

Westgate Practice

Patient Participation Group (PPG)

Minutes of Virtual ZOOM Meeting Friday 25th September 2020

2.00 – 3.15 Boardroom

Chair: Dr. Helen Stokes - Lampard

Present/Joined	Apologies
<ul style="list-style-type: none">• Chair Prof/Dr Helen Stokes-Lampard (Dr H)• Sara Allen (SA) – Patient Liaison Officer• Betty Bradbury (BB)• David Dundas (DD)• Sam Ellicott (SEI)• Sheila Espin (SE)• Margaret Harding (MH)• Brian Mills (BM)• Judith Plimmer (JP)• Pamela Usher (PU)	<ul style="list-style-type: none">• Andy Smith (AS)• Shirley Trelfa (ST)• Lesley Bushell (LB)• Lorna Bushell (LBU)• Sue Charles (SC)• Pamela Handscomb (PH)• Pamela Playle-Mitchell (PPM)

Agenda Item		Actions/By who
1.	Welcome & Apologies Chair Dr H welcomed everyone to the first Zoom meeting of the Westgate PPG; seven apologies were noted. All agreed it was a good way to continue to meet given the ongoing pandemic. When the national situation is markedly improved we can review this.	
2.	Minutes & Actions from previous meeting Minutes of previous meeting agreed as accurate. Matters arising and not on the agenda:	

	<ul style="list-style-type: none"> ➤ DD There is an urgent need to elect a Chair as previous Chair is unable to continue for personal reasons, BB/MH/BM agreed. Therefore Dr H suggested that as we will need to continue to meet virtually for the foreseeable future it will be necessary for the chair to have the facilities and confidence to do this. It was agreed that SA will invite members to put themselves forward for the role – if there are multiple suggestions we will proceed to an election. TOR's can then be decided/confirmed once a new Chair is in place. ➤ Dr H discussed the suggestion of a canopy over the porch area; unlikely to progress due to planning issues/attracting rough sleepers etc. DD suggested raising money for it but Dr H said would rather monies raised were put towards a clinical item such as an ECG machine. BM suggested a temporary structure while people cannot enter the building. Dr H explained the infection control reasons why we cannot allow everyone into the building at present. 	<p>PPG Members/SA</p>
<p>3.</p>	<p>Overview of current practice changes in day to day operating due to Covid 19. (Dr. H)</p> <ul style="list-style-type: none"> ➤ Dr H gave an overview/timeline of events since March when the use of PPE & closing of surgery doors happened in order to minimise transmission of the virus. She also explained that cannot compare current national infection rate figures with those in March as we were not doing the same amount of testing then. General Practice was dealing with many people who were never formally diagnosed in the Spring. ➤ Dr H explained how we have used technology (video calls) & phone calls to consult with patients to minimise face to face contact. Some GP's have been able to work from home if they had to self-isolate 	

but were well. The website has been radically upgraded allowing a lot more to be done on-line & we also have more phone lines available.

All GP and ANP appointments are now booked on the day. Full PPE is used if really need to bring patients into the building for a face to face consultation, which all clinical staff have been doing, but it takes significantly longer to see people this way due to the need for disinfection afterwards.

- SA gave some statistics (since updated as below) to demonstrate the work that has been going on in the practice:

Between 1st April & 30th September 2020 the practice team :

- Answered **69,956** calls
- Conducted **31,452** telephone appointments
- Offered **7,676** face to face appointments
- Provided **582** video consultations
- Issued **53,290** prescriptions
- Completed **3,021** blood tests
- Made **1,860** patient referrals
- Accomplished **7,541** medication reviews
- Carried out **1,155** reviews for asthma and diabetes
- Made **377** referrals to the Social Prescribing service. These were mostly wellbeing check-calls made to patients who were shielding due to being at high-risk of complications from Covid-19. These were usually short conversations in order to ensure that the patient was coping with shielding at home, aware of the up-to-date government guidelines and getting supplies of food and medication without difficulty.

The new website was visited by **4,342** people in September alone.

PPG members then commented on their experiences of the operational changes:

	<ul style="list-style-type: none"> ➤ JP said her asthma review online worked very well; she had asked a question which was responded to. ➤ PU had a fabulous consultation with an ANP face to face. ➤ SEI had a phone consultation with an ANP re his chest; felt needed to be able to do a chest examination – maybe possible in the future! ➤ BM was successfully referred during lockdown ➤ BB has been impressed was called back, the system worked well. ➤ MH has had a referral, found ringing later is better; the answerphone message is irritating as rather long. ➤ Dr H then discussed other issues such as B12 injections which were not given as a rule during lockdown; rather unnerving for patients and clinical staff as new guidance was different from previous good practice, but not life threatening. An info sheet was given to patients with links for them to access. ➤ Dr H talked about referrals & the need to continue to refer urgent cases. Now able to refer others, has made GP's consider the need more carefully. Good Hope & Burton Hospital have both improved the communication channels between GP's and consultants. Now two way 20-30% drop in the need to refer, after advice given by consultants. There is a large backlog of some investigations such as endoscopies as they are high infection risk to clinicians. ➤ Dr H talked about Respiratory Infections; have to assume that any 'chest infection' patient with a temperature is Covid 19 until proven otherwise, so there is a need to get tested. With regards to a vaccine two are in the advanced stages, may be a vaccine early 2021. NHS frontline staff and the most vulnerable people will be prioritised. 	
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	<ul style="list-style-type: none"> ➤ Dr H said she enjoyed spending more time at the practice, we now have a whole team in place, currently no clinical vacancies. She spoke about her new role as Chair of the Academy of Medical Royal Colleges, dealing with the government & NHSE is slightly unnerving at times but very interesting, she feels better informed. SE gave congratulations to Dr H said had seen some of her television interviews & was impressed with her clarity & authority. ➤ Dr H gave an overview of what will be different with regards to a 'flu clinic this year, the first one is tomorrow (26/9/20). There 3 Saturday clinics; prioritising the most vulnerable patients first. Patients have a booked time to arrive; PPE will be worn by clinicians; everyone in a mask; building will be used efficiently to ensure social distancing. Those aged 50 – 65 years at low risk won't be offered a vaccine until end of November when we can be sure there are sufficient supplies, this is a national situation. Dr H reiterated that vaccine does not protect against Covid 19 but obviously better not to get both viruses as having both diseases simultaneously is more dangerous. 	
4.	<p>Update re Local Council Developments</p> <ul style="list-style-type: none"> ➤ DD said that he had chased a response to the letter that was sent to the council in February from the PPG with regards to having a health centre built on land that is currently available in the south of Lichfield. DD to continue to chase. ➤ MH commented on developers contributing to the community infrastructure for healthcare support but money is difficult to access. Said discussions had taken place at recent district meeting. DD 'old levy' aware council retaining some monies from large amount of elderly residential developments, currently fighting against this, need Local 	DD

	<p>Authority (LA) back in the driving seat. SE stated that if money is needed for other development then it should be contributed. DD said a lot of negotiation goes on between developer & LA.</p>	
5.	<p>Update re CCG & District SA on behalf of PPM.</p> <p>PPM has contacted SA to say that she is no longer able to represent the Westgate Practice at SESPCG meetings but she feels it is very important that a representative does attend. They are held bi-monthly and give the local PPG a voice in future developments, reporting back to the Westgate PPG. Members have the opportunity to recount 'patient stories' anonymised reports of experiences, bad and good, about the service provided for this area. After each meeting, a briefing can be used to compile a report for the Westgate Practice Website. PPM has kindly compiled a file of information about the management structure of the NHS in Staffordshire for anyone who would like to take on the role.</p> <p>Following this information SA had sent an email to ask if anyone on PPG would like to attend the meeting on 17th September 2020 & MH volunteered to attend in place of PPM.</p> <p>Dr H thanked MH for attending the meeting & said she would speak to PPM about the role & thank her for the work she has done in filling this role previously.</p> <p>Dr H suggested that we ask for interest in taking on the role to be conveyed to SA, MH maybe willing to continue in the position.</p>	<p>Dr H</p> <p>PPG Members/SA</p>
6.	<p>Feedback from District Patient Meeting 17/9/20 attended by MH</p> <p>MH was happy to attend the meeting which was chaired by Derek Hoey of Crown Practice. The agenda included:</p> <ul style="list-style-type: none"> • The NHS response to Covid & how services can now safely be restarted driven by the 	

	<p>Restoration & Recovery Group.</p> <ul style="list-style-type: none"> • New ways of engaging with the public e.g. through the use of TEAMS facility. PCT are developing a tool kit to enable PPG's to meet virtually. • Flu Vaccination Programmes, most vulnerable done first. Practices have indicated they are ready & prepared, guidance has been provided to them. • LA section 106 monies, concern that new housing developments on edge of Lichfield/Tamworth will be paying council tax to Lichfield but using Tamworth facilities. Also concern re developments on south side of Lichfield & impact on Shenstone surgery. CCG will request money where needed for services. Patients outside practice boundaries are being removed from practice lists. Survey has been sent to all relevant practices re their estate to ensure future proofing. Section 106 monies to continue to be discussed at future meetings. • Feedback from local PPG's, discussion around new processes due to Covid e.g. getting an appointment; keeping in touch via email, virtual meetings, flu clinics. • AOB Dr. Murray Campbell (GP facilitator in cancer care) attended meeting advised that anyone concerned re symptoms should be contacting their GP. There are resources & charities that will support with a wealth of information. <p>The next meeting is on 18th November 2 -4 pm via Microsoft Teams, MH kindly offered to attend on behalf of the Westgate Practice, this was accepted.</p>	<p>MH</p>
<p>7.</p>	<p>A.O.B</p> <ul style="list-style-type: none"> ➤ Dr H stated that a GP would continue to attend each meeting when we have a chair in place. There are 2 new partners Dr. Digby York & Dr. Mohana Sunkara, as well as several new GPs and other clinical staff. 	

8.	<p>Date/Time of next meeting</p> <p>The next virtual meeting of the Westgate PPG will be held on:</p> <p>Monday 23rd November 2020 at 2.00pm via zoom</p> <p>Dr H thanked everyone for attending & for their input. Everyone agreed it was useful to hold PPG meetings via zoom.</p>	
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