MENDIP VALE MEDICAL GROUP PATIENT PARTICIPATION GROUP MEETING
Wednesday 18th June 2025, 1:30pm

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

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	
3b	LR	Share Death Certificate Letter to BNSSG Surgeries	
8	LR	Special Newsletter edition	
7.1	LR/ DG	Review text sent to patients	

Minutes:

Item	Description	Action
1	**Apologies** Tim Evans, Linda Brimecome, Sheila Williams, Leonie Allday, Jane Clarke, Joe Norman, Maureen Hutchinson and Roger Daniels	

2	**Feedback from Virtual PPG**
	• Discussed the possibility of reducing the turnaround time for contact from 3 days to 2 days. David Clark will follow up on this action.
	• Reviewed the purpose of the confidentiality agreement, with the intention to include it in the agenda for the next face-to-face meeting. Emphasised the importance of all members, both virtual and in-person, completing the form.
	• eConsult Feedback:
	  o Proposed that the digital team conduct research on best practices for using eConsult systems to enhance patient experience and provide feedback to the team.
	  o Discussed improving the ease of form completion by including pre-populated information to streamline the process.
	• Identified a need for increased communication regarding NHS services to better support patients in making informed care decisions.
	  o The PPG could play a role in empowering patients with health and wellbeing support, including areas such as smoking cessation and blood pressure management.
	  o The difference between urgent appointments, routine appointments and emergency.
	  ▪ **Routine Appointment:** For non-urgent health concerns, follow-ups, or ongoing care (e.g. medication reviews, chronic condition check-ins, general health advice). These appointments are typically scheduled in advance – within 2 weeks of eConsult submission.
	  ▪ **Urgent Appointment:** For issues that are not life threatening but require attention within a short time frame (e.g. new symptoms, infections, worsening of a known condition). These are offered on the same day through our Duty Doctor list. You may be asked to visit an alternative surgery instead of your preferred site.
	  ▪ **Emergency:** For severe or life-threatening conditions that require immediate medical attention (e.g. chest pain, severe difficulty breathing, suspected stroke). These situations should involve calling 999 or going to A&E.
	• Agreed to explore opportunities to include communications in local newsletters, such as Congresbury Life and Wrington Journal, to reach the community more effectively.
	• 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.
		DC

3	**Minutes of Previous Meeting**
	a) The minutes of the previous meeting were approved as an accurate record of the discussion, with adjustments to:
	  • Further detail on Quality Impact Assessment
	  • Amend typo on section 5.2
	
	b) Matters arising/ updates
	  i. **Death Certificate Letter:** David Gent and Mary Adams have drafted the initial version of the letter and are awaiting confirmation from Dr. King on whether she is willing to be a co-signatory. Geoff Matthews suggested the letter be shared with Primary Care Trusts and organisations within the BNSSG area to assess whether the issue is widespread. The letter should note that: *"We have observed this to be more of a challenge in community settings than in acute hospital organisations."*
	  ii. **Confidentiality agreement:** The proposed agreement was not circulated ahead of the meeting and will therefore be added to the agenda for the next meeting. Members are
		LR

asked to review the draft document and send any comments or feedback to Lois Reed in preparation for discussion at that time.

4 The future of Congresbury Surgery - Engagement Update

Lois Reed gave an update on Congresbury Surgery, explaining that we were scheduled to attend a PCOG (Primary Care Operations Group) meeting to present our proposal for the permanent closure of the site. However, due to missing evidence, the meeting had to be postponed until the outstanding work is completed

Geoff Matthews asked whether the in-house transport service is still available. In response, Lois confirmed that the practice can provide transport for patients who need urgent, same-day appointments and have no other means of getting to the surgery. Dr. King added that, while this service is rarely requested, the practice always aims to support patients wherever possible.

Lois also expressed her desire to restart the Congresbury Working Group meetings in preparation for future engagement activities. These will include community events where stakeholders can ask questions and receive more information about the Congresbury site. She highlighted this as a valuable opportunity for the PPG to be involved and confirmed that details of these events will be shared in due course.

This led to a broader discussion around other engagement opportunities for the PPG, including participation in the Congresbury Village Fayre and Wrington Village Fayre. Members interested in joining a subgroup to support these events are encouraged to contact Lois Reed.

5 PPG Survey 2025

Mary Adams shared that we are planning to conduct another PPG survey this year. Drawing on valuable insights from recent surveys carried out in smaller districts, we hope to use their findings to help shape our own survey and allow for meaningful comparisons during the response review process.

To support this, we are looking to re-establish the survey subgroup to lead on organisation, planning, distribution, and analysis. Mary highlighted the importance of PPG members engaging directly with patients within the surgery to gather feedback—a method that proved highly effective during last year's survey at St George's.

Due to time constraints, the proposed distribution month for the survey is September—slightly later than last year—but this will still allow for a full month to collect feedback. The aim is to achieve responses from at least 1% of the MVMG patient population, consistent with the response rates achieved over the past two years.

a. Congresbury Surgery Survey

To support this meeting and fulfil MMVG's engagement responsibilities, a stakeholder survey is currently being distributed. So far, we have received 497 responses, including 31 submitted via paper. Common themes emerging from the survey include transport difficulties and the impact of the Smallway development.

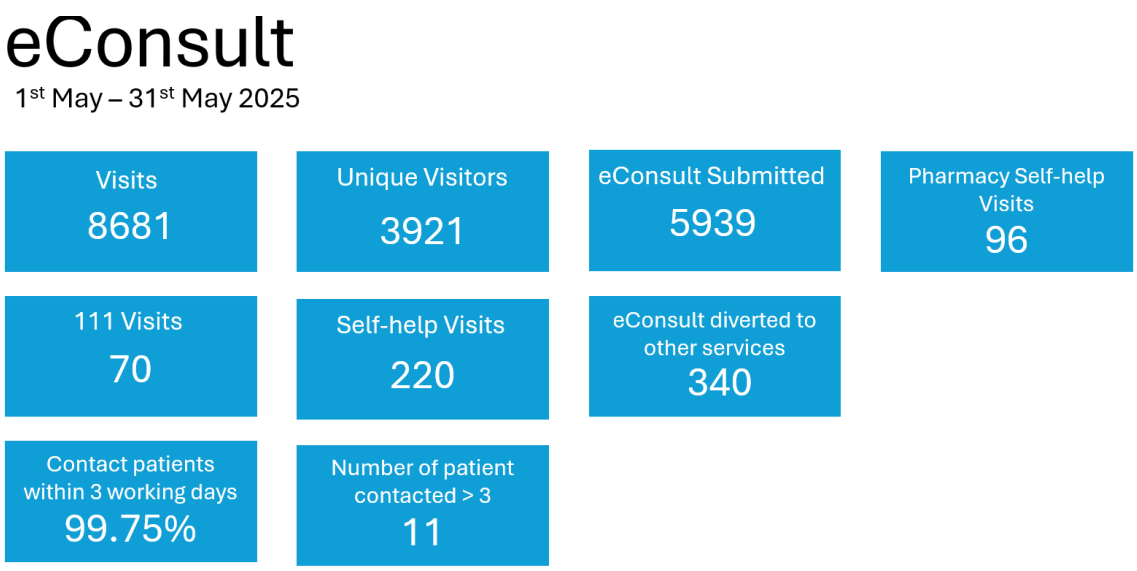
Mary Adams asked how the initial report was constructed and whether it was able to identify the themes of discussion. Lois Reed confirmed that the survey system generates a synopsis based on key words used in the responses and by reviewing the feedback. As the form remains open, these themes may evolve or become more apparent over time. Lois recommended that once the survey is closed, the Congresbury Working Group should be reconvened to analyse the raw data, as members may bring different perspectives to the results.

b. Wrington Survey

Ruth Crick conducted a survey within the Wrington community to gather feedback on how confident patients feel in the care provided by Mendip Vale. The survey was distributed via the Wrington Matters Facebook group. Results show that 60% of respondents would be unlikely to recommend the service to friends and family, and 58% reported having no confidence that their perceived needs would be met. Mary Adams added that the survey provides valuable insight into how patients in the area are feeling, which will be helpful in shaping the PPG annual survey.

Mary Adams explained that other surveys to consider when shaping the PPG annual survey include the Healthwatch reports and the 2024 Ipsos National GP Patient Survey, which provides both local and national comparisons.

6 eConsult Dashboard:



- **Unique Visitors:** this number estimates, as closely as possible, the unique patients who visited your site. –
  - Additional guidance given by eConsult: "The unique patients who visited your site (one patient or one family may use the same computer and potentially visit the practice eConsult site more than once during the week)"
- **eConsults submitted:** the number of eConsults the practice received during the reporting period
- **eConsults diverted:** the number of eConsults which resulted in the patient being directed to another service

The group were shown the following dashboard form the 1st- 31st May 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. Action followed from last meeting was to find the meaning behind Unique Visitors, their response - *"The unique patients who visited your site (one patient or one family may use the same computer and potentially visit the practice eConsult site more than once during the week)"*

The group discussed the helpfulness of the information on the dashboard. It was agreed that the data needs to show continuity throughout the year so it can continuously tracked and reviewed. Action for Lois Reed to review the display of data to show eConsult numbers – phoned up, walked in, online; contacted within 3 working days and to remove Unique Visitors.

Leigh Vowles explained that self-booking links have recently been launched, allowing patients to book appointments directly with the appropriate clinician once their eConsult submission has been triaged by a doctor. This initiative aims to reduce phone wait times and improve the overall patient experience. The system is being rolled out initially for GP appointments, with plans to extend it to the wider clinical team in due course. David Clark added that, with a smaller cohort of patients now requiring a phone call to arrange an appointment, the aim is to contact those patients by the next working day—reducing the current three-working-day turnaround time.

The group discussed how patient experience has changed over the years and noted a lack of public understanding about how the NHS system and GP practices operate and make decisions. All members agreed that there is a need for better patient education. Suggestions included hosting dedicated community group sessions run by the practice or creating a special newsletter to explain the changes in the NHS Primary Care and how services should be used to benefit the patient. LR

7 Patient Survey Action List

1. Telephone System data and quality of calls

The increased use of callback requests compared to the same period last year was discussed, as shown in Appendix 1. David Clark provided an overview of the changes made to the telephone system

over the past year, including maintenance work to ensure patients are routed to the correct call groups and an increased capacity for callback requests. Mary Adams noted that patients may now have greater confidence that they will receive a callback if they select that option. As a result, the average queue wait time has been maintained at three minutes, in line with the MV target.

David Gent raised a question regarding the review of text messages sent to patients and how the templates could be made more patient friendly. Lois Reed agreed that the templates require review and to encourage anyone to join a subgroup to contact her. LR

8 Any other Business and items raised

a. Interview with consultancy

Mary Adams shared her experience with Baxendale, the consultancy firm currently working with the practice on a report reviewing the model of care and organisational structure at MVMG. She mentioned that Baxendale had interviewed her to gain insight into her experience. The group is now awaiting the completion of the report, which will be shared once available.

b. VCSE Alliance event

Mary Adams explained that the ICB Volunteering and Community Alliance is collaborating with healthcare institutions, including PPGs and charities, to support the commissioning of health and care services under VCSE (voluntary, community and social enterprise) Alliance. Mary has applied to represent the MVMG PPG and expressed a desire to ensure she represents the broader patient perspective and contributes meaningfully to future discussions.

c. Medication Changes

Diane Haynes shared her experience regarding recent medication changes—whether due to availability issues or a change in brand/name. In the past, she was able to easily contact the practice and confirm with the Clinical Pharmacist that it was still the same medication and dosage. However, on this occasion, she found it very difficult to get through and was unable to receive the same reassurance. She suggested that it would be helpful if the MVMG team could inform patients—via text—when a medication name or brand has changed. This would offer reassurance and reduce confusion or concern.

d. Men's Health Strategy

Georgie Bigg explained the importance of Men's Health Strategy survey.

You may have seen in November the government announced their intention to publish a new national male health strategy for England. More recently they have done a call for evidence. They are seeking the views of the public, as well as health and social care professionals, academics, employers and stakeholder organisations to inform a Men's Health Strategy for England. The call for evidence includes questions on:

- topics that the Men's Health Strategy should cover
- health literacy, education and training
- health behaviours
- health conditions affecting men
- health and work
- men's engagement with healthcare services
- men's experience of healthcare services

To complete the survey - Men's Health Strategy - Department of Health and Social Care
Survey closes on the 17th of July 2025

e. Acute Service

David Clark shared an update on recent government developments concerning GP practices becoming more integrated with acute services.The government is currently exploring options for

how Primary Care can be better integrated with Secondary Care, aiming to improve coordination and patient outcomes across the healthcare system.

f. Check- in screens

Mary Adams provided feedback from another patient regarding the check-in screen system. She suggested that it would be helpful if the screen could clearly indicate which surgery site the patient should be at. The patient expressed that they struggled to check in because she was at the wrong location and was unsure what to do next. Adding this information to the check-in process could help avoid confusion and improve the overall patient experience.

9 **Date of next meeting:** Wednesday 13th August 2025 at 1.30pm

Date of next virtual meeting: Wednesday 23rd July 2025 at 7pm on Teams

2025 Meeting Dates:

F2F PPG	VPGG
All at 1:30 – 3:30pm	**All at 7pm**
13 August 2025	23 July 2025
22 October 2025	24 September 2025
17 December 2025	26 November 2025

Appendix 1: MVMP Telephone Call Statistics 2024/25

2024	Queued for Group	Missed from Queue	Answered from Queue	Missed from Queue <10 secs	Average Queue Duration Answered	Call backs Requested	Call backs Made
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
April	13,151	1013	12,469	280	00:03:05	800	797
May	13,281	1253	12,369	345	00:03:13	1023	1022