

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

MENDIP VALE MEDICAL GROUP BRISTOL AND SOUTH GLOUCESTERSHIRE PATIENT PARTICIPATION GROUP MEETING

Friday 28th March 2025, 12pm (Virtual: Teams)

| PPG Attendees | Beckie Sims John Woolnough Shelia Preece Chris Pullin Carol Pullin Mike Lowe Ingrid Bridgman Tony Copping Kathy Thorne Audrey Harrison Tiffany Barrett | PPG Member Sea Mills Surgery PPG Member Sea Mills Surgery PPG Member Sea Mills Surgery PPG Member Monks Park Surgery PPG Member Monks Park Surgery PPG Member Sea Mills Surgery PPG Member Coniston Medical Practice PPG Member Monks Park Surgery PPG Member Sea Mills Surgery |
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| MVMG Attendees | Joanne (Jo) Clayson Lois Reed David Clark | Bristol and South Glos Divisional Director Comms and Engagement Manager Managing Partner |
| Apologies | Sheba Varghese Mary Macleavy Lorraine Woulfe Tanya Reddick Therese Miller Jose Tarnowski Stephen Williams Susan Williams | PPG Member Southmead Health Centre PPG Member Southmead Health Centre PPG Member Coniston Medical Practice PPG Member Coniston Medical Practice PPG Member Sea Mills Surgery PPG Member Sea Mills Surgery Southmead and Henbury Family Practice Southmead and Henbury Family Practice |

Minutes:

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1. Introductions

The group welcomed Tiffany Barrett, Tony Copping, Audrey Harrison and Kathy Thorn

2. Confidentiality Agreement

Please ensure that *all* members have signed the confidentiality agreement. This agreement serves to protect sensitive information shared during discussions, ensuring confidentiality is always maintained. This commitment is critical to fostering a secure environment for open and honest communication, safeguarding both the individuals involved.

Lois Reed has received signed forms from Beckie, Carol, Chris, John, Mike, Shelia, Steve and Susan. Members can return their signed forms to their surgery (FOA Lois Reed) or send a digital copy by email.

3. PPG Chair

Jo Clayson emphasised the importance of appointing a PPG Chair, especially given the significant growth of the group compared to this time last year. The PPG serves as a platform for patients to share feedback and concerns with the practice. Therefore, we would like a patient to take on the role of Chair.

Lois Reed outlined the roles and responsibilities of the chair:

- Leadership and Facilitation: The PPG Chair is responsible for ensuring that meetings are productive, inclusive, and aligned to the group's objectives; doing this by encouraging an open discussion and ensuring all voices are heard.
- **Communication and Liaison:** Act as the main point of contact between the PPG and the practice management team.
- **Strategy and Development:** Working with myself and the practice to identify key area of improvement and support initiatives that enhance patient care. This includes, helping to set the agenda of the meetings.
- Engagement & Advocacy: Encourage wider patient involvement and ensure the PPG is representative of the patient community. Support awareness campaigns, surveys, and feedback initiatives. Promote the PPG within the local community to enhance participation

What is required:

- To work with myself to build an agenda which is shared to the group two weeks before the meeting. This gives the opportunity for the group to know what will be discussed and add anything to AOB. This is helpful for those on the reserve list or other patient queries to see that their question or concern will be addressed
- To host the meeting, ensuring that the agenda is stuck to in timely manner and ensure that all voices are heard.
- Oversee the minutes of the meetings. I am responsible to writing the minutes, but it's the PPG Chair's job to review and confirm that the minutes are reflective on what was discussed and confirm that the minutes are ready to be distributed and published on the MV website.

As the group evolves from a previously flexible structure, we aim to introduce more organisation and enhance patient engagement. We warmly welcome any new initiatives and processes the incoming Chair may wish to introduce.

If you're interested in becoming the PPG Chair, please reach out to Lois Reed at **lois.reed2@nhs.net** to arrange a call for more information.

4 PPG Webpage

Anthony Copping questioned if there was a PPG page on the Mendip Vale website after struggling to find it.

In response, Lois Reed guided the group to the website page under the Surgery Information tab on the navigation bar, highlighting the need for further development and updates. Members are encouraged to share any ideas or feedback to help improve the page. Links to the relevant website pages can be found below.

Mendip Vale Bristol: Patient Participation Group – Mendip Bristol

 Mendip Vale South Glos: <u>Patient Participation Group – Mendip South</u> Gloucester

5 NHS England

A question was raised about the impact of the recent news regarding NHS England's abolition on MVMG and Primary Care. David Clark explained that current NHS projects are on hold while the future of various departments and funding is determined. However, he views the change positively, as it could streamline processes and funding, reducing unnecessary bureaucracy. On a local level, David suggested that ICBs (Integrated Care Boards) may merge to cut staffing costs. However, as no concrete decisions have been made, it remains difficult to predict the exact outcomes.

6 Accessibility

Chris shared his recent experience at Monks Park when attending an urgent appointment. The lift was out of order, preventing him from accessing the upstairs consultation rooms. As a result, the doctor had to come downstairs to see him. Chris suggested implementing a system to mark patient records for those who require accessible consultation rooms (downstairs only) to prevent similar issues in the future. Chris also noted a positive observation—he was pleased to see that Coordinators would step out from the reception desk to assist patients through the surgery doors when needed.

Jo Clayson provided an update on the lift, stating that engineers had been out to repair it. However, confirmation is still awaited to ensure it is fully operational.

David Clark confirmed that accessibility alerts can be added to patient records to highlight the need for ground-floor consultation rooms. Additionally, clinicians can be relocated, in the surgery, as needed to accommodate patients. While many sites have two lifts as a backup, Monks Park Surgery has only one, meaning the team should proactively move clinicians when necessary to ensure accessibility.

David also confirmed that the downstairs toilet at Monks Park Surgery is now fully operational after repairs were completed to fix a significant leak.

7 eConsult Feedback

Booking Follow-Up Appointments: Chris Pullin shared an issue regarding the process of booking a follow-up appointment with a GP. After being advised by the GP to book the follow-up at reception, he was instead instructed to complete an eConsult, leading to confusion about the correct procedure.

Jo Clayson confirmed that GPs should be booking follow-up appointments directly for patients, and there should be no need to complete another eConsult. She will take this feedback back to the team to ensure consistency in the process.

eConsult Efficiency and Reception Interactions: Kathy Thorne shared her frustration with the eConsult process. After completing an eConsult, she was informed that she needed to call the surgery. However, when calling, she was

asked the same questions by the coordinator, which she found repetitive and, at times, uncomfortable—especially when discussing sensitive issues.

She also expressed concerns about the attitude of some coordinators, finding them quite rude both in person and over the phone. While she understands that doctors need the necessary information, she feels the current process could be streamlined to avoid unnecessary repetition.

David Clark acknowledged these frustrations and explained that eConsult is a national system, which limits customisation at the practice level. Ideally, the system should automatically save patient submissions to their record, allowing reception teams to access the details instead of requiring patients to repeat the same information.

He confirmed that meetings with the eConsult team in North Somerset took place in January to explore potential improvements. While digital solutions like eConsult were introduced rapidly due to COVID-19, there is now a need to refine and optimize them for better functionality. David also noted that one of the key challenges is the long and cumbersome development process for system improvements. Since eConsult was purchased through a national framework, customisation is limited. However, he emphasised that making these necessary improvements is a priority to enhance patient experience and reduce inefficiencies.

eConsult Supportive Materials: John Woolnough inquired whether eConsult is still supported, given the lack of materials and guidance following the Tea and Tech sessions held at Sea Mills last year.

Lois Reed clarified that there are currently no plans to host additional Tea and Tech sessions, as the focus is on providing support across all practices in Bristol, South Gloucestershire, and North Somerset. In the meantime, the eConsult booklet will remain available for patients both in the surgery and as a digital copy. Additionally, the team is available to assist with digital guidance, whether for devices, eConsult, or the NHS App.

Access to eConsult: Ingrid Bridgman suggested that it would be helpful to complete eConsult's before 8:00 AM.

Lois Reed explained that eConsult is only available from 8:00 AM to 6:30 PM, as these are the practice's operating hours. For services outside these hours, NHS services like 111 are available to help.

David Clark added that offering eConsult outside core hours could pose risks, particularly if urgent or critical information is submitted and not reviewed until the next working day. Restricting eConsult to core hours ensures a safety net for urgent cases, as staff are available to address issues promptly.

Jo Clayson clarified that eConsult should be used for routine requests, so there's no need to submit it as soon as the system opens at 8:00 AM. Any requests submitted during the day will be reviewed by the GP on the day and following day. If the issue is urgent, patients should call the practice directly to speak to someone that same day.

Beckie Sims queried what the appointment cancellation process is for the practice after experiencing the same appointment being cancelled three times.

David Clark explained that the practice has a dedicated Access Team that starts at 7 AM. If a staff member is unwell, they notify the team with their reason for absence.

The Access Team then reviews the clinician's schedule and works to rebook patients on the same day with another clinician who has availability, minimizing disruption. They assess each appointment from a clinical perspective to determine the best course of action—whether to reschedule with another clinician immediately or, if the case is routine, to rebook with the original clinician at a later date.

The team also monitors the volume of appointments and cancellations to manage patient care efficiently and reduce delays.

9 Physiotherapist

Sheila Preece asked whether all physiotherapists are based at Monks Park, as this makes it difficult for patients from other practices to access their services.

David Clark explained that under the Additional Roles Scheme, physiotherapists, clinical pharmacists, and mental health practitioners have been introduced in recent years and operate as a team rather than being assigned to individual practices. Their locations are determined based on available space within the practice network.

- Physiotherapists are based at Monks Park
- Mental health practitioners are located at Southmead Surgery
- Clinical pharmacists are based at Sea Mills Surgery

This setup was designed to make the best use of available facilities while ensuring these services remain accessible across the network.

Date of next meeting: Friday 20th June 2025, 12pm, Virtual (Microsoft Teams)