

**Westgate Practice**

**Patient Participation Group (PPG)**

**Minutes of Meeting Monday 25<sup>th</sup> September 2023**

**1.30 – 3.15pm – Boardroom Greenhill Health Centre**

**Chair: Sheila Espin**

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

<b>Agenda Item</b>		<b>Actions/By who</b>
1.	<p><b>Welcome &amp; Apologies</b> The meeting was chaired by Sheila Espin (Chair); 7 PPG members were in attendance (3 apologies) together with Prof Dame Helen Stokes Lampard as GP representative and Sara Allen (Patient Liaison Officer/minute taker). <b>SE</b> welcomed everyone to the meeting &amp; noted apologies from 3 members of the group.</p>	

<p>2.</p>	<p><b>Minutes; Actions and feedback from previous meeting (SE)</b></p> <p>Minutes agreed as a true record.</p> <p><b>Actions:</b></p> <p><b>SA</b> – awaiting responses from those who attended AGM virtually about interest in joining face to face PPG group.</p> <p><b>SA</b> – Paper copies of info for new patients, ongoing.</p> <p><b>Dr H</b> thanked <b>BM</b> on behalf of the partners for the drafts of the proposed new signage in the practice. It was very well received by the operational committee. <b>BM</b> expressed that he felt the waiting areas seemed very empty, suggested appropriate coloured paper on noticeboards. <b>TB</b> complimented <b>BM</b> on the posters; good idea for those who are colour blind to have symbols.<b>SA</b> will take all forward.</p> <p><b>MH</b> raised that the monitors in the waiting areas go through the screens very quickly, makes it difficult to read properly. <b>SA</b> to pick up with Business Manager.</p> <p><b>SA</b> gave information about the local Health Visiting service; <b>JP</b> felt that there needed to be more support groups for new parents. <b>Dr H</b> commented that the service was not within the GP responsibility, there are more services offered in areas of higher need but she will feedback to partners.</p> <p><b>BM</b> discussed facility in Lichfield ‘Green Frog’ for children &amp; parents to meet but <b>SE</b> said this was closing due to high cost of rates. <b>DD</b> there may be a grant available from the council to support.</p>	<p><b>SA</b></p> <p><b>SA</b></p> <p><b>SA</b></p> <p><b>SA</b></p>
<p>3.</p>	<p><b>Summary of recent practice/national health news; COVID-19 boosters &amp; ‘flu vaccine update. (Dr. H /SA)</b></p> <p><b>Dr. H</b> informed the group that she has been invited to represent the general public interest in Health &amp; Social Care by being part of the governments Expert Advisory Panel to the new Artificial Intelligence (AI) Taskforce. There is a great interest in this area, with a summit at Bletchley Park in November, it is attracting a lot of funding, but there is also some anxiety around the future of AI in all areas of life.</p> <p><b>Dr H</b> also spoke about the Consultant &amp; Junior Doctor’s strikes which are continuing, not a great impact on the practice staffing at present.</p>	

	<p><b>Dr. H</b> stated that covid infections are on the rise; the practice has commenced giving flu &amp; covid vaccines, they can be given together. We are using Pfizer vaccines at present but may be supplied with Moderna going forward. She thanked the PPG members who are supporting the clinics.</p> <p><b>TB</b> asked about the shingles vaccine which has recently changed in type and regime. <b>Dr H</b> advised that we have started to give these vaccines according to the new criteria. It now includes those patients who have turned 65 years (01.09.58 - 31.08.59) or 70 years (01.09.53 - 31.08.54). Anyone falling outside of these dates will not be invited until the schedule allows. Patients eligible are invited directly by Accurx self-book where possible. All patients will now be routinely offered the Shingrix vaccine. This requires two doses with a gap of either 8 weeks for the immunosuppressed or 6 months for the immunocompetent. There are two new protocols called Shingrix (immunosuppressed) and Shingrix (Immunocompetent). These are designed with the specific age eligibility questions and calculate the correct date for recall so that the process is as quick and efficient as possible. These diary dates will then be searched to recall patients for their second dose.</p> <p>Information has already been communicated to patients via our newsletter, on the website and the information screens.</p> <p><b>MH</b> asked about the Pneumonia vaccine, <b>Dr H</b> assured the group that this hasn't changed, it is a 'one off' vaccine for over 65's.</p>	
<p>4.</p>	<p><b>Latest Workload Statistics/Complaints/Compliments – Sara Allen (Patient Liaison Officer)</b></p> <p><b><u>Covid and Flu Vaccinations Autumn 2023:</u></b></p> <p>We commenced the giving of flu &amp; covid vaccines on <b>Saturday 16<sup>th</sup> September</b> with clinics running from 08.00am – 2.00pm; thank you to the PPG members who have supported with the 2 clinics so far.</p> <p><b>Clinic 1 = 1,531 flu vaccines; 1,467 covid vaccines.</b>  <b>Clinic 2 = 1,105 flu vaccines; circa 1,000 covid vaccines.</b></p> <p>There are a further <b>4 clinics</b> planned on the following dates from 8.00am – 2.00pm by appointment only:</p> <ul style="list-style-type: none"> <li>➤ <b>Clinic 3 - Saturday 14<sup>th</sup> October</b></li> <li>➤ <b>Clinic 4 - Saturday 21<sup>st</sup> October</b></li> </ul>	

- Clinic 5 - Saturday 11<sup>th</sup> November
- Clinic 6 - Saturday 18<sup>th</sup> November

**Other Practice Stats April/May/June/July 2023:**

**Comparison with same period in 2022:**

- Face to Face ANP appointments = 3522 (↑ 1,677)
- Medication Reviews = 4287 (↓221)
- Telephone Consultations = 8082 (↓2732)
- Face to Face GP appointments = 4246 (↑1,074)
- Face to Face Practice Nurse appointments = 3529 (↓992)
- Diabetic Reviews = 598 (↑84)
- Smear Tests = 460 (↓64)
- Asthma Reviews = 457 (↑91)
- Phlebotomy appointments = 4814 (↑431)

**Complaints April – end of August 2023: Total = 100**

**Total No. of Formal Complaints = 47**

**Total No. of Informal Complaints = 53**

**Topic of Complaint included:**

- Communications
- Clinical Care
- Prescription Issues
- Practice Arrangements
- Appointment availability

**17 letters** were sent to patients during this 12 month period with regards to addressing their poor behaviour/attitude. This is a 30% increase on previous similar periods of time.

**Compliments:**

**Total Number of compliments received (by letter; email; website; NHS website; telephone; verbally) April – end of August 2023 = 40**

**Comments included:**

- GP was amazing, husband referred immediately & now being treated in hospital.
- ANP made me feel v. comfortable as I was so nervous.
- My mother has been v. well cared for by The Westgate Practice

	<ul style="list-style-type: none"> <li>➤ Since we moved to Lichfield I have been delighted with the service &amp; expertise of the Westgate Practice</li> <li>➤ Pt. wanted to say how grateful she was for all the care &amp; support received following her cancer diagnosis.</li> </ul> <p><b>Friends &amp; Family Test</b> has resumed; box in main reception entrance for blue paper slips &amp; instructions re website feedback.</p> <p><b>18 Received April – end of August 2023:</b></p> <p>Very good = 9  Good = 4  Neither good nor poor = 0  Poor = 0  Very poor = 5</p> <p>We are trying to encourage the use of the website for Friends &amp; Family feedback – thanks to the PPG members we have had <b>40</b> responses done online on <u>our</u> website (rather than the NHS site) for September, most submitted following the ‘Flu clinic on Saturday!</p> <p><b>Dr H</b> commented that we don’t send letters to patients re poor attitude/behaviour ‘lightly’; discussion ensued re general intolerance of public.</p>	
5.	<p><b>Update re local council developments &amp; MP letter (DD/SE)</b></p> <p>As there hasn’t been any response to the letters sent re housing developments <b>SE</b> visited the Lichfield council offices to make an appointment with the councillor. Informed this wasn’t possible, offered 2 email addresses, no response received as yet. <b>SE</b> going to write and hand deliver a letter to the councillor’s home address.</p>	<b>SE</b>
6.	<p><b>Update re ICB Feedback (MH)</b></p> <p><b>MH</b> reported that there had not been any further updates since the previous meeting, next Assembly is on 25/10/23 with an AGM. She will keep the group informed via <b>SA</b>.</p>	

<p>7.</p>	<p><b>The Role of the Social Prescriber – Jenny Kentesber</b></p> <p><b>Dr H</b> gave a background to the development of new roles in Primary Care, 3.4 billion has been invested since 2019. This is with the intention of supporting clinicians to carry out their role; other roles can take on more of the social aspects of patient’s needs. There are 3 main additional roles in GP practice: Social Prescriber; Care Coordinator &amp; Health Coach. The first 2 roles have taken off really well, not so much the health coach role in our area. The purpose being to look holistically at a person to improve their health.</p> <p>Jenny Kentesber (Social Prescriber for The Westgate Practice) then spoke about her role within the practice. She explained that Social Prescribing is a way to connect people to a range of non-clinical groups and services to meet their individual wellbeing needs in their own locality. She is part of a team of 2, herself and Tracey; they receive referrals from various sources, at the practice mainly from GP’s or Nurses, patients may self-refer. They make contact face to face or by telephone about any social aspect that may impact on the person’s physical or mental health e.g. finances, loneliness. They are able to signpost to different services or support someone to attend a group or activity, depending on individual needs.</p> <p><b>Dr. H</b> explained that she chairs the National Social Prescribers Group (it is a global initiative); it is principally giving identity to something that has always been done. About 20% of patient issues are social and not medical.</p> <p><b>BB</b> asked about Jenny’s background, Jenny informed the group that she was a trained nurse, and had been in various mental health roles.</p> <p><b>TB</b> said that he applauded the work that Jenny and her colleague Tracey do for patients. He asked if there was any support for children. Jenny replied that at present it is for over 18’s only as schools tend to support. <b>Dr H</b> said that children can also get support via Child Mental Health Teams.</p> <p><b>SC</b> asked if patients can self-refer; Jenny clarified that they can but have to meet the criteria, a lot have used the service previously.</p> <p><b>SE</b> thanked Jenny for coming to speak to the group.</p>	
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<p>8.</p>	<p><b>The Role of the Care Coordinator – Sally Prime</b></p> <p>Sally explained that she is one of 2 Care Coordinators at the practice, herself and Carrie. Their remit is very broad and has been built around the needs of the patients. It includes: cancer care support for newly diagnosed patients; supporting families with bereavements; following up patients over 80 who have recently been discharged from hospital; liaising with care homes; supporting patients with Learning Disabilities to attend reviews and appointments. It does link in with the Social Prescriber role too, and is an extremely busy and growing role.</p> <p><b>MH</b> stated that taking an holistic approach; knowing what is available and can be accessed quickly is very important.</p> <p><b>SE</b> asked about care for Dementia patients, Jenny stated that there is support for them and their carers. <b>Dr H</b> said that the newly diagnosed are supported via mental health teams.</p> <p><b>SE</b> observed that completing a form can be difficult for some people, Jenny said that there is a facility to support but anything online can be barrier.</p> <p><b>TB</b> commented that it is an immense role...a victim of its own success. Sally said that they do as much as they can in the time allowed.</p> <p><b>SE</b> thanked Sally for coming to speak to the group.</p> <p><b>Dr H</b> and PPG group expressed their thanks to both Jenny &amp; Sally for attending the meeting, very informative.</p>	
<p>9.</p>	<p><b>AOB</b></p> <ol style="list-style-type: none"> <li>1. Discussion around appointments &amp; phone calls at 8am. <b>Dr H</b> stated that we would be getting a ring back service on the system at some point. <b>SC</b> asked about booking ahead, <b>Dr H</b> said that a GP can do this if appropriate but as a whole the practice is still only doing on the day appointments. <b>Dr H</b> informed the group that the practice had appointed another GP and a Clinical Pharmacist to help with the workload.<b>MH</b> said that she &amp; her husband had been very pleased with the service.</li> <li>2. <b>JP</b> raised a prescription issue regarding medication that maybe out of stock at the pharmacy e.g. eye drops. <b>Dr H</b> commented that unfortunately there is a global shortage of many types of medication, we are not specifically informed. Pharmacist would need to advise what was available to be prescribed.</li> </ol>	

	<p><b>3. DD</b> asked about the availability of PSA tests. Discussed new thinking that as men have different levels it may be appropriate to do a base level at 30. <b>Dr H</b> pointed out that PSA's can give false positives/negatives; there is a newly developed MRI scan which is more accurate but cost &amp; availability are a factor. There is a national screening programme, are researching for other markers that are more accurate. The practice can only do tests within national guidelines. <b>DD</b> is having an interview with Prostate Cancer UK regarding PSA Baseline Measures.</p> <p><b>4. DD</b> asked about the length of time for consultant letters to be read/actioned. <b>Dr H</b> explained that if urgent then when received acted on asap; If non urgent then will only respond if action is needed. Often a delay at the hospital end in sending to us.</p> <p><b>5. MH</b> asked about scan results; <b>Dr H</b> GP will contact if any action needed, otherwise patient should call in.</p> <p><b>6. DD</b> asked if we were aware of any RACC in the building; <b>Dr H</b> didn't think so but is responsibility of NHS PropCo from whom we lease our part of the building.</p> <p><b>7. JP</b> asked about mask wearing, <b>Dr H</b> responded that masks are only worn if patient is unwell, she doesn't feel that the NHS will enforce again.</p> <p><b>SE</b> concluded the meeting at 3.30 and reminded the group about the next date of <b>Friday 8<sup>th</sup> December at 1.30pm.</b></p>	
	<p><b><u>Date &amp; time of the next meeting:</u></b></p> <p>The next meeting date: <b>Friday 8<sup>th</sup> December at 1.30pm Greenhill H.C</b></p> <p><b>Dates for 2024 meetings will be proposed at this meeting.</b></p>	