



MENDIP VALE MEDICAL GROUP PATIENT PARTICIPATION GROUP MEETING
Wednesday 12th February 2025, 10:30am

PPG Attendees	Mary Adams Alan Hunt Tim Evans Linda Brimecome Sandra Dunkley Janet Beckett Sheila Williams David Miller Geoff Matthews Maureen Hutchinson Heather Pitch Roger Daniels David Gent	PPG Chair PPG Member (Yatton and Congresbury) PPG Member (Riverbank/St Georges) PPG Member (Riverbank/St Georges) PPG Member (Riverbank/St Georges) PPG Member (Riverbank/St Georges) PPG Member (Riverbank/St Georges) PPG Member (Sunnyside) PPG Member (PPL) PPG Member (PPL) PPG Vice Chair and Virtual Chair (PPL Member) PPG Member (PPL) PPG Member (PPL)
----------------------	---	--

MVMG Attendees	David Clark Lois Reed Dr Joanna King Leigh Vowles	Managing Partner Comms and Engagement Manager GP Partner MVMG North Somerset Divisional Director
-----------------------	--	---

Apologies	Joe Norman Clive Harper Barry Blakley Diane Haynes Leonie Allday Jane Clarke John Gowar Georgie Bigg	PPG Member (Sunnyside) PPG Member (Yatton and Congresbury) PPG Member (Yatton and Congresbury) PPG Member (Yatton and Congresbury) PPG Member (Yatton and Congresbury) PPG Member (Yatton and Congresbury) PPG Member (PPL) PPG Member (PPL)
------------------	---	---

Action Points Summary

Item	Action Taken By	Action Description	Completion Note
	LR/GM	eConsult to remain on future agendas	
	AD	Telephone monthly updates to be circulated	
	DC	Updates on Congresbury	
	LV	Review of the eConsult text templates	
	LR	Virtual meeting on next agenda	
	SP	eConsult Feedback	
3	LR	Amend Minutes of the Meeting	Complete
5	LR	Action List Amendments	
9.4	LR/ JK	Death Certificate data	
9.2	LR	Dispensing Prescriptions and repeat prescription process on the next agenda	

Minutes:

Item	Description	Action
1	Apologies Joe Norman, Clive Harper, Barry Blakley, Diane Haynes, John Gowar, Georgie Bigg	
	The group welcomed David Gent to his first in-person meeting.	

2 Feedback from Virtual PPG

Heather Pitch gave an overview of her first Virtual Meeting as Chair, with 7 patients attending. Since the article in the newsletter, we had 15 patients interested in joining the group, which will be invited to the next virtual meeting. Questions raised included:

- Questions about North Somerset PPG's involvement with Bristol PPG and whether common themes are discussed across both groups. Lois Reed confirmed that common these of discussion are raised in both groups.
- Clarification on the broken blood sugar machine at Bristol Hospital and whether tests could be sent elsewhere. Dr King confirmed that the issue was resolved on the 21st of January.
- Insights from other PPGs were shared during the NAPP Presentation, presented by Heather and Geoff. Geoff Matthews confirmed that an action list and a summary of their presentation have been sent to other PPGs as an exemplar of good practice.
- Confirmation on whether wait time telephone data will continue to be collected despite the current focus on call quality. Leigh Vowles confirmed that it will.
- Concerns raised about the reception desk at Yatton and its potential impact on patient-staff engagement. Did explain this was new following refurb 3 years ago with DDA compliant access and could be the positioning of the computer by the member of staff that LV will pick up with.
- Questions about potential GP strikes following Corrective Action. Dr King confirmed that there are no plans for GPs to go on strike. This is pushing back work that GPs should not be doing, not intending to impact patients and working with the healthcare system to highlight the issues faced by general practice.
- Feedback on the online blood pressure reading submission process, specifically whether a full week of readings could be submitted at once rather than daily. David Clark confirmed that patients have the option to submit their readings weekly if they prefer.

3 Minutes of Previous Meeting

The minutes of the previous meeting were approved as an accurate record of the discussion, with only a few adjustments, including:

- Correction of "NAPP Award" to "Corkill Award."
- A grammatical error in Item 3, "Reviewing," to be amended.

LR

4 eConsult Continued Review:

1. Attendance by eConsult representative
2. Answer to points raised at last meeting
3. New points raised by patients
4. MV review of alternative systems

Lois Reed confirmed that she has contacted eConsult regarding the list of questions raised by the PPG but is still awaiting a response. She hopes to provide updates at the next meeting. The questions we have submitted to eConsult include:

- How AI might improve the platform – Is there an opportunity to dictate rather than type into the system to improve access?
 - What market share does eConsult have compared with the other systems that are being used? And which others are the most widely used?
 - eConsult gets widespread criticism for being too long and too clunky. Too many irrelevant questions, red flags that come too near the end and then ask you to phone the surgery, and for example it asks if you have had cancer treatment in the last six months which may be irrelevant to the appointment you are requesting. What can be done to simplify the whole system?
 - When are the introductory messages going to reflect three working days and not one working day? This is causing confusion with patients.
 - Why can't eConsult not be used for children's appointments?
 - What improvements do the eConsult team have in hand?
-

Leigh Vowles stated that he is still waiting for eConsult to act on modifying the 3-working-day message. The change has been approved, however eConsult are having technical difficulties to make these changes. An update will be provided on the progress of this change when possible.

Regarding alternative platforms, David Clark explained that he will be consulting with other surgeries that use Ask My GP and AccuRx to gain insights into how effectively these platforms work for their practices and will update the group at the next meeting.

5 **Action list following July 2024 Patient Survey**

It was noted a few amendments were needed to be made including:

- “Remove the default 24-hour contact setting and update it to reflect a 3 working day response time” – ensure the 72-hour timeframe is amended to 3 working days.
- Include the missed action of regularly reviewing the 2-week appointment offered from the point of eConsult submission.

LR

6 **National Association of Patient Participation Award update**

Linda Brimecome explained that the St George’s members have been in contact with Michelle Wright, Surgery Manager at St George’s Surgery, to gather feedback from both patients and staff on what is needed to benefit the surgery and its patients. They are awaiting a response from Michelle to arrange a meeting for further discussion.

David Clark confirmed that the £400 prize money from NAPP have been received.

7 **MV achievement of targets**

1. **eConsult submission – contacting patients within 3 days**

Leigh Vowles confirmed January data for eConsult include:

- 11,534 visits to eConsult
- 6620 eConsult’s were submitted
- Out of 6,620, 46 were completed outside of the 3 working day deadline, primarily due to many patients requesting to see a GP rather than the clinician they were triaged with, such as Advanced Practitioner or Pharmacist.

2. **Appointment lead time – within 2 weeks of application**

Appointments are being booked within the 2-week timeframe. Any deviations from this are due to patient requests to see a specific clinician who is currently on leave and awaiting their return.

3. **Telephone call statistics**

Leigh Vowles explained that Surgery Connect assisted MVMG in improving the call flow by ensuring staff are logged into the correct lines and making the call groups more efficient. As a result of these changes, we were able to transfer data between call groups. While the data from December doesn't fully reflect the activity, it is expected to be corrected with the January call starts.

Questions raised:

1. What is the "Check and Cancel" feature?

When patients call the practice, they are given the option to check or cancel their upcoming appointments without needing to speak to a member of staff.

2. What is the “Callback” Feature?

Callback feature provides patients the option for callers to request a callback when they have reached the front of the queue, thus leaving them free to get on with other more productive tasks or to rest if they are feeling unwell.

3. Now the focus is on call quality, how is this going to be monitored?

The Surgery Managers and Patient Service Managers will review a selection of random calls handled by each Coordinator. During their one-on-one meetings, they will discuss the

aspects of the call that were positive, negative, and provide learnings and reflections to improve customer service. While focusing on maintaining the 3-minute performance indicator, they will also ensure that each patient receives satisfactory service on the first call.

8 Mendip Vale branding – Any patient Comments

Lois Reed requested feedback on the rebranding concepts presented to the group at the last meeting. The group agreed on the following points:

- The name of the group should remain concise.
 - The individual surgery name should be highlighted rather than the group name.
 - The branding will now progress to a soft launch
-

9 Items raised by patients and members of the PPG

1. Disability access information at surgeries

Accessibility information for patients is available on the Mendip Vale website or by contacting the surgery directly. If patients have specific accessibility requests, whether related to communication or mobility, these can be added to their records. Additionally, if patients identify any areas for improvement in accessibility, they are encouraged to contact the practice so these issues can be addressed.

2. Dispensing prescriptions

Feedback raised by a patient living in a rural area who was very unwell and requested a friend to pick up their prescription from the dispensary. Unfortunately, the medication was out of stock, and while the friend went to another pharmacy, they were unable to release the medication. This caused additional stress for the patient. As such:

1. Can prescriptions be sent electronically to another pharmacy?

Dr King confirmed that prescriptions are shared electronically, with each having a unique barcode for identification. If a medication is out of stock, the prescription can be reissued with the same barcode and redeemed at any pharmacy. If a patient is unable to visit their usual pharmacy, we can either send it to a different pharmacy or provide the barcode to the patient for pickup at any pharmacy in England.

2. Can pharmacies send prescriptions via delivery service to patients?

It's up to the pharmacy to decide if delivery is an option, as we don't currently provide this service ourselves. We used to offer a delivery service through the Blagdon Lunch Club, which was well-regarded during one CQC inspection, but when a different team came in 18 months later, they deemed it inadequate, and we had to stop it immediately. Since then, we haven't provided a delivery service. However, for patients in rural areas, access to prescriptions can be challenging, and in such cases, patients often must rely on others to pick up medications from other pharmacies, which can be difficult to manage.

Item to be raised at the next meeting for more information on the dispensing process and repeat prescription process.

LR

3. Quality of Text Messages

David Gent raised concerns about the appropriateness and content of text messages sent to patients regarding different conditions, such as heart-related issues, which could potentially cause stress and worry. While AP was able to reassure David, this issue highlights the need for further work to improve the messaging.

4. Death Certificates

David Gent raised concern regarding the delay in processing death certificates, with the new process now taking up to 4 weeks. He requested to review the data related to death certificate processing. It was requested if the data could be provided to the PPG to monitor performance and track any ongoing issues or improvements. Dr King explained

the process with the recent changes make centrally and the team wherever possible work to mitigate delays, mindful on the impact of loved ones.

5. Separate appointments for blood tests and vaccinations

The concern was raised on behalf of a patient by Mary Adams, who felt that having separate appointments for a blood test and vaccination was unnecessary and could be combined. Dr King confirmed that two appointments are required due to necessary safety and operational procedures for each vaccine, including preparation, mixing, drawing up, and cleaning the facilities. However, the practice will aim to combine appointments where possible.

10. Any other business

1. Cleanliness of Surgeries

Leigh Vowles provided an update on the cleanliness of surgeries following a patient concern about cleanliness standards at Yatton Surgery. The current cleaning company used by MVMG had fallen short across several surgeries, leading to significant issues. As a result, the contract with the company was terminated early, and ServiceMaster has since taken over. Their cleaning standards have been exceptional, and their team has been excellent. ServiceMaster is scheduled to take over the remaining sites, including Bristol over the coming weeks.

2. Future of Congresbury Surgery

David Clark provided an overview of the ongoing challenges surrounding Congresbury Surgery. This issue has persisted for nine years, dating back to when MVMG received £50,000 to develop a business case aimed at improving services for the Yatton and Congresbury areas. However, after investing significantly more in exploring options, it became clear that development opportunities were limited due to constraints posed by neighbouring buildings at Yatton Surgery and the small size of Congresbury Surgery.

As a result, a proposal was made for a brand-new surgery. However, due to housing developments driving up land prices it rendered this option financially unviable for many locations. The only option was Smallway.

Smallway is in the Strategic gap as no planning permission had been granted for housing developments there. A substantial amount was spent on various surveys, but ultimately, NHS England stated that they were no longer responsible for the decision. The matter was then passed to the Integrated Care Board (ICB), which confirmed that no funding was available.

Even with the closure of Yatton and Congresbury and redirecting the associated costs to a potential Smallway development, an additional £2 million would still be required; funds that MVMG does not have.

In the interim, MVMG limited investment in Congresbury Surgery due to expectations of a new build. An ICB survey later determined that £330,000 would be required to bring the facility up to a reasonable standard. There is no available funding for these improvements, and MVMG cannot cover the costs; in a small site that is not expandable for the future.

There have been recent discussions about a potential new planning permission for another new build, but this is inaccurate. The land being offered comes with multiple conditions and only a small amount of potential funding. This would still leave a £3.2 million shortfall—funding that is unlikely to be secured and beyond MVMG's means.

Current Position and Next Steps

At present, the key considerations regarding Congresbury Surgery are:

- The surgery has not been in use since the pandemic.
 - Approximately £300,000 is required to bring it up to CQC standards.
-

- Since its temporary closure, Congresbury patients have been distributed between Langford and Yatton Surgeries.
- There is no funding available for a new build or for significant investment in the existing site.

MVMG is considering officially closing the surgery but would first like to explore any alternative uses for the building. Ideally, the goal would be to sell it on a not-for-profit basis to support other essential services. There is already interest from a Counselling service, which could make use of the space. As a non-clinical service, it would be subject to a different set of standard requirements.

Mary Adams explained that any permanent changes to healthcare services require essential engagement with patients and the surrounding community. She emphasised the importance of ensuring that this process is proportionate to the impact on those affected and suggested that the PPG support this engagement to facilitate meaningful communication and feedback. A dedicated subgroup will be formed for this project, and anyone interested in participating is encouraged to contact Lois Reed. Participation from members representing Yatton Surgery would be especially valuable.

2. Request to look through the next CQC report

Dr King confirmed that all reports can be found on the CQC website. While we are due for a reinspection soon, we can review the report once the results are available.

3. Castle Batch Pharmacy

Janet Becket explained that Castle Batch Pharmacy has been trying to arrange a meeting with MVMG. Leigh Vowles confirmed that he would pass the message to Michelle Wright, St George's Surgery Manager, as part of their engagement initiative to strengthen relationships with local pharmacies.

4. Do MVMG have Physician Associates?

Dr King confirmed that MVMG does not employ any Physician Associates within the group. While they are skilled professionals capable of conducting clinical assessments and basic tests to present information to doctors, their role is not compatible with MVMG's structure.

12 **Date of next meeting:** Wednesday 16th April 2025 at 1.30pm

Date of next virtual meeting: Wednesday 12th March 2025 at 7pm on Teams

2025 Meeting Dates:

F2F PPG	VP GG
All at 1:30 – 3:30pm	All at 7pm
16 April 2025	12 th March 2025
18 June 2025	21 May 2025
13 August 2025	23 July 2025
22 October 2025	24 September 2025
17 December 2025	26 November 2025
