



Minutes

Date of Meeting: Thursday 16 May 2024
Time: 6:30pm
Location: Moss Valley Medical Practice

In attendance: Glyn Jones - Chair
Margaret Askham
Pat Boyle
John Hutchinson
Wendy Jones
Evelyn Kirby
Mike Kirby
Mary Milner
John Needham
Carole Mason - Practice Business Manager [CMA]

Apologies: Shelley Hinson
Adrian Hubbard
Helen Lane
Andrew Loughran
Dr Louise Moss

Invited in addition: [None]

- 1. Chairman's welcome and apologies received**
The Chair welcomed everyone to the meeting and noted apologies (recorded above).
- 2. Minutes of previous meetings**
The minutes of the meeting held on 22 February 2024 were confirmed to be a true and accurate record.
- 3. Matters arising from previous minutes**
Diabetic Retinopathy – the Chair asked for an update in terms of CMA's discussions with the PCN. CMA confirmed that this wasn't something the PCN could facilitate.
- 4. Practice update**
CMA shared the following practice update with members.

Practice Update

New Starters

- Joanne Stanton – Assistant Practice Manager (Moss Valley)
- Sarah Buckley – PCN Manager

Changes

- Dr Beth Marney appointed as GPPB Strategic Clinical Lead
- Dr Elizabeth Doole beginning maternity leave

Leavers

- Carol Mycock – Assistant Practice Manager at Gosforth Valley

Vacancies

- Assistant Practice Manager at Gosforth Valley

Stars of the Month



New Services

- Change to Travel Vaccines

New Initiatives

- Reasonable Adjustments Digital Flag

Events

- Expecting a Spring Covid Booster campaign

Challenges

- Access
- Removal of payment for essential aspects of General Practice by the ICB
- Covid vaccines
- Capacity
- Patient experience
- New phone system

Wins

- Recognised as one of the highest performing contributors to research across East Midlands

PCN News

- Home Visiting Team providing additional support for Care Home Ward Rounds
- Recruiting for a Community GP

CMA added the following detail:

Joanne Stanton taken up post as Assistant Practice Manager at Moss Valley in March and had made an excellent start. She would be coming to a PPG meeting at some point so that everyone could meet her.

Sarah Buckley (PCN Manager) taken over from Tom Watson, who had been to speak to the PPG previously, as the manager of the PCN (Primary Care Network).

Dr Beth Marney has been appointed by the GP Provider Board as Strategic Clinical Lead for research. Dr Marney had implemented and led a range of research projects within practice, and we were pleased that she would now be able to drive this on a wider scale. CMA confirmed that we were hoping that Dr Marney, and a representative from one of the research companies, would be coming along to speak to the PPG at the next meeting in July.

Carol Mycock after 22 years of service to Gosforth Valley, and to the partnership, CMA outlined that Carol had made the difficult decision to retire from her post as Assistant Practice Manager. Carol had been an absolute asset to the partnership over the years and would be sadly missed; the Partnership were indebted to her for all she had done and would be making sure she had a send-off that reflected this.

Assistant Practice Manager Vacancy at Gosforth. The retirement of Carol Mycock had created a vacancy for an Assistant Practice Manager at Gosforth. The partnership were keen to promote from within, and create opportunities for existing staff, so this was currently out to an internal recruitment process. CMA will feed back to the PPG at the next meeting about this.

Change to travel vaccines – there had been a slight change to how the practices were approaching travel vaccines. Moving forwards, patients would be asked to complete a triage form with more detailed information about their trip, prior to attending their appointment. This was to support the efficiency of the appointment, and ensure we were prepared with the right vaccines etc. We had also increased the number of nurses who could complete travel vaccines, and this would also support the team.

Reasonable Adjustments Digital Flag – this was a new standard that had been introduced for general practice, and across the NHS. The principle behind it was that all patients should be able to receive medical care in an equitable way, and to do this, it recognised that some patients may need adjustments. These may be patients who had learning disabilities, or other needs, that meant they needed additional support.

Access – the practices were aware that access had been a challenge recently, with the wait for routine appointments slipping beyond the standard we aim to achieve, of within 2-weeks. As we were coming out of winter this should start to ease. The practice were continuing to monitor this.

Removal of payment for essential aspects of general practices by the ICB – it was outlined that the ICB had previously funded some aspects of services for general practice, but like everyone else, the financial pressures for the ICB were significant. As a result, some of these costs were beginning to be passed back to the Partnership. An example of this was the patient check-in screens which the practice would now need to fund themselves.

Covid Vaccines – it was expected that there would be an Autumn Covid campaign running alongside flu but concerns had been raised by the PCN about the challenges with the covid vaccines for the Spring campaign, and it was important this was addressed before we moved forward. This was mainly in response to the change to how Covid vaccines were ordered and managed nationally, and the short use by dates (around 20-days) that the vaccines had when delivered.

Patient Experience – there was work taking place to ensure the patient experience when contacting the practice was aligned across both sites, particularly in terms of the patient administration (reception) teams.

New Phone System – the Partnership had moved to a new phone system with improved reporting; however, they had experienced a drop in quality of calls (lines) and there had been some instances of people being cut off or being unable to get through. CMA said that they were aware of this and were working closely with the phone provider to find a resolution.

5. Q&A Session

Unfortunately, it had not been possible to get anyone for the Q&A session for this meeting. As mentioned previously, there would be a focus on research for the next meeting, and the group had been looking to bring a Registrar in to talk about the practice's commitment to training, but this had not been possible yet.

In the absence of a guest speaker, CMA shared more information about the practice's commitment to training of future GPs, and the different trainees that it hosted.

Practice Profile


Training Practice

The Valleys Medical Partnership is proud to be a **Training Practice** and currently support the following aspect of training:

Medical Students
We support students from Sheffield University, with students attending GP placements throughout their 5-year university course. We also support placements for medical students from Kings College London, University College London and Imperial College London (at MVMP).

F2 Doctors
(MVMP only) These are qualified doctors completing their second year of foundation training after leaving medical school. Placements in general practice are 4 months as part of a wider rotation within the healthcare system with doctors choosing their area of specialism at the end of F2.

GP Registrars
Qualified doctors who are training to be GPs, GP Registrars complete a 3-year programme (longer if working part-time): 4-month placement in practice A during year 1; 4-month placement in practice B during year 2; 12-month placement in practice A during year 3.



There were no questions.

6. Follow-up: Peak Pharmacy Presentation at February Meeting

The Chair advised members that he had been in touch with representatives from Peak Pharmacy following their attendance at the February meeting and they were keen to come back to a meeting to see how things were going the new system for dispensing medication had been introduced.

The Chair invited updates from members and shared his own experience, that currently things seemed to be going okay with turnaround times for prescriptions around 4 to 5 days. Members commented that the service across the different pharmacies was mixed, and that it varied from pharmacy to pharmacy.

Members were asked by the Chair if they were aware that the pharmacy had access to their medical records. Although they weren't, members felt this was possibly a good thing as it would enable the pharmacy to make good decisions when managing some of the conditions that they were funded for under the Pharmacy First scheme.

CMA outlined the rights patients had in terms of sharing their records, and that everyone who has access to records should be included within a practices' privacy notice. CMA also outlined the changes in terms of access to records.

A member asked the question about how patients could get access to their records if they weren't online. CMA advised that patients could request this from the practice, and explained that under GDPR, everyone had an entitlement to see data any organisation held on them, and they could request this through the Subject Access Request process.

Discussion took place about how the move to doing more online was challenging for some groups of patients, for example, those who were elderly or less IT literate, and it could leave people feeling left behind or not accounted for. CMA explained that moving to online was important, but it was part of a solution to ensure access was improved across the board, and everyone was able to contact the practice in the way that was most appropriate for them. Specifically, if we could significantly reduce the number of people who contacted the practice by phone, we would free up the phone lines and reduce wait times for those patients who didn't have online access.

CMA explained that this did rely on other services being able to manage their capacity, for example, the Medicines Order Line. While this was a brilliant initiative, unfortunately patients still struggled to get through on the phone to them, and by default, would then contact the practice to order their medication.

ACTION: Chair to contact Sarah Curl to arrange for attendance at a future meeting of the PPG.

7. Compliments and Complaints

The Chair invited CMA to share information with members about complaints and compliments.

CMA apologised to members as, due to technical issues with the partnership's document management programme, she had been unable to get up to date data for the meeting, and therefore gave a verbal overview in respect of complaints. CMA outlined that over the winter months there had been a slight increase in complaints, not necessarily formal ones, but definitely informal grumbles. Primarily this was because of access, and there was a correlation with the wait for routine appointments increasing, and the levels of dissatisfaction patients expressed. CMA said the practice were working hard to look at how they addressed this.

Members asked if the comments that were given on the friends and family response were reviewed by the practice. CMA confirmed that they weren't immediately reviewed because of the systems that were used. She explained that the current provider meant that the new comments were added to the end of the survey responses, meaning that it was necessary to scroll through thousands of pages of previous comments to get to the newest ones. The partnership was looking to change to a different system for collecting responses.

There were no further comments.

8. Any other business

There were no items raised under any other business.

9. Date of next meetings

Members were asked if they were prepared to move the date of the next meeting from 25 July to 18 July, due to the unavailability of the Practice Manager. All confirmed that they were agreeable to the change. The next meeting of the PPG was therefore confirmed as **18 July 2024** from **18:30** at **Moss Valley Medical Practice**.