Westgate Practice

Patient Participation Group (PPG)

Minutes of Meeting Friday 15th March 2024

1.30 – 3.15pm – Boardroom Greenhill Health Centre

Chair: Sheila Espin

Present	Apologies
 Prof/Dr Helen Stokes-Lampard (Dr H) Sara Allen (SA) – Patient Liaison Officer/Minutes Pamela Black (PB) Vice Chair Tim Boyns (TB) Betty Bradbury (BB) Sue Charles (SC) David Dundas (DD) Sheila Espin (SE) - Chair Michael Maybury (MM) Brian Mills (BM) Geoffrey Nash (GN) Pamela Playle Mitchell (PPM) Judith Plimmer (JP) 	Sam Ellicott (SEI) Margaret Harding (MH)

Agenda Item		Actions/By who
1.	Welcome & Apologies	
	The meeting was chaired by Sheila Espin (Chair); 10 PPG members were in attendance (2 apologies) together with Prof Dame Helen Stokes Lampard as GP representative and Sara Allen (Patient Liaison Officer/minute taker). SE welcomed everyone to the meeting & noted apologies from 2 members of the group.	

2.	Speaker – Sister Gemma Small	
	Sr. Small gave a power point presentation which gave an overview of the roles and responsibilities of the Practice Nurse Team that consists of 9 Practice Nurses and 3 Healthcare Assistants. There is currently a vacancy for a Phlebotomist.	
	Sr Small explained that the team very much support personal professional development to enhance the offer for the practice.	
	General discussion and queries followed around vaccinations; eligibility and travel advice. The new shingles vaccine was discussed, and particularly the phasing in of this in age groups. It was explained that the cut off is 79 years as our immune systems will not be as responsive to the vaccine the older we get. Those with experience of using the travel service praised how thorough it was.	
	The presentation has since been shared with the PPG group.	
3.	Minutes; Actions and feedback from previous meeting (PB)	
	SE thanked PB for chairing the last meeting in her absence.	
	Actions/Amends:	
	Page 2 - DD asked about TRV's not being on radiators; GN explained the heating system, said there was still a case for TRV's.	
	Page 3 – BM suggested a picture for each area to harmonise with the waiting room in addition to the new signage. SE stated that the screens are too small and not always switched on.	
	Page 4 – JP should read if you had received a Pneumonia Vaccine 20 years ago would you be eligible for another. Dr H confirmed it is a once only dose. SA to amend minutes.	SA
4.	Summary of recent practice/national health news; COVID-19 boosters & 'flu vaccine update. (Dr. H /SA)	
	Dr H spoke firstly about the new signs courtesy of the PPG member BM . These have now been put into the waiting areas and by the 'check in' machines, very positive feedback has been received. BM discussed using the smaller pictures he supplied as laminated signage.	
4.	boosters & 'flu vaccine update. (Dr. H /SA) Dr H spoke firstly about the new signs courtesy of the PPG member BM. These have now been put into the waiting areas and by the 'check in' machines, very positive feedback has been received. BM	

SA will continue to liaise to see if we need any smaller laminated versions to replace the small coloured blocks we have that remain.

SA

BM also suggested a single piece of artwork in the relevant colour in each area – an example was shown to the group. The group discussed that as magazines are no longer available, and people are often very anxious, it would be nice to have something to distract those waiting instead of looking at other worried people.

Dr H then announced to the group that two of our long serving GP Partners would be retiring from the practice. Dr Clare Pilkington will retire in September 2024 and Dr Richard Walsh in April 2025. The group wished them a long and happy retirement. Two of the existing GP's Dr Neil Forbes and Dr Lizzie Heald will respectively replace them as partners.

Dr H informed the group that she was the first GP to be made a Non-Executive Director on the board of NHS England. It is a 3 year term initially and meetings are bi-monthly. It is a position that required government approval and has taken around 12 months to come to fruition. She is likely to be a member of several sub committees such as the Quality Board, Education Committee and Genomics Board.

Dr H spoke about the telephone system, the call back system is now in place, and she reassured the group that if you chose to use it you wouldn't lose your place in the queue. **SA** to check that the message informs you of this.

SA

Dr H communicated information about a new system that the practice will be trialling starting in mid-April to ensure that patients are seen by the most appropriate clinician. This will involve an initial triage being carried out by a GP following the patient completing a form via the website or with support of the Patient Services Team for routine appointments. The necessary information will be given to patients via our various channels ahead of this happening to ensure everyone is informed.

PPM and **BM** commented that the 'Reception' team needs to be re badged as Patient Services Team in all aspects e.g. notices/telephones. **SA** will check this is the case.

SA

Dr H referred to the ongoing industrial action by various medical groups. She stated that the Consultants would appear to be settling their dispute but the Junior Doctors dispute was continuing and would likely do until after a General Election.

Dr H explained that the new GP contract is due to start in April, the last one was a 5-year deal to provide stability to practice. However, as there is an upcoming General Election it has been drawn up as a 1 year 'stepping stone' contract for 2024-25. There will only be a 2% uplift financially, at a time when inflation is much greater, additionally payment of the increasing National Minimum Wage (NMW) in April of 9.6% will mean financial hardship for many GP practices. Westgate is fortunately in a position to be able to fund the NMW rise for all impacted staff, but will need to wait for national guidance and further information about funding for any other pay increases. This has left GP's and their teams very unhappy and frustrated - at a time when demand is rising and we should be recruiting additional staff to cope, we cannot risk doing so.

Group discussion followed around the experiences of being able to get an appointment in secondary care. Several members of the group agreed it is difficult and that they are not kept informed. Also that Consultant letters are still taking a significant amount of time to get to the GP following consultant appointments.

5. Latest Workload Statistics/Complaints/Compliments – Sara Allen (Patient Liaison Officer)

<u>Covid Vaccines</u> – We are not taking part in the spring round of vaccines, these can be accessed via the NHS. Springpharm are visiting the care homes for us.

Other Practice Stats December/January/February 23/24:

- Phlebotomy appointments = 3749
- Face to Face ANP appointments = 2554
- Medication Reviews = 3240
- Telephone Consultations = 6444
- Face to Face GP appointments = 4122
- Face to Face Practice Nurse appointments = 5019
- Diabetic Reviews = 252
- Smear Tests = 437
- Asthma Reviews = 338

Having reviewed the figures for the years from 2021 to present the trend has continued to be for the face to face appointments to increase and the telephone calls to reduce which was expected following covid.

Medication reviews have increased in the past month due to another member of staff being in place.

Complaints December/January/February 23/24:

Total = 64 (20 up on previous 3/12)

<u>Total No. of Formal Complaints = 31</u>

<u>Total No. of Informal Complaints = 33</u>

Topic of Complaint included:

- Failure to Refer/Delays in Referral
- Clinical Care
- Prescription Issues
- Practice Arrangements
- Appointment availability
- > Telephone System

10 letters were sent to patients during this period with regards to addressing their poor behaviour/attitude.

Compliments:

Total Number of compliments received (by letter; email; website; NHS website; telephone; verbally) December/January/February 23/24 = 17

Comments included:

- HCA took the time to support me; understand my concerns & explain what the blood tests were for.
- ANP was amazing, so patient & thorough
- Minor surgery team is a brilliant local service; thanks for your expertise & care.
- Thanks to the GP for their understanding approach & support.
- I have been a patient at Westgate for over 30 years; during that time my family & I have received excellent care & attention.

	 GN stated that he had been to a council meeting but it was again mainly about housing. Commented that money is supposed to be given for infrastructure when houses are built. SE referred to a previous meeting when Jo Williams (JW), Head of Practice attended and spoke about funding for a facility in the north of the city. No further update received; SA to ask JW for an update. 	SA
	DD asked if there had been any replies received from our letters to the council; SE said not and explained that the council are happy to discuss housing but not health facilities. We have been pushing for a response since February 2020 but have been ignored.	
6.	process and talked about staff well-being sessions on the agenda and allocated spaces for them to go. BM asked if we knew how many people were not able to get an appointment on any one day. Dr H explained that this is difficult to track; SA to follow up with the Operations Manager and feedback. Update re local council developments & MP letter (DD/SE)	SA
	SA was asked by the group if she could get statistics for the number of DNA's for the next meeting. Dr H commented that this was not as significant a problem since on the day booking has been in place. BM asked how difficult patients are dealt with; Dr H explained the	SA
	 Phone is always engaged Only having same day bookings is not good Have to ring lots of times then don't get through Virtually impossible to get an appointment 	
	Poor = 3 Very poor = 9 Poor/Very Poor feedback included:	
	Very good = 93 Good = 17 Neither good nor poor = 7	
	Received December/January/February 23/24 = 129	
	Friends & Family Test there is a box in main reception for blue paper slips & also instructions re giving feedback via the website. In February & March we sent out texts inviting patients to give feedback on their experience using the Friends & Family questions; response rate has been around 30%.	

PPM suggested writing a further letter to Michael Fabricant MP; **SE** said she will do.

SE

DD commented that reserving the land for a new facility is the most critical issue. **Dr H** felt that at present it is more likely to be money spent on upgrading current facilities rather than a new build.

JP asked why more use isn't being made of Samuel Johnson as a health facility. **Dr H** agreed it is under used.

MM mentioned the large development at Cricket Lane for industry and housing; **SE** stated that there is also going to be additional housing at the old Ford Garage site in Upper St John Street, Lichfield.

DD reiterated the issue with development permissions in the UK as opposed to Europe in general.

Discussion followed about transport links between Lichfield and Burton, including the possibility or reopening the train line. Michael Fabricant is a keen supporter of this but there may be 'green' issues as electrification of the line would be expensive.

SE suggested that the letter to Michael Fabricant should include green issues and health facilities.

7. Update re ICB Feedback (MH)

Report received from MH, tabled and communicated by SA:

<u>Integrated Care Board People and Communities Assembly 24th</u> <u>January 2024</u>

Transformation (Inpatient Mental Health)

Beds are now in Stafford and there is community support. There are travel issues for relatives visiting Patients in Stafford. The impact on carers has been looked at. Report to be sent from MPST to ICB.

Assisted conception.

The aligned policy hasn't yet been published. Previous provision has been reviewed. NICE guidance is being reviewed. The Woman's Health Strategy to be publish later this year could change strategy.

Healthwatch - Maternity and Mental Health.

Recommendation on mental health provision at 6-8 weeks after birth as part of post-natal care.

Alcohol reduction strategy

Not just health authorities.

End of life in the Joint Forward Plan is work in progress.

Staffordshire Council have put on a number of events about Long Term Conditions. There is also an online survey. This does not appear to have been circulated.

Healthwatch are going to do deep dives into:

Patient Journey, 999 Ambulance, Avoiding hospital admissions and Treatment survey.

UHDB Green Delivery Plan.

Delivering a Net Zero NHS

Two targets. First dealing with emissions we can control in 2024 and second influence on control of other emissions 2025.

Lots of working groups reporting to the ICB.

Training for the workforce to understand to understand green issues. Carbon literacy training.

Green Champions to promote green issues.

Looking to reduce anaesthetic gases and inhalers by 22% from 20/9/20 baseline.

Led lights, solar panels, decarbonising strategy by March 2025. (No mention of understanding the patient journey in terms of travel to hospital e.g. Lichfield to Burton rather than using community hospitals like Samuel Johnson for simple diagnostics etc.)

Patient Experience UHDB 12th February

This was an online meeting to find out views of PPG representatives about UHDB strategy in Partnership with Clever Ideas.

Peter Bryan, Director of Culture, explained their Exceptional Care Strategy values of Compassion, openness and excellence.

Patient Participation Forum 6th February 2024

This is organised through UHDB Patient Experience Team.

- 1. The Electronic Patient Record (EPR) should improve communication across the Trust and with GP's. Needs improving for those with disabilities and needing interpreters.
- 2. **Community Diagnostic Centres.** This is going to be at Sir Robert Peel and will have MRI Scanner and mobile CT scanner. Awaiting date to start work. **No plans** for anything at Samuel Johnson.

- 3. Multi-storey car park plans approved for Queens Derby. It will create a lot of issues many of which will be managed by off-site parking for staff at the Manor and shuttle bus services.
- 4. ICB has not yet made a decision on maternity services at Samuel Johnson. Staffing levels aren't safe at the moment. Ante-natal services will continue.
- 5. **Derbyshire ICB are the lead commissioners for services** and Staffordshire ICB pay them. NHS England also commission services. The question as to whether Staffordshire is paying Derbyshire enough was raised.
- 6. There was a discussion about **breast and cervical cancer screening** and if it needs to be extended with women living longer.

The issue of services offered by UHDB at Samuel Johnson was raised in that there should be better use of the facility. No point in having a Green Policy that doesn't take account of patient journeys, travelling from Lichfield to Tamworth and the difficulty of getting to Burton and Derby by public transport for those living in Lichfield and surrounding areas.

8. **AOB**:

Adult Safeguarding – Dr H reassured the group that designated staff are trained as chaperones. The item to be moved to September meeting (now Monday 23rd September 1.30) as Dr. Kharim our Adult Safeguarding Lead GP will be attending on that date.

BM informed the group that there is another new Care Home being built in Lichfield at Scotch Orchard.

PPM asked about how the housebound are contacted. **Dr H** reassured her that we do annual checks; home visits; care coordinators will make contact if appropriate and the District Nursing teams also visit.

Meeting closed at 3.25pm, **SE** thanked all for attending.

Date & time of the next meeting:

The next meeting date: Friday 7th June 2024 at 1.30pm Greenhill Health Centre.

Dates for 2024 meetings: Please Note Change of meeting date for September to Monday 23rd September at 1.30; Friday 6th December at 1.30.