

**Westgate Practice**

**Patient Participation Group (PPG)**

**Minutes of Virtual ZOOM Meeting Monday 2<sup>nd</sup> August 2021**

**2.00 – 3.45pm**

**Chair: Sheila Espin**

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

<b>Agenda Item</b>		<b>Actions/By who</b>
1.	<p><b>Welcome &amp; Apologies</b></p> <p>The meeting was chaired by Sheila Espin. There were eight PPG members in attendance together with Prof Helen Stokes Lampard as GP representative who were welcomed to the fifth virtual Teams meeting; three apologies were noted and one member Lesley Bushell has resigned from the group.</p>	

<p>2.</p>	<p><b>Minutes &amp; Actions from previous meeting</b>  Minutes of previous meeting agreed as accurate.</p> <p>Actions were noted; those items not included in the agenda:</p> <ul style="list-style-type: none"> <li>• Reopening of Shenstone surgery – <b>MH</b> concerned not clearly communicated to patients, particularly those without online access that it will remain closed for the immediate future. <b>SA</b> stated that a statement had been put on the website &amp; one posted on the surgery window in Shenstone. <b>BM</b> suggested a note in prescriptions; to contact Shenstone Parish Council and a notice in Tesco Express. <b>SEI</b> suggested the Shenstone Village Newsletter and Lichfield Chronicle. <b>Dr H</b> stated that she and <b>SA</b> would look into different options. <b>SE</b> agreed all good suggestions.</li> <li>• <b>BM</b> had raised issue of the long phone message. <b>SA</b> has feedback to Head of Practice. <b>SEI</b> agreed that it needs an overhaul of options; to state when there are no appointments left and change the music! <b>SA</b> to raise again with managers.</li> <li>• <b>MH</b> concerns continue with consultant letters not being acted on by the practice and patients having to contact us to follow up. Concerned if patient is not proactive then things will be missed. <b>SEI</b> stated that discharge letters are not being put on the patient record in a timely way. <b>BB</b> has also had an issue with a consultant letter not being actioned, finally dealt with by Clinical Pharmacist. <b>Dr H</b> stated that any concerns need to be put through as feedback/complaints to <b>SA</b>. She will raise with GP partners and action an audit trail.</li> </ul>	<p><b>SA/Dr. H</b></p> <p><b>SA</b></p> <p><b>Dr. H</b></p>
<p>3.</p>	<p><b>Review of Terms of Reference &amp; Future Roles</b></p> <p><b>Dr. H</b> explained that our Terms of Reference doc. is based on the NAPP doc. so is useful as a formal footing. All agreed that they were happy to use the document.</p>	

	<p>There was some discussion about the need for a Vice Chair to be elected. <b>SA</b> had sent out an email inviting expressions of interest but not received any replies. <b>PU</b> said she would be happy to fulfil the role, all agreed to her election.</p>	
<p>4.</p>	<p><b>Update of recent practice changes in day to day operating due to covid-19 and covid-19 vaccination update (Dr. H)</b></p> <p><b>Dr. H</b> reinforced that although the government is relaxing measures the NHS still remains on high alert so is continuing to observe many of the safety measures such as masks and social distancing. The practice is seeing more patients on a Face to Face basis which is working quite well. There is a need to ensure the flow of patients through the building is safe at all times.</p> <p><b>Dr. H</b> updated the group on the decoration/refurbishment that has happened around the practice with walls now plastered and painted. This work has been undertaken by NHS England.</p> <p>With regards to the Covid 19 vaccination programme, which is continuing at Samuel Johnson site, <b>Dr. H</b> informed the group that we are now nearing the end of the first doses to under 25's; are currently doing the 2<sup>nd</sup> doses for those vaccinated more than 8 weeks ago and we are also encouraging pregnant women to come forward. There remains some uncertainty about the vaccine programme for younger children but the school programme may start over 12 vaccinations in the autumn.</p> <p><b>Dr. H</b> stated that the practice has signed up for the booster programme delivery; it is likely to be the Pfizer version of the vaccine. However the logistics of giving the 'flu vaccine and booster together are likely to be challenging due to supplies arriving at different times and the locations they can be given. However we will plan to start the 'flu vaccination programme in</p>	

	September as the thought is that the 'flu season may start early.	
5.	<p><b>Latest Practice Workload Statistics (SA)</b></p> <p>SA gave an update of the latest statistics:</p> <p><b><u>Covid-19 Vaccination Numbers to 30/7/21:</u></b></p> <ul style="list-style-type: none"> <li>• <b>21,374 1<sup>st</sup> doses</b></li> <li>• <b>17,783 2<sup>nd</sup> doses</b></li> </ul> <p>For the last few weeks we have been contacting patients who have not yet taken up their offer of the Covid Vaccination and administering small numbers during our Extended Access clinics. The Learning Disability Specialist Nurse is also trying to contact patients on the Learning Disability Register to increase uptake, whilst the District Nurses are due to see our final housebound patients.</p> <p>Second dose Pfizers are due week commencing 9th August and we have therefore started to make preparations for a small clinic to take place on the 11th August. A much larger number of second dose Pfizers are then also expected mid to late August for those vaccinated 23rd-26th June.</p> <p><b><u>Flu Vaccines:</u></b></p> <p>We plan to start our clinics on 18<sup>th</sup> September and at present the proposal is to run them as normal at the practice.</p> <p><b><u>Other Practice Stats April/May/June 2021:</u></b></p> <ul style="list-style-type: none"> <li>➤ <b>Telephone Consultations = 9857 (+875)</b></li> <li>➤ <b>Face to Face GP appts = 1434 (+333)</b></li> <li>➤ <b>Face to Face ANP appts = 237</b></li> <li>➤ <b>Face to Face Practice Nurse appts = 2736 (+127)</b></li> <li>➤ <b>Asthma Reviews = 302 (+69)</b></li> <li>➤ <b>Diabetic Reviews = 216 ( +83 )</b></li> <li>➤ <b>Medication Reviews = 3672 (+175)</b></li> <li>➤ <b>Phlebotomists appts = 2908 (+513)</b></li> <li>➤ <b>Smear Tests = 366 (-74)</b></li> </ul>	

<p>6.</p>	<p><b>Update re Local Council Developments</b></p> <p>Apologies received from <b>DD</b> who usually gives an update. <b>SE</b> informed the group that <b>SA</b> had liaised with her about who to contact to move forward with this issue as the council were not responding. <b>SA</b> had spoken to Jo Williams (Head of Practice) who had said to direct concerns to Phil Brenner at the CCG. <b>MH</b> reported that there had been a lot of discussion at the District PPG but plans have already been in place for building in the locality for the next 5 years for some time. <b>PU</b> expressed that it was not acceptable that the council were not responding to letters; feels we should write to the Chief Executive for an answer as they are ultimately accountable. <b>BM</b> felt it may also be worthwhile to write to our MP. <b>MH</b> felt we should include Staffs County Council/City Council/District Council etc. <b>SE</b> said she would do this.</p>	<p><b>SE</b></p>
<p>7.</p>	<p><b>Update re CCG &amp; District Feedback (MH)</b></p> <p><b>MH</b> updated the group re CCG and the District PPG:</p> <p>There have been two recent meetings May and July:</p> <p><b>NHS 11 Service:</b></p> <p>There are continuing problems across South East Staffordshire regarding the NHS 111 service. There will be an update on performance at the meeting in September. There will be a message to ring 999 in an emergency if the NHS 111 service is busy. A new contract is being negotiated but it is essentially the same with the algorithms the same as for 999 calls.</p> <p>There is also some confusion about the Out of Hours Service and who decides and what the criteria is that requires sending a Doctor to a patient at home after the Out of Hours Service has closed i.e. after 11pm. It seems to be different in Tamworth and Lichfield and it seems that Out of</p>	

	<p>Hours is now routed through the ambulance service.</p> <p><b>GP Practices:</b></p> <p>Many of the members reported difficulties with the telephone systems at their practices. Messages that are too long, getting cut off, the length of time to actually get through and then the long wait to be answered. Some know how many are in the queue. Complaints about not being able to book appointments in advance so having to ring at 8am. There was a discussion on text messaging from surgeries especially if it appeared as a number and no name.</p> <p>All practices are doing telephone triage initially with onsite visits if required. This is set to continue.</p> <p><b>Locality Planning Applications:</b></p> <p>A paper was tabled on CCG involvement with planning applications and 106 money or Community Interest Levy in Lichfield. The present housing developments all received planning permission before the CCG organisation was set up and therefore, they didn't have the opportunity to apply for money for health projects. It also depends on the proportion of social housing and private housing in the development as to how much money is available.</p> <p>New planning will include reference to health facilities.</p> <p>Derek Hoey the chair of the District PPG and who is in Tamworth had a meeting with their MP Matthew Pincher, a Housing Minister, but it hasn't resulted in any action or information about resolving the issues. He has written again but so far no response.</p> <p><b>The GP Toolkit:</b></p> <p>The GP Toolkit was explained along with the Primary Care update. Part of this is referring</p>	
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	<p>patients to the most suitable clinician which may not be the GP. e.g. you can self-refer to a physiotherapist rather than going through the GP. There is a drive to recruit other professionals but a problem of where they can actually work as buildings aren't big enough to support a bigger workforce. The public need to know how to access services apart from going to the GP. However everything is advertised through social media.</p> <p><b>PPG Groups:</b></p> <p>The frequency of PPG meetings was discussed and all other practices represented meet more frequently than we do. It was suggested that to represent the patients properly and have proper time for discussion it was beneficial to meet every 2 or 3 months.</p> <p><b>MH</b> will continue to attend the meetings and keep the group updated with any news. <b>SA</b> to send out GP Toolkit to the group.</p>	<p><b>SA</b></p>
<p>8.</p>	<p><b>Any Other Business:</b></p> <p><b>Patient Access:</b> <b>SE</b> spoke about the issues being reported i.e. inconsistent access; often cannot get into it; if you forget your ID difficult to resolve and become 'locked out'. The web chat is not useful, felt there was something inherently amiss with the system. <b>MH</b> stated that she also finds it difficult to use; often has to sign in twice and receives unwanted marketing emails from them. <b>BM</b> concurred with the issues of others; wondered if an alternative system could be explored. Praised E-Consult. <b>Dr. H</b> said that there was limited choice but agreed that Patient Access was not always user friendly and she would raise the issue with other GP partners. <b>Dr H</b> agreed E Consult was of benefit but we now use Footfall which is accessible via our website. She explained that patients can also ask questions of Doctors and Nurses via the website which aren't always appropriate, some practices do switch this facility off out of hours. <b>MH</b> agreed that 'Ask a Doctor' was a good facility.</p>	<p><b>Dr. H</b></p>

<p><b>AS</b> raised the issue of 'horrible' comments that had been posted on social media about the practice which he reported to the website holder and that had subsequently been taken down. <b>Dr. H</b> asked if he could forward a copy to <b>SA</b>.</p> <p>With reference to the comments made <b>Dr H</b> Informed the meeting that more people were being invited to wait inside and this would continue with winter approaching. But we do need to be mindful that cases of Covid-19 in Lichfield have been on the rise recently.</p> <p><b>PU</b> gave some very positive feedback about the 'Prevent Diabetes Programme' which was recommended by Dr. Bennett and runs until December. The tutor has been excellent and she feels she has benefitted, being 47% around the world with her step count! Unfortunately feedback doesn't come back to the GP, do need to know your blood sugar reading though. <b>BM</b> has also been on a Well-Being course and has lost weight; agreed that need more than just the annual blood sugar test to check on progress.</p> <p><b>SE</b> spoke about her recent very sad experience with regards to Gambling Addiction. Wanted to raise awareness of the issue and its link to depression, felt the website could be used to sign post people affected to support links.</p> <p><b>Dr. H</b> stated that from recent work she has been involved with that unfortunately Addiction Services are under resourced; she will raise with others to see if there is anything else we can put onto the website.</p> <p><b>MH</b> felt strongly that a message needs to go out to everyone, not just users of the internet etc., that there is help available via Social Prescribers; Care Navigation etc. Ideas needed on how we can better communicate with both users and non-users of IT equipment.</p> <p><b>MH</b> raised the issue of there only being a couple of chairs for people to sit on in the practice. Many people are not able to stand whilst waiting to be</p>	<p><b>Dr. H</b></p>
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	seen, could we allow more chairs to be used. <b>Dr. H</b> to feedback.	<b>Dr. H</b>
9.	<b><u>Date &amp; time of the next meeting:</u></b> <b>SA/SE</b> to liaise re date/time of next meeting.	