



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

MENDIP VALE MEDICAL GROUP PATIENT PARTICIPATION GROUP MEETING
Wednesday 14th February 2023, 1.30pm

PPG Attendees	Geoff Matthews Heather Pitch Andrea Levett John Ledbury Trevor Smallwood Linda Brimecome Sandra Dunkley Janet Beckett Alan Hunt Diane Haynes Jane Clarke David Miller	Chair PPG Member (PPL) PPG Member (PPL) PPG Member (PPL) PPG Member (PPL) PPG Member (Riverbank/St Georges) PPG Member (Riverbank/St Georges) PPG Member (Riverbank/St Georges) PPG Member (Yatton and Congresbury) PPG Member (Yatton and Congresbury) PPG Member (Yatton and Congresbury) PPG Member (Sunnyside)
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MVMG Attendees	David Clark Dr Joanna King Kim Rogers Lois Reed Leigh Vowles Sarah Stammers	Managing Partner GP Partner Business Support Manager Comms and Engagement Manager North Somerset Divisional Director Senior Social Prescriber
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Apologies	Sarah-Jane Vowles Maureen Hutchinson Georgie Bigg John Gowar Roger Daniels Barry Blakley Bev Cockerill Joe Norman Leonie Allday Sheila Williams Mary Adams	PPG Member (Riverbank/St Georges) PPG Member (PPL) PPG Member (PPL) PPG Member (PPL) PPG Member (PPL) PPG Member (Yatton and Congresbury) PPG Member (Sunnyside) PPG Member (Sunnyside) PPG Member (Yatton and Congresbury) PPG Member (Riverbank/St Georges) PPG Member (Yatton and Congresbury)
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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	Complete
	KR	Monthly updates to be circulated	
	DC	Updates on Congresbury	
	LR	Promotion of PPG with Healthwatch	
3i	LR	Follow up communications in patient newsletter	

Minutes:

Item	Description	Action
1	Apologies Sarah-Jane Vowles, Maureen Hutchinson, Georgie Bigg, John Gowar, Roger Daniels, Barry Blakley, Bev Cockerill, Joe Norman, Leonie Allday, Sheila Williams, Mary Adams	
2	Minutes of Previous Meeting Minutes of previous meeting were approved as an accurate reflection of the discussion which took place. Nothing to note from previous meeting.	
3	MV Survey Report and actions due in December and January Geoff Matthews explained that on the survey action report some actions were to be completed in December and January. The last PPG meeting discussed the status of the action's deadline for December, this will run through the actions for January. All members were emailed a list of main concerns and feedback in the meeting. A. Communication on the three ways to access appointments. Lois Reed confirmed that this has been communicated in the January/February patient newsletter and the Mendip Vale website. This will be communicated regularly. B. Percentage of patients been contacted within 3 days. Leigh Vowles confirmed that 90% of patients are being contacted successfully within three working days. From 26th February until 3rd March 2024, 1,285 eConsults were submitted and 1,218 of those were contacted in 3 working days (94.79%). If we haven't been able to contact the patient, then a message is left for them to call the surgery back. In Bristol, they have been trialling one point of contact which has been successful. John Ledbury suggested that 'working days' should be in capitals in communications to ensure patients understand that a response may be longer than they expected, especially if they submitted one just before a weekend. Andrea Levett asked if, on a long-term basis, a report could be provided for eConsult, similar to the telephone statistics. Leigh Vowles confirmed that this is something that can be provided. In January figures show: <ul style="list-style-type: none">- 56 for self-help visits- 100 Pharmacy self-help visits- 5,882 eConsults submitted (including online, by phone and paper form) It is now hard to distinguish the difference between paper and telephone submissions as paper forms are processed the same as telephone	

submissions. Since the meeting Leigh Vowles has confirmed that 70% are online submissions and 30% are completed by phone or paper.

C. Patients being contacted via their preferred method of contacting a patient.

Lois Reed confirmed that this is now part of the process internally and the paper forms will be amended to reflect this.

D. Using the newsletter to answer the general dissatisfaction to eConsult.

Lois Reed confirmed the dissatisfaction questions were raised in the January/ February newsletter, including:

Why can't eConsult be accessed seven days a week?

Why can't the red flags not be placed earlier when completing an eConsult?

Why does the eConsult form ask so many questions?

These questions have also been added to the frequently asked questions of the eConsult webpage on the Mendip Vale website [eConsult Guidance \(mendipvale.nhs.uk\)](http://mendipvale.nhs.uk)

E. The consideration to use other systems.

Geoff Matthews explained that the discussion on alternative systems such as AccuRx continues. Georgie Bigg provided Geoff with examples of the AccuRx form which includes 2 pages of questions with open text boxes.

Leigh Vowles continued to explain that Mendip Vale looked into AccuRx as an option, however, the use of open text boxes limits the use of the 'red flags' the eConsult system provided. Although eConsult requires more information, the system is intuitive, asking patients questions and starting the triage process, assessing whether the patient's symptoms are dangerous or not. This can help reduce the need for triaging clinician to go back and require further information from the patient.

F. Clarifying the difference between urgent and routine appointments.

Lois Reed confirmed that this has been communicated in the January/ February patient newsletter and the Mendip Vale website. This will be communicated regularly.

G. Staff training on communication skills

Leigh Vowles confirmed that Care and Patient Co-Ordinators have/ will complete a navigation course to improve patient experience. David Clark confirmed that the team have quarterly one-to-one meetings, listening back to calls, training and reflecting on how telephone conversations were managed with support to provide improved services if necessary.

H. Photographs of medical team on the website

Geoff Matthews confirmed that the pictures of the GP Partners and Surgery Management are on the website. It was noted that believed ambition was to put all GPs on the website, which they are not currently.

Lois Reed confirmed that Mendip Vale reviewed whether all GPs and clinicians should be displayed on the website. Despite the benefits of allowing patients to see which clinicians work at each surgery, there is the matter of maintaining these displays online (and within the surgery) and whether staff feel comfortable having their image on the website. GP Partners and Surgery Managers all have their pictures on the website.

Geoff Matthews confirmed that a meeting took place with himself, John Gower, Heather Pitch, and Lois Reed to go through and review the content on the website. It is still not perfect, but changes are being made. Lois confirmed that a lot of the content on the website is from the website company who were trying to standardise across, it is now time to change and amend it to reflect Mendip Vale.

If members notice any changes that need to be made on the website, including links and wording, please contact Lois.

Within this meeting was the discussion of the Congresbury site as it is still being referred to on the website. David Clark confirmed we are still waiting for the ICB to go through the various committees to agree on its future. Once this has been approved, the website will be updated.

I. Update on Tea and Tech Sessions

Lois Reed confirmed that the Tea and Tech sessions are back for 2024, with workshops in Feb, March, and April, hosted by WERN charity and Alive Activities. Patients who were interested last year but missed out on the opportunity are being invited first. We have now added these sessions to the clinical system to allow patients to phone up and be added on. Communications will be going out to patients to encourage them to join the sessions available.

Geoff Matthews advised that follow-up communications should be done in the patient newsletter to outline what actions have taken place since the survey.

Lois
Reed

Heather Pitch asked when the survey will be conducted again. Lois Reed confirmed that it will take place at the same time last year, in July. This will enable us to get a comparison of progress. It was suggested that we conduct smaller surveys on specific areas of improvement to measure progress.

Social Prescribing Update

Sarah Stammers provided an overview of the Social Prescribing service and changes made over the last year. Firstly, Sarah explained that North Somerset Social Prescribing continues to be a high-demand service, with many more referrals for lifestyle support, including weight management and physical activity. As such, the new role of Health and Wellbeing Coach has been introduced, a new position in the NHS, General Practice, and Mendip Vale.

Sarah continued to explain the difference between both roles. A Social Prescriber will see a patient for up to 6 sessions, focusing on improving social isolation, mental health, wellbeing, volunteering, and recruitment. A Health and well-being coach specifically supports patients on weight management for those over a 30 BMI concentrating on sleep, stress, activity levels, and diet. If referred to the service, a patient will receive up to 12 sessions, having holistic one-to-one discussions on how to improve their health and wellbeing. As such, this is a coaching approach as opposed to prescribing, looking at the individuals' habits, goals, and approach to making sustainable changes. Patients are referred to Health and Wellbeing service through Social Prescribing.

The ICB has introduced foundation training for Social Prescribers which all the team have completed. This training helps social prescribers to move conversations from signposting conversations to coaching conversations. This includes the implementation of tools to drive conversations with patients, such as the Health and Wellbeing Wheel which provides a more holistic approach, to prevent patients bouncing back into the service. Patients receive up to 6 sessions, focusing on an area of the wheel. The sessions can vary from 30 minutes to an hour.

Sarah continued to explain the launch of the new signposting service for North Somerset, called the Virtual Hub by Citizens Advice. The service is being introduced in different phases; the first to General Practices, the second to North Somerset residents, who will be able to access the service directly. More information about this service will be communicated soon.

The team has introduced a new case management system for managing patient referrals. As an extension to the clinical system, Elemental is dedicated to social prescribing, helping the team to manage referrals, benchmark objectives and measure progress.

Sarah explained that over the last year, one of the focuses of the service has been to communicate the benefits of Social Prescribing to support specific cohorts of patients. Such as supporting patients using social prescribing to patients who have mild to moderate learning disabilities. For this coming year, the team hopes to build on this for those with long-term conditions and to build more partnered community groups. Including partnerships with the VCSE sector, and other PCNs to collaborate/combine resources and reach.

Sarah then opened the meeting for questions:

1. *What is the scale on total contacts over the last year?*

With 47,000 patients in North Somerset, approximately 2% of the patient population has been referred to the service. Many patients have more than one contact depending on what they have been referred for and if they are attending partnered community groups run by the service.

2. *How many referrals does the service receive?*

The number of referrals vary, with an average range between 50 to 100 each month.

3. *As the service is developing, are the GPs noticing the benefits on their side?*

The service allows many more patients to get expert help for specific needs. This doesn't mean that GPs have more capacity, it just allows GPs to see other patients quicker.

Attached to the minutes, please find copies of the Health and Wellbeing leaflet, Social Prescribing Leaflet, and the Health and Wellbeing Wheel.

Geoff Matthews thanked Sarah for her very clear presentation, which was showing excellent progress over the last year.

5 Telephone Call Statistics

Kim Rogers confirmed that the telephone system is now in place and from a reporting point of view the system is more flexible. January reports have been conducted to compare with December. It is important to note that these reports were driven from two different systems so there will be slight discrepancies when analysing Bistech's December report to Surgery Connect's January report. We will be able to see the full analysis of the telephone system when comparing the January figures with February. Nevertheless, the reports give us some indication of performance despite being from two different systems.

The group wanted some clarification on how the call-back feature worked, due to some confusing communications sent to patients. Lois Reed confirmed that the call-back feature is an automated system that allows the practice to set a parameter number of callers for the queue. This is 10 for Mendip Vale North Somerset. Once that limit has been reached, they will then be offered the call-back option. Patients will be offered to dial '1' for the callback option, this will hold their position in the queue as if they were still on the phone. The system will then ring the patient back when they have reached number one in the queue. Lois confirmed that if a patient has a private/ withheld number the system is unable to call patients back. This information will be clarified on the website.

Lois
Reed

Feedback on the new phone system from the group was positive. Many comments that the group made were the satisfaction of not having an engaged tone and the short introductory message.

6 Clarification on the NHS Advice on the use of Pharmacists

Dr King provided clarification on the recent news on Pharmacy First, a government initiative that encourages patients to visit their local pharmacy for minor illnesses (the seven common conditions) before contacting their GP. Its purpose is to divert patients to the pharmacy as an initial point of contact to ensure they are seeing the right help, quickly and efficiently, to ease the demands placed on GPs. The initiative's success depends on community pharmacies having the right training and resources to provide it. Alternatively, if you have a condition that can be treated by a pharmacist, Mendip Vale is able to refer patients to community pharmacists.

The Seven common conditions a pharmacy can help you with are:

- Sinusitis
- Sore throat
- Earache
- Infected insect bite
- Impetigo (a bacterial skin infection)
- Shingles
- Uncomplicated urinary tract infections in women.

John Ledbury asked whether the service was a walk-in service. In response, Dr King confirmed that it is down to the community pharmacist and their resources. This initiative does not include in-house pharmacists employed by Mendip Vale or the dispensary at Langford Surgery.

Heather Pitch asked if when a patient is prescribed anti-biotics from a community pharmacist is that then communicated to Mendip Vale? In response, Dr King confirmed that the prescription was noted on the patient record, and Mendip Vale was notified. If you visit a pharmacist and they are unable to help they will divert patients to contact their GP.

Leigh Vowels explained that the Surgery Managers are starting to build relationships with local community pharmacists to ensure they know who the pharmacists are, what training they have and any gaps in their service. This is to help with Mendip Vale make successful referrals to reduce the number of patients bounced back into the triage system.

7 Feedback from Chairs of PPG Meeting on 14th January

Geoff Matthews confirmed that the last Chair of the PPG meeting was in January. Unfortunately, due to other commitments, none of the Mendip Vale Surgery chairs could attend. The next meeting will be on March 14th at Langford Surgery, where they plan to follow up on the PPG organisation structure, how many people are involved, and how patients are communicated to by the PPG.

8 Membership Changes

Geoff Matthews confirmed that a new member Roger Daniels will be joining the PPG to represent Langford Surgery. Roger sends his apologies that he couldn't attend his first meeting but hopes to attend future meetings.

Several names have also come through from St Georges Surgery to join the PPG. Geoff Matthews will catch up with Linda Brimecome to discuss those.

Bev Cockerill raised the matter on how we can do more to allow younger patients to become representatives of the PPG and improve access to meetings, so they can raise concerns and discuss with the surgery. Geoff Matthews advised that this will be discussed with David Clark and Lois Reed and raised in April's meeting.

Dr King suggested providing an additional PPG meeting, held virtually, to allow more flexibility for those who work full-time, who are parents or students.

A. HealthWatch North Somerset Project

Lois Reed explained that North Somerset HealthWatch is conducting a project to look at how individuals wait for elective operations for hip and knee replacements. This includes what may affect individuals waiting for a planned procedure; investigating what has helped individuals wait well; what is available for people waiting for planned orthopaedic surgery; how well people feel they are supported, and how individuals feel they could be better supported whilst waiting for surgery. The aim of the project is to supply General Practices with useful recommendations on how the service could aid patients further whilst waiting for their operation. In addition to a focus group which will commence on Tuesday 27th February a survey will be distributed. Please keep an eye out on patient communications and encourage patients to participate if appropriate.

B. Update on the CQC inspection

David Clark confirmed that he has asked the CQC for a report on the inspection where we volunteered to be a part of the new style inspection pilot, however they cannot provide an update due to a technical problem in the CQC Portal. David confirms that he is pursuing this regularly with the ICB for an update.

C. Refugee care at Winford Manor

David Clark confirmed that Mendip Vale gave notice last year to the ICB for care of refugees at Winford Manor due to being outside the Mendip Vale boundary. Unfortunately, the ICB are unable to find another provider in BANES or in Weston to provide care, as such Mendip Vale have agreed to hold it for the next three months.

Date of next meeting: Wednesday 17th April at **10am**

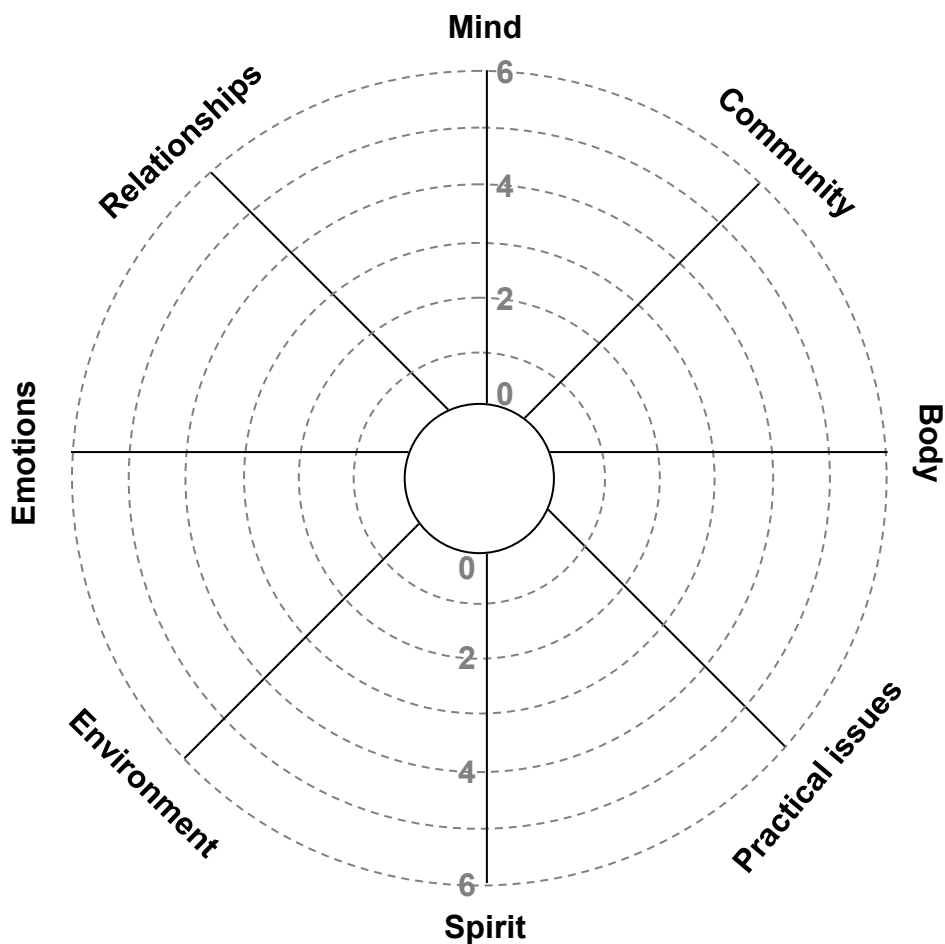
Wednesday 26th June at 1:30pm
Wednesday 14th August at 1:30pm
Wednesday 16th October at 1:30pm
Wednesday 4th December at 1:30pm

Please note, the April and June dates have changed from the draft agenda.

Health and Wellbeing Wheel

Please mark your scores to help you track your overall health and wellbeing and identify the areas where you need more support.

6 = maximum wellbeing, 0 = minimum wellbeing



Filling in the Health and Wellbeing Wheel

The Health & Wellbeing Wheel is a way to track your overall health and wellbeing and identify the areas where you need more support.

Perhaps you have always taken very good care of your body with regular exercise, but have paid less attention to your emotional health? Perhaps you have never really thought about your spiritual health before?

Take a moment to think about your health in each of the areas on the wheel. Where are you right now? Make a mark between 6 = "as good as it could be" and 0 = "as bad as it could be" in each area. Now join the marks for an overall picture of your whole health.

Write notes on the back of the wheel to record why you rated the scores as you did. You can refer to these when you come to review the wheel in 6 weeks time.

This wheel can help you recognise what supports your energy and health and what drains it. You can use it as a tool to help you bring more support to areas of your life that need it and to develop your resilience.

These are the types of things you might like to consider.

Spirit How in touch do you feel with the things that give meaning and joy in your life? What are your sources of joy and strength? How connected do you feel? Are you able to get in touch with a sense of peace or stillness?

Mind How well are you able to manage your stress, and how much does it affect you? How helpful is your pattern of thinking and how much does it get in your way? What are your levels of anxiety like?

Emotions How easy is it for you to know what you're feeling? Can you express how you feel? Are there some feelings you won't allow yourself or are unable to shift? Are you depressed?

Relationships Who are the people who matter most to you? Are there other important relationships in your life, perhaps with a pet? Are you able to share your feelings and experiences? Do your close relationships support you, or do they drain you?

Community What is the social atmosphere like at work or in your neighbourhood? Do you have friends locally or neighbours that you get along with? Are you getting what *you* need from *your* community?

Practical Issues How is your work or financial situation affecting your health? Are there other practical demands on you, such as caring for children or elderly parents? Are day to day things like cooking and cleaning a problem for you?

Environment Do you feel safe? How do the places you live and work in affect you? Is there fresh air and natural light? What are the noise levels like? Can you get out into nature or be outdoors easily? What do you need around you to feel comfortable?

Body How are you physically? Are you in pain? Do you sleep well? How mobile are you? How is your digestion? Your levels of energy? Are you looking after your body by eating well and staying physically active? If you are doing well with exercise but need more support with healthy eating, rate your score somewhere in the middle.



WHAT ARE THE BENEFITS?

- Reduce feelings of isolation and loneliness
- Be more active
- Learn a new skill or take part in a new activity
- Increase your confidence and self-esteem
- Get involved in your community
- Access practical help and advice

SOCIAL PRESCRIBING

Your health and wellbeing matters.



WHO CAN USE THIS SERVICE?

This service is available to all patients registered at Mendip Vale Medical Group aged 18 and over.



WHAT IS SOCIAL PRESCRIBING?

Many things can affect our wellbeing.

Social Prescribing recognises that wider issues such as social, economic and environmental factors all play a part in our physical and mental health.

Social Prescribing is a personalised approach that links you to activities, groups, and services in the community to meet your practical, social, and emotional needs.

This might include:

- Connecting you to a wide range of community groups and activities
- Introducing you to agencies that provide opportunities for volunteering or getting back into training or employment.
- Signposting and referrals to statutory & community services for practical support & advice

HOW DOES IT WORK?

A Social Prescribing Link Worker will give you time to focus on what's important to you.



Social Prescribing starts with a conversation about what matters to you.

WHAT HAPPENS NEXT?

Once you've been referred to the social prescribing service, one of the team will contact you by telephone or text to find out how we can best support you.

Social Prescribing is a short term intervention over 1 - 6 sessions, dependent on need. We provide support, primarily over the telephone to connect you to services, activities and groups that can support your wellbeing.





HEALTH & WELLBEING COACHING

Personalised weight management support.

WHAT ARE THE BENEFITS?

- Gain 121 support losing weight
- Discover your health & wellbeing goals
- Improve your daily activity
- Acquire new ways to create healthy and tasty food
- Increase your confidence and self-esteem



WHO CAN USE THIS SERVICE?

This specific service is available for patients registered at Mendip Vale Medical Group, aged 18 and over and for whom weight loss is a primary concern, with a BMI over 30.

WHAT IS HEALTH & WELLBEING COACHING?

The Health & Wellbeing service is aimed at enabling long term, sustainable change in four key areas of wellbeing. Creating an holistic approach, working across areas such as; movement, nutrition, sleep and stress to improve lifestyle habits. Enabling the person to engage in a very personalised service, helping them to make their next steps in each of the areas of wellbeing.

Areas of focus:

- Weight loss
- Discovering healthy and tasty nutrition
- Habit changes
- Improving daily movement
- Increasing structured physical activity
- Unpicking sources of stress
- Enhancing sleep quality

HOW DOES IT WORK?

A health & Wellbeing Coach will work with you to discover your health goals for up to 12 sessions. Your sessions will be held face-to-face and on a one to one basis at the surgery.



Your health & wellbeing coaching sessions start with the desire to make changes that enable you to sustainably lose weight over a period of time, while developing healthy lifestyle habits that become second nature.

WHAT HAPPENS NEXT?

Once you've been referred to the social prescribing service, the Health & Wellbeing Coach will contact you by telephone to find out how they can best support you and subsequently book your first session.

