

Westgate Practice

Patient Participation Group (PPG)

Minutes of Meeting Wednesday 25th February 2026

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• Betty Bradbury (BB)• Sue Charles (SC)• Sam Ellicott (SEI)• Margaret Harding (MH)• Michael Maybury (MM)• Brian Mills (BM)• Judith Plimmer (JP)	<ul style="list-style-type: none">• Sarah Ayto (SAy)• Sheila Espin (SE) – Vice Chair• David Dundas (DD)• Geoffrey Nash (GN)

Agenda Item		Actions/By who
1.	<p>Welcome; Apologies and Group News (TB)</p> <p>The meeting was chaired by Tim Boyns (Chair);7 PPG members were in attendance. Dr Rachel Moss as GP representative and Sara Allen (Patient Liaison Officer/minute taker) were also present. 1 apology was noted, 3 absences. TB welcomed all to the meeting.</p>	
2.	<p>Minutes & Actions/Feedback from Previous Meeting (TB)</p>	

	<p>Minutes of the last meeting were agreed by TB and seconded as correct by MH and SEI.</p> <p>Several points were raised re minutes:</p> <p>Pg.2 – Discussion that GP should ask patient where they would like to be referred when appropriate.</p> <p>Pge. 4 – Shenstone – on the agenda</p> <p>Pge. 5 – Salters Meadow to be addressed on agenda</p> <p>Pge. 10 – MM remains concerned re 08.00am opening, patients losing time off their appt. & weather conditions when waiting outside – RM to review.</p>	RM
3.	<p>Feedback Re Salters Meadow PPG (TB)</p> <p>TB referred to the visit of the PPG Chair from Salters Meadow Health Centre that attended our last PPG meeting. TB has further explored the background of the practice to compare it to the Westgate practice. In summary it is a smaller practice with circa 11,200 patients. He gave an overview based on the current website of Salters Meadow Practice which is accessible online if the group should wish to view it.</p> <p>MH spoke about their new health centre and the possibility of one for Lichfield. Suggested approaching the new MP. TB stated that we would need to be very specific about what we were requesting, need to be more tangible. RM stated that Burntwood gets funding due to the population status. MH suggested writing to the ICB with regards to them giving a feedback update following their visit to the group 2+ years ago when this was raised. RM stated that we are still under the national average for patient numbers per GP. MM commented that this may change in the future.</p> <p>Discussion ensued with regards to the usefulness of contacting the MP again, agreed that it maybe better to write to the ICB, MH agreed to do a draft letter.</p>	MH

<p>4.</p>	<p>Summary of Recent Practice Changes; including Triage update & NHS News (RM)</p> <p>Shenstone: RM gave feedback with regards to the status of the Shenstone Branch surgery proposed changes to opening hours. Some negative feedback has been received from residents; the practice management team have met with the local MP; Parish Council and the ICB. The survey is being re-run at the request of the ICB, this will close at the end of February.</p> <p>The Head of Practice will submit all final information to the ICB in March for a final decision to be made as to whether the proposed hours can be implemented.</p> <p>MM commented that the population/usage of Shenstone may increase in the future, RM responded that we are only basing the proposal on the current business model and it will be reviewed periodically.</p> <p>MH asked if new patients from Cricket Lane site will be directed to Shenstone? JP asked why Shenstone is not used? RM responded that we have tried to promote it and offer the appointments to all patients, but uptake is still low.</p> <p>Staff Changes: RM informed the group that Dr. James Rockett is retiring at the end of February, if he is listed as your named GP then you will be transferred to another partner. There are 3 new salaried GP's starting next month and a new Lead Clinical Pharmacist. We are holding interviews for Practice Nurses.</p> <p>AI Scribe Tool: This has now been trialled in consultations – it auto creates the consultation notes; this has gone well. Now trialing a comparison tool called Heidi. They will be reviewed before a decision is made on using this going forward. MM questioned confidentiality, RM reassured that the GP can still edit the notes.</p> <p>GP Contracts: The new GP contract came out on 24th February 2026. Several points were discussed:</p> <ul style="list-style-type: none"> • Patients who contact the GP by triage will be contacted on the same day but not necessarily seen. JP asked how many referrals were made back into the 111 service by the practice, RM stated only about 1% at present. This is only done when we are at capacity for that day. MM asked if 111 refers to Samuel Johnson and Robert Peel, stated that Good Hope has a problem with patients going straight to the A&E Department. RM advised that we do have service at Samuel Johnson on Saturdays. • Another focus of the contract is on Child Vaccinations, need to encourage uptake 	
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	<ul style="list-style-type: none"> • Weight Loss drugs can now be prescribed by a GP but the criteria for prescribing is very strict. • The proposal is that every GP referral now must go through the Advice & Guidance system in secondary care. There is no extra funding for this, concerned that it will further delay and clog up the system in the secondary care settings. It will however hold down the numbers on the waiting lists... GP's generally not happy with this situation, feel their clinical judgement is being questioned. BM felt that patients won't understand the system; RM said that we will be making announcements about it to inform patients. • There is some more money for the Primary Care service. <p>Triage: RM stated that the general feeling is that the triage system is going well. MH remains concerned about patients without access to or unable to use IT/Mobile Phone. TB enquired about how the PPG may be able to support patients with this as it is something that is here to stay. JP commented that there had been an article on the BBC News App about people being generally reluctant to use a triage system. MM said that he felt communication was generally important. At this point he also asked if the quarterly Newsletter could be forwarded to the PPG separately, it is currently put on Facebook, the website and around the practice as hard copies.</p> <p>At this point SA announced that she was retiring from her post at the practice at the end of March so this would be her last meeting with the group. TB and the group thanked her for all her support over the past 6+ years, and a card of thanks was presented to her. Interviews for a replacement are being held on 27th February.</p>	
5.	<p>Latest Practice Workload Statistics (SA)</p> <p>SA stated that it had previously been agreed with Chair that complaints/compliments would now be covered annually at the AGM meeting.</p> <p>To put these stats into context it is worth noting that the current number of patients registered with the practice is circa 31,225</p>	

Vaccinations Spring season 2026:

1. We are going to release our Practice statement this week re **Offering Spring Covid Boosters from 13th April**. The practice has reviewed the service considering changes to operations which will make it easier to record these vaccinations.
2. **From 1st April, RSV eligibility is being expanded to all over 80's**. Due to vaccine supply and the numbers of patients who will become eligible, patients will most likely be called during their birthday month but still being worked on currently.
3. **NHSE HPV campaign nearly complete**, with a data cleanse exercise now completed and those pts not had (boys and girls) being invited for vaccination. Ends 31st March 2026.
4. **Shingles Vacc.** Nat. target = 60% we are running at 88%; currently inviting anyone between 70 & 75 in their birthday month. Now doing 65/66/67-year-olds during their birthday month. (68-year-olds from September 2026)

Other practice statistics for November/December/January 2025/2026 include:

- **Phlebotomist appointments = 4213**
- **Face to Face ANP appointments = 3520**
- **Medication Reviews = 3457**
- **Telephone Consultations = 4434**
- **Face to Face GP appointments = 3828**
- **Face to Face Practice Nurse appointments = 4033**
- **Diabetic Reviews = 273**
- **Smear Tests = 351**
- **Asthma Reviews = 369**

Triage Stats:

- **Total triage forms submitted – 23,727**
- **258 forms submitted daily on average**
- **Admin Triage – 3,476**
- **Medical Triage – 20,251**

The statistics are now available monthly on our Facebook page and on the screens in the waiting areas.

<p>6.</p>	<p>Future of PPG (Dr.M/TB)</p> <p>TB explained the reason for reviewing the future of the PPG and handed over to RM who queried whether the group felt that we could get the voice of all patients into the PPG, perhaps this would be possible with the careful use of a media source such as Facebook. We do currently have a Westgate Facebook page with rules that patients can access and comment on, seems to work ok.</p> <p>MH stated that this would appeal to the younger element; MM queried that patients may not know about the PPG, no information in the practice, suggested that there is a notice board, could just put names and purpose of the PPG. SA advised that when patients join the practice, they are invited to join the virtual PPG, those that do are invited to the PPG AGM.</p> <p>TB said that he was very aware of any confidentiality issues and is thinking that the group maybe able to be of assistance in supporting staff, acknowledges the stress that they are working under. BM responded that the group role is to enhance the experience of the patient, supported having more information about the PPG visible in the practice. SEI suggested PPG information could be added to screens in the waiting area.</p> <p>Dr.M Discussed PPG with her appraisee who suggested it may be an idea for the group to support with GP Questionnaires for their feedback. Group thought this was a good idea. BM suggested that if it goes ahead then they should work in pairs, this was agreed.</p> <p>RM stated that the agenda for this going forward could include ideas from other patients via a FB page etc. TB/MM need to take care that the group is clear about what we will deal with.</p>	
<p>7.</p>	<p>Update re ICB Feedback (MH)</p> <p>MH informed the group that the ICB had cancelled the peoples panel but will be reinstating it at some point.</p> <p>MH also let the group know that the A & E department at QHB is now open with a new waiting area. Also pointed out that the QHB website has a lot of incorrect information.</p> <p>MM commented about the ERS ambulance service, MH stated that the contract with them has already been renewed, there isn't really an option.</p>	

8.	<p>AOB:</p> <p>MM gave feedback re Good Hope parking situation; money has been given to build a multi storey car park at Bedford Road entrance; improve signage and the NPR service. Also trying to stop abuse of Blue Badges. A new Emergency Treatment Centre is being built to be used primarily as a point of triage. MM also stated that Heartlands Hospital has done well in improving ambulance time in and out of the service.</p> <p>MM requested that GP's look into/call patients from the waiting room as it is difficult to hear them from their rooms. RM will feedback to GPs.</p> <p>MM also alerted to case where a patient was wrongly triaged to a Nurse; RM stated that a learning session was being put on about this issue.</p> <p>BM – Talked about new signage that was adopted in the practice a couple of years ago but some of the old signs are still in place. Asked if these can be removed for consistency. RM to speak to Practice Business Manager to confirm.</p> <p>BM spoke about inconsistency of the choose and book options for referral appointments, RM informed that this may be due to availability at that point.</p> <p>MH commented on the Annual Review System re medications in that patients receive a lot of texts from different GPs re the results of blood tests/Blood Pressure and medication changes. RM said that GP should check what has already been sent to the patient before sending anything further. Will feedback to clinicians concerned.</p> <p>MH commented that she felt that the change of address form is poor. Also, that the posters re measles vaccines need to be in all areas in the practice.</p> <p>TB closed the meeting and thanked everyone for coming.</p> <p>Meeting closed at 3.25pm.</p>	<p>RM</p> <p>RM</p> <p>RM</p>
9.	<p>Date & Time of next Meeting:</p> <p>Wednesday 20th May 2026 1.30pm.</p> <p>Further dates for meetings in 2026 to be discussed/agreed.</p>	