



MENDIP VALE MEDICAL GROUP PATIENT PARTICIPATION GROUP MEETING
Wednesday 16th April 2025, 1:30pm

PPG Attendees	Mary Adams Linda Brimecome Sandra Dunkley Sheila Williams Geoff Matthews Maureen Hutchinson John Gowar Ruth Crick Heather Pitch Roger Daniels David Gent Barry Blakley Diane Haynes	PPG Chair PPG Member (Riverbank/St Georges) PPG Member (Riverbank/St Georges) PPG Member (Riverbank/St Georges) PPG Member (PPL) PPG Member (PPL) PPG Member (PPL) PPG Member (PPL) PPG Vice Chair and Virtual Chair (PPL Member) PPG Member (PPL) PPG Member (PPL) PPG Member (Yatton and Congresbury) PPG Member (Yatton and Congresbury)
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MVMG Attendees	David Clark Lois Reed Dr Joanna King	Managing Partner Comms and Engagement Manager GP Partner
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Apologies	Alan Hunt Tim Evans Janet Beckett Georgie Bigg Clive Harper Leonie Allday Jane Clarke Joe Norman David Miller	PPG Member (Yatton and Congresbury) PPG Member (Riverbank/St Georges) PPG Member (Riverbank/St Georges) PPG Member (PPL) PPG Member (Yatton and Congresbury) PPG Member (Yatton and Congresbury) PPG Member (Yatton and Congresbury) PPG Member (Sunnyside) PPG Member (Sunnyside)
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Action Points Summary

Item	Action Taken By	Action Description	Completion Note
	LR/MA	eConsult to remain on future agendas	
	AD	Telephone monthly updates to be circulated	
	DC	Updates on Congresbury	
	LR	Virtual meeting on next agenda	
	SP	eConsult Feedback	
	LR	Action List Amendments	
	LR	Dispensing Prescriptions and repeat prescription process on the next agenda	Complete
5.	DG/ MA	Death Certificate letter to Medical Examiner's Office and the local MP	
	LR	Definition of 'unique visitors' from eConsult	
	LR	MVMG Follow up on eConsult considerations on next agenda	
	LR	Definition of appointments in patient newsletter	Complete
8.6	LR	Confidentiality Agreement on the next agenda	

Minutes:

Item	Description	Action
1	Apologies Alan Hunt, Tim Evans, Georgie Bigg, Clive Harper, Janet Beckett The group welcomed Ruth Crick to her first in-person meeting.	
2	Feedback from Virtual PPG Fifteen patients attended the meeting, including six new members. Mendip Vale was represented by Dr Joanna King (GP Partner), Leigh Vowles (North Somerset Divisional Director) and Lois Reed (Communications and engagement Manager). <ul style="list-style-type: none">• Questions related to eConsult, including its operating hours, triage process, contact times, and prescription request procedures.• Feedback and discussions regarding Congresbury, covering the working group's purpose, building options, MVMG's role, and patient impact in the area.• Clarification on discharge letters, specifically hospital instructions for primary care.• Enquiry about the process for booking double appointments.	
3	Minutes of Previous Meeting The minutes of the previous meeting were approved as an accurate record of the discussion, with only a one adjustment, including the date change from January to February. Updates from the previous minutes: <ul style="list-style-type: none">• N.A.P.P Corkill Award Winnings The St George's representatives have used the N.A.P.P. Corkill Award winnings to purchase a new mobile bookcase and a user-friendly notice board for St Georges Surgery• Death Certificates At the last meeting, the group discussed the delay in the processing of death certificates, which is currently taking up to four weeks. This delay is having a severe impact on the mental well-being of patients and is placing strain on the practice's administrative processes. As a national issue, the group agreed to write a letter to the Medical Examiner's Office and the local MP to highlight these concerns on behalf of the PPG and MVMG. David Gent and Mary Adams will draft a letter for review and approval at the next meeting.• CQC Updates The group heard recent rumours that the CQC is being disbanded and sought clarification. MVMG is unaware of any such development. However, they confirmed that following the pilot inspection the practice volunteered for, the CQC has stated that MVMG is not currently a priority and will not be re-inspected in the near future. The CQC has also made changes to the 'new' inspection method trialled during the pilot, having concluded that it is unworkable. It took 10 months to produce a report, during which time the CQC revised its inspection criteria. All previous inspection reports remain publicly available on the CQC website: Care Quality Commission	DG/ MA
4	The future of Congresbury Surgery - Engagement Update Lois Reed provided an overview of the current work taking place regarding Congresbury Surgery and invited Yatton and Congresbury PPG members—both virtually and in person—to participate in a dedicated working group. The purpose of this group is to support the practice in its communications and engagement efforts. When there is a change to an NHS service or protocol, a formal engagement process must be conducted. This group will help ensure that the practice is effectively engaging with, and considering, all patient and stakeholder groups who may be affected. This includes contributing to communications plans and completing Capacity Assessment forms required for ICB meetings. The working group meets every Monday and will request support from additional PPG members as engagement strategies are developed. It is important to note that there is currently no confirmed plan for the future of the Congresbury building, as it can no longer be used as a clinical space without significant investment. The engagement process will help determine the most appropriate use for the building, informed by patient and stakeholder input.	

- 5 **eConsult Dashboard:**
1. **eConsult submission – contacting patients within 3 days**
 2. **Appointment lead time – within 2 weeks of application**

eConsult

1st March – 31st March 2025



- **Unique Visitors:** this number estimates, as closely as possible, the unique patients who visited your site.
- **eConsult's submitted:** the number of eConsult's the practice received during the reporting period
- **eConsult's diverted:** the number of eConsult's which resulted in the patient being directed to another service

The group was shown the following dashboard from the 1st-31st March featuring statistics from the monthly reports provided by eConsult. Metrics such as the number of patients contacted within three working days, and those contacted after more than three days, are based on data provided by MVMG. The group questioned the arithmetic in the reports and requested further clarification on the definition of 'unique visitors' from eConsult.

LR

1. Update on responses to PPG questions and concerns

The group expressed a shared view that eConsult's response was poor, with some answers being overly complicated and lacking clarity. However, the response did outline several considerations for both eConsult and MVMG to take on board. It was requested that these considerations be followed up at the next meeting for discussion.

LR

2. Pause to review alternative systems

David Clark confirmed that the practice is open to changing systems if the new solution benefits patients, the practice, and is cost-effective. While there are many systems available, none are perfect; however, eConsult has proven to work best for MVMG. It's worth noting that practices use these systems in very different ways, with some offering continuous access while others have more restricted availability, for example stopping usage at midday, during core hours. Looking ahead, MVMG remain open to change but must ensure that funding is available—something that has recently been indicated that may not be available for the new financial year. Ideally, we would prefer a new service on the market that is truly cantered around the patient.

Geoff Matthews asked whether the contact timescale could be shortened from 3 working days to 2, given the significant improvement in response times. David Clark responded that this could be an option and would feedback to the MVMG team to review after he had spoken with the Access Team.

DC

It was discussed there needs to be more education on the difference between an urgent appointment, routine appointment and emergency and have requested this to be included in the next patient newsletter.

6 Patient Survey Action List

1. Telephone System data and quality of calls

Lois Reed presented the March 2025 data, summarised in Appendix 1, which provides a full year's overview of the new reporting system. The overall trend indicates a reduction in call volume over the past year, with queue durations shorter than those recorded in March 2024. A slight increase was observed in January, likely due to seasonal winter pressures. However, a more accurate comparison will emerge over the coming months as data from 2025 can be directly measured against the same period in 2024.

2. Update on Staff Training

David Clark explained that there is a rolling training programme in place, where colleagues participate in regular one-to-one meetings with their line manager to review performance, including their handling of telephone calls. As part of this process, staff listen back to three of their calls to receive constructive feedback. Team members are encouraged to consider the patient's perspective—reflecting on how they would feel if it were their own family member—aiming to provide an extra level of care and consistently go above and beyond in delivering excellent customer service.

Lois Reed added that she has been working closely with the Divisional Directors to enhance the training programme for new starters. The aim is to provide a more structured and supportive onboarding process that clearly outlines expectations and policies. This approach ensures that new staff feel well-supported during their initial months in the role, while also embedding consistency and high customer service standards from the outset.

3. Update on the NHS App use and Newsletter in Reception areas

Lois Reed explained that patients are being encouraged to use the NHS App to manage their health more effectively. A recent text message campaign targeted patients who have online access but had not yet signed up for the app, resulting in 500 new users. Barry Blakey emphasised the importance of regularly checking the accuracy of medical conditions listed on the NHS App, noting from personal experience that outdated conditions can remain active. In response, Lois Reed advised that if patients notice anything unclear or incorrect in their digital records, they should contact the practice for clarification.

Lois Reed also mentioned that the patient newsletter is available on the MVMG website and is sent to patients via text message. For those unable to access it digitally, printed copies can be requested at their local surgery.

7 Dispensing Prescriptions and repeat prescription process

Barry Blakey noted that the turnaround time for repeat prescriptions is very quick, a point that was also confirmed by Mary Adams based on their own experience.

Dr King emphasised the importance of only including a comment in your digital repeat prescription request when absolutely necessary. While thank you messages and positive feedback are appreciated, adding comments triggers a manual review process within the system. This can delay the processing of your prescription and, ultimately, the time it takes to receive your medication.

Dr King explained the difference between repeat prescriptions and repeat dispensing:

- **Repeat prescription:** allows patients to request a refill of medication they take regularly, without needing to see their GP every time. The request is reviewed and approved by the practice before the prescription is issued.
 - **Repeat Dispensing:** A more automated version of repeat prescriptions, where a batch of prescriptions is pre-authorised by a GP and sent to the patient's nominated pharmacy. The patient doesn't need to request each repeat—they just go to the pharmacy for collection. This is organised for those with well-managed conditions.
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8 Any other Business and items raised

1. Healthwatch Q3 Report

The quarterly Healthwatch report outlines patient experiences across various healthcare services, including mental health, secondary care, and primary care. Mary Adams expressed uncertainty about how to effectively use the information provided, noting that the limited level of detail makes it difficult to engage with the findings or take meaningful action based on them.

2. Changes with NHS England and impact to Primary Care

David Clark explained that he believes NHS England will likely re-emerge, but within a more regional structure under Integrated Care Boards (ICBs). He noted that some ICBs are expected to merge as part of wider cost-saving measures. As a result, around 50% of ICB staff are being made redundant to reduce expenditure. There are no immediate impacts on Mendip Vale.

3. 2025/26 GP contract (England) – funding for GP and Consultants – MVMG impact

David Clark explained that overall the new funding was viewed positively. However, there was disappointment upon learning that all of Primary Care would not receive funding to cover the National Insurance changes. As a result, there will be financial pressure for MVMG following the recent pay rise as there will be for all practices. Additionally, Dr King explained that it has become more difficult to achieve the extra Quality and Outcomes Framework (QoF) targets, which provide additional income. In response, Mary Adams suggested that the PPG could run a campaign to encourage patients to check their blood pressure and engage in other self-monitoring activities, to help support this work in the future.

4. Confidentiality Agreement

Geoff Matthews requested that the confidentiality agreement be discussed at the next meeting, expressing his belief that the current agreement is not appropriate for a volunteering role. This view was supported by other members. The item will be added to the next agenda.

LR

5. New Congresbury Surgery proposal

Barry Blakey asked whether there had been any interest from property developers in funding a new surgery. David Clark explained that while developers are often keen to include community facilities in their planning applications, they rarely offer any tangible financial contribution—typically offering reduced land costs instead. He also highlighted a significant funding gap, particularly around ongoing revenue challenges for any new developments. Even if capital funding were secured for a new building, there is no guarantee of ongoing funding for notional rent. Furthermore, he noted that many practices are currently in a worse position than Congresbury in terms of need, which may affect prioritisation.

6. St Georges Book Sale

Linda Brimecome reported that the Friday book sale at St George's over the past few months has raised £105 which has been donated to Cancer Research. She also noted that there is a donation bucket in place for the local hospice. Congratulations were extended on the fundraising efforts.

7. PPG Meetings

It was suggested that time be set aside during meetings without MVMG present, to allow members the opportunity to discuss matters more openly. The group also discussed the idea of holding separate planning meetings for upcoming projects, ensuring that core meeting time remains focused. Additionally, an informal gathering involving key practice staff and PPG members was proposed to help build relationships and strengthen collaboration.

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- 9 **Date of next meeting:** Wednesday 18th June 2025 at 1.30pm
Date of next virtual meeting: Wednesday 21st May 2025 at 7pm on Teams

2025 Meeting Dates:

F2F PPG	VP GG
All at 1:30 – 3:30pm	All at 7pm
18 June 2025	21 May 2025

	13 August 2025	23 July 2025	
	22 October 2025	24 September 2025	
	17 December 2025	26 November 2025	



WVMP Telephone Call Statistics 2024/25

	Queued for Group <i>The total number of calls that queued for that group</i>	Missed from Queue <i>This is the total number of calls that joined the queue but did not get answered</i>	Answered from Queue <i>The number of calls in the queue that were answered</i>	Missed from Queue <10 secs <i>These are the calls that joined the queue but the caller hung up before 10 seconds of queueing had occurred. These may want to be considered when assessing call answering efficiency as there was little chance of your staff answering these calls due to the caller hanging up so quickly</i>	Average Queue Duration Answered	Call backs Requested <i>This is the number of calls that chose the patient call back option</i>	Call backs Made <i>This is the number of callback calls made</i>
2024							
March	16,312	1,595	14,717	327	00:04:57	1,364	1,345
April	16,709	1,046	15,663	236	00:02:59	798	788
May	15,719	1042	14,677	221	00:02:51	748	743
June	14,039	577	13,462	139	00:01:49	474	473
July	16,199	553	15,646	150	00:01:29	489	484
August	14,216	1045	13,171	227	00:03:09	425	422
September	15,806	1109	14,697	263	00:03:05	565	556
October	17,767	1934	15,833	507	00:04:08	702	695
November	15,242	1023	14,219	254	00:02:30	557	556
December	13,822	1442	12,380	277	-	1054	1023
2025							
January	15,739	1874	13,865	384	00:06:10	2042	2014
February	14,159	1162	12,997	323	00:03:21	959	950
March	14,750	1204	13,546	288	00:03:04	966	945

