

Westgate Practice

Patient Participation Group (PPG)

Minutes of Meeting Friday 5th September 2025

1.30 – 3.15pm – Boardroom Greenhill Health Centre

Chair: Tim Boyns

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

Agenda Item		Actions/By who
1.	Welcome; Apologies and Group News (TB) The meeting was chaired by Tim Boyns (Chair); 8 PPG members were in attendance. Dr Rachel Moss as GP representative and Sara Allen (Patient Liaison Officer/minute taker) were also present. 3 apologies were noted. TB welcomed all to the meeting.	
2.	Minutes & Actions/Feedback from Previous Meeting (TB) Minutes of the last meeting which was the AGM were agreed by TB and seconded as correct by BM with one amendment to 7. P.11 – University Hospitals Birmingham not United Hospitals.	

	<p>Actions – P.10 SA stated that there had been discussions around a dashboard to display the practice activity, Business Manager is actioning this; will be displayed on screens around the practice and on Facebook.</p> <p>All other actions listed as items on the agenda.</p>	
3.	<p>Summary of Recent Practice Changes; including Triage update & NHS News (RM)</p> <p>RM began by discussing the biggest change which has been the move to total triage which began in July 2025. RM also informed the group that July 2025 saw the biggest rise in activity for GP's nationally, being up by 24%. The reasons for this are unclear but could be due to population increase; post covid effects; complex needs of patients; patients waiting for secondary care. The Advice and Guidance service which GP's now use for getting advice from secondary care is supporting the GP service.</p> <p>RM also spoke about recruitment of GP's which is being boosted nationally. The practice is well staffed with new roles being developed.</p> <p>The vaccination programmes were discussed:</p> <p>Shingles – Next cohort being invited = 65/66/&67 years; still calling 70 – 79 years.</p> <p>Chickenpox vaccine – This will begin in January 2026 will be given with the MMR. It is thought that it will save 15 million for NHS care, saving from complications of the illness.</p> <p>RM gave information about the use of AI – New Accurx5 which can listen and record consultations; referral letters can be generated; it has been trialled and accredited.</p> <p>SEI – asked if AI had been used for telephone responses in health care; RM said it is in use at a local practice, but we are cautious at present about its use. GN commented that AI takes time to learn, the group are keen to have feedback on its progress in healthcare.</p> <p>RM then gave full feedback on the progress of the Triage system:</p> <p>Total triage began on 8th July 2025; lots of clinical and admin. support in place felt more organised. Phone lines are a lot less busy; atmosphere is more pleasant for admin. team. There has been an increase in calls in the afternoon, challenging due to decreased staff numbers but a good learning curve. On Mondays the average number of triage forms is around 500 which are looked at by 2 GP's & the Duty Doctor supported</p>	

	<p>by 2 admin staff. Tuesday – Friday average day numbers are 350 per day, staffing is amended as required.</p> <p>SE asked about the timing of form availability; RM informed that they are active from 7.30 – 5.00pm at present. In October there is a national requirement for GP services to be available from 08.00 – 6.30pm.</p> <p>JP asked if the 7.30 start would remain for those who are going to work, school etc. RM stated that it may have to be different if it is a 6.30 finish.</p> <p>JP asked that if the problem was urgent are patients being seen the same day? RM responded that the majority are, there is more capacity through the day rather than being at full capacity by 8.30am. Patients are directed to 111 once we have reached capacity.</p> <p>RM concluded that it is generally going well.</p> <p>SEI asked about the use of the Shenstone Branch surgery – RM stated that GP appointments do get filled but appointments for ANP's/Nurses/Phlebotomists are not being used. MM stated that this may change once the housing is completed on Cricket Lane.</p> <p>RM discussed the NHS 10-year plan. Need to be aware that it can change at any time. It reflects general changes e.g. AI etc. Initiative of 'Doctor in Your Pocket' which is a usable app to embrace access, self-care, prescription requests and tracker. Letters and communications will be on the App. to reduce postage costs. The Plan is community focussed, GP's are concerned about the funding for this and the blur between Primary and Secondary care. There needs to be adequate funding in place for more services e.g. Consultant Clinics in the community.</p> <p>TB asked about Health Promotion funding for running Education Programmes. RM stated that this isn't always available, but the topics focus on Children i.e. school meals; Vaping; Mental Health. MM commented on the new trend of illegal drugs being added to vapes.</p> <p>RM spoke about the GP budget which is focussed on more specific areas e.g. Blood Pressure control. Switch from an active to a proactive society.</p> <p>TB commented that different areas of the country have different issues to deal with.</p> <p>RM talked about the use of weight loss medication – receiving requests for prescriptions via the triage system but GP's are very restricted on prescribing them. This is leading to some disappointment for patients.</p> <p>SC commented that 'Care in the Community' has never really been successful as it is dependent on Government funding.</p>	
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4.	<p>Flu/Covid Clinics (SA)</p> <p>SA tabled draft copy of the schedule for the upcoming clinics based on the responses she had received from the group re supporting the clinics. This was discussed and a final schedule was formulated. SA to send out to the group; RM thanked all for their support.</p>	SA
5.	<p>Latest Practice Workload Statistics/Complaints (SA)</p> <p>To put these stats into context it is worth noting that the current number of patients registered with the practice = 31,267 as at 2/9/25</p> <p><u>Covid and Flu Vaccinations autumn/winter season 2024/25:</u></p> <p>We are offering 5 Flu/Covid clinics this year: 4th/11th/18th October & 8th/15th November.</p> <p>Eligibility for the covid vacc. is agreed at a national level on the advice of the JCVI (Joint Committee on Vaccination and Immunisation).</p> <p>Covid vaccinations will ONLY be offered to adults: aged 75 years and over, residents in care homes for older adults and the immunosuppressed. This represents a change from the Autumn 2024 programme (which also included adults aged 65-74 and those in a clinical at-risk group). In the current era of high population immunity to Covid-19, additional Covid-19 doses provide very limited, if any, protection against infection and any subsequent onward transmission of infection.</p> <p>We will only be administering covid vaccinations alongside flu vaccinations to those patients who are eligible. The practice will NOT deliver covid vaccinations in isolation, even if eligible, as it is not viable to provide such a service.</p> <p>Based on evidence that the flu vaccine's effectiveness can wane over time in adults, the 'flu programme for most patients will commence in October 2025. It is preferable to vaccinate individuals closer to the time when the virus is likely to circulate (which typically peaks in December or January), as this will provide optimal protection during the highest risk period.</p> <p>Patients eligible for flu from September 2025:</p> <ul style="list-style-type: none"> •Pregnant women •Some immunocompromised patients (for example, receiving chemotherapy) 	

	<ul style="list-style-type: none"> •Children aged 2 or 3 years on 31st August 2025 •Primary school children (Reception to Year 6) and Secondary school children (Years 7-11) will be offered their vaccination as part of the School Immunisation Programme. <p>Patients eligible for flu from October 2025:</p> <ul style="list-style-type: none"> •Patients aged 65 years and over •Those aged 18 years to under 65 years in a clinical at-risk group •Patients in long stay residential care homes •Carers •Close contacts of immunocompromised individuals •Frontline health and social care staff (patient contact) <p>Patients will be invited to book their vaccination(s) via a self-book link within their text invitation.</p> <p>Bookings are steady...</p> <p>Clinic 1 (4th Oct) fully booked 959 (over 75 flu and covid)</p> <p>Clinic 2 (11th Oct) filling at 843 - 150 left (over 75 flu and covid)</p> <p>Clinic 3 (18th Oct) fully booked 1459 (under 65 and 65 -74 flu only)</p> <p>Clinic 4 (8th Nov) filling at 615 and plenty of capacity (under 65 and 65-74 flu only)</p> <p>Clinic 5 (15th Nov) yet to be released based on what demand is.</p> <p>RSV Catch up programme completed. Business as usual inviting those that turn 75 yr for vaccination.</p> <p>MMRV announcement for babies born after 01.01.26</p> <p>National HPV Catch up campaign will launch after flu/covid</p> <p>Other practice statistics for April/May/June/July 2025 include:</p> <ul style="list-style-type: none"> • Phlebotomist appointments = 5682 (+555) • Face to Face ANP appointments = 3909 (+346) • Medication Reviews = 4458 (- 310) • Telephone Consultations = 5949 (- 1510) • Face to Face GP appointments = 4143 (- 558) • Face to Face Practice Nurse appointments = 4887 (- 915) • Diabetic Reviews = 366 (- 45) • Smear Tests = 526 (+31) 	
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- Asthma Reviews = 405 (- 97)

Figures compared with same period last year. Impact of triage; messaging to patients; HCAs were off for sig. time in Practice Nurse Team.

Complaints for April/May/June/July 2025: Total = 69 (+7 compared with 2024)

Total No. of Formal Complaints = 43 (involved further investigation & formal response)

Total No. of Informal Complaints = 26

Topics of Complaint included:

- Clinical Care
- Prescription Issues
- Communications

13 letters were sent to patients during this 4-month period with regards to addressing their poor behaviour/attitude.

Compliments:

Total Number of compliments received (by letter; email; NHS website; telephone; verbally) for April/May/June/July = 35

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

Comments included:

- Thank you all for aiming high and achieving!
- Brilliant practice; welcoming & serve patients well
- Pt. was very pleased with appointment & GP was very good
- GP's care was very thorough

Student – GP tutors were very kind; I got a lot out of the clinical placement here in terms of knowledge and skills.

	<p><u>Friends & Family Test</u></p> <p>There is a box in main reception for blue paper slips & feedback is also able to be given online via the website.</p> <p>Received in April/May/June/July = 2,833 in total</p> <p>Very good = 2075 (73%) Good = 510 (18%) Neither good nor poor = 122 (4%) Poor = 65 (2%) Very poor = 54 (1.9%) Don't Know = 7 (0.2%)</p> <p><u>Comments include:</u></p> <p><u>Very Good:</u></p> <ul style="list-style-type: none"> •GP was brilliant! •ANP was very thorough & helpful •Phlebotomist is a fabulous clinician <p><u>Good:</u></p> <ul style="list-style-type: none"> •Receptionists were lovely; but my appointment was late •I don't know how people manage to get a same day appointment, also you cannot book to see the same GP for a follow up for conditions that require more than 1 appointment. <p><u>Neither Good nor Poor:</u></p> <ul style="list-style-type: none"> •A little more interest in symptoms and diagnosis would have been nice. <p><u>Poor:</u></p> <ul style="list-style-type: none"> •GP we saw was running behind & had issues with her computer •Physio didn't introduce himself – poor communication skills <p><u>Very Poor:</u></p> <ul style="list-style-type: none"> •Appointment was 4.10pm but I waited nearly an hour to be seen. Need to keep patients updated if GP is running late. 	
6.	<p>Update re Local Council Developments & ongoing MP Letter (DD)</p> <p>DD did not attend the meeting. TB said that he now had the contact for the MP's secretary so would arrange a meeting with him re the letter.</p>	TB

7.	<p>Update re ICB Feedback;10 Year NHS Plan (MH)</p> <p>MH did not attend the meeting. No feedback received prior to the meeting.</p>	
8.	<p>CQC Discussion (RM/TB/SA)</p> <p>SA stated that the Business Manager is contacting the local GP practices to request PPG contact details for TB.</p> <p>RM – Will ask Business Manager if any of the Tamworth practices has had a CQC inspection recently.</p> <p>SA informed the group that the staff had a briefing paper of questions in preparation for a CQC inspection – SA will send round to the group along with the Safeguarding PP that was presented at earlier meeting. SAy said it would be good to have more knowledge of the topics; SC commented that she had a conversation with the inspector at the last CQC and the questions asked were very general.</p>	SA
9.	<p>AOB:</p> <p>BM – asked if the options on the telephone when ringing in for triage could be by passed. RM said she would investigate.</p> <p>JP – asked about the shingles vaccine; SA said that we are working to the government schedule so patients will be invited to book when it is their turn. SAy commented that vaccines can be paid for privately.</p> <p>MH had sent in AOB in her absence:</p> <p><u>Examination couches</u> – patient could not get up on couch, not height adjustable so no examination took place. RM stated that this was an issue, there are stools available in each room. If know ahead then can be seen in a more appropriate room.</p> <p>Other issues to be discussed at next meeting.</p> <p>TB- Plan for the next meeting – RM will give full triage feedback at the November meeting.</p> <p>SEI asked the use of TEAMS for the next meeting – SA said this would be possible with notice.</p> <p>MM and JP gave their apologies for the November meeting.</p>	RM

	Meeting closed at 3.15pm.	
10.	Date & Time of next Meeting: Friday 28th November 2025 – 1.30pm Dates for meetings in 2026 to be discussed/agreed.	