Patient Participation Group (PPG)

Newsletter Autumn 2026

Heswall and Pensby Surgery

Commonfield Road Surgery

NEWS FROM FROM THE STEERING GROUP

Our **July meeting** welcomed Dr Nelson (now Myrtle Group's Senior Partner, also temporarily Acting Practice Manager alongside Dr Walker) and Hannah Owens, Assistant Practice Manager.

Both appreciated the difficulties that some patients face with, for example, getting timely appointments with an appropriate clinician, using the online and telephone systems, receiving test results, or understanding how letters following hospital appointments and changes to medication are dealt with. Their contributions were encouraging.

They have been looking closely at such things to identify improvements (see pages 3-5). Staff shortages over the last winter and earlier this year were a significant problem. Hannah gave details of recent increases to administrative staff hours, including five new posts plus an office manager, and of several technical/digital solutions being considered to help with routines. Two new nurses have been appointed. 'Triage' for appointment requests is handled by a GP. We emphasised how important 'continuity of care' is for many patients; Dr Nelson agreed, while explaining that this could sometimes risk delaying the clinical response.

Hannah and Dr Nelson emphasised the growing importance of the NHS App in helping patients. All at the meeting agreed that more must be done to build confidence in using the NHS App.

The Practice has begun simplifying its website. Online access to appointments, prescriptions and test results is now more straightforward. While a 'work in progress', not yet applying to Commonfield Road's website, this is a positive step.

The focus of our **June meeting** was a talk by two senior members of **Healthwatch Wirral**, one of a network of 153 local groups across England. Funded through central government, Healthwatch groups are independent of both NHS and local authorities. They have statutory duties and powers, and sit on local management boards including the Safeguarding Board. They invite public comment on local services, can enter premises, investigate concerns, and prepare reports (available on https://healthwatchwirral.co.uk).

It might be seen as a 'super-PPG', a 'patient voice' across the NHS and social care – hospitals, community care services, GPs, Care Homes, even dentistry – able to influence local policies and practices and hold them to account. Healthwatch can advocate on behalf of patients making a complaint.

Wirral Healthwatch has developed a 'signposting' function to local services, and a monthly Forum so that local organisations – including PPGs – can share information and keep up to date. It is particularly interested in out of hours provision, such as the new A&E at Arrowe Park, NHS 111, and Health and Wellbeing Centres; also in help for patients who are digitally excluded from services.

In June 2025 the government announced a plan to abolish Healthwatch and its local groups, splitting its functions between the Department of Health & Social Care and local Integrated Care Boards. This idea has met with significant objections. The government website with the Impact Assessment now bears a banner reading 'This was published under the 2024 to 2026 Starmer Labour government'. Read into that what you will!

ALSO IN THIS ISSUE

THE COMMUNITY HEALTH AND CARE TRUST

Our previous newsletter outlined the Primary Care Network, which extends the work of our GP Practice. The Community Health and Care Trust is another piece in the jigsaw of services that reduce hospital admissions and provide suitable, more accessible care. The Trust has a huge range of work. Here's a snapshot of services that many of us may need at some point.

Urgent and out-of-hours care

Nurse-led urgent assessments, care and short-term treatment at home come from the *Two-hour Urgent Response Team*, available 365 days a year. Arrowe Park's *Urgent Treatment Centre* deals with minor injuries and illness, pre-booked or as a *walk-in service.* Two further walk-in centres are in Wallasey and Eastham. A *GP out-of-hours* service provides help by phone, face-to-face or home visit.

Leaving hospital

The *Discharge and Liaison* service oversees health and social care needs for those requiring help on leaving hospital. This may involve the *Community Nursing Team* (see below). Some patients may spend a short time in one of the three wards across the Wirral run by the *Community Intermediate Care Centre,* offering assessment, self-care advice and help with recovering independence. Others may be referred to the *Home First Service*, which gives advice, support and links to Wirral Council's Adult Social Care provision.

Support at Home

Nurses in the *Community Nursing Team* visit housebound patients, carrying out assessments for care planning and providing direct nursing services. The *Rehabilitation at Home Team* of occupational therapists and physiotherapists helps those who find it difficult to do daily tasks at home due to recent changes in their health.

Children, Young People and Families

From antenatal advice onwards to age 19, *Health Visitors, Nursery Nurses* and *School Nurses* combine to help parents and children. They provide the national Healthy Child and Child Measurement programmes, carry out health checks and immunisations, give parenting advice, and more.

Palliative and end-of-life care

A multi-skilled *Palliative Care Team* aims to relieve distress and optimise quality of life for patients with advanced progressive disease, as well as helping their carers and clinicians. It works closely with an *End of Life Care Team*.

The Trust also runs a wide range of **Specialist services**, from managing bladder and bowel conditions through to weight management, and almost every letter of the alphabet in between.

The detailed **website (wchc.nhs.uk)** explains each of the services, including how they link together and with other providers such as GPs, and how to access or be referred to them.

The Trust and the bigger NHS picture …

Giving primary and community care a priority in comparison with hospital care; making it more joined up and 'neighbourhood' based: those are NHS ambitions, as described in the previous newsletter. So we can see how importantly the Community Health and Care Trust fits into that picture.

DID YOU KNOW …

… that October is **'Health Literacy Month'**? Its purpose is encouraging healthcare providers to simplify communication so that people can more easily find and understand health information. This should help us to make better decisions about our health, take part in planning our own care, respond well to treatment, recover from illness, or manage a long-term condition.

TIME TO HAVE OUR SAY – URGENTLY!

The Casey Commission on Adult Social Care

After decades of talk, the Government seems to be serious about sorting out the present mess. Bits of Adult Social Care fall to local government, or to the NHS, or to private companies, with a muddle of regulators. It's funded by a confusing mixture of taxpayer money and charges on users, sometimes wiping out people's savings and homes.

The Prime Minister has pulled this out of the long grass, asking for the review and recommendations led by Baroness Louise Casey, originally planned to end in 2028, to be speeded up.

Insisting that people's experiences and views are essential to get this right, her Commission has launched the online 'Big Conversation On Care', asking 'who care should support, what families should reasonably be expected to do, and how the country should pay for care in a fair and sustainable way.'

The first online phase of The Big Conversation closes on 23 September, so time is short. Go to https://caseycommission.co.uk, or search 'The Big Conversation', and do your bit!

You may be receiving social care; you may be a carer; all of us may sometime become either. This could be the best chance to have a say. Let's not miss it!

WORDS FROM THE WISE …

… perhaps to Yvette Cooper, our latest Secretary of State for Health and Social Care.

'Any third-rate engineer or researcher can increase complexity, but it takes a certain flair of real insight to make things simple again.'

[E.F. Schumacher, *Small is Beautiful*. 1973]

THE PRACTICE PAGES (1)

FROM DR NELSON, SENIOR PARTNER

I'm pleased to have the opportunity to write the Practice section for the PPG newsletter this time. My name is Sophia Nelson and I am the new Senior Partner of Myrtle Group Practice. I've been here since 2009, and became a partner in 2011. As you will all realise, we've been through a significant time of change over the last two years, particularly with the successful merger of the Heswall and Pensby surgery with Commonfield Road Surgery, and more recently some changes across management and leadership.

1. Benefits of the Merger for Patients

Many of you will be aware that Heswall and Pensby Practice merged with Commonfield in 2024. Since then, we have been working together as Myrtle Group, bringing together the strengths of both sites to provide better care for our patients.

The merger has allowed us to:
- Increase the size and expertise of our clinical team.
- Improve resilience when staff are absent or on leave.
- Provide access to a wider range of healthcare professionals.
- Standardise systems and processes across both sites.
- Invest in safer and more efficient ways of working.

Although some of the changes may feel unfamiliar, our goal is simple: to provide safe, accessible and high-quality care, regardless of which Myrtle site you attend.

We know that change takes time. As we have reviewed our systems and processes over recent months, we have identified several areas requiring improvement. We are pleased to report that significant progress is already being made, particularly in strengthening our workforce, improving continuity, reducing delays and modernising how we manage patient care. We are now starting to see the benefits of these improvements.

To reassure you, Myrtle Group is not an outside company – this is simply the name we gave our united organisation. We are still the same people! We chose the name 'Myrtle' because the word 'Wirral' literally means 'myrtle corner' in old English. It comes from *wir* (meaning myrtle tree or bog myrtle) and *heal* (meaning angle, corner or slope).

2. Changes to our Team

Over the past year there have been a number of changes within our clinical and management teams.

We have strengthened staffing across the Practice and are pleased that workforce stability and retention have improved significantly.

Our clinical team now includes:
- General Practitioners (GPs).
- Advanced Nurse Practitioners (ANPs).
- Practice Nurses.
- Healthcare Assistants.
- GP Registrars (Trainee Doctors).
- Physician Associates (working under GP supervision).
- Clinical Pharmacists and other specialist practitioners, for example a Phlebotomist.

This multidisciplinary approach means that patients can be seen by the professional best suited to their needs, helping us provide timely appointments while maintaining high standards of care. All appointments, except for nurses, are triaged by a GP.

We have also undertaken a review of our management and administrative processes to ensure they support both patients and staff effectively.

3. Improving our Telephone System

We recognise that contacting the Practice by telephone has not always been as easy as patients would like. Improving telephone access remains a major priority.

We are currently reviewing:
- Call handling processes.
- Staffing levels at peak times.
- Call queuing arrangements.
- Patient access options.
- Integration with our digital systems.

Our aim is to:
- Reduce waiting times.
- Improve call answering rates.
- Help patients get through to the right person first time.
- Increase overall patient satisfaction.

Alongside improvements to our online access, we hope these changes will make contacting the Practice simpler and more efficient for everyone.

4. Arranging an Appointment and Understanding Blinx PACO

The way patients make appointments has changed considerably for general practice in recent years.

At Myrtle Group we use Blinx PACO (Patient Access Contact Optimisation) to help ensure patients are directed to the right clinician, in the right place, at the right time. Information provided at the point of contact helps us understand:
- The nature and urgency of your problem.
- Which team member can help most effectively.

THE PRACTICE PAGES (2)

Appointments and Blinx PACO (cont.)

This system helps us make the best use of available appointments and ensures that GP appointments remain available for patients who genuinely require GP input. Many patients can be helped more quickly by another member of our skilled multidisciplinary team.

For patients who cannot use the internet or a phone, our admin team can help complete a Blinx PACO request. We are also arranging for an iPad to be available in reception, enabling staff to help patients complete a request form.

5. GP Triage – How It Works

Every request for medical help is reviewed through our GP-led triage system.

A senior GP is responsible for overseeing triage throughout the day, from 8am until 6pm, ensuring that requests are assessed safely and appropriately.

Requests generally fall into three categories:

(i) Urgent – Same Day

These are problems that require medical review on the day because delaying assessment may not be safe.

Examples may include:
- Significant worsening illness.
- Acute infections.
- Sudden deterioration of long-term conditions.

Target: Same-day clinical review.

(ii) Soon – Within Several Days

These are issues that require assessment but are not medically urgent.

Examples include:
- Ongoing symptoms.
- Medication concerns.
- Follow-up issues.

Target: Review within a few days.

(iii) Routine – Planned Care

These include:
- Long-term condition reviews.
- Administrative requests.
- Non-urgent symptoms.
- Preventative healthcare.

Target: Routine appointment at the next appropriate opportunity.

Our triage system helps ensure that patients with the greatest clinical need are prioritised whilst still providing access for routine care.

6. Hospital Letters, Test Results and Medication Changes

Earlier this year we identified significant delays in handling incoming letters and clinical documents. Through focused work by our admin and clinical teams, we have reduced these delays substantially. One area we have worked hard to improve is the processing of hospital correspondence.

When hospital letters are received:
- They are reviewed by a clinician.
- Required actions are identified.
- Medication changes are checked safely.
- Follow-up arrangements are made where needed.
- The information is added to your medical record.

Where We Were at the start of 2026
Hospital correspondence could take up to three weeks to be fully processed – we recognised this is not acceptable and have worked hard to improve the systems.

Where We Are Now
Most correspondence is now reviewed and actioned within 5 to 7 days.

Our Goal
To consistently process and action correspondence within 5 days or less.

Medication changes recommended by a hospital specialist sometimes require review before they can be safely implemented by your GP Practice.

This process helps ensure that all prescribing decisions are appropriate and safe.

7. Coordinating Care & Maintaining Continuity

One of the most common concerns patients have is whether they will still be able to receive consistent care from clinicians who know them. Continuity of care is important to us.

While we work as a larger organisation, we carefully coordinate patient care through:
- Shared clinical records across Myrtle sites.
- Daily clinical supervision and discussion between senior clinicians.
- Consistent processes across the Practice.
- Regular multidisciplinary team meetings to discuss patients needing more input.
- Allocation of care to the most appropriate clinician for your needs through GP-led triage.

We understand that some patients, particularly those with long-term conditions or complex health needs, value seeing the same clinician whenever possible. We support continuity wherever this is clinically appropriate, while also ensuring that urgent concerns are dealt with promptly.

Our aim is that every member of the Myrtle team works together so that your care feels joined-up, coordinated and safe.

THE PRACTICE PAGES (3)

8. Reducing Medicines Waste

Our pharmacy team are working on reducing medicines waste to help improve patient care and make the best use of NHS resources.

We regularly review repeat prescriptions to ensure that patients receive the right medicines at the right time and to avoid unnecessary over-ordering.

You can support this work by checking what medicines you have at home before requesting repeats, and by informing us if you have stopped taking any medication.

Small changes can make a big difference, helping to reduce waste, improve safety, and ensure NHS funding is used where it is needed most.

9. Looking Ahead

The past year has involved substantial change across Myrtle Group. While we have identified areas that needed improvement, we have also made significant progress in developing safer systems, strengthening our workforce and improving the way we deliver care.

We appreciate the patience, understanding and support of our patients as these improvements continue. Our focus remains on providing accessible, safe and compassionate healthcare for everyone registered with Myrtle Group.

Thank you for being part of our journey.

Finally, here are some figures. These are examples of how we're tracking the volume of our work and the effects of our changes.

1. Making appointments: the year from September 2025

1st September 2026 marked 12 months of using the Blinx PACO system, rather than PATCHS, for making appointments, with full GP-led triage to sort and prioritise them.

Our practice has 20,802 patients.

Between 1st Sept 2025 and now:

62,954 forms were submitted by patients

12,574 were closed from triage (any that the GP signposted to MSK Physiotherapy or Pharmacy First, or sent a text or email response to the patient)

50.32% were offered same day appointments (compared with a national average of 44%)

Over that period we've delivered:

95,775 appointments (**40.1%** with a GP)

39,210 GP appointments (**70.3%** telephone calls - national average **66%**)

41,169 nurse appointments

6,748 Physician Associate appointments

8,676 pharmacist (Myrtle/PCN) appointments

2. Phone calls comparison: May & June 2026

	May 2026	June 2026	Change	
Incoming calls	10,350	9,687	- 663	(down 6.4%)
Answered calls	2,799	5,312	+ 2,513	(89.8% improvement)
Abandoned calls	4,530	3,715	- 815	(18.0% improvement)
Callbacks requested	2,608	574	- 2,034	(78.0% improvement)
Callbacks resolved	2,377	531	- 1,846	(77.7% improvement)

SNIPPETS OF OTHER PPG NEWS

We've updated the **information about the PPG** on the Heswall & Pensby website. This will show on the Commonfield Road website in due course.

Click the blue 'Patient Participation Group' banner low down the Home Page. You'll find a summary of the PPG's purpose, with its recent 'Mission Statement'; an outline of how the PPG works; ways of keeping in touch; records of meetings; and past newsletters.

Every patient registered with Myrtle Group (just under 21,000 people) is part of the PPG; the Steering Group now has 14 members; the Virtual Group 16.

Our next meeting (Wednesday 23rd September, 2.30pm, at Heswall & Pensby surgery) is an open meeting to plan our coming year's work. If you'd like to come along to add your voice, please let us know (myrtleppg@gmail.com) by Friday 18th September so that we can calculate numbers.

CONTACTING US: A REMINDER

Do you wish to make a suggestion for the PPG to consider, or offer to help with the PPG's work? Or want to pass on some praise or mention a problem with Practice services? Or ask about joining the PPG's Virtual Group or Steering Group? …

To get in touch with the PPG Steering Group:

Either:

Look for the black 'Contact the PPG' box in your surgery's reception area. Fill in one of the pre-printed cards and drop it in the box, which is checked regularly by a member of the Steering Group.

Or:

Email us on myrtleppg@gmail.com.

This email address and the box are exclusively for the use of the PPG.

WORDS FROM A WISE BEAR…

'See simplicity in complexity.'

[Lao Tse, via Pooh & Benjamin Hoff, in *The Tao of Pooh*. 1982]

STEERING GROUP MEETINGS AHEAD

With GP/Manager	*Steering Group only*
Sept: 23rd, 2.30pm (AGM)	Oct: 23rd, 4.00 pm
Nov: 19th, 2.30pm	Dec: no meeting
Jan: to be confirmed	Feb: 15th, 4.00 pm

VACCINATIONS – A PATIENT'S VIEW

A PPG member offers these notes as a non-medic's view on the value of vaccines.

Do Vaccines work?

Vaccines have been proved to save many lives. Individual vaccines can provide patients with protection for months, years or even a lifetime. Vaccines generally work by stimulating the immune system to fight harmful germs, bacteria or viruses, in this way helping the natural mechanisms of the body. When vaccination rates are sufficiently high across communities, whole populations can be protected.

Are Vaccines safe?

Yes, almost always. Statistically, vaccines are shown to be much safer than the consequences of the target diseases.

Do Vaccines have side effects?

As the immune system responds, some vaccines may result in mild to moderate symptoms or reactions for some people. Very rarely indeed these may be significant.

Studies published over the past five years, based on millions of patients receiving shingles and flu vaccines, report some potential positive side-effects, including lowered rates of progression in dementia and other neurodegenerative diseases. A separate study of patients who had suffered flu or shingles showed similar results. This led to the suggestion that anything which stimulates the immune system may have other benefits, as may a healthier diet. Research continues.

Are Vaccination rates dropping?

In some instances vaccination rates amongst children are falling, with resultant increases in the occurrence of diseases such as measles.

Misinformation on social media, declining trust in public health bodies, unproven dogma from a few misguided politicians, and sensational reporting of isolated severe reactions have all, particularly since the COVID pandemic, contributed to this very worrying fall in vaccination rates.

The Future

Vaccines are here to stay, and new technologies have emerged, as the Covid vaccines production demonstrated. With shortened development timescales and improved effectiveness, the perennial fight to maintain and improve the quality of life should benefit.

The PPG Steering Group wishes everyone a quiet, mellow autumn!

The Myrtle Group
The Myrtle Group currently serves 20,802 registered patients
https://myrtlegroupppractice.nhs.uk
270 Telegraph Road, Heswall CH60 7SG (0151 342 2811) email: cmicb-wi.gatekeeper-N85007@nhs.net
156 Commonfield Road, Woodchurch CH49 7LR (0151 677 0016) email: cmicb-wi.commonfieldsurgery@nhs.net
PPG contact: myrtleppg@gmail.com