

Westgate Practice

Patient Participation Group (PPG)

Minutes of AGM Meeting Wednesday 11th June 2025

1.30 – 3.30pm – 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• Sarah Ayto (SAy)• Betty Bradbury (BB)• Sue Charles (SC)• Sheila Espin (SE) - Chair• Margaret Harding (MH)• Michael Maybury (MM)• Brian Mills (BM)• Geoffrey Nash (GN) <p>Virtual Group members joined for AGM via TEAMS:</p> <ul style="list-style-type: none">• Cliff Connick (CC)• Dianne Lote (DL)• Robert Miller (RMi)• Shaun Bowden (SB)• Caroline Lewis (CL)	<ul style="list-style-type: none">• David Dundas (DD)• Sam Ellicott (SEI)• Judith Plimmer (JP)

Agenda Item		Actions/By who
1.	<p>Welcome; Apologies and Chairs Report – Mr Tim Boyns (Acting Chair)</p> <p>The AGM meeting was chaired by Tim Boyns (Vice Chair); 8 PPG members were in attendance together with 5 virtual PPG members who joined via TEAMS.</p> <p>Dr Rachel Moss as GP representative and Sara Allen (Patient Liaison Officer/minute taker) were also present. 3 apologies were noted.</p>	

	<p>TB welcomed everyone to the meeting and gave a chairs report:</p> <p>On behalf of all the Patient Participation Group members here at the Westgate Practice as Vice Chair it's my pleasure to be welcoming you all to this virtual AGM. We hope that you will find this meeting informative. We recognise that it is our Practice and that we share the contact that we have in common. We are enormously grateful to the significant number of staff members who enable the Practice to function and endeavour to meet our needs. 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 Tim Boyns and I have been Vice Chair of the Group since December 2023. I moved to Lichfield in 2018 having served as a Vicar close to Hull. A stroke meant that I took early retirement. As well as links as a patient with the NHS at both Practice and Hospital level, I have appreciated other time spent in this crucial area. The issue of supporting and holding to account has also been shown in the world of education.</p> <p>I would like to place on record grateful thanks to Pamela Black, my predecessor as Vice Chair together with Sheila Espin for her continuing work as Chair. During the last year we have said goodbye to several outstanding practitioners in so many parts - not least to Professor Dame Helen Stokes Lampard, our GP link - our loss is matched by the gain of the New Zealand Health Service.</p> <p>During the year we have sought to build on the four areas as mentioned last year:</p> <ol style="list-style-type: none"> 1.Improve Communication 2.Improve knowledge of changes within the NHS 3.Influence service provision 4.Involve others when appropriate (Elected members - Local and National) <p>I could go on at length in respect of the above but will content myself to state that much information has been received by the Group, many questions have been asked and much has therefore been considered by those within the Practice to whom we owe so much.</p> <p>TB then handed over to RM.</p>	
--	---	--

2.	<p>Speaker – Dr. Rachel Moss (GP Partner/PPG Link)</p> <p>RM welcomed everyone to the meeting and gave an update on the Triage system and modernisation of GP practices:</p> <p>Triage: It is now coming up to 12 months since the triage system began, it is currently a hybrid system with urgent issues still being booked in on the day via a telephone call. We have had a marked reduction in complaints around the morning telephone calls and the no's not attending appointments is improved compared to pre covid rates. From Tuesday 8th July the practice has decided to go to a full triage system where both urgent and non-urgent issues will be going via the online triage system. Communications about this will be released for patients, the system is designed to ensure that all patients see the most appropriate clinician at the right time.</p> <p>RM pointed out that we now have a range of staff as well as GP's and ANP's who can deal with patient needs such as a Mental Health Practitioner; GP Assistant; Physiotherapist; Clinical Pharmacists. She also talked about the Pharmacy First service that can be used for simple urinary tract infections; sore throats etc as well as the urgent eye service offered by local opticians. There is a need to educate patients about these services and the use of the NHS app. which is being generally promoted by the NHS as it will save several million pounds in paper use as letters will be sent via the app. 80% of hospitals use it already; 11 million people have access to it in the UK.</p> <p>There was general group discussion about the usefulness of the NHS app. and experiences of using it.</p> <p>RM gave information about the new GP contract. There is an increase in funding, but the pockets of funding have changed. The global sum given depends on the demographics of the population served and on Quality Outcome Frameworks (QOF) targets. There is more emphasis on health promotion for cardiovascular disease and diabetes.</p> <p>RM informed the group about the main GP staffing changes that had occurred with the retirement of Dr. Pilkington in September 2024 and Dr. Walsh in February 2025. Dr. Stokes-Lampard left in October 2024 to take up a post in New Zealand and Dr. York has recently left to emigrate to Australia. Two new partners have been appointed and there are 2 new salaried GP's, she commented that the team was working well together.</p>	
----	---	--

	<p>Discussion followed with regards to the triage system which were mainly positive, one comment was that 'it was like a breath of fresh air' and very much appreciated. There were questions about those who are not IT literate or do not have access to IT. RM explained that they could still call us and the reception team would complete the triage form for them on the telephone.</p> <p>RM reassured the group that confidentiality is maintained by all staff in the practice, it necessary to get all the information from the patient to complete the form and triage effectively. The staff are also trained in care navigation so can advise if there would be a more appropriate alternative service e.g. Optician or Dentist. It was mentioned that triage can be done via the NHS app or directly via the Westgate website www.westgatepractice.co.uk RM mentioned that there are IT courses running in the community.</p> <p>SB asked if there is a maximum no. of patients that can be registered at a GP practice. RM stated that we currently have circa 31,000 patients should the practice feel it is getting too many patients then this can be raised with the ICB.</p> <p>A query was raised by CL with regards to the types of complaints received by the practice. SA stated that there is a wide range of issues raised including communications; clinical care; administration etc. However, the annual numbers remain very small given the number of annual patient contacts. The practice has a robust system to deal with complaints and complies with CQC requirements.</p> <p>SAY asked about the feedback system 'Friends and Family' and why it is so called when it is the patient who feeds back on their experience. There was general agreement that the title is ambiguous. MH said it is a nationwide system used by the NHS to get feedback, MM said that the NHS is 'pushing it' a lot at present. SC commented that it is about whether you would recommend that service to a family member or friend.</p>	
3.	<p>Annual Practice Workload Statistics/Complaints/Compliments – Sara Allen (Patient Liaison Officer)</p> <p>To put these stats into context it is worth noting that the current number of patients registered with the practice = 31,161 as at 2/6/25</p> <p><u>Covid and Flu Vaccinations autumn/winter season 2024/25:</u></p> <ul style="list-style-type: none"> ➤ 5,150 patients had 'flu vaccinations at the practice. ➤ 4,791 patients had covid vaccinations at the practice. <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.</p>	

	<p>Most of the eligible patients have now received these, this offer finishes on 16th June.</p> <p>However, we will be offering the 'Flu/Covid vaccine in the autumn and are awaiting news from the JCVI/NHS about the actual requirements of the autumn offer.</p> <p>Respiratory Syncytial Virus Vaccine (RSV) – We have given 1,300 vaccines to date. All the eligible 75 – 79-year old's have had an invitation to book via text or letter. This is the catch-up programme which will finish in August 2025. Then when a patient turns 75 years, they will automatically be invited in.</p> <p>Shingles Vaccine – We have had a good response to the new Shingrix vaccine; 90% uptake when invited so are giving 80 – 90 vaccines per month. Patients are invited in once they become eligible. Current cohort is those who are turning 65 & 66; those who are 70 - 79 years and second recalls as it is 2 vaccines - standard recall is 6 months apart.</p> <p><u>Other practice statistics for 1st April 2024 – 31st March 2025 include:</u></p> <ul style="list-style-type: none"> ➤ Phlebotomist appointments – 11,527 ➤ Face to Face ANP appointments – 8,666 ➤ Medication Reviews – 12,094 ➤ Telephone Consultations – 13,447 ➤ Face to Face GP appointments – 11,134 ➤ Face to Face Practice Nurse appointments – 11,830 ➤ Diabetic Reviews - 932 ➤ Smear Tests – 1,570 ➤ Asthma Reviews – 1,361 <p><u>Complaints for year 2024 / 2025: Total = 197 (slightly less than 23/24 = 219)</u></p> <p><u>Total No. of Formal Complaints = 104 (involved further investigation & formal response)</u></p> <p><u>Total No. of Informal Complaints = 93</u></p> <p><u>Topics of Complaint included:</u></p> <ul style="list-style-type: none"> ➤ Clinical Care ➤ Appointment availability ➤ Prescription Issues ➤ Practice Arrangements ➤ Communications 	
--	--	--

12 letters were sent to patients during this 12-month period with regards to addressing their poor behaviour/attitude.

Compliments:

Total Number of compliments received (by letter; email; NHS website; telephone; verbally) for year 2024/25 = 80.

Many more are received each month via Friends and Family online feedback.

Comments included:

- *Pt. wanted to let everyone know how lovely & helpful the GP was to her.*
- *Thank you from pt. to PSA who helped her complete her triage form; said system was very efficient, she got a quick response.*
- *Pt. very impressed by all the services & help since joining the practice*
- *Pt. would like to thank the ANP for her excellent care & advice.*
- *Pt. had a phlebotomy appointment, the nurse was accommodating, welcoming & friendly.*
- *The care coordinator role is invaluable; have found the member of staff to be prompt; concise; considerate & extremely professional.*

Friends & Family Test There is a box in main reception for blue paper slips & feedback is also able to be given online via the website.

Received in 2024/25 = 2,942 in total

Very good = 2,359 = 80% (approx.)

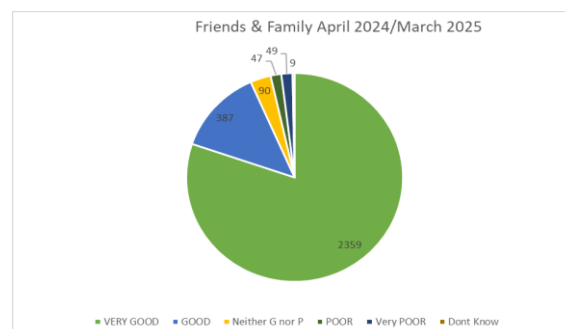
Good = 387 = 13% (approx.)

Neither good nor poor = 90 = 3% (approx.)

Poor = 47 = 1.5% (approx.)

Very poor = 49 = 1.5% (approx.)

Don't Know = 9 = 0.3% (approx.)



	<p><u>Comments included:</u></p> <p><u>Very Good:</u> <i>I always receive excellent care and attention from all staff. The reception team are exceptional, very helpful and compassionate. (July 2024)</i> <i>The introduction of the website to be able to contact and make appointments has been amazing. I have been able to book an appointment for a rotator cuff injury which I wouldn't have been able to make before whilst working and trying to ring at 8am is impossible. This is amazing, please don't revert back. (August 2024)</i> <i>Limited experience (we only moved here 15 months ago) but so far everything has been well run, friendly and helpful. Pleased to have seen a doctor for a non-urgent issue - and today's vaccinations were superbly run. (September 2024)</i></p> <p><u>Good:</u> <i>There was difficulty getting through on the phone and the website is not easy to find your way around but the staff I came across were very helpful both on the phone and in person and the care/treatment I received was very good. So "Good" reflects both parts of this. (October 2024)</i></p> <p><u>Neither Good nor Poor:</u> <i>It is very difficult to see a practitioner without jumping through hoops and your quality of life diminishes in the meantime, then when you need tests, you are seen by agencies wherever and whenever. Listen to the patient in most cases they know their bodies better than anyone. (November 2024)</i></p> <p><u>Poor:</u> <i>Never have appointments available. No flexibility for those who work in NHS and can't drop everything for an appt e.g. Nurse on wards (April 2024).</i> <i>Can never get through on phone and cannot understand why someone would be on reception, ignore people or tell them that she can't do this, that or the other. (January 2025)</i></p> <p><u>Very Poor:</u> <i>Can't get any appointments (May 2024).</i> <i>Disorganised long waits on telephone poor communication within team and to patient. Had a fabulous service in Shenstone before C-19 and it's has deteriorated- making unwell/ elderly patients to go to Lichfield - assuming that they have transport. (Feb.2025)</i></p>	
--	--	--

4.	<p>Information from Integrated Care Board/UHDB PPG – Margaret Harding (PPG Member)</p> <p>ICB People and Communities Panel 22nd April 2025</p> <p>1.Neighbourhood Health Re-organisation aims to create healthier communities, standardising using 6 core components for consistency.</p> <ol style="list-style-type: none"> 1. Population Health Management 2. Modern General Practice 3. Standardising Community Health Services 4. Neighbourhood Multidisciplinary Teams 5. Integrated Immediate Care (Home First approach) 6. Urgent Neighbourhood Services <p>Integrating services to improve co-ordination starting with those with the most complex needs.</p> <p>Scaling successful approaches to benefit most people.</p> <p>Evaluate the impact to ensure better outcomes and effective use of resources. No date for when this will actually happen.</p> <p>Need education beyond the re-organisation.</p> <p>Need to work better with the Integrated Care Partnership for better working of carers, nurses and others.</p> <p>2.ICB Reforms</p> <p>NHS England is to be abolished. Staff numbers at the ICB are to be reduced in this and the Dept of Health.</p> <p>ICB finance has been cut by 50% with a 39% reduction in costs in Staffordshire.</p> <p>ICB needs to develop a plan in May to implement in December.</p> <p>Corporate staffing is back to pre-covid levels.</p> <p>Need to have safe transitioning so that there aren't any gaps.</p> <p>3.Maternity Consultation</p> <p>A 12-week formal consultation started after the local elections across Staffordshire and including Lichfield at Samuel Johnson. There will be an independent scrutiny of the results which will set the structure.</p> <p>4. Downs Syndrome Forum</p> <p>The Forum took place on 21st March to support those with Downs Syndrome, parents, families and carers by sharing with service providers e.g. employment, health and educational needs. It recommended some small system changes.</p>	
----	--	--

	<p>5. Update Praise generally for the triage system of GP appointments.</p> <p>AOB: The question was raised about EMS (ambulance service) and delayed arrival collection to and from appointments. Tracey to find out.</p> <p>There was a big discussion about implications for older people and digitization of services.</p> <p><u>UHDB PPG 22nd May 2025</u></p> <p>Discussion on Patient Portal - Patient Knows Best (PKB)</p> <p>This is an option available to all patients, but patients don't have to use it.</p> <p>The team want to put patient questionnaires on it. Also to put common pathology test results for tests done at hospital, not GP blood tests, by end of June. It will show the full tests, ranges and details. Access will be by the website or via the NHS app. The question of how to get back to the consultant or department for queries was raised. Envisage a time lapse for consultants to review test results before informing patients on PKB. For any real concerns the department should already have contacted the patient.</p> <p>Patients can select their language on PKB but it wouldn't be available for questionnaires.</p> <p>It was suggested that a message on PKB could inform the patient who to contact to query test results.</p> <p>Concern that departments could be overwhelmed by phone calls. Only so many people answer phones, and this is already a problem.</p> <p>Use of Taxis to deliver medicines as patient transport.</p> <p>This was a carry-over from the last meeting. The system of using taxis and the contracts have been reviewed. All drivers are DBS checked. There are strict rules for the delivery of medication. Taxis are mainly used for patient transport.</p> <p>The EMS contract has been retained in Derby. No information about EMS for patient transport in Lichfield or Tamworth.</p> <p>The new A&E at Burton will open at the end of June.</p>	
--	---	--

	<p>The telephone system is being updated so that the hospital will have an ID rather than coming up as a private number. Many people will not answer if the phone display says private number.</p> <p>CL asked if anyone was being consulted re the cuts to the ICB, MH said no, the decisions were being made by ICB themselves.</p> <p>MM explained about ambulance contracts regarding the emergency and patient transport systems. There have been issues raised regarding EMS transporting patients to and from hospitals.</p>	
	<p>At 2.30 the Chair closed the AGM by thanking everyone for attending and participating in this AGM the minutes of which will be forwarded and available on the website in due course.</p>	
5.	<p>Minutes of the Previous Meeting (TB)</p> <p>All agreed to be an accurate record.</p> <p>MM asked if there was any progress on having a dashboard showing practice activity in reception area. SA not yet will discuss with Business Manager.</p> <p>TB requested that the PPG members could be involved in the Autumn Vacc. Clinics. SA will discuss with the Business Manager.</p> <p>TB noted that letter has been sent to MP. Partners supported sending of letter. No response yet.</p> <p>BM reported that he went to a consultation with the MP who is aware that GP's are not consulted re local health needs.</p>	<p>SA</p> <p>SA</p>
6.	<p>PPG Group Election of Officers</p> <p>RM opened the discussion with regards to the resignation of the current chair SE who wishes to continue with the group but not as chair.</p> <p>Following appropriate proposals TB was proposed as incoming Chair by MH, and this was seconded by BM.</p> <p>The position of Vice Chair was discussed, TB proposed SE, this was seconded by the group and SE accepted the position.</p>	

7.	<p>United Hospitals Birmingham (UHB) Update (MM)</p> <p>MM gave information from UHB:</p> <ul style="list-style-type: none"> • National Patient Experience week keen to get feedback; explained the Friends & Family system. • The old records office at Good Hope (GHGH) will now be developed to form part of A&E. • Poor Car Parking at GHGH; machines and cameras to be installed. <p>MH – Agreed re parking issues; lack of card use and blue badge parking.</p>	
8.	<p>AOB:</p> <ol style="list-style-type: none"> 1. Prescription ordering times (DD) – In absence of DD SA informed group that ordering time for prescriptions is now 72 hours. This has been communicated via the website; on prescriptions etc. RM some patients do leave it until last minute to order, puts pressure on those doing prescriptions. The NHS App. is being developed so that you will be able to see the progress of your prescription request. SAy stated that Waitrose inform you when your prescription is ready to be collected. RM use of electronic prescriptions has helped. 2. Speakers (TB) – TB asked for suggestions for speakers for the next meetings. Also discussed CQC inspection SA aware that we are currently overdue an inspection. SE suggested finding out from other PPG's re inspection involvement and to compile any evidence. MH queried whether there are any other active PPG's in Lichfield. BM suggested hosting a meeting for local PPG's. SA to get contacts for other PPG's. 3. RM informed group that practice will be running an information session in the autumn around the use of IT & being 'Winter Ready' suggested PPG may want to be involved. 4. BB asked about the use of Shenstone; RM stated that demand had fallen since covid but that we do open there each day. <p>Meeting closed at 3.30pm.</p>	<p>SA</p> <p>SA</p>
9.	<p>Dates & Times of next Meetings:</p> <p>Friday 5th September 2025 – 1.30pm</p> <p>Friday 28th November 2025 – 1.30pm</p>	