



Mendip Vale Medical Group
Your Health, Your Care, Your Medical Group

MENDIP VALE MEDICAL GROUP PATIENT PARTICIPATION GROUP MEETING
Wednesday 19th October 2022, 1.30pm

PPG Attendees		
	Geoff Matthews	Chair
	Georgie Bigg	PPG Member (PPL)
	Trevor Smallwood	PPG Member (PPL)
	Heather Pitch	PPG Member (PPL)
	John Gowar	PPG Member (PPL)
	John Ledbury	PPG Member (PPL)
	Andrea Levett	PPG Member (PPL)
	Sarah-Jane Vowles	PPG Member (Riverbank/St Georges)
	Linda Brimecome	PPG Member (Riverbank/St Georges)
	Sandra Dunkley	PPG Member (Riverbank/St Georges)
	Janet Beckett	PPG Member (Riverbank/St Georges)
	Sheila Williams	PPG Member (Riverbank/St Georges)
	Joe Norman	PPG Member (Sunnyside)
	Alan Hunt	PPG Member (Yatton and Congresbury)
	Leonie Allday	PPG Member (Yatton and Congresbury)
	Mary Adams	PPG Member (Yatton and Congresbury)
	Diane Haynes	PPG Member (Yatton and Congresbury)
	Barry Blakley	PPG Member (Yatton and Congresbury)

MVMG Attendees		
	David Clark	Managing Partner
	Kim Rogers	Business Support Manger
	Lois Reed	Communications and Engagement Manager

Apologies		
	David Miller	PPG Member (Sunnyside)
	Jane Clarke	PPG Member (Yatton and Congresbury)
	Dr Joanna King	MVMG GP Partner

Action Points Summary

Item	Action Taken By	Action Description	Completion Note
3.a	DC LR	Urgent and routine medical Policy Include list in newsletter	Complete
3.d	KR	Check the self-check-in computers work	
5	LR	Staff Leavers and new Starters in the newsletter Printed copy of newsletter in Surgeries	
7	LR	PPG website page update	
8.b	KR	Query around arranging proxy access	Complete
9	LR	Invite Sarah Stammers to next meeting	Complete
Previous minutes	SV & All	Forward social media comments onto PPG email address.	Complete
Previous minutes	KR	Repeat publicity of urgent and routine appointments in September's newsletter/website and display posters/handouts.	Complete
Previous minutes	GB	Distribute Healthwatch report when visiting at Southmead hospital.	Complete
Previous minutes	KR	Distribute posters across all sites notifying patients of private rooms for confidential matters.	Complete

Previous minutes	DC/JG	Proportion of full time and part time doctors and nurses to be distributed to PPG. List of questions to be provided.	Complete
Previous minutes	GM	Further discussion with PPG around confidentiality policy.	Complete
Previous minutes	GM	Contact with PPG replacements following annual review of membership	Complete

Minutes:

Item	Description	Action
1	<p>Apologies and Welcome to new members</p> <p>Apologies were received from David Miller, Jane Clarke and Dr Joanna King</p> <p>Welcome to our new members Andrea Levett, Sheila Williams, and Mary Adams. Introduction to the new Communications and Engagement Manager Lois Reed</p>	
2	<p>Minutes of Previous Meeting</p> <p>Minutes of previous meeting were approved as an accurate reflection of the discussion which took place. Nothing to note from previous meeting.</p>	
3	<p>Action Points update which were not in the agenda</p> <p>3.a Urgent and Routine appointments publicity</p> <p>The group discussed the difference between Urgent and Routine appointments. David Clark confirmed the following:</p> <p>Urgent Appointment: These can be made by the patient during the day from 8am onwards and appointments are given on the same day. Patient phoning for an urgent appointment is added to the Duty Doctor list, where the Urgent Care Team will assign an appointment to the patient that day either face-to-face or by telephone. This list is continuously added to, with no limit on patient numbers.</p> <p>The Urgent Care Team is open from 8am-6:30pm. Although they are stationed at Yatton and Langford surgery, the team covers all North Somerset sites. Appointments are then booked with the patient's appropriate practice.</p> <p>Routine Appointments: These can be made by the patient from 11am to reduce the pressure of the morning 8am/ first hour rush. Routine appointments are not available on the same day, with current routine wait being between 12-14 days.</p> <p>Minor Injuries: Mendip Vale are not commissioned to deal with Minor Injuries. These injuries need to be dealt with at hospital or in a Minor Injuries Unit. If a member of the public visited the surgery with a minor injury, without an appointment, we will assist to ensure the patient receives the correct help/ care.</p> <p>David Clark clarified that since the beginning of October, all appointments are defaulted too face-to-face.</p>	

We have added an article in the Patient Newsletter which has been sent to all subscribing patients, which has also been uploaded onto the website <https://www.mendipvale.nhs.uk/patient-newsletter-september-2022/>. Posters regarding appointments have been sent to each site and displayed in patient waiting rooms.

David
Clark/ Lois
Reed

The group agreed that there is a list of urgent and routine medical problems. We will seek guidance from Dr Joanna King on the exhaustive list, which will then be added to our patient's newsletter along with definitions of appointment types, so patients are aware.

3.b Rooms for confidential matters

Kim Rogers confirmed Posters have been sent to all sites to be displayed, which advise that confidential rooms are available, and our patients can ask at reception for access.

3.c Current lead times for GP appointments

David Clark advised the lead times for GP appointment have improved compared to September figures, in that week commencing 3rd October the average wait was 12 days. Week commencing 10th October was a 10-day average; in the same week we delivered 5,405 appointments.

Additionally, David Clark advised the biggest pressure on appointment lead times is the growing number of patient numbers in the area, with 300 new patients registered in the last month. This excludes those who have moved surgeries or passed away. Despite advertising several positions, Mendip Vale do not have the staffing capacity. Recruitment nationally continues to be a significant pressure, as such, Mendip Vale are encouraging medical students, pharmacists, nurses, and physician associates to promote recruitment into the health sector.

Mendip Vale current Medical Trainers are:

- Dr Shubhangi Ingle
- Dr Rachel Kenyon
- Dr Cordelia Feuchtwang
- Dr Phil Donlevy

3.d Auto check-in system

David Clark advised that the auto check-in system currently works. There were several technical problems including not being Windows 7 compatible in addition to a shortage of equipment for the new system. However, the system has now been upgraded to Emis and should be working well across all sites.

John Ledbury reported this wasn't working on Tuesday, since the corrections. Kim Rogers has followed this up at the time and we believed all systems were working correctly. Since, there has been further issues with our patient self-check-in screens and so Geoff Matthews has now submitted a formal complaint to the service provider to ensure they are up and running successfully.

Subsequently, to the meeting the Auto check-in system is no longer working due to national issue which Emis are sorting. Mendip Vale have been checking the system every day to see if there are any improvements.

4. Call wait time figures for September

John Gowar explained that the call waits time figures for September showed a big increase in the number of people attempting to call the surgery. It was suggested that this could be due to Covid Vaccination Clinic invites. Furthermore, the number of calls answered in September (22,730) saw little movement in comparison to August (21,053 calls), with a considerable increase around the number of calls abandoned, at 23%. The average operator delay time currently stands at 7 minutes and 4 seconds.

Overall, there has been no obvious improvement since the action taken in the last PPG meeting, when considering the immediate rush from 8am. Additionally, the delay to abandon in the morning is 6/ 6.5 minutes in comparison to 1-2 minutes in the afternoon.

David Clark advised that despite achieving capacity numbers of 25 trained Patient Coordinators for busy periods, like all companies, our operations are affected by annual leave and sickness. We currently have recruitment opportunities for a Patient Co-Ordinator position (20 hours available). Unfortunately, the increase in demand is outweighing resourceful solutions. Additionally, data should be taken once Covid invitations are over, to retrieve figures reflective of a normal month.

Sarah- Jane Vowles advised that she has seen a significantly reduced number of complaints on social media for General Practice, including the number of complaints mentioning Mendip Vale by name.

5. Summary of information on Mendip Vale

John Gowar, Geoff Matthews and David Miller had a meeting with David Clark to discuss the organisational structure of Mendip Vale. With the purpose to understand the structure and scale of the group and how the organisation operates. The meeting concluded, with a simplified graph of the organisational structure, which is still a work in progress, but is reflective of how Mendip Vale is structured in the four- surgery environment in North Somerset.

There was much discussion on the movement of staff including the communication of leavers and new starters at Mendip Vale. Specifically, Dr King's latest movement to St Georges and only operating at PPL for one day a week. The group agreed that patients should be informed of such changes within the newsletters.

Lois Reed

Lois Reed confirmed newsletter subscriptions were 33,000 patients last month, with roughly 27,000 newsletter subscribers being in North Somerset. These figures change monthly depending on people who unsubscribe from the newsletter and new readers. The group agreed the newsletters should also be printed and displayed in receptions for all patients to read.

Lois Reed

6. Mendip Vale response to the IPSOS Mori report, and actions taken

Geoff Mathews advised of a Patient Survey which was conducted in February 2022 and raised by David Miller. Due to David Millers absence, Geoff Matthews summarised although this shows a snapshot of patient answers (over 100 replies). David Miller wanted to understand what the practice has done after receiving the feedback. David Miller will explain further in December's meeting.

Geoff Matthews and Lois Reed had a meeting on Monday regarding patient feedback. Instead of a snapshot view in February when Covid Vaccinations

were at pace, a steady flow of information, on a reactive basis from patients should be organised for the PPG, where we can analyse and track trends on areas of key concern.

7. Need to update the PPG ON Mendip Vale website – Minutes, PPG email address and member changes

Kim Rogers advised that the PPG member spreadsheet has been updated, listing all active group members. We have been looking at where the PPG fits on the website, whilst aware of the new website pilot. PPG names on the website have been updated, with an idea to upload a meeting summary opposed to the full minutes.

Kim
Rogers/
Lois Reed

Lois Reed provided an update on the website pilot, with the next steps of design work in November. For the final website launch, this will probably be next year.

Kim Rogers advises that with the website pilot it may be more helpful to patients to have descriptions of our different roles, opposed to faces and names which can change overtime. The descriptions will explain what the role is, what they do, and how they help, understanding the difference between each clinician and how they work together in a multi-disciplinary team.

The group concluded it would be helpful to have a portfolio of the clinicians, including photos to make patients feel reassured they know who they are seeing; it would especially help patients who suffer with anxiety. This will be considered throughout the website pilot design process.

Georgie Bigg advised that Healthwatch are invited by OneFear to use volunteers to review GP websites. If the group are interested in volunteering to let Georgie know.

8. Any other business

a. Are GPs made aware of complaints that have been made?

There was discussion on the process for serious complaints. David Clark advised that all complaints, whether received verbally or written, are logged on our Intradoc system and then followed through by the Surgery Manager to ensure the problem is solved to patient satisfaction. GP's are aware of the complaints and the process, especially if it concerns the GP themselves or reviewing treatment. If it was a complaint regarding a patient needing to change their practice, a GP Partner would support the patient through the process and note the best way to improve the practice from such experience. If a complaint is escalated to senior management this is reviewed in the weekly Operation Meetings. Complaints are monitored monthly and reviewed quarterly.

Janet Beckett reported that this isn't currently the case with her query regarding a family member. We have since followed this up and understand that nothing was needed as Janet's family member query resolved itself.

Kim
Rogers

b. Repeat Prescriptions

Joe Norman has found that local pharmacies have now stopped the management of repeat prescriptions and it is the patient's responsibility to use the NHS app or speak to their surgery. Joe Norman found this to be

difficult to use especially when making a repeat prescription for another person.

David Clark confirmed that Mendip Vale are processing a lot of the requests from Well, Pharmacy2u and other local and online providers. Well have not communicated to Mendip Vale the change. However, patients can get repeat prescriptions through Patient Access, obtaining 6-12 months' worth of prescription, depending on the medication type and patients' health. We can set up a Proxy Access for those ordering repeat prescriptions on behalf of another patient.

Kim
Rogers

c. Deaf Awareness Cards

Mary Adams received a message from the deaf community, as they were delighted to see the article in the latest newsletter – Ms Watkins Social Worker for the deaf in NS Council and Bridie Collier Quality Manager at Citizens advice stated they were grateful that we were interested in the deaf community and how Mendip will support them.

d. Surgical Bin Incident

Trevor Smallwood reported a surgical bin incident involving a full bin full of used needles fell off a lorry/van and burst open across the street outside a Primary and Secondary School in Langford. The main concern was how this had happened, and the school children walking the route on the way to school.

David Clark confirmed the needles/ surgical bin was not from Mendip Vale. The company commissioned to collect the waste from GP surgeries/ Vets and Funeral Parlours was on its journey from Winscombe to Langford when the incident happened. The company is investigating the serious event and will review the necessary action.

e. Aortic Aneurysm Scans

The question regarding what happened to the service for Aortic Aneurysm, as posters have been removed from the practice.

Lois Reed checked with the Access Team. Mendip Vale do not have control over the communications regarding inviting patients to scans, this is managed by the hospital through an external supplier.

f. Introduction to Lois Reed Communications and Engagement Manager

Lois Reed clarified her responsibilities at Mendip Vale and the projects she is currently prioritising:

- **Website pilot:** The design work is due to commence in November, with focus on communication channel for surgery services, appointment booking, prescriptions and be a hub of information. This will hopefully ease patient phone call as the information will be accessible with a click. PPG will be kept up to date.
- **Social Media:** A platform used to reinforce current communications, through positive messaging, promote patient updates and build community connections.
- **Email Marketing:** MailChimp service will be used to create professional communications to patients i.e. newsletter where we can track and monitor engagement and performance.

Hard of hearing assistance cards. Now available on all receptions. The main aim is to provide a better experience for those who are deaf/ hard of hearing.

Patient shows relevant staff and return to reception when finished. Reassure deaf patients are receiving the right information but the right way.

Geoff Matthews advised a primary meeting with Lois Reed discussing ways on how to retain regular feedback from patients. The aim would be to provide 2-way communications, to gather views from patients in a sufficient way so we can monitor and track issues. Previous methods of market research included:

- Through the newsletter – received no feedback
- PPG Email – it was set up in July and only had 2 responses
- PPG Members handing out surveys in the surgeries.
- Currently relying on individual communications