

**Westgate Practice**

**Patient Participation Group (PPG)**

**Minutes of Meeting Wednesday 19<sup>th</sup> March 2025**

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

**Chair: Tim Boyns (Vice Chair)**

<b>Present</b>	<b>Apologies</b>
<ul style="list-style-type: none"><li>• Dr R Moss (RM)</li><li>• Tim Boyns (TB) – Vice Chair</li><li>• Sara Allen (SA) – Patient Liaison Officer/Minute Taker</li><li>• Sarah Ayto (SAy)</li><li>• Betty Bradbury (BB)</li><li>• Sue Charles (SC)</li><li>• David Dundas (DD)</li><li>• Sam Ellicott (SEI)</li><li>• Sheila Espin (SE) - Chair</li><li>• Margaret Harding (MH)</li><li>• Michael Maybury (MM)</li><li>• Brian Mills (BM)</li><li>• Geoffrey Nash (GN)</li><li>• Judith Plimmer (JP)</li></ul>	No Apologies received.

<b>Agenda Item</b>		<b>Actions/By who</b>
1.	<p><b>Welcome &amp; Apologies</b></p> <p>The meeting was chaired by Tim Boyns (Vice Chair); 11 PPG members were in attendance together with Dr Rachel Moss as GP representative and Sara Allen (Patient Liaison Officer/minute taker). <b>TB</b> welcomed everyone to the meeting &amp; noted that there were no apologies. The Chair <b>SE</b> was welcomed back to the group.</p>	

2.	<p><b>Minutes; Actions and feedback from previous meeting (TB)</b></p> <p><b>Item 2 Page 2– DD</b> pointed out that previous meetings minutes needed to read ‘that he left the <u>previous</u> meeting at this point due to another appointment’.</p> <p><b>The remaining minutes were agreed as an accurate record.</b></p> <p><b>AGM</b> – General discussion re time and agreed that this would be held at the next meeting which is now on <b><u>Wednesday 11<sup>th</sup> June 2025 at 1.30.</u></b></p> <p>It was agreed that it will follow same format as previous i.e. the virtual group will be invited to join the meeting Via TEAMS. <b>SA</b> to organise virtual invites with IT link.</p> <p><b>TB</b> confirmed that the other items to be discussed were items on the agenda.</p>	SA
3.	<p><b>Summary of Recent Practice Changes; including Triage update &amp; NHS news. (Dr M)</b></p> <p><b>Triage System:</b></p> <p><b>Dr. M</b> addressed the group about the triage system which is still receiving very positive feedback. She presented power point slides giving the latest facts and figures to show how the system is working, positive outcomes included:</p> <ul style="list-style-type: none"> <li>▶ October 24 data (next review due Jan 25) <ul style="list-style-type: none"> <li>▶ 50% reduction in calls relating to appointments</li> <li>▶ 25% less calls overall</li> <li>▶ Approx 30% needing GP F2F - same data as pilot shows consistency</li> <li>▶ 23% reduction in workload for duty 1 (urgent calls)</li> <li>▶ DNA rate in October 2.6% compared to 4.5% in 2019</li> <li>▶ No complaints relating to triage</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• Patient feedback <ul style="list-style-type: none"> <li>• “The new triage system promises to help patients with chronic conditions who fell out of the system during the early pandemic. I applaud these changes which is giving me confidence in difficult times for the NHS.”</li> <li>• “It’s so much better, they got back to me within half an hour with a link then gave me a few appointments to choose from. So easy and so much better.”</li> <li>• “I honestly can’t fault the new system. Send an email and they reply within the hour. They either set you up a phone call or send you a link to choose your appointment and doctor.”</li> <li>• “It’s a brilliant system”</li> <li>• “Good experiences with this system and it’s definitely an improvement.”</li> </ul> </li> </ul> <p>Full slides will be forwarded to <b>SA</b> for distribution to the group.</p> <p>Discussion followed including <b>Dr. M</b> confirming that we will be staying with booking ahead for appointments being 2 weeks.</p> <p>A query was raised as to whether the patient receives confirmation following booking via the link of the appointment being face to face or via telephone – <b>SA</b> sought confirmation that it does.</p> <p><b>Dr. M</b> informed the group that consideration was being given to changing to total triage so that all patients would contact the practice via this method including those with urgent needs. <b>TB</b> asked if there would need to be more staff deployed to triage? <b>Dr. M</b> replied that it would need another GP and another member of the Patient Services Team. <b>Dr. M</b> explained how it would work in practice and that it would mean that the PSA’s would not need to be using guidelines to decide as to whether the need was ‘on the day urgent’ or not.</p> <p><b>MH</b> was concerned that the older patients may find using the new technology difficult, <b>Dr.M</b> reassured the group that there would always be support for patients to be able to access the system. She spoke about new government support programmes for using IT (NHS App) and local free IT education programmes. <b>SE</b> mentioned that she had looked at these programmes which support confidence in using IT.</p> <p><b>NHS News:</b></p> <p><b>Dr. M</b> informed the group that the new GP contract had been agreed that day. It included an increase in investment and funding structure changes. Quality Outcomes Framework (QOF) categories have been reduced but more money has been put in the core fund which will cover staff pay increases, including the rise in minimum wage from April 2025. There is more of a focus on additional staff roles e.g. physiotherapists; care coordinators; clinical pharmacists to support the role of GP’s.</p>	<p><b>SA</b></p>
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	<p><b>Staffing Changes:</b></p> <p><b><u>New Starters:</u></b></p> <ul style="list-style-type: none"> <li>• Bev 16/12/24 – Patient Services Team</li> <li>• Dr Jilani - 9/1/25 – Salaried GP</li> <li>• Vanessa - 2/1/25 - Phlebotomist</li> </ul> <p><b><u>GP Changes:</u></b></p> <ul style="list-style-type: none"> <li>• Dr. Walsh retired in February 2025</li> <li>• Dr. York is leaving the practice at end of March 2025 (emigrating to Australia)</li> <li>• Dr. Heald will become a GP Partner 1<sup>st</sup> April 2025.</li> </ul> <p><b>GN</b> spoke about the demographics of the GP's, especially in relation to part time working, pensions etc. <b>BM</b> enquired about numbers of partners and salaried GP's. <b>Dr. M</b> stated that there are 11 GP Partners and 10 salaried GP's; there are recommended ratio numbers for GP to patients and when last checked we were better than average.</p> <p><b>NHS News:</b></p> <p><b>Dr. M</b> advised that Norovirus is still around and is at twice the rate as last year, this is having a big impact on hospitals. <b>GN</b> commented that cleaning/hygiene in hospitals is not always the best. <b>MH</b> stated that hygiene in general is not as good as it could be. <b>MM</b> informed the group that Good Hope Hospital had a 99% cleaning rate.</p> <p><b>Dr. M</b> talked about the use of AI in assessing patients likely to fall. It has a 97% accuracy rate and is thought to have prevented around 2,000 falls.</p> <p>Discussion around staff retention schemes in the NHS which seem to be working well. Hospitals look to redeploy staff if they are not happy in their current role rather than them leaving the NHS. <b>MM</b> said that Good Hope was a good example of staff retention with QHB working hard to improve.</p>	
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4.	<p><b><u>Latest Practice Workload Statistics/Complaints/Compliments with further explanation of complaints process and significant events. (SA)</u></b></p> <p><b><u>Covid vaccinations Covid-19 Spring Booster Programme 2025</u></b></p> <p>The Joint Committee on Vaccination and Immunisation (JCVI) has confirmed its advice for a 2025 spring coronavirus booster programme. The committee has advised that a spring booster dose should be offered to:</p> <ul style="list-style-type: none"> <li>• <b>Adults aged 75 years and over. This will include those who will turn 75 years by 17<sup>th</sup> June 2025.</b></li> <li>• <b>Residents in a care home for older adults</b></li> <li>• <b>Individuals aged 6 months and over who are immunosuppressed</b></li> </ul> <p>The programme for all eligible patients will commence on the <b><u>1<sup>st</sup> of April until 17<sup>th</sup> June 2025</u></b>. The vaccination should be offered no earlier than around 6 months after the last vaccine dose.</p> <p>The Westgate Practice <b><u>will not</u></b> be participating in the spring booster programme. This is due to the programme requiring a lot of clinical and administrative staff to run these clinics. This would mean taking staff away from the practice and ultimately lead to a reduction in appointments and services for the remainder of our patient population.</p> <p>Our care home residents and eligible housebound patients will be contacted by Springpharm Pharmacy in due course.</p> <p>Patients who receive a text message or letter from the NHS to book their spring booster, are advised to book via the National Booking Service online from 18<sup>th</sup> March 2025 or to source the vaccination from their local pharmacy/provider.</p> <p><b><u>Respiratory Syncytial Virus (RSV)</u></b></p> <p>RSV Vacc. process is going well. Programme began in Sept 2024, and we initially only gave to those who were turning 75 years in the month after their birthday and those who were 28+ weeks gestation.</p> <p>Catch up cohort began being invited and vaccinated in January 2025 following most of our flu/covid vaccinations having finished as cannot have both together. Staff, appointments and storage for the vaccinations mean we can offer approx. 220 vaccinations a month. We have so far invited those patients aged 79 years and 78 years. From April can start inviting those aged 77 years.</p>	
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**Workload Stats December/January/February 2024/25:**

- Phlebotomy appointments = 4315 (+86)
- Face to Face ANP appointments = 3019 (+225)
- Medication Reviews = 3324 (-131)
- Telephone Consultations = 5175 (-124)
- Face to Face GP appointments = 4143 (-44)
- Face to Face Practice Nurse appointments = 3886 (-759) (maternity leave; study leave & x1 vacancy)
- Diabetic Reviews = 230 (+30)
- Smear Tests = 415 (+28)
- Asthma Reviews = 352 (-22)

Stats are compared to September/October/November 2024. Drop in telephone consults is mainly due to the new triage system; generally, more face to face appointments for GP's/ANP's. Covered Xmas and new year closure period.

**Complaints December/January/February 2024/25:**

**Total = 48 (12 less than previous 3/12)**

**Total No. of Formal Complaints = 30 (2 less than previous 3/12)**

**Total No. of Informal Complaints = 18 (10 less than previous 3/12)**

**Topic of Complaint included:**

- Clinical Care
- Communications
- Referral Delay
- Prescription Issues

**7** letters were sent to patients during this period with regards to addressing their poor behaviour/attitude.

**Compliments:**

**Total Number of compliments received December/January/February 2024/25 (by letter; email; website; NHS website; telephone; verbally) = 23 + those received via Friends & Family.**

	<p><b><u>Comments included:</u></b></p> <ul style="list-style-type: none"> <li>• Thanks to the ANP for a brilliant job when I saw her.</li> <li>• Patient said GP was the nicest person Westgate had employed; kind; helpful &amp; understanding.</li> <li>• ANP was lovely and very thorough.</li> <li>• Only been with the practice 2 years but finds everyone he deals with lovely and helpful.</li> <li>• Most things can now be sorted via the triage system</li> </ul> <p><b><u>Friends &amp; Family Test</u></b> there is a box in main reception for blue paper slips &amp; also instructions re giving feedback via the website. In December/January/February we also sent out texts inviting patients to give feedback on their experience using the Friends &amp; Family questions.</p> <p><b>Total no. received December/January/February 2024/5 = 679</b>  <b>Very good = 539</b>  <b>Good = 88</b>  <b>Neither good nor poor = 16</b>  <b>Poor = 20</b>  <b>Very poor = 14</b>  <b>Don't know = 2</b></p> <p><b><u>Poor/Very Poor feedback included:</u></b></p> <ul style="list-style-type: none"> <li>• Disorganised; long phone waits.</li> <li>• Service at Shenstone not as good as pre covid.</li> <li>• Need to know how to use a system... just want to see a doctor</li> </ul> <p><b><u>Formal Complaint Process:</u></b></p> <p><b>Action upon receipt of a complaint:</b>  Formal complaints may be received verbally; by email; via the website or in writing and must be forwarded to the Patient Liaison Officer (or the lead GP/or the appropriate Line Manager if the Patient Liaison Officer is unavailable), who must:</p> <ul style="list-style-type: none"> <li>• <b>Acknowledge within the period of 3 working days</b> beginning with the day on which the complaint was made or, where that is not possible, as soon as reasonably practicable.</li> <li>• Advise the patient of potential timescales and the next steps.</li> <li>• Ensure that where the complaint is made verbally a written record is made.</li> <li>• Ensure the complaint is properly investigated. Where the complaint involves more than one organisation the Patient Liaison</li> </ul>	
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	<p>Officer will liaise with his / her counterpart to agree responsibilities and ensure that one coordinated response is sent.</p> <ul style="list-style-type: none"> <li>• In the situation where the complaint has been sent to the incorrect organisation, advise the patient within 3 working days and ask them if they want it to be forwarded on. If it is sent on, advise the patient of the full contact details.</li> <li>• Provide a written response to the patient as soon as reasonably practicable ensuring that the patient is kept up to date with progress as appropriate. Where a response is not possible within 10 working days provide an update report to the patient with an estimate of the timescale.</li> </ul> <p><b><u>On a 6/12 basis a verbal summary report is given by the PLO to the Practice Team at PLT. An annual report (KO41b) is submitted to NHS England.</u></b></p> <p><b><u>Significant Events – Led by GP Partner; supported by PLO.</u></b></p> <ul style="list-style-type: none"> <li>➤ All staff are encouraged to report these as they occur with a quarterly learning event meeting held with all staff to review each case.</li> <li>➤ They are used to change/amend systems as necessary; to remind staff of practice processes; to pick up on recurring patterns.</li> <li>➤ There were 34 cases reviewed in the last quarter; an action plan is formulated and reviewed at the start of each meeting.</li> <li>➤ Where necessary patients/relatives/carers will receive feedback after the learning event.</li> </ul> <p><b><u>Examples may include:</u></b></p> <ul style="list-style-type: none"> <li>➤ Delayed Referrals</li> <li>➤ Not following up on hospital requests (consultant letters)</li> <li>➤ Incorrectly prescribed medication</li> <li>➤ Wrongly filed notes</li> <li>➤ Misidentification of patients (3 identifier rule)</li> </ul> <p>Discussion followed <b>MM</b> suggested that a 'Dashboard' be put in the practice to showcase the achievements, <b>SAy</b> suggested that triage stats could be included. The group agreed this was a good idea; <b>SA</b> to investigate this.</p>	
5.	<p><b>Update re local council developments &amp; ongoing MP letter (TB/DD)</b></p> <p><b>TB</b> began by commenting on new plan for unitary authorities and the reduction in government funding. The letter that was originally sent to our previous MP re land for a medical facility was also discussed. Agreement after the meeting</p>	

	<p>between Chair (<b>SE</b>) and Vice Chair (<b>TB</b>) was that it would be sent to the new MP for consideration. <b>SA</b> to action.</p> <p><b>DD</b> reiterated that a South Lichfield practice was needed; there is one piece of land left available on the Cricket Lane development, suggested that it should be reserved.</p> <p><b>MM</b> commented on rising numbers of patients (practice currently has circa 31,000) and asked if the practice can stop registrations. <b>Dr M</b> said it is possible, but it isn't an easy process.</p> <p><b>SC</b> observed that Burntwood had a new Health Centre built with monies from LDC. <b>Dr. M</b> responded that their old health centre was very much in need of replacing.</p>	<b>SA</b>
6.	<p><b>Update re ICB Feedback (MH)</b></p> <p><b>MH</b> commented that the wider PPG meetings are infrequent and the ICB meetings are held at inconvenient times, but she does her best to attend.</p> <p><b><u>Report for Westgate PPG 19<sup>th</sup> March 2025</u></b></p> <p>The Patient Participation Forum hosted by UHDB meets usually on teams, but the next one is on 29<sup>th</sup> April at Sir Robert Peel Hospital. They alternate between mornings and late afternoon (5pm to 6.30pm)</p> <p>The ICB People's Panel meets infrequently, and the next one is on 22<sup>nd</sup> April.</p> <p><b>MH</b> states that she comes away feeling that Lichfield is very much the poor relation, but she does her best to flag up the need for better use of Samuel Johnson.</p> <p><b>Notes from the Patient Participation Forum 13<sup>th</sup> February 2025.</b></p> <p><b><u>From the Action Log:</u></b></p> <ul style="list-style-type: none"> <li>• The East Midlands Ambulance (EMS) contract for Derby has been retained. It is being monitored internally.</li> <li>• The Patient Observation Record system used in Burton will be updated later in the year to record all treatments and appointments.</li> </ul> <p><b><u>Pharmacy Services Review:</u></b></p> <p>We were asked to consider several questions about the current service provision.</p> <p>These were the points arising from the discussion:</p> <ul style="list-style-type: none"> <li>• It's good if the patient knows how long they will have to wait.</li> <li>• Waiting time can push up car parking payments. (Staying over 90 minutes at Derby can result in a £25 fine. To avoid these fines patients,</li> </ul>	

	<p>need to get their parking ticket stamped by the Department to say they have been delayed by the over running of the clinic or other clinical reason)</p> <ul style="list-style-type: none"> <li>• Aiming to be able to send prescriptions to community pharmacists, however this requires work. Medication isn't always readily available and opening and closing times can cause delays in making up the prescription.</li> <li>• There was a discussion about the use of taxis, contracted by UHDB, to deliver medication, not least the cost of this service.</li> </ul> <p><b><u>OPEGP/EASS (Equality Advisory Support Service) report</u></b></p> <p>This is the report on complaints, how long they have/are taking to resolve and the actions resulting from the complaint. The report only arrived that morning and it was too complex to take in so quickly. It was felt that it was taking far too long to resolve some of the issues. Complaints take a considerable amount of time to investigate depending on the nature of the complaint.</p> <p><b>MH</b> was unable to stay for the round table discussions due to the time.</p> <p><b>MH</b> informed the group that the ICB leads were leaving their positions (management &amp; finance) and that there were to be 50% redundancies at the ICB.</p>	
7.	<p><b>AOB:</b></p> <p><b>MM</b> spoke about the ERS (non-emergency patient transport service) generally a poor service for patients, need to feedback.</p> <p><b>MH</b> requested that there be more of the higher chairs put in the waiting rooms. <b>SA</b> will investigate the possibility.</p> <p><b>BM</b> presented 4 paintings in the relevant colours for the public areas for patients to look at whilst waiting. <b>Dr. M</b> will take to operations committee for approval to display. <b>BM</b> also requested that some of the older signage for the colour coded areas be removed.</p> <p><b>MH</b> requested that the 'walk past pharmacy' sign be removed as Pharmacy is no longer there.</p> <p><b>DD</b> asked if patients could be informed when their prescription had been approved. <b>SA</b> advised that some pharmacies do send a text when medications are ready for collection. <b>DD</b> also asked about a 'well man service' <b>Dr. M</b> advised that this is not offered 'in house' but by a contracted service – Everyone Health (council service). <b>BB</b> stated that they were not impressed with it, but <b>JP</b> did feel it was a thorough service.</p>	<p><b>SA</b></p> <p><b>Dr. M</b></p>

	<p><b>Dr. M</b> asked the group for suggestions for speakers for the September and December meetings. She thought that the 'in house' Physiotherapist or The Operations Manager may be appropriate.</p> <p><b>TB</b> asked that the group send suggestions for start time for the AGM and for speakers via <b>SA</b>. He then closed the meeting at 3.20pm.</p>	<p><b>PPG</b></p> <p><b>PPG</b></p>
	<p><b><u>The AGM meeting date/time has been agreed as:</u></b></p> <p><b><u>Wednesday 11<sup>th</sup> June 2025 at 1.30pm at Greenhill Health Centre.</u></b></p>	