



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

MENDIP VALE MEDICAL GROUP PATIENT PARTICIPATION GROUP MEETING
Wednesday 30th November 2022, 1.30pm

PPG Attendees	Geoff Matthews Georgie Bigg Heather Pitch John Gowar John Ledbury Andrea Levett Sarah-Jane Vowles Linda Brimecome Sandra Dunkley Janet Beckett Sheila Williams Joe Norman David Miller Alan Hunt Leonie Allday Diane Haynes Barry Blakley	Chair PPG Member (PPL) PPG Member (PPL) PPG Member (PPL) PPG Member (PPL) PPG Member (PPL) PPG Member (Riverbank/St Georges) PPG Member (Sunnyside) PPG Member (Sunnyside) PPG Member (Yatton and Congresbury) PPG Member (Yatton and Congresbury) PPG Member (Yatton and Congresbury) PPG Member (Yatton and Congresbury)
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MVMG Attendees	David Clark Dr Shruti Patel Kim Rogers Lois Reed	Managing Partner GP Partner Business Support Manager Communications and Engagement Manager
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Apologies	Jean Fear Mary Adams Trevor Smallwood Jane Clarke	PPG Member (Riverbank) PPG Member (Yatton and Congresbury) PPG Member (PPL) PPG Member (Yatton and Congresbury)
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Action Points Summary

Item	Action Taken By	Action Description	Completion Note
Previous Minutes	KR	Check the self-check-in computers work	Complete
Previous Minutes	LR	Staff Leavers and new Starters in the newsletter Printed copy of newsletter in Surgeries	Complete
Previous Minutes	LR	PPG website page update	Complete
3.a	KR LR	Send requests to eConsult Update eConsult content on the website	Complete

Minutes:

Item	Description	Action
1	<p>Apologies</p> <p>Apologies were received from Jane Clarke, Mary Adams, Trevor Smallwood and Jean Fear.</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>Presentation and discussion on the new appointment booking system lead by Dr Shruti Patel</p> <p>Current position of GP services</p> <p>Dr. Patel introduced the presentation with a summary of the current service position and overall reflection on clinician recruitment. Dr. Patel confirmed that demands on the service continue to remain high and recruitment is challenging. Mendip Vale continues to recruit; however, GP applicant numbers remain low. Reflected on a national spectrum, clinical pressures are significantly high locally and across the country. This means, amongst the small GP applicant numbers Mendip Vale receives, we are competing with other local surgeries who are in the same position. Traditionally, North Somerset has always been difficult to recruit due to location, with Bristol practices recruiting well due to people preferring to live there. It has meant Mendip Vale has had to adjust services to ensure it meets the needs of patients.</p> <p>Dr Patel said that the NHS was built as a needs-based organisation and servicing patient needs is very different from servicing patient wants. By changing the way services are provided, Mendip Vale can ensure that patient needs are met. Mendip Vale recognises that Patient Co-Ordinator staff turnover has increased and although we provide significant training, continuous changes of staff make it hard to know clinician roles, their experience and training, and availability. Over the last eight weeks, Dr Patel has been reviewing every GP appointment in the system and triaging patients correctly, reviewing how best we can meet Patient needs to release capacity for those who need to see a GP. By doing this we have released the capacity of 1.5 GPs.</p> <p>eConsult</p> <p>eConsult allows patients to be reviewed and triaged correctly for a routine appointment, ensuring patient needs are met in an efficient capacity and in a method that's convenient for them.</p> <p>To make the system efficient we request two strands of patient appointment requests:</p> <ol style="list-style-type: none">1. Urgent, on-the-day appointment – Patients should phone the surgery and will be put on the urgent care list. The Urgent Care Team will triage how a patient's needs are best met and will make contact during the day.2. Routine appointments – All patients are to complete an eConsult. An online form with straightforward questions, asking what the issue is, and how long the patient has had it. This can be done in three ways, firstly those who have online access can complete an eConsult form	

through the link on the Mendip Vale website. An alternative is to call the surgery; a Patient Co-Ordinator will fill in the details. Or a patient can visit the surgery reception desk and complete a hard copy. There are three forms specific for Adult, Child, and Admin requests.

With submitted eConsults, Dr Patel reviews patient problems and assigns the patient to a clinician who can best provide the treatment required. For example, a patient with knee pain would be best looked after by a First Contact Physio as opposed to a GP. By utilising the best clinician and not just booking into a GP slot over the last two weeks has improved GP appointment wait time for routine from 4 weeks to 3 weeks. This shows us that the eConsult process is effective and it ensures complex issues are dealt with by GPs.

The team managing eConsult submissions is a small but experienced group of Care Co-Ordinators who will action the advice Dr Patel has provided. The team will contact the patient and arrange with them the most appropriate course of action. At times when patients can't be contacted, we will send text messages to inform them of the attempted contact and request the patient to call the surgery.

The official start date to use eConsult is the beginning of December. Dr Patel confirms that Mendip Vale patients have always had access to eConsult, we are trialling the system to a larger spectrum. eConsult is not designed for on-the-day problems, which is stated on our website. If patients require an urgent appointment, don't use eConsult and phone the practice.

We hope that using eConsult will reduce phone call traffic as patients should be using the website as opposed to phoning.

Final Summary

To conclude, David Clark explained that eConsult has spent a lot of time and money on the system building a safety net to protect patients. Hence during an eConsult the system may request you to make an urgent appointment. The Artificial Intelligence (AI) will divert people to the pharmacy, self-help, and 111. We understand the frustration of patients who want a GP appointment but for a lot of circumstances, this isn't always the most appropriate course to go. Mendip Vale sees 95,000 people every 13 weeks and admit we won't get it right for every single patient. We have a healthcare system that is failing everywhere, such as Acute Community Service. But making these changes now will help us during the peak period of the year, from January to March.

Georgie Bigg provided a perspective of the NHS demands from a Healthwatch perspective, confirming that the whole national health system is compromised. Every aspect of healthcare which Healthwatch is associated with, needs work on it - there aren't enough resources. Unfortunately, due to the situation, the system is wanting more from the user, which as patients we are not used to. Traditionally, patients were able to see a GP whenever they wanted, as opposed to when they needed it. It's reassuring to know that a clinician is triaging and checking through the system, so it is safe.

Georgie Bigg described her experience at Healthwatch whilst working with GPs on the system for Find a GP as a difficult journey. However, the effort invested in by the practice, with Healthwatch and Volunteers to educate users, resulted in a positive end. Learnings included paying a lot of attention to the user by telling them how to use the system and showing them how to use it. This made their users feel more comfortable to use the system and be familiar with the process. Georgie Bigg suggested that a much clearer

message should be conveyed, including the benefits of using eConsult to the user. Some questions to consider; Why would it be better to use eConsult? Would this get you to the right person quicker?

Lois Reed asked the group whether videos on how to use eConsult would be helpful. All group members agreed it would.

3.a. Questions and recommendations from the group regarding the presentation on the new appointment booking system

The group raised several questions and recommendations concerning the launch of eConsult, which were answered by Dr. Patel.

- 1. eConsult lists an array of symptoms. If you don't have any symptoms, you can't move further in the eConsult form. It was recommended that there should be an extra box that gives the option of 'None of these'. Patients who do not have symptoms, doesn't mean they don't have a problem. This makes it harder to book an appointment as you will have to call/ visit the surgery to explain.**

There are better software options in the market, and we did look at the alternatives, but with the speed at which we wanted to make the change, we felt eConsult was best to develop as patients have familiarity with the system. If this is successful, we will look to change the software to something more sophisticated. With sophisticated software, patients will have to complete a lot more questions. eConsult, we felt was relatively simple in terms of not asking the patient to complete a complicated field of questions. When clinically triaging, we will look at what is written. There's an opportunity for the patient to explain in more detail the issue/ experience with a free answering box.

- 2. eConsult can be too descriptive with the symptom questions. If you have a condition you are monitoring, it doesn't allow you to express your concern about the condition.**

eConsult is a programme which we do not own. It is a system which is used nationally, which we purchase. It will be difficult to determine the effectiveness of the change from a speed point of view. The change will require patients and staff to become familiar with the software and build confidence to use it. We have requested more free answering boxes in the forms for such circumstances. We can continue to request, but we need to wait.

- 3. How is eConsult managed in reflection of who decides which requests are actioned?**

eConsult is a commercial company like many software producers. They ask their customers for feedback/ requests. If more of the same request is made, it is included as a priority to action. Unfortunately, we can't directly change the elements of the software ourselves.

- 4. What does a patient do if they don't have internet access?**

We recognise that not everyone has computer access or that technology is in everyone's comfort zone, therefore we've ensured that patients who are at the front end i.e., reception desk or phone handler will help the patient complete the eConsult. Patients who need a routine appointment can call Mendip Vale to receive help completing the form or pick up a hard copy at

reception. Those who have completed an eConsult will have a response within 72 working hours.

5. What happens to those that queue outside the Surgery in the morning? Will they have to complete forms whilst they wait?

The sense is that the queue will lessen as people gain confidence to complete the eConsult form. Once we have received the form, within 72 working hours we will contact the patient with an arrangement. We believe that the queue is from people feeling like they can't get through on the phone. In the last week, the number of eConsults is reflective to the reduction of people queuing at surgery doors.

6. The information you are telling us today is not the same information Patient Co-Ordinators are telling us on the phone

That's an area of training progression for us. We can listen to calls and then work out whether we need to help those understand the systems better. Reflectively, we are making these changes because we recognise that the requirement, we're making is too hard for our Patient Co-Ordinators. The number of clinicians they deal with and the complexity of what they do is difficult.

7. Are the forms available on the website if so, can we send them using the scanner's email address?

We're trying to ensure eConsult are held and sorted in the same place within the system, this makes it very easy to see when we have received an eConsult from patients and ensure we are keeping to a timely response. If we receive eConsults in different methods and store them in different areas on the system, it is harder to keep track. For example, sending eConsults to the scanners email will depend on when the scanners team see the form enter the system and filtered into the eConsult process. We would like to encourage all eConsults to go into one place, certainly whilst we are trialling the system to make it as slick as possible.

8. How do patients receive a contact back from the surgery?

In the first instance we will call the patient. If the call has been unsuccessful after a couple of attempts, we will send a text to the patient to say the surgery are trying to contact you and to please give us a call back.

9. Have you got any expectations on how many eConsults you will receive in a day? What are your plans for scaling the triaging?

We are trying our hardest not to remove GP access and continue triaging at the GP level. In the short term, we will continue as it is whilst we get the system stable, and then if it's effective we hope to train and scale the team numbers up.

10. Can patients access eConsult anytime during the week?

Only within the working hours, 8 am-6:30 pm Monday to Friday. The demand for running it past working hours was disrupting our on-the-day systems as many were using it for out-of-hours issues which made it difficult to triage safely for patients.

Lois Reed confirmed that the information on the Mendip Vale website will be updated for eConsult, including the access times. The group suggested blocking the eConsult button, so patients are unable to access the service during out of hours. Lois Reed will investigate whether this is possible.

LR

10a. Would it be possible for patients to fill out the eConsult over the weekend and save it as a draft ready for submission on a Monday?

We will send this to request to eConsult.

11. How will you communicate eConsult as a new way of access? How will you retrieve feedback/ experiences from patients?

KR

Lois Reed advised that after requesting the PPG to trial eConsult and to provide feedback, the meeting today has been an opportunity to discuss experiences and ask/ answer questions we may not have thought of. Distributing communications before the 5th of December, we didn't want to risk overwhelming the system. From the 5th of December, we will push communications, advertising the new change through the website, social media, newsletter, and potentially text messages ensuring we have covered the questions and queries discussed today.

Dr. Patel advises that Patient Co-Ordinators are informing patients of the change when in contact with patients.

12. Continuity of care: Do you have to go through eConsult again if the clinician wants to see you in 6 weeks' time?

There are two aspects of continuity of care. Firstly, GPs are recognising that they may start off the care but another member of the team, whether a local pharmacist or an acute practitioner, for example, may continue the care for the patient.

Secondly, if a patient needs to see a specific GP/ clinician then we will encourage that pathway as much as possible during triaging. When looking at patient records during triaging, we can see ongoing issues and look at who has been looking after the patient continuously and arrange an appointment with them.

We will soon ask all our clinicians to review patient continuity of care if the clinician believes it is critical for them to follow up. There are mechanisms in the system for them to arrange the follow-up appointment with the patient directly. If the clinician believes another member of the team would be best suited for the follow-up, then they will encourage the patient to make an appointment with the correct clinician. This is not only a change for patients but for clinicians too in terms of how they operate.

13. How can patients request a face-to-face appointment?

All our appointments are face-to-face by default and is the first option given to patients.

4 Action points update that are not on the agenda
a. Auto check-in system

Kim Rogers confirms the Auto check-in system is working and have been checked in all sites.

b. Update of PPG website page

Lois Reed confirmed that the PPG website page have been updated, including PPG names and latest minutes.

5 Current summary of Continuity of Care by GPs

This has been discussed in the eConsult presentation by Dr Shruti Patel, specially addressed in item 3a, question 12.

6 Actions taken by MV since publication of the IPSOS report

David Miller explained that every year there is a market research company, in this instance, it is IPSOS, employed by the NHS to ask questions to patients. Conducted in the early part of last year and reported formally in July. Attached with the minutes is a breakdown of the result, created by David Miller, which provides a comparison of Mendip Vale, Clevedon, Tyntesfield, BNSSG, and England. With another report hopefully coming in spring 2023, PPG can use this as a base for analysing the performance of patient experience. David Miller would like to request the PPG to read and understand the data for potential future discussion. Please find the report at the end of the minutes.

7 Plans for achieving information flow from patients

Lois Reed explained that over the last couple of months, she has been settling into Mendip Vale with prioritised projects, therefore no action has progressed. However, outlined thoughts of the following:

- Wishes to contact Georgie Bigg for her Healthwatch contact for market research.
- Using programmes to create digital surveys to collect patient feedback.
- PPG to actively collate data from patients in surgery waiting rooms.

8 Update on October Call wait times

John Gower advised that October call wait times are aligned to what we have seen before with an increased number of 'calls which were unable to get a line' at 40,403 in October compared to 38,327 in September. Furthermore, the number of calls answered in October (16,631) saw little movement in comparison to September (17,511), with a decrease around the number of calls abandoned to 21.7%. The average operator delay time currently stands at 6 minutes and 18 seconds, a slight improvement to the previous month.

No major improvement which is what the group we're hoping for in terms of the initiatives we've implemented and discussed in previous meetings but if eConsult is successful we hope to see a change of improvement.

9 Annual Review of PPG membership

Geoff Matthews announced Jean Fear, a representative of St George's surgery, will be standing down. If additional group members wish to stand down as we enter the new year, please let Geoff Matthews know.

All group members agree to continue the time of the meeting entering the New Year, at 1:30pm on a Wednesday.

10 Any other business
a. The future of Congresbury Surgery

David Clark advised we are unable to secure the investment for refurbishment for the surgery due to the flood risk area it is located in. The ICB reported to confirm that the surgery would need over £300k to be spent on it, and although we have asked for this funding, there is no funding within the system.

In terms of the next steps, there will be a consultation to confirm that the surgery is no longer viable. Although there are builders in Yatton who are willing to build a new surgery, we can't guarantee that this would be followed through. We are exploring options with the ICB to see if there is anything we can do.

b. Out of Area Letters

David Clark advises that the boundary for the practice is set. Over the last 5 years, we have grown from 43,000 (North Somerset) patients to 47,000; our data for appointment levels show it has increased by 10,000 over the last year. With increased service demand there is nothing more we can give in the system to serve those inside and outside the boundary. Therefore, we have had to send letters to patients outside the practice boundary requesting them to find another practice closer to home. This allows them to have access to services, such as urgent appointments and home visits, which we otherwise wouldn't be able to provide them.

The group questioned what we will do with the 400 houses being built in Yatton.

In answer, Dr Patel advises that Yatton is inside the practice boundary. Given the increase in housing developments and population inside the boundary, we need to fairly decide how best we provide our services, as we cannot make exceptions for some and not others. Therefore, we have sent letters to out-of-boundary patients. David Clark confirmed that within the letter it states how to register with another practice and the Mendip Vale dedicated line for patient enquiries regarding the matter.

c. Is there likely to be any impact following the nursing strike on our patients and are your nurses likely to strike?

David Clark advised that this has an impact on acute care mainly and this will have a knock-on effect because the further delay increases in the acute, the more patients come back into general practice. Effects on the day, there probably won't be.

David Clark continued to explain that Mendip Vale nurses are likely to not strike as our team is on a slightly different system compared to Agenda for Change, however, this doesn't guarantee that it may not happen in the future due to the cost-of-living crisis.

<https://www.england.nhs.uk/statistics/2022/07/14/gp-patient-survey-2022/>

The GP Patient Survey, completed by 719,137 people in 2022, found that a record 44.6% of patients want more involvement than they currently have in their healthcare decisions. Furthermore, the proportion who felt they were "not at all" involved is up from 7.1% to 10.1% - another record.



269
Surveys sent out

125
Surveys sent back

46%
Completion rate

	MV %	Clev- edon	Tynte- sfield	BNSSG ICS	Eng MC
Service					
easy to get through by phone	26	46	79	50	53
receptionists helpful	80	89	94	85	82
satisfied with the appointment times available	46	51	77	57	55
can see or speak to preferred GP when wanted	26	24	55	40	38
Appointments					
offered choice of appointment when last asked for	53	60	75	62	39
satisfied with offered appointment	52	81	88	74	72
took appointment offered	87	98	99	96	96
good experience when making an appointment	41	63	83	58	56
Last Appointment					
given a time for their last appointment	94	90	99	91	90
HCP seen or spoken to gave them enough time during	81	85	89	86	83
HCP good at listening to them during	82	89	93	87	85
HCP showed care and concern during	82	89	90	86	83
HCP recognised/understood mental health needs during	75	92	86	83	81
involved in decisions about their care and treatment	89	96	95	92	90
had confidence/trust in the HCP	93	98	98	95	93
felt needs were met	87	93	95	92	91
enough support in past year with to self-manage LTCs	38	61	69	64	65
Overall experience					
felt overall experience to be good	71	76	89	75	72

Very Concerning Concerning

MVMG Highlights vs Lowlights

Where patient experience is highest compared with the ICS result

94% of respondents were given a time for their last general practice appointment
ICS result: 91% National result: 80%

93% of respondents had confidence and trust in the healthcare professional they saw or spoke to during their last general practice appointment
ICS result: 65% National result: 83%

89% of respondents were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment
ICS result: 92% National result: 63%

Where patient experience is lowest compared with the ICS result

38% of respondents say they have had enough support from local services or organisations in the last 12 months to help manage their long-term condition(s)
ICS result: 64% National result: 85%

26% of respondents find it easy to get through to this GP practice by phone
ICS result: 86% National result: 63%

52% of respondents were satisfied with the appointment they were offered
ICS result: 74% National result: 72%

The 38% statistic is of special concern for MVPG patients

Nationally a third of patients said they don't get enough support for their Long Term Conditions (LTC), but in MVPG it's virtually 'two' thirds of them ... see detail below

The funding for 'Supported Self-Management' coaches has been diverted into 'Social Prescribing', maybe understandably, but given the size of the gap compared to other PCNs this was a very big decision.