

**Westgate Practice**

**Patient Participation Group (PPG)**

**Minutes of Meeting Friday 28<sup>th</sup> November 2025**

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

**Chair: Tim Boyns**

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

<b>Agenda Item</b>		<b>Actions/By who</b>
<b>1.</b>	<p><b>Welcome; Apologies and Group News (TB)</b></p> <p>The meeting was chaired by Tim Boyns (Chair); 7 PPG members were in attendance.</p> <p>Dr Rachel Moss as GP representative and Sara Allen (Patient Liaison Officer/minute taker) were also present. 4 apologies were noted.</p> <p><b>TB</b> welcomed all to the meeting.</p>	

2.	<p><b>Minutes &amp; Actions/Feedback from Previous Meeting (TB)</b></p> <p>Minutes of the last meeting were agreed by <b>TB</b> and seconded as correct by <b>GN</b>.</p>	
3.	<p><b>Summary of Recent Practice Changes; including Triage update &amp; NHS News (RM)</b></p> <p><b>RM</b> gave an update of the <b>total triage system</b> which has now been running since July 2025. There were 20,000 triage requests in 3 months with 3,000 administrative requests. Monday is the busiest day with the number of requests reducing towards the end of the week.</p> <p>Capacity is generally being met, using a red/amber/green system with the Duty Doctor triaging when we are full. Only 1% of patients are now needing to be signposted to another provider such as 111 due to us reaching capacity, which is a huge difference from pre triage numbers, can occasionally have slots available at the end of the day.</p> <p>ANP slots are generally most used for same day appointments; least likely to be filled are the 7-day appointment slots. Shenstone slots are not always utilised. The July to September review shows that the clinicians are now more accurate at triaging.</p> <p><b>GN</b> further discussed the use of the different slots. <b>RM</b> explained that less experienced staff will sometimes be inclined to book patients in sooner. More resources have been developed to support illnesses such as ‘coughs’ with further questions sent to the patient to get more details of the ‘cough’.</p> <p><b>MH</b> gave an example of being sent a link for an ANP appointment but when the link was used no appointments were available. <b>RM</b> explained that sometimes there is a lag in the appointment slots being released. The link is live for 7 days so can relook later for an appointment. <b>SA</b> – need the link to explain that it is available for 7 days for booking, <b>SA</b> to ask IT services.</p> <p><b>TB</b> stated that felt reassured that feedback was going to the partners for discussion.</p> <p><b>RM</b> then spoke about different aspects that had been further reviewed: ANP Lead felt that the GP’s were over triaging into red slots and used less of the amber and green slots. 3% of patients were more suitable to be seen by a GP.</p> <p>DNA’s – Slightly up but not as high as pre covid so satisfactory.</p>	SA

	<p><b>Phone Data</b> – Looked at specific time period to avoid ‘flu/covid calls for vaccine bookings. Total incoming calls were down considerably, so the number able to be answered was up. The duration of the call was slightly longer, but this may be because the staff were helping patients use the system.</p> <p><b>MH</b> asked about phoning in for results; <b>SE</b> said that more people are now using the NHS app. to get results. This will also reduce the number of calls into the practice. <b>MH</b> commented that if the result is not ‘normal’ then would still need to call.</p> <p><b>SA</b> stated that need to be aware that patients can sometimes get the result on the NHS app. before the practice receive and review them.</p> <p><b>MH</b> asked about seeing the same GP; <b>RM</b> advised patients can put a request on the triage form if they would like to see a specific GP.</p> <p><b>RM</b> spoke about the staff survey, showed a drop to 66% from 90% job satisfaction. Comments that patients weren’t happy about the timeframe for them to book an appointment and the Patient Services Team get the backlash. Unsure why the job satisfaction is not as great, will investigate further. However, the staff are generally embracing the system. General thoughts are that the system is still settling in and needs to be given time and reviewed again.</p> <p><b>SC</b> and <b>SAy</b> commented that they had both had excellent experience with the system.</p> <p><b>GN</b> asked about the use of AI bot. <b>RM</b> informed the group that 2 practices are using it, and we are watching the outcome.</p> <p><b>SEI</b> commented that he had found sending in a photo challenging; <b>RM</b> agreed but said it was a useful tool for the clinicians.</p> <p><b>SE</b> remarked that patients may feel fobbed off to ‘other agencies’ e.g. referral to a pharmacy, physio etc. <b>SC</b> said that some patients will only see a GP.</p> <p><b>TB</b> summarised that we would have more data and information going forward of how the system is working and he offered help/support from the PPG if required. <b>RM</b> said thank you, she will have a think about how the group may be able to support.</p> <p><b>RM</b> then moved on to NHS news. The first issue discussed was GP contract changes. The practice is now expected to be accessible to patients between 8.00am and 6.30 pm Monday to Friday, this is being closely monitored by our ICB via the accurx tool.</p>	
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	<p>The requirement is that all triage forms are kept open and should be responded to on the day including those that come in at the last minute. We are therefore viewing and responding to all admin. and clinical requests that come in up to 6.30pm. This is contentious as it means that staff may be working overtime each day to fulfil patient requests. This is an ongoing issue, will discuss further as the process progresses.</p>	
4.	<p><b>Notification of Review of Services – Shenstone Branch (RM)</b></p> <p>Head of Practice Jo Williams requested that the PPG be informed that there is currently a review of services taking place around the use of our Shenstone Branch Surgery. <b>RM</b> tabled and summarised the information that had been forwarded by Jo Williams:</p> <p>The Practice proposes that Shenstone Branch Surgery will open on:</p> <ul style="list-style-type: none"> <li>• Mondays- 8am – 17.30pm</li> <li>• Wednesdays- 8am – 13.15pm</li> <li>• Thursdays 8am – 13.15pm</li> </ul> <p>These three days have been chosen to offer a good spread throughout the week and to ensure consistent cover by clinical and administrative teams. All services currently offered at Shenstone—GP appointments, nursing, chronic disease reviews, and administrative support—will continue for these days. Patients can of course continue to access appointments at Greenhill Health Centre every weekday.</p> <p>These proposals will give patients greater consistency so they will always know which days Shenstone is open; there will be no reduction in overall appointment availability; appointments will still be available five days a week across the Practice; there will be improved reliability; fewer unplanned closures and better communication. Staffing coverage will be more effective, and clinicians will be used more efficiently so reducing wasted capacity.</p> <p><b>SEI</b> commented that it may be that when the new housing is built at Cricket Lane site in south Lichfield more patients will use the Shenstone site.</p> <p><b>TB</b> as chair acknowledged that the PPG had received the information and that an online consultation had taken place with Shenstone residents who were patients at the practice.</p>	

5.	<p><b>Guest Speaker – Mike Smith PPG Chair Salters Meadow Practice, Burntwood.</b></p> <p><b>TB</b> welcomed Mike Smith to the meeting and introduced him as the PPG Chair at Salters Meadow Health Centre. Mike gave an overview of the PPG which has 20 members and the meetings are generally well attended. The PPG has only been established for 4 years so there was no precedent set regarding their agenda. The group only deals with issues that affect whole groups of patients at the practice rather than any individual issues. They try to keep focused on improving local services for patients rather than the wider issues of the NHS and Quangos. The PPG carries out a biannual survey with patients of the practice which is then analysed to look for things that may need to be changed to better support patients. <b>TB</b> asked Mike if he had an example of this, he spoke about the use of the NHS App. <b>MH</b> commented that there are patients who cannot use it. Mike spoke about the scheme that they had developed with local school students to get them to come in at specific times and support patients with the use of the App. The group also manages a suggestion box for patients which is reviewed 4 times per year at the PPG meetings when the suggestions are discussed and responded to.</p> <p><b>MH</b> suggested that it may be useful for the Salters Meadow PPG to be part of a couple of wider groups to ascertain information about issues/developments in the 'local' NHS/ICB that may affect their patients.</p> <p><b>TB</b> thanked Mike for coming to the meeting and asked if he had any other ideas that we could share then to contact him.</p>	
6.	<p><b>Latest Practice Workload inc. Flu Clinics; Statistics &amp; Complaints (SA)</b></p> <p><b>To put these stats into context it is worth noting that the current number of patients registered with the practice is circa 31,254</b></p> <p><b><u>Covid and Flu Vaccinations autumn/winter season 2025:</u></b></p> <p>Thank you to all PPG members who assisted with our clinics. We held our final Saturday flu/covid clinic on 15th November, the last of 5 clinics. In total over the course of the 5 Saturday clinics we administered 5,500 Flu vaccines and approx. 3000 Covid vaccines.</p> <p>Unfortunately, due to last minute cancellations there were numerous free appointments and circa 200 DNA's over the 5 weeks.</p> <p>We have flu vaccine (both over and under 65 yrs) which has yet to be used, so will be offering these opportunistically in surgery for any eligible patients who have not yet had one.</p>	

	<p><b><u>Other vaccines:</u></b></p> <p>RSV - 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 soon.</p> <p>Shingles Vacc. Nat. target = 60% we are running at 88%; currently inviting anyone between 70 &amp; 75 in their birthday month. Now doing 65/66/67-year-olds during their birthday month.</p> <p><b><u>Other practice statistics for August/September/October 2025 include:</u></b></p> <ul style="list-style-type: none"> <li>• Phlebotomist appointments = 4227</li> <li>• Face to Face ANP appointments = 3354</li> <li>• Medication Reviews = 3889</li> <li>• Telephone Consultations = 4632</li> <li>• Face to Face GP appointments = 3855</li> <li>• Face to Face Practice Nurse appointments = 4303</li> <li>• Diabetic Reviews = 243</li> <li>• Smear Tests = 394</li> <li>• Asthma Reviews = 450</li> </ul> <p><b>Workload statistics are now available monthly on our Facebook page and on the screens in the waiting areas.</b></p> <p><b>DNA's = 407 = 3.2% (27 patients had multiple DNA's)</b></p> <p><b><u>Complaints for August/September/October 2025: Total = 72</u></b></p> <p><b>Total No. of Formal Complaints = 43</b> (involved further investigation &amp; formal response)</p> <p><b>Total No. of Informal Complaints = 29</b></p> <p><b>Topics of Complaint included:</b></p> <ul style="list-style-type: none"> <li>• Clinical Care</li> <li>• Prescription Issues</li> <li>• Communications</li> <li>• Inaccurate Records</li> </ul> <p><b>20</b> letters were sent to patients during this 3-month period with regards to addressing their poor behaviour/attitude.</p>	
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	<p>1 patient was deregistered for racist comments.</p> <p><b><u>Compliments:</u></b></p> <p><b>Total Number of compliments received (by letter; email; telephone; verbally) for August/September/October = 33</b></p> <p><u>Many more</u> received online via Friends &amp; Family.</p> <p><b><u>Friends &amp; Family Test</u></b> - There is a box in main reception for blue paper slips &amp; feedback is also able to be given online via the website.</p> <p><b>Received in August/September/October = 2,711</b></p> <ul style="list-style-type: none"> <li>• <b>Very good = 2,124</b></li> <li>• <b>Good = 409 (= 2,533)</b></li> <li>• <b>Neither good nor poor = 85</b></li> <li>• <b>Poor = 34</b></li> <li>• <b>Very poor = 44 (=78)</b></li> <li>• <b>Don't Know = 15</b></li> </ul> <p><b>Comments include:</b></p> <p><b><u>Very Good/Good:</u></b></p> <ul style="list-style-type: none"> <li>• On time, efficient and friendly.</li> <li>• Easy check in and short waiting time. Nurse was brilliant.</li> <li>• The nurse was lovely and made me feel very welcome and relaxed. Also, the receptionist was lovely! In summary, everyone was lovely :)</li> <li>• Immediate response to my annual submission of blood pressure readings, urine and blood samples.</li> <li>• Covid and Flu vaccine well organised. In and out in no time. Well done.</li> <li>• Online request went smoothly and consultation with GP was considerate &amp; efficient.</li> </ul> <p><b><u>Poor/Very Poor:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Consider context. Talk to people. It is worrying that every symptom needs a separate online request as that suggests they are not connected - when they could be - you are placing that decision on patients.</b></li> <li>• <b>Staff training on patients come first</b></li> <li>• <b>Have two people on reception and if only one and there is a queue then get someone from the office to help.</b></li> </ul>	
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	<ul style="list-style-type: none"> <li>• To book an appointment has become a massive obstacle and data collecting. It's hard to express one thing if you don't like going to Drs ... all before you even speak to a receptionist never mind a Dr. If your tick box reply isn't suitable for the system, then it must be done again ...it seems to be all about tick boxes &amp; a faceless conveyor belt service. In and out 10mins, not a second more. A person can be made to feel a nuisance wasting the Drs time.</li> <li>• To speak to humans again. It should be a choice to make the online appt triage or the receptionist triage. Not all humans are the same.</li> </ul>	
7.	<p><b>Update re Local Council Developments &amp; ongoing MP Letter (DD)</b></p> <p>TB suggested that as a PPG all avenues for progressing this have been explored and exhausted; the group agreed that the item should be closed.</p>	
8.	<p><b>Update re ICB Feedback (MH)</b></p> <p>General discussion around the poor A&amp;E facilities at QHB, thought to be that the department has been temporarily moved to allow completion of a new facility.</p> <p>Due to time constraints <b>MH</b> to send her notes to <b>SA</b> re ICB feedback.</p> <p><b><u>ICB People and Communities Panel</u></b></p> <p>ICB reset. There will be two clusters in the new set up, one is Telford, Shropshire &amp; The Wrekin and the other is Staffordshire and Stoke on Trent. The allowance per person/patient is £19.</p> <ul style="list-style-type: none"> <li>• The Model Region and ICB blueprint.</li> <li>• NHS England is being abolished and put into the Dept of Health.</li> <li>• It will be clear who does what.</li> <li>• ICB is going back to commissioning for everything and making providers do it.</li> <li>• The public must be involved. Working with the whole population. Partnership working</li> <li>• Healthwatch will be abolished.</li> <li>• Regions will have a chair but no Board of Directors</li> </ul>	



	<p><b><u>10 Year Plan</u></b></p> <p>There are three shifts Hospital to Community care, Analog to digital and Sickness to prevention.</p> <p>There will be extended neighbourhood centres.</p> <p>Online booking ensures equitable NHS access.</p> <p>The People's Voice, what is now the People's &amp; Communities Panel:</p> <ul style="list-style-type: none"> <li>•Assembly will be in groups as one would be too big</li> <li>•It's the best way to harness groups and involvement</li> <li>•There needs to be patient representation on the new boards of ICB</li> <li>•It's not clear how information would be disseminated.</li> <li>•Healthwatch are trying to ensure a patient voice in the new structure.</li> </ul> <p><b><u>UHDB PPG meeting 13th November.</u></b></p> <p>A presentation by Ali Brailey the chief pharmacist for the Trust.</p> <p>Pharmacy services deliver safe medication to all patients.</p> <p>The implementation of Pharmacy and Medicines Optimization Plan:</p> <ul style="list-style-type: none"> <li>•Timely discharge of patients</li> <li>•Learning and minimizing risk</li> <li>•Roll out of new online prescribing</li> <li>•Concern about premises being fit for purpose</li> </ul> <p><b>MH</b> raised the question of wasted medicine in hospital, patients own medication lost when moving wards, each ward ordering new medication when it doesn't accompany the patient.</p> <p><b><u>Contacting Patients.</u></b></p> <p>This will be done electronically but no texts will be left if they only have a landline. If the landline isn't answered it will go to the top of the list for a call back. If there is no answer the department will ring.</p> <p>There will be electronic appointment reminders at 9-, 7- and 2-day intervals to mobile numbers.</p> <p>Patients must register permission for staff to talk to relatives.</p>	
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	<p><b><u>AOB.</u></b></p> <p>Principally around the awful A&amp;E reception at Burton. Members agreed to write to the Governors.</p> <p>Also, the no-smoking policy at Derby and Queens which isn't and can't be enforced.</p>	
9.	<p><b>AOB:</b></p> <p>General discussion about the possible installation of CCTV in the reception area. <b>SA</b> to ascertain reason why this has not already been installed.</p> <p><b>MM via SA</b> – Concerned that the practice does not open its doors until 08.00 hrs and that patients may have an appointment at this time. All agreed that 08.00hrs was appropriate as clinical staff are aware that this is the time that the doors are opened.</p> <p><b>DD</b> informed the group that he had issues around ordering a prescription when the practice website crashed in October. <b>RM</b> advised that in this type of instance and going forward using the NHS app. would resolve the problem.</p> <p><b>MH</b> commented that the collection of urine samples was now quite confusing due to the use of various different sample bottles. Also, with faecal samples amount required is not clear. <b>SA</b> will get clarity about the system for the next meeting.</p> <p><b>Meeting closed at 3.25pm.</b></p>	<p><b>SA</b></p> <p><b>SA</b></p>
10.	<p><b>Date &amp; Time of next Meeting:</b></p> <p><b>Wednesday 25<sup>th</sup> February 2026 1.30pm.</b></p> <p><b>Further dates for meetings in 2026 to be discussed/agreed.</b></p>	