conducted to develop Strategic Estate plans for the PCNs across the locality. Lichfield PCN has its own plan which recognises the short fall in space and the need going forward. It has been acknowledged that both a North Hub and South Hub for Lichfield will be required in the future.</p> <p>However, at the current time there is no money, or very little. Therefore all the Strategic documents are being prioritised according to needs now and in the future, and the financial commitments that would be required. This work will be completed by the end of September. It was acknowledged that the strategic plan highlighted concerns in our space requirements. We are hoping therefore that our submitted applications will be positively considered.</p> <p>In terms of the future, we have discussed the need for land and consideration of options, given limitations of land now available in Lichfield. Work is still on going with Lichfield council but it's likely this will take years to come to fruition.</p>	
<p>7.</p>	<p>Update re ICB Feedback (MH)</p> <p>MH reported back to the PPG from UHB and ICB meetings:</p> <p><u>UHB PPG meeting - Tuesday 17th September.</u></p> <ul style="list-style-type: none"> ➤ The Community Diagnostic Hub at Robert Peel goes live in a couple of weeks. There will be a report about Samuel Johnson at the next meeting. ➤ Emma Stewart spoke about the Patient Portal, Patient Knows Best. Everyone is encouraged to use it. However it's not 	

exclusive and it is still possible to contact departments etc. in the usual ways.

- **The Complaints Team** under the Health and Social Care Act of 2008 are looking into 'GAP', that is the receiving and acting on complaints as they are only partially compliant. There are to be updated letters and methods to complain and staff to be helped to understand how to deal with complaints, especially in face to face situations. There is an action plan for complaint responses.
- The discrepancy in **parking charges** between Burton and Derby hospitals needs to be addressed. The discrepancy is due to different companies running the car parks.
- Long explanation about the progress on rolling out **a new IT system** which would mean Burton and Derby staff could view test results etc. from both hospitals.

Discussion concerning longstanding issues faced by patients due to the IT systems ensued. This affects Trusts and Primary Care.

Two Surveys:

1. Sent on behalf of Claire Deeley Head of Corporate Support and Engagement Commissioning Integration Team NHS England in the Midlands looking into:

- Neonatal services
- Paediatric services
- Cardiovascular services
- Oncology services

2. Sent on behalf of Nikki Stott Communications and Engagement Specialist Staffordshire and Stoke on Trent ICB looking into:

- Population Health Management
- Learning Disability, Down's Syndrome and Autism

ICB People's Panel on 25th August **MH** was unable to attend.

Integrated Care Board Meeting was held on 18th July:

David Croisdale-Appleby National Chair of Healthwatch spoke:

Plans were not being implemented to recover after the pandemic either in primary care or acute care, both locally and nationally. Health inequalities are increasing not decreasing mainly due to poverty.

We need a patient centred organisation and culture.

	<p>We need to change the balance between patient and health professionals Healthwatch must remain independent. Peter Axon Chief Executive of ICB gave an update and said that the financial position was poor but performance overall is very good.</p> <p>Dr H commented that the patient’s voice will be very important for the planning and monitoring of care through the next decade.</p>	
8.	<p>AOB:</p> <p>SA spoke for DD who had to leave the meeting early – DD was concerned that when a patient is not issued with a repeat medication they are not made aware. SA to speak to Meds. Management team re process for informing patients of this.</p> <p>MM informed the group that he was now standing as Governor for Lichfield for the Heartlands Trust of hospitals. He agreed to give feedback to the group and also spoke about raising the profile of this role within the practice for our patients.</p> <p>Dr H then asked if anyone had now considered being put forward for the role of Vice Chair even to stand in temporarily for the December meeting – Tim Boyns (TB) agreed to take this role on for the next meeting.</p> <p>Meeting closed at 3.20pm, Dr H thanked all for their support over the past years.</p>	SA
	<p><u>The last meeting date for 2024:</u></p> <p><u>Wednesday 11th December at 1.30pm at Greenhill Health Centre.</u></p>	