



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

**MENDIP VALE MEDICAL GROUP PATIENT PARTICIPATION GROUP MEETING**  
Wednesday 16<sup>th</sup> August 2023, 1.30pm

<b>PPG Attendees</b>	Geoff Matthews	Chair
	Trevor Smallwood	PPG Member (PPL)
	John Gowar	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)
	David Miller	PPG Member (Sunnyside)
	Bev Cockerill	PPG Member (Sunnyside)
	Alan Hunt	PPG Member (Yatton and Congresbury)
	Barry Blakley	PPG Member (Yatton and Congresbury)
Diane Haynes	PPG Member (Yatton and Congresbury)	

<b>MVMG Attendees</b>	David Clark	Managing Partner
	Dr Joanna King	GP Partner
	Kim Rogers	Business Support Manager
	Lois Reed	Comms and Engagement Manager

<b>Apologies</b>	Georgie Bigg	PPG Member (PPL)
	John Ledbury	PPG Member (PPL)
	Mary Adams	PPG Member (Yatton and Congresbury)
	Jane Clarke	PPG Member (Yatton and Congresbury)
	Leonie Allday	PPG Member (Yatton and Congresbury)
	Sheila Williams	PPG Member (Riverbank/St Georges)
	Janet Beckett	PPG Member (Riverbank/St Georges)
	Joe Norman	PPG Member (Sunnyside)

### Action Points Summary

Item	Action Taken By	Action Description	Completion Note
	LR/GM	eConsult to remain on future agendas	
	LR/GM	Review Social Prescribing at end of year	
	LR	Support from PPG members to be arranged	Complete
	KR	Monthly updates to be circulated	
	DC	Updates on Congresbury when available	
4	LR/DC	Update telephone message with new Covid Update	
7	LR	Clinician/ Team Photos on Website	
3A	LV	Percentage of patients the surgery fails to reach contact with after two attempts	Complete

## Minutes:

Item	Description	Action
1	<b>Apologies</b> Janet Beckett, Leonie Allday, Jane Clark, Sheila Williams, Mary Adams, Georgie Bigg and John Ledbury	
2	<b>Minutes of Previous Meeting</b> Minutes of previous meeting were approved as an accurate reflection of the discussion which took place. Nothing to note from previous meeting.	
3	<b>Report on Patient Feedback</b> Mendip Vale survey conducted from 26th July until 1st August 2023, had a remarkable response from patients, especially from each of the North Somerset surgeries.  Lois Reed provided an overview of the results, including 956 completed surveys from patients across North Somerset, Bristol, and South Gloucestershire: equating to approximately 1% of the patient population responding.  To collect patient feedback, we advertised the survey digitally through the patient newsletter, email, social media, and the Mendip Vale website. Paper surveys were also available for patients to collect at surgery receptions, to complete at home, or upon their visit. Several members of the PPG volunteered to visit surgeries to hand out surveys to patients. Out of 956 completed surveys, 70 of these were completed by paper.  Sarah-Jane Vowles questioned the number of paper surveys submitted as she believed PPG members for St. Georges collected substantially more than 70 paper surveys. Upon investigation after the meeting, Lois Reed can confirm that 76 paper surveys from St. Georges had not been included in the final count, as such the total number of surveys completed is 1031, with 146 of these completed by paper: equating to approximately 1.3% of the patient population responding.  The patient survey asked questions on access to services, eConsult, communication, and overall feedback. The accumulation of open and closed questions has allowed us to identify significant trends, areas of improvement, and misconceptions. The PPG Subgroup met on Thursday 10th August to discuss the next steps with the project and agreed a report should be provided, outlining a top-line summary of the findings, what Mendip Vale will do to improve patient satisfaction, and a timescale. We aim to provide a finalised report by the end of September 2023.  Geoff Matthews provided a summary of the key issues raised, including the following: <ul style="list-style-type: none"><li>• Booking an appointment</li><li>• Training needed for Mendip Vale reception staff.</li><li>• Response to routine appointment</li><li>• Communicating appointment information</li><li>• Dissatisfaction with eConsult</li><li>• Repeat Prescriptions</li><li>• Named Doctor.</li></ul> Detailed summary can be found attached.	

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Lois Reed would like to give thanks to all PPG members who have helped with the organisation and collection of the patient feedback survey, collecting an incredible volume of feedback. Lois will be in contact with the PPG Subgroup to review the copy of the report and discuss actions.

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### **3.1 Views on 2023 NHS Survey**

The GP Patient Survey is an independent survey organised by Ipsos on behalf of NHS England. The survey is sent out to over two million people across the UK and is conducted every year. The results show how people feel about their local GP practice services (including the use of online services, awareness, and satisfaction with opening times and preferred GPs), the experience of making an appointment, the quality of care at their last appointment, the overall experience of their GP practice, experience when their GP practice is closed and NHS dentistry as well as current health status.

David Clark provided an overview of the 2023 survey results for Mendip Vale. On initial analysis, the results of the survey for area comparison are surprising as Mendip Vale surgeries in Bristol, which have done particularly well in the 2023 survey, has the same services, systems, and processes as North Somerset. Bristol scored the same or equal to the CCG average in all areas.

In comparison to the 2022 survey, North Somerset only achieved the same or better than the CCG average in one area out of 18. In the 2023 survey, North Somerset achieved the same or better than the CCG average in 8 areas. This shows that progression has been made, and areas of improvement.

Coniston Surgery in South Gloucestershire only achieved the same or better than the CCG average in one area out of 18 in 2022. This year, Coniston saw progression in 4 areas.

David Clark continued to explain that all surgeries have moved forward in the last year, with areas for improvement detailed in the Mendip Vale and PPG patient satisfaction survey.

Sarah-Jane Vowles was concerned that although Mendip Vale, North Somerset, has more areas above the average, compared to 2022, many areas have dropped in percentage.

Geoff Matthews advised that the survey should be split into two, clinical satisfaction and admin systems. On the administration side, the flow of getting through to the surgery and eConsult shows there is a decline in satisfaction. However, in comparison to clinical satisfaction, results are excellent, above average, and have improved. This mirrors the results and trends within the internal survey Mendip Vale conducted.

John Gowar questioned what additional support has been provided for patients who have a long-term health condition, as this has increased from 38% (2022) to 75% (2023) in North Somerset. David Clark confirmed that these results could be due to better signposting options for Social Prescribing services.

Lois Reed confirmed that during the conduct of the GP survey 2023, North Somerset was making substantial changes to access with the introduction to eConsult. We are also investigating why Mendip Vale North Somerset has so few surveys sent out in comparison to Bristol. Bristol has a patient population of 9,000 and had 455 surveys sent out, and 138 surveys sent back. North Somerset has a patient population of 47,000 but 263 surveys were sent out and 111 surveys were sent back.

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**Update on eConsult for appointment bookings**

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- a. Appointments booked online in July.**
- b. Lead time before confirmation with patient**
- c. Any identified problem areas**

Area Manager of North Somerset and eConsult lead, Leigh Vowles, provided an overview of the current eConsult statistics. Focusing on July, we had roughly 2200 eConsults submitted, this number was based on how many were submitted day to day, with approximately 150 submitted on a Monday and 100 each day from Tuesday to Friday.

Regarding the lead time for appointments in the last two weeks, Leigh Vowles confirmed that they were currently contacting patients the day after their submission. This does fluctuate, especially within the holiday period, due to staff being on holiday or sickness. The team is working hard to ensure that we stick within the three working day response, this can have an impact on our telephone calls. Therefore, we try and manage the eConsults as they come in to minimise the effects on other areas of service.

Diane Hayes questioned what's changed to make such significant improvements. In response, Leigh Vowles explained that changes have been made to the team, allocating more members to help contact patients.

Geoff Matthews questioned whether the number of eConsults submitted, 2200, were made online, by telephone, or by paper. Leigh Vowles confirmed that 2200 eConsults include the combination of all three submission methods but could not provide a breakdown of the ratio.

Post-meeting update: For the week of 26th July until the 1st of August we received 1031 (this was a manual count) eConsults. This can fluctuate from week to week so the estimate of 2,200 was unfortunately a lot lower than what was mentioned at the meeting. Of the 1031 submitted 159 were eConsult lite forms which means they were submitted by a member of the team at MVMG rather than the patient as they do not have access to that form. That gives 15.42% as being submitted over the phone or paper being handed in. It is no longer possible to calculate how many paper forms are handed in as they are submitted online by staff and the paper copy shredded. 15.42% is a combination of over-the-phone and paper.

Leigh Vowles advised that taking a snapshot of 100 submitted eConsults 4% of them we contacted twice and did not call back after a message was left. This means 96% were contacted 1-2 times and phoned back after receiving a message. The choice of how a patient would like to be contacted back is on the eConsult form to ensure we get hold of patients the first couple of times.

In regard to problem areas, Leigh Vowles confirmed that the eConsult system is working well internally and we hope to maintain the progress; we hope that patients will start to see and feel the positive effects reflected in the last two weeks.

John Gowar raised a situation from the social media network Next-door, where a patient had received a fake eConsult entry made, in their name. Leigh Vowles confirmed that with many online systems, there is always a chance that a fraudulent eConsult could be created, however, details such as patient name and date of birth would be needed. Additionally, when eConsults are submitted the team will check the patient details through the triage process, on the patient record, to ensure we are contacting the correct patient. These details include the NHS number, telephone number and address.

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**Report back from Standardised Website project**

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**5.1 Feedback from PPG members involved.****5.2 Views of MV on the project**

Heather Pitch explained that on the 31st of July, she had a Microsoft Teams webinar with Reece Ashman who is Creative Manager at Spindogs. Spindogs is the company that is designing the new website for standardising the GP website. During the webinar, Heather was confronted with a website template that had the look and feel of the NHS app, including colour and font. Heather explained that she was given 8 tasks completing several patient journeys, which included finding:

- The Surgery Phone number,
- Surgery address,
- Surgery opening hours,
- To make a doctor's appointment,
- To find test results,
- To order a prescription,
- To ask for a fit note,
- To register as a new patient.

Heather explained that each journey was very straightforward with icons on the front screen, navigation across the top of the page, and similar buttons at the bottom. During the webinar, Heather asked what would happen to Mendip Vale's website.

Lois Reed confirmed that she was also on the user testing webinar and agreed the website was very straightforward to use. Lois also confirmed that Mendip Vale is in discussion with Spindogs to decide the direction in how the website will be managed, considering the number of surgeries and areas Mendip Vale has. Unlike other surgeries in the pilot scheme, Mendip Vale is in a unique position, due to the size and geographical access. Spindogs recommend three options:

- 1) To have 10 individual websites for all surgeries and the PCN
- 2) To have 4 websites, which include 3 regional sites (North Somerset, Bristol, and South Gloucestershire) and one PCN
- 3) One website for all surgeries.

From a practice perspective, Lois Reed confirmed that option 2 or 3 would be preferred and this would mean fewer websites to manage. However, the current discussions with Spindogs are on patient perspective and usability and therefore the decision would be made for what is best for patients. The onboarding date for the new website is the 4th of December, with the proposed new website launching on the 11th of December.

David Gowar asked whether Mendip Vale would be obliged to choose the new structure of the website. David Clark confirmed that the project which started initially as a pilot scheme, should be considered as an obliged option. Sometimes it's good to be involved at the start so the project outcome can be shaped.

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**Telephone call statistics**

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John Gower confirmed that there has been no to little change with the call data for June and July, however notes that there is data missing as shown in the table attached. Kim Rogers confirmed that the first two columns of data, including 'calls unable to get a line' and 'calls connected to call centre' are missing due to Bistech making changes to their reporting. As such, this means this data is no longer available for Mendip Vale in the monthly reports received.

Kim continued to explain that she has had discussions with Bistech on how we can get the information we need and there has been a solution provided. This includes a new system, but having tested this for July, the data that was being provided to the data provided in the summary sheet is very different from the

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beginning of the year and have addressed this with Bistech. Kim is awaiting a response from Bistech.

Geoff Matthews asked whether Mendip Vale will continue to use the Bistech service, based on the change. David Clark confirmed that to align with the NHS Contract, Mendip Vale must use another provider, chosen from an approved list. David and Kim Rogers have trailed a demo from Surgery Connect and were impressed with the service they provide. This would be able to provide the call information that is now missing from Bistech.

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**7 Questions on NHS funding for Practices**

David Miller questioned to what extent patient experience impacts KPIs and how this impacts Mendip Vale's practice financial income.

David Clark confirmed that there is funding relating to survey results and how Mendip Vale has actioned the feedback for improvements, this is approximately £3-4,000 per year. The amount of funding per patient is approximately £100 per patient, per year. On top of this, there is Quality and Outcomes Framework (QOF) funding; if we achieve the clinical indicators such as vaccinating patients, this will increase to £150-£173 per patient. However, Mendip Vale does not receive more income based on what has been achieved in Bristol, compared to North Somerset or survey results.

Dr. King continued to explain that most of the areas measured are clinical based with the biggest measurement on patient care and clinical outcomes. Unless the backend process is working, this is harder to achieve. Regarding patient experience and the reflection of KPIs to practice income, there is no financial gain for the practice. Incentives to improve patient experience, such as new telephone line, is a cost for the practice. Mendip Vale wouldn't be able to achieve the clinical outcomes if we didn't invest in business operation systems. As a secondary effect, this can have an impact on patient experience. Dr. King agreed to provide an overview of the funding streams given to Mendip Vale at the next meeting.

Dr  
King

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**8 Any other Business**

**a. Discussion on transport coordination**

Trevor Smallwood explained that at a recent meeting with community transport volunteers, the community service is seeing a lack of desire for people to be volunteer drivers, whilst the demand for the service grows. A service that helps patients travel to their medical appointments, requires a review based on the regional demand, whether it is being used effectively, and assess whether the service could be expanded. Working collaboratively with the community transport links and Mendip Vale, Trevor Smallwood will provide an update on the service when available.

**b. Update on telephone message changes**

Lois Reed confirmed that work will be conducted on the Mendip Vale telephone message during September to update the content within the message and to make it shorter. This project will be in conjunction with the updated telephone message for Monks Park Surgery in Bristol.

**c. Hospital discharge**

Geoff Matthews explained that no further action needed to be discussed on this topic after a meeting held by Shelia Williams with the St. Georges Surgery Manger to discuss processes and improvements regarding hospital discharge.

**d. Accessing Medical Records on the NHS App**

Lois Reed explained that patients will only see their medical record history from the point of registration with the NHS App. If patients wish to see their medical records before this period, they will need to complete a form at Reception to be

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approved for access. If a patient has never registered for NHS App online or Patient Access, the patient may need to check their online access with a receptionist, which is a quick and easy check and fix to make. Dr. King confirmed that this request is reviewed by a GP to ensure that the information within the patient record that's being released will not cause harm to the patient. As such, this can take a little while to approve.

David Clark continued to explain that if a patient has difficulty with their online systems ask the reception for help. Additional support includes the Tea and Tech sessions at Langford Surgery.

**e. Temporary Patients**

Health Pitch asked why patients who are temporary patients are being removed from their original registered practice. In response, David Clark explained the practice is unable to be paid for the patient whilst they are registered elsewhere and therefore can only be registered at one place at a time.

**f. Staff information on the website**

Barry Blakely asked why there was no information on the doctors on the website. Lois Reed confirmed that this content will be added with the development of the new website.

## WVMP Telephone Call Statistics 2023/24

	Calls unable to get a line	Calls connected to call centre	Calls reaching responder lines (a)	Calls answered by a responder (b)	Abandoned calls	% abandoned	Mean operator delay time $t_b - t_a$
<b>2023</b>							
January	9,630	30,261	18,372	16,185	2,187	11.9%	4m 17s
February	11,249	26,342	16,583	15,464	1,119	6.7%	2m 43s
March	4,943	29,588	18,433	16,974	1,459	7.9%	3m 03s
April	3,065	22,917	13,867	12,509	1,358	9.8%	3m 38s
May	4,284	20,260	15,845	13,991	1,854	11.7%	4m 00s
June			16,142	14,186	1,956	12.1%	4m 11s
July			16,278	14,226	2,052	12.6%	4m 34s
August							
September							
October							
November							
December							
<b>2024</b>							
January							
February							
March							
April							
May							



## Comments on the July Survey papers

As a general comment, there are more negative comments than positive ones, but several issues come through as being important. Also, some suggestions are made on areas that could be improved.

1. There is a clear need to explain very clearly to patients what are the options for **booking an appointment**, and to explain the difference between Urgent on the day appointments and Routine ones. This is still not understood. And in the first 100 responses 39% said they came in to Reception to book their appointment
2. Several of the comments on Responder and Receptionist guidance also suggests that more **training is needed for MV staff**. Telling those who have queued at 8.00am that all appointments have been taken surely cannot apply to Urgent appointments. Also, there are a number of comments on the rude attitudes of Reception staff – training could help here.
3. MV need to ensure that **a response for a Routine appointment** is (as far as possible) within the three working day period. 43% of the respondents felt that the service on this was not being met. This is well away from the target.
4. Thought needs to be given **on how to communicate the appointment information** back to patients. The phone is not the only way and can create problems if the phone is not to hand. Consider email and text messages which a large number seem to favour for communication from MV. 67% indicated that email links were acceptable for news updates for example.
5. One key message is the **dissatisfaction with eConsult**. It needs to be shortened, repetition needs to be cut out, and the questions which say stop filling in the form and call the surgery need to be at the front. This needs to be discussed with eConsult to see if they are willing to make changes. Also, why is it not available to fill in at any time as one patient asked?
6. **Repeat prescriptions** come in for a lot of criticism. Is there a simpler way that these can be requested, and can more publicity be given to those on long term medication where they, and MV, could benefit from a change to Regular Prescriptions? One suggested a reintroduction of the box on the wall in surgeries.
7. There seemed to be no understanding of what **your named doctor** is there for. Maybe another issue for inclusion in communication to patients.