



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

MENDIP VALE MEDICAL GROUP PATIENT PARTICIPATION GROUP MEETING
Wednesday 15th November, 1:30pm

PPG Attendees	Geoff Matthews	Chair
	Georgie Bigg	PPG Member (PPL)
	Trevor Smallwood	PPG Member (PPL)
	John Gowar	PPG Member (PPL)
	Andrea Levett	PPG Member (PPL)
	Maureen Hutchinson	PPG Member (PPL)
	Sandra Dunkley	PPG Member (Riverbank/St Georges)
	Janet Beckett	PPG Member (Riverbank/St Georges)
	Joe Norman	PPG Member (Sunnyside)
	David Miller	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 Joanna King	GP Partner
	Kim Rogers	Business Support Manager
	Lois Reed	Comms and Engagement Manager
	Leigh Vowles	Divisional Director North Somerset

Apologies	Linda Brimecome	PPG Member (Riverbank/St Georges)
	Sarah-Jane Vowles	PPG Member (Riverbank/St Georges)
	Sheila Williams	PPG Member (Riverbank/St Georges)
	Heather Pitch	PPG Member (PPL)
	John Ledbury	PPG Member (PPL)
	Leonie Allday	PPG Member (Yatton and Congresbury)
	Bev Cockerill	PPG Member (Yatton and Congresbury)

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	
	KR	Monthly updates to be circulated	
	DC	Updates on Congresbury when available	
	LR/DC	Update telephone message with new Covid Update	
	LR	Clinician/ Team Photos on Website	
7	JK	Overview of the funding systems given to Mendip Vale	Complete

Minutes:

Item	Description	Action
1	<p>Apologies Linda Brimecome, Sheila Williams, Heather Pitch, John Ledbury, Leonie Allday, Sarah-Jane Vowles</p>	
2	<p>Minutes of Previous Meeting Query raised to amend the August Minutes with the correct name in items 5 and 6.</p>	
3	<p>Explanation of NHS funding and expense guidelines for MV Dr King provided a presentation to explain how healthcare services, including General Practices, receive funding from the NHS and an outline of the main contacts Mendip Vale has.</p> <p>The presentation explained that the NHS does not provide healthcare. The NHS provides contracts for healthcare including willing trusts such as hospitals, Specsavers, New Medica, ambulance services, and General Practice.</p> <p>Many GPs are run by partnerships. The partners own the business, and they are responsible for meeting all the contractual requirements and managing finances, staff, and operations.</p> <p>NHS England and the British Medical Association (BMA) negotiate yearly to generate the following year's contracts. This is then delegated down to the Integrated Care Board (ICB) for Bristol, North Somerset, and South Gloucestershire (BNSSG) who are responsible for contacting local practices to implement actions, ensuring guidelines are met and consistency across the area.</p> <p>Mary Adams explained that the ICB is responsible for health and care for the area including local councils.</p> <p>Dr King Continued to explain that there are three different types of GP contracts: General Medical Services, Personal Medical Services, and APMS. Mendip Vale has a General Medical Services contract that provides the essential provisions only, including:</p> <ul style="list-style-type: none"> - Services between 8 am-6:30 pm Monday to Friday - A defined geographical area that the practice looks after. - Contain a list of registered patients. - To identify illness and refer on when necessary. <p>Mendip Vale is also contractually obliged to maintain standards of the practice, look after its workforce, and implement key policies.</p> <p>In addition, the General Medical Services, a compulsory contract, Mendip Vale has four other main contracts which are optional, this includes providing an out-of-hours service, additional services, enhanced services, and commissioned services which are based on outcomes of clinical care.</p>	

The quality Improvement domain is the only contract that focuses on patient experience/ satisfaction for improved access to services. Each contract has financial implications for fulfilment.

Dr King explained how Mendip Vale generates money through The Global Sum. Calculated by the Carr-Hill formula, this considers many elements of the patient list including, patient ages, rurality of the practice, stability of patient health, etc. This generates how much money the practice gets paid per patient each year.

Mendip Vale's Global Sum in January 2023 was £102.28. After the government announced a 6% pay raise for all staff, Mendip Vale was awarded 2.3% to cover costs, increasing the cost per patient to £104.73 per year.

Dr King continued to explain that the partners are responsible for several contracts which also have financial implications such as the Quality Improvement Framework (QOF). Additional funding from the NHS includes Langford dispensary, premises payments, and Primary Care Organisation.

Due to constraints of NHS funding, Mendip Vale must complete non-NHS work, which is incredibly important to the sustainability of the practice. This includes:

- Medical Research
- Occupational Health
- Clinical Training
- Students
- GP Appraisals
- Subletting of non- NHS reimbursed premises to other healthcare providers

Mendip Vale's total income = global sum + enhanced services, QOF, Investment Income fund, and premises income

Mendip Vale's total outcome = staff, office functions, IT costs, clinical consumables, building costs, depreciation, and insurance.

Any money left is used to reinvest to improve services, employ more staff, Partners etc. For any losses made the Partners are personally responsible.

GP net earnings can be found on the Mendip Vale website:
www.mendipvale.nhs.uk/about/gp-net-earnings/

For more information, please find the presentation attached. Any additional questions can be answered in the next meeting.

4 **July Survey results and MV proposed actions.**

Since the meeting, the subgroup has agreed to the final report for distribution. Please find the report attached.

Lois Reed explained that the report covers four areas of improvement as raised by patients in the feedback, including details on specific themes and Mendip Vale's actions to make improvements with deadlines. This includes:

- Dissatisfaction with eConsult.
 - Slow response after eConsult Submission.
 - Improve communications.
 - Increased size of Mendip Vale.
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Significant actions that are happening within the next couple of months include the new telephone system and websites. The next steps are to distribute the report to patients, doing this via patient newsletter, website social media, and within the surgery.

An update on the progress of Mendip Vale's actions will be provided at the next meeting.

5 Latest information on advising patients of appointments within the 3-day target, and lead times until actual appointments.

Leigh Vowles provided an update on the current eConsult stats. Looking at the snapshot week 6th to the 12th of December:

- 1,873 Visits to eConsult
- 1,157 New visitors to the website
- 1,151 eConsults submitted.
- 77 eConsults were diverted to other services.
- 90% contacted within 3 working days.

Improvement has resulted due to further focus on team progress, understanding the demand, and staff capacity. This has included making amendments to the staff rota, monitoring performance indicators, and if needed encouraging management to help when needed.

Geoff Matthews questioned if people are responding how they wish to be contacted., via email, text message, call by mobile or landline. In response, Leigh Vowles confirmed that the team is using the eConsult contact details and preferred method of contact for the patient.

David Miller advised that on his latest eConsult, he was asked to provide some feedback and asked whether this was something we were doing systematically.

In response, Lois Reed explained that eConsult is conducting an independent survey, which asks 15 questions on how effective eConsult is and how the practice is managing patients eConsults. Mendip Vale does receive this feedback but does not have any ownership over the survey or its questions.

eConsult feedback questionnaire: <https://www.surveymzmo.eu/s3/90080160/Your-experience-with-using-the-eConsult-service?practiceId=mendipvale&practiceName=Mendip+Vale+Medical+Practice&callbackProvider=111&rpt1=bristolnsomerset>

Leigh Vowles explained that many patient comments are regarding not being contacted within 24 hours, despite being advertised on the website that this is within three working days. We're currently exploring ways to remove the 24-hour message, specifically at paediatric eConsults as this is the reason behind the message.

6 Feedback on Chairs of PPG meetings

Geoff Matthews provided feedback from the latest PPG chairs meeting with a focus on the use of AccuRx. It was reported that many surgeries within the area (not Mendip Vale) are using AccuRx in preference to eConsult. Dr. King confirmed that this is a service we have investigated as an option to use, however, it provided access constraints.

Mendip Vale PPG Chairs has agreed to follow up on their next meeting with further questions for other surgery chairs on how they manage access to AccuRx.

David Miller advised that these meetings will be a good opportunity to scope what other surgeries do and make sensible comparisons.

The aim of the meetings is to be held every 2 months at different surgeries.

7 Progress with the new NHS website

Lois Reed advised that the week beginning the 11th of December 2023, Mendip Vale will be launching 4 new websites:

- North Somerset Mendip Vale
- Bristol Mendip Vale
- South Gloucestershire Mendip Vale
- PCN Mendip Vale

This is to allow patients in the correct area to receive the correct information, quickly, clearly, and efficiently. The websites will look like the NHS website, which will also include pictures of the GP Partners and Surgery Management at each site.

Patient Group Meetings for the project are still being conducted through the implementation phase. We'd be very grateful for any feedback on the websites when they are up and running.

Geoff Matthews urged the importance of providing patients with enough time and information regarding the new website and when it will be launching.

8 Latest phone statistics, and explanation of new phone system

Kim Rogers reported that after problems with Bistech reporting, the data from June to October is now reflective of the reports shown previously. To be confident with the figures, this will require testing each month.

John Gowar confirmed that the transitional period for reporting has been complicated and difficult. Within the most recent report, the response time during the summer had almost doubled. This is a negative trend, and more understanding is needed as to why this has happened. In July, the average response time was 4.5 minutes in comparison to October where it is nearly 8 Minutes.

Leigh Vowles confirmed that the wait times did slip during the summer due to several reasons, including staff holiday, leaving Mendip Vale, or moving roles internally. Recruitment for Patient Co-Ordinators was also difficult during the summer; however, we did manage to recruit 6 new members at the end of the season. The process for training and ensuring they are confident to answer the phones is a slow process, however, we are starting to see the positive effects of recruitment and rota management as the wait time this week has fallen to 3.5 minutes. David Clark advised that the number of coordinators is determined by the demand and capacity of the team.

9 Any Other Business:

- A. Feedback of text message content for medication review - PPG to provide ideas of better wording)

Dr King explained that throughout the year, Mendip Vale sends lots of text messages to patients for medication reviews, for example. Feedback Mendip Vale has received

includes the time and day patients are receiving messages and their understanding of the message. As such, Dr. King would like to hear the group's feedback or text examples that could be improved, answering the following questions at the next meeting:

- Is there an appropriate/ inappropriate time a text message should be sent to a patient?
- Could some texts be worded differently to help patients understand the message? If so, do you have any examples?

Joe Norman explained that he liked receiving text messages from the surgery because it allowed him to look at it when it was best for him.

Barry Blakley advised that the worst message a patient could receive is requesting someone to 'contact the surgery' without context as this could cause panic.

B. Artificial Intelligence (AI) in primary care

David Clark confirmed that Mendip Vale are currently looking at introducing AI programmes to assist with the administration processes undertaken.