



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

MENDIP VALE MEDICAL GROUP PATIENT PARTICIPATION GROUP MEETING
Wednesday 1ST February 2023, 1.30pm

PPG Attendees	Geoff Matthews	Chair
	Georgie Bigg	PPG Member (PPL)
	Trevor Smallwood	PPG Member (PPL)
	John Gowar	PPG Member (PPL)
	John Ledbury	PPG Member (PPL)
	Heather Pitch	PPG Member (PPL)
	Andrea Levett	PPG Member (PPL)
	Maureen Hutchinson	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)
	Bev Cockerill	PPG Member (Sunnyside)
	Mary Adams	PPG Member (Yatton and Congresbury)
	Alan Hunt	PPG Member (Yatton and Congresbury)
Barry Blakley	PPG Member (Yatton and Congresbury)	
Diane Haynes	PPG Member (Yatton and Congresbury)	
Jane Clarke	PPG Member (Yatton and Congresbury)	

MVMG Attendees	David Clark	Managing Partner
	Dr Shruti Patel	GP Partner
	Kim Rogers	Business Support Manager
	Lois Reed	Comms and Engagement Manager
	Leigh Vowels	North Somerset Area Manager
	Sarah Stammers	Senior Social Prescriber

Apologies	David Miller	PPG Member (Sunnyside)
	Joe Norman	PPG Member (Sunnyside)
	Leonie Allday	PPG Member (Yatton and Congresbury)

Action Points Summary

Item	Action Taken By	Action Description	Completion Note
3		eConsult to remain on future agendas	LR/GM
4		Review Social Prescribing at end of year	LR/GM
6		Meeting of sub-group to be arranged	JN/LR/GM
7		Support from PPG members to be arranged	LR
8		Monthly updates to be circulated	JG
10a		Dentistry reports to be sent to HealthWatch	All
10c		Updates on Congresbury when available	DC

Minutes:

Item	Description	Action
1	<p>Apologies</p> <p>Apologies were received from David Miller, Joe Norman and Leonie Allday.</p> <p>Welcome Maureen Hutchinson full member for Pudding Pie Lane and Leigh Vowels the new Area Manager for North Somerset at Mendip Vale.</p> <p>We would like to give thanks and condolences to Jean Fear and her family for the support and contribution to the PPG over many years. She sadly passed away in January.</p>	
2	<p>Minutes of Previous Meeting</p> <p>Query raised on Item 3 - Presentation and discussion on the new appointment booking system lead by Dr Shruti Patel. Shruti Patel confirmed that the distinction between the patient 'wants and needs' is medical and non-medical.</p> <p>Query raised on Item 10b - Out of Area Letters. Concern that the PPG were not involved with processes such as this one. Several comments had been raised by long term patients of Mendip Vale.</p>	
3	<p>Feedback from members on patient experiences with the new appointment booking options and the use of eConsult.</p> <p>Geoff Matthews advised that the changes which were discussed in the previous minutes regarding eConsult have been implemented gradually, with interesting results. The group was asked to provide feedback they received regarding the appointment system, eConsult.</p> <p>Janet Becket advised that patients receive a message on submission of their eConsult to say that will hear back from the practice within the next 24 hours, however, this is not a true reflection on Mendip Vale's policy of 72 working hours. Furthermore, Diane Hayes explains that patients receive this as an email which also informs them to phone the Surgery if they do not hear back within this time. Diane summarised her feedback as arduous and people do not like it – it takes too long to receive communication from the surgery after completion and there are too many questions, however, Diane likes how there is now a pathway for long-term health conditions.</p> <p>Kim Rogers advised that Mendip Vale's auto-reply email states 72 hours response period and the 24-hour message Janet and Diane had received was from eConsult.</p> <p>Sheila Williams wanted confirmation that patients can collect a paper eConsult from the surgery and complete it at home after a neighbour was told they were unable to take it home as it had to be completed at the surgery. Dr. Patel confirmed that patients are allowed to take the form home to complete and apologised on Mendip Vale's behalf that the patient was told otherwise. Dr. Patel estimates that a quarter of submitted eConsults are handwritten, with half of these completed by patients themselves and the other half by Mendip Vale's Patient Co-Ordinators who are assisting patients.</p> <p>Sarah- Jane Vowles stated that she had three separate accounts of feedback from patients who were told that they were able to get an on-the-day appointment, a contradiction to what the PPG was told in previous meetings.</p>	

Dr. Patel explained that there is a distinction between on-the-day routine appointments, which are available to book on the system, and Urgent Care (on-the-day) appointments. If a patient has an urgent problem, on the day, this list is not closed until 6:30 pm in the evening.

Alan Hunt explained the feedback he has received has been from those who are not internet savvy, therefore finding eConsult difficult.

Dr. Patel reassures that anyone who finds it difficult to complete an eConsult online to phone the surgery and the patient Co-Ordinator will be there to help. Alternatively, come into the surgery to collect and complete a paper copy.

To conclude, Dr. Patel reassured the group, reiterating what was discussed in the previous minutes; Mendip Vale used eConsult because patients were reasonably familiar with the system. However, as the process progresses, we are re-evaluating whether the practice will continue to use eConsult. An alternative system is Accurx, which has a shorter form and easy-to-populate answers. If Mendip Vale does migrate over to another system, the PPG will be informed as feedback is valued and considered. The positive element of eConsult is that it helps patients navigate to additional services to help with the problem, such as Community Pharmacy, giving the patient options outside the practice team which might be useful. Dr Patel also gave details of the impact that the new system was having on lead times for routine appointments, from 4 weeks to 2 days.

3a. eConsult report including weekly average visitors, average wait for a routine appointment and patient demographic statistics.

David Clark advised that MV had 8,600 visits to the eConsult site in January, 117 of those directed the patient to self-help and they did not submit an eConsult. 3,085 eConsult enquiries were submitted and 323 were directed to other services. Lois Reed explained the timings and demographics from patients using eConsult from the week of the 23rd – 29th January.

- Total of 704 eConsult were submitted.
- 8am-1pm were 440 were submitted.
- 1.01pm – 6:30pm 258 were submitted
- Demographic groups submitting eConsults:
 - 77 eConsults submitted were from 15-24 years old.
 - 231 eConsults submitted were from 25-44 years old.
 - 219 eConsults submitted were from 45-64 years old.
 - 119 eConsults submitted were from 65+ years old.

4 Update on Social Prescribing at Mendip Vale from Sarah Stammers

Geoff Matthews introduced Sarah Stammers, Senior Social Prescriber, who provided an update on the Social Prescribing service. The last update was in February 2022.

Over the last 18 months, the Social Prescribing team is pleased with how the team has evolved and progressed during this time, helping over 800 patients through referrals. The Social Prescribing team helps anyone over the age of 18 with non-clinical services to improve patients' mental health and well-being. The largest demographic of patients referred are those aged 60-79 years old. The biggest change over the last 18 months has been team growth, doubling the team from 2 to 4 prescribers. This has allowed the team to help more patients and build closer relationships with the community they serve in North Somerset.

North Somerset has its challenges as it is geographically spread out, with a range of big urban areas and small rural towns, inhabiting a diverse demographic range. However, with 4 members, the team has been able to split the community patch

which has helped to fully understand services (including statutory), community groups, and activities to signpost patients. The team now has over 600 contacts/ services and is in a much stronger position to talk to patients about what is available in their area, whether it is mental health services, community support, lifestyle support, or befriending support, for example.

Between the team, Social Prescribing organises and runs three well-being groups:

1. Wellbeing Lifestyle Group in Yatton, has been running for a couple of years and slowly increase in popularity.
2. Star Bereavement Group, a peer support group in Yatton, with patients supporting each other through grief. The team looks to expand more of these across North Somerset.
3. Late last year, started a new Menopause Café.

In the future, Social Prescribing would like to move from sign-posting patients to services to be able to spend time with patients during longer sessions to discover what is truly important to them.

How is Social Prescribing accessed?

Referred by clinicians, primarily. Additionally, a patient coordinator can refer patients if they pick up on issues such as diet and lifestyle.

How well are you connecting with Sirona and other well-being leads?

Sarah Stammers advised that she tries to connect to peers in a similar role to her and social prescribing in North Somerset to keep on top of the updates within the area.

Are you able to deal with the demands placed on the service with 4 members?

Sarah Stammers advised that the team meet the demands placed on the service with the capacity the team can hold. At times this can be tricky, with peaks and troughs, such as the cost-of-living crisis is one example of recent signposting. The ratio of Social Prescribers to a patient is 1: 13,000 which is correct. Mendip Vale is in a good position to support patients, and the community, and complete proactive pieces of work to take the pressure off GPs; for example, Social Prescribing have done 100 weight management referrals since December 2022.

Sarah Stammers advised the group that if members know of any new groups/ services in the area please inform the Social Prescribing team as they would love to hear about them.

5 Explanation of the current process with the issue of Death Certificates, and the target timeframe for these.

John Ledbury raised the question of the way in which Mendip Vale handle death certificates, and the expected normal time for these to be signed and returned to the families. Some problems with these had been reported to him.

Dr Patel explained that there are several different strands through which the death certificate process can go. As standard practice, there is an expectation for the clinician to sign the death certificate within 24 hours after the patient's passing. However, not all circumstances are straightforward, as there are several scenarios that can prevent this from happening.

1. The clinician who looked after the patient is not around.

If a patient dies at the beginning of a clinician's annual week and there is no other clinician who has been substantially involved with the patient care, then we must wait for the clinician to return to work, this is because there are particular rules regarding who can sign the death certificate and cremation forms.

2. The patient sadly dies unexpectedly.

If a patient sadly dies unexpectedly, GPs are unable to sign the death certificate straight away. The GP will send a form to the coroner requesting authorisation to sign the death certificate – this can take 3-4 days. The coroner can request more information from the GP about the patient's care before anything is signed, hence why it can take a little longer than expected for the death certificate to be signed.

3. The patient doesn't die within the community.

If a patient doesn't die within the community, such as in a hospital or hospice, the GP cannot sign the death certificate; this is done by the hospice/ hospital team. Many patients believe that this still rests with us, however, it doesn't.

4. The patient dies in a nursing home.

Mendip Vale looks after 10 nursing homes in North Somerset. This means the practice has more deaths in comparison to a smaller practice who don't look after as many care homes and patients. Nursing homes have a very particular process regarding the death certificate process which can take longer than expected.

Death certificates are sent electronically to the registrar of births and deaths. Once this has been signed off the family is able to register the death. This usually takes a week unless there are extended circumstances. If so, the practice is to communicate these reasons to the patient.

6 Summary of patient feedback initiatives to date

As Joe Norman was unable to attend the meeting, Geoff Matthews managed the item, advising the group on the strategies which have been tried so far to collate patient feedback on a known, continuous, and manageable basis. This includes:

- Feedback requests in the newsletter
- Feedback requests on the website
- Quarterly Healthwatch reports – the last report collated only 4 reports from 47,000 patients in 3 months which shows no indication of patient views.
- Patient email address – 10 emails in the last 12 months
- IPOS report which was conducted in the time of the pandemic when normal services were affected.

Geoff Matthews and Lois Reed have been in communications, suggesting the sub-committee group should meet to discuss this further. The meeting shall be arranged in the next few weeks.

6a. Update on sub-committee membership.

Current Sub-committee members include:

Jo Norman – Sub-Committee leader

Leonie Allday

Heather Pitch

Diane Hayes

Maureen Hutchinson

Any other members who wish to join please let Joe Norman or Geoff Matthews know.

7 Upcoming campaigns and initiatives for patient education

Lois Reed gave an overview of the priorities and approaches regarding communication projects:

1. eConsult is a big campaign for promotion and helping patients learn how to use the service. Approaches include a new dedicated page on the website that outlines what eConsult is, how to use videos, and FAQs. Additionally,
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- videos have been included on the waiting room TVs and on social media and articles have been included in the patient Newsletter.
2. Self-Health Kiosk campaign: we have used similar strategies to the eConsult campaign for the self-health kiosk, however, text messages have been sent out for extra promotion encouraging the use.
 3. How-to-sessions: Interactive sessions hosted at the surgery, teaching patients how to use services, including how to make an eConsult, health kiosk, the prescription process, and the social prescribing process. Lois Reed would like to get the PPG actively involved with these sessions through promotion and organisation with which many members agree they could help. Healthwatch has done something similar which we are looking to be involved with and we also have support from the Social Prescribing team.
 4. 'Ask Ollie' interviews... taken inspiration from Wiltshire NHS 'Max Investigates', 10-year-old Ollie will sit and interview professionals including a Social Prescriber, GP, and Physiotherapist to understand Mendip Vale's services. These videos will show in waiting rooms, on social media, and on the website.
 5. Deaf inclusion scheme – BLS Videos in the waiting room and on social media. To educate staff and patients on basic sign language to help those who are heard of hearing/ deaf feel heard. These videos are filmed by Monks Park Surgery Manager, Nathan and will be displayed on the TV Screens

8 **December Call Time summary**

John Gowar presented the January call time figures, explaining the substantial reduction of 'calls which couldn't get a line', from 28,964 in December, down to 9,630 in January. John Gowar continued to explain that on the more detailed call reports, the biggest change is seen in the call delay times between 8 am-9 am. These reductions are likely due to the new appointment system eConsult.

9 **Presentation on the Integrated Care Board**

Mary Adams provided a presentation on the Integrated Care board and Integrated Care System in reflection on her role as the Partnerships Engagement Manager for the new Integrated Care Board, formally known as the Clinical Commissioning Group for Bristol, North Somerset, and South Gloucestershire (bnssg) Mary explained it was the job of the Integrated Care Board to do the planning and purchasing of health services for that population. As such, they must understand patient health needs by working with other partners such as Public Health. In order to understand what is happening in BNSSG health and care, Mary highlighted the importance of reading the ICS Strategic Framework as this outline what the plan is for the area.

To find out more regarding the Integrated Care Board (bnssg) website:

<https://bnssg.icb.nhs.uk/about-us/our-integrated-care-board/>

To find out more regarding the Integrated Care System (bnssg) website:

<https://bnssghealthiertogether.org.uk/about-us/the-integrated-care-system-strategy/>

ICS Strategic Framework: <https://bnssghealthiertogether.org.uk/wp-content/uploads/2022/12/BNSSG-ICS-Strategic-Framework.pdf>

10 **Any Other Business:**

10.a Feedback request from Healthwatch on NHS dentistry.

Georgie Bigg explained how Healthwatch has been asked to produce a report on the National Dentistry service. With the commission for dentistry changing locally, this is an important opportunity for the public to decide what is commissioned. To refine and focus those efforts, the feedback requested asks, what information patients need, what would help patients access the services and what are patient experiences.

Sourcing specific information and making it useful will help make a difference in patient experience. Group members who would like to complete a paper feedback request, please get in touch with Georgie Bigg. Alternatively, people can complete the form on the Healthwatch website and click feedback.

10.b Request for confirmation on home visits policy for immobile Urgent Care patients

Maureen Hutchison raised the question of the policy for visits to be made to immobile patients who might not be formally designated as housebound.

Dr. Patel advised that there are two strands of home visits. The first is for those patients who Mendip Vale knows are housebound and are followed up by continuity GPs for their conditions.

The second is for patients who would usually be able to visit the surgery but given their episode of illness are not well enough to go, then the patient should be put on the urgent care list for the urgent care team to decide the right care for them. The urgent care team will be able to decide/ arrange home visits if needed (to come out) they are needed.

10.c. The future of Congresbury Surgery

In response to a question from Mary Adams, David Clark advised we are unable to secure the investment for refurbishment for the surgery with the ICB in deficit and with the budget for estates spend for improvements being very small amounts. The ICB had confirmed 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 developers 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.

10.d. Practice Frail Policy

The Practice Frail Policy has been refreshed and integrated into the Aging Well Programme.

Date of next meeting: April 5th, 2023, at 1.30pm
