



Minutes

Date of Meeting: Thursday 21 November 2024
Time: 6:30pm
Location: Moss Valley Medical Practice

In attendance: Glyn Jones - Chair
Helen Lane
Andrew Loughran
Wendy Jones
Mary Milner
John Needham
Carole Mason - Practice
Business Manager [CMA]
Dr Louise Moss - GP Partner
[LM]
Joanne Stanton - Assistant
Practice Manager [JS]

Apologies: Margaret Askham
Pat Boyle
Sarah Boyle
Adrian Hubbard
John Hutchinson
Evelyn Kirby
Mike Kirby

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

One amendment was noted to the minutes of the meeting held on 19 September 2024 - John Needham was recorded as sending apologies but was in attendance.

Action: CMA to make the amendment prior to publishing the final version on the website.

The minutes of the meeting held on 19 September 2024 were agreed as a true and accurate record subject to the amendment detailed above.

3. Matters arising from previous minutes

Peak Pharmacy update

CMA advised that she had contacted the regional offices of Peak Pharmacy to arrange to speak to the regional manager and was currently awaiting a call back. She outlined that both sites (Moss Valley and Gosforth Valley) were still experiencing issues with missing prescriptions. CMA also said that there were increasing examples of when the pharmacies were closed due to having no Pharmacist available. This caused additional workload due to bounce-back. Increasingly patients now had a nominated pharmacy to which their prescription would be sent automatically. If the pharmacy was closed, this needed to be recalled and reissued.

A member shared an example of another issue they had experienced recently, where he had been collecting a prescription for himself and his wife, and while his prescription was fine, the patient identifiers for his wife's prescription hadn't been checked, resulting in them being given someone else's medication.

Members of the PPG reflected that the issues seemed to be system and funding related, and the staff in the pharmacies were, overall, doing a really good job under the circumstances. This was backed up by a member sharing his experience, which was entirely positive and included him receiving a text message when his prescription was ready to collect.

The Chair recommended that every patient should ensure that their nominated pharmacy has their correct mobile number recorded.

The Chair expressed an interest to meet with the regional manager when available, to share the experience of patients.

Action: CMA to liaise with Chair re attending meeting with Peak Pharmacy representatives once scheduled.

4. Practice update

CMA shared the following practice update with members.

Rebecca Forshaw, who had recently been appointed as Patient Administration Team Leader at Gosforth, would be leaving at the beginning of December. Rebecca would be going on to a different role in another organisation with hours that were more conducive to her commitments at home.

Saffron Thwaites, Patient Administrator, had been successfully appointed as Rebecca's replacement and was excited to take on the new challenge. CMA said that the Partnership were pleased that they had staff who wanted to progress within the organisation.

New Trainees & Registrars - the December rotation of Registrars would be happening shortly, and the Partnership would be saying goodbye to some of the August cohort, and hello to some new and returning faces:

Eunice Ogbuzuru - returning to Gosforth Valley following maternity leave

Kishen Parekh - based at Gosforth Valley

Ciara Montgomery - based at Moss Valley

Felix Chan (medical student) - based at Moss Valley

Flu/Covid Vaccination Events – there had been 1,410 patients attend the first vaccination event on 15 October, and 891 at the second event on 5 November. CMA passed on her thanks to the members of the PPG who had helped at the event. There was a third event taking place on 26 November in the morning only, and this was aimed at mop-up vaccinations for Covid and Flu, administering of RSV vaccine, and nasal flu for 2- to 3-year-olds.

Winter Access/Winter Pressures – members were advised that 2 years ago there had been significant funding made available to provide additional appointments over the winter period. Last year the funding was significantly less, equating to the Partnership being able to offer an additional 113 appointments. Disappointingly this year there was no money to support practices with winter pressures. CMA explained that this meant that patients may see increasing examples of where the practices had reached capacity and needed to redirect patients to other services, for example, walk-in centres, 111 or Ashgate Hospital Saturday morning clinics.

The upcoming changes to National Insurance for employers would have a big impact on General Practice. For The Valleys this equated to around £35,000 per annum. The government had indicated that the increase would be funded for NHS employers, but General Practice was currently exempt from this, and therefore would have to meet the additional costs from its existing funding. This was a huge additional burden in an already stretched system.

Primary Care Network Update: Home Visiting Team – CMA was pleased to report that the Home Visiting Team were now approaching full capacity and were expecting to be fully staffed by the end of January 2025. This was good news for all the practices within the PCN.

Members were invited to ask questions following the update.

Q: A member expressed their disappointment about the age restrictions for the new RSV vaccine and commented that they suspected this was a cost-saving exercise, but and asked if the practice had any information regarding this.

A: Cohorts are determined by NHSE nationally based upon data and research. The practice are only funded to administer vaccines to those who fall within the eligible cohorts, which was outside of the practice's control.

Q: Previously when administering vaccines, the clinician would always swab the area with alcohol before injecting the vaccine, this doesn't happen now and there has been at least one case nationally where a patient has died due to infection. Is there a reason that the vaccination site isn't swabbed?

A: We act on current guidance which indicates that the area doesn't need to be swabbed unless visibly dirty.

Q: Some practices have been administering RSV alongside Covid and flu, is there a reason we aren't doing this?

A: The guidance is that administering RSV with Covid and flu reduces the effectiveness of the vaccines and should be avoided. This is with the exception of cases where the patient is highly unlikely to return for the RSV vaccine if not administered at the same time. We have chosen to administer the vaccines separately to maximise their effectiveness.

Q: Can a list of the walk-in centres and their locations be provided including Ashgate?

A: Yes. Ashgate is a different service, however. This is commissioned and paid for by the practice as part of its enhanced hours contractual responsibility. Patients who are happy to be seen on Saturday will have an appointment booked for them in a slot that is specifically reserved for our practice. The walk-in centres operate independently of the practice.

Action: CMA to provide the information.

5. **Feedback from Patient Outreach Opportunities: Vaccination Events**

The Chair thanked members who had attended to support the recent vaccination events. This was the first time in a couple of years where the PPG had been represented. The Chair invited Helen Lane (HL) and John Needham (JN) to feedback on behalf of those who had attended (Adrian Hubbard (AH) had sent apologies).

On 15 October at the first event, HL and AH had attended at Moss Valley, and JN at Gosforth Valley. At the second event on 5 November, AH had attended at Gosforth Valley.

HL said that she had really enjoyed the day and the feedback generally had been very good. CMA echoed HL's comments on behalf of AH.

HL shared the areas for development that patients had discussed with them:

- **Questionnaire links sent after the appointments** - please can we stop sending these as some patients find them annoying. It was the view of one patient that we are providing a service and shouldn't need to seek approval for this; it wasn't necessary.

Members asked what this related to. CMA advised that this was the Friends and Family test that asked how likely you would be to recommend the practice's service to friends and family. This was sent out as a text message to patients after each appointment. CMA advised that this formed part of the GP contract, and that the practice received around 400 responses each month.

Members were advised that it wasn't possible to switch of this aspect of messaging for individual patients without either switching it off for everyone or opting that specific patient out of all messages. Members suggested that it was easy enough to ignore the messages and delete them.

- **Online appointment booking system crashing** – several patients had reported that they had tried to book appointments through the website and several times it had allowed all the information to be input, only to crash at the end, losing everything. Eventually the patient had to call the practice, which is what they (and the practice) were trying to avoid.

Action: CMA to look into this – unsure whether this is a system error, or a network error, but CMA had experienced a similar problem when trying to support a patient to submit photographs on their phone.

- **Dedicated phone App** – a patient asked if the Partnership were considering having a dedicated phone app.

This isn't something that is currently being considered.

- **Repeatedly being asked to share the same information** - patients said that they fill in the information on the form, then if they need to send a photo, they have to fill the information in again, and then a different clinician may see them when they come for their appointment, requiring them to share the information again. Was there anything that could be done to stop the repetition of information?

It was advised that, specifically in the case of needing to send follow-up photos, the message does say that the patient doesn't need to repeat any information already provided. The concern is that, for those who aren't confident with technology, the technology becomes the barrier. The practice is considering running clinics with a member of the management team, to provide technical support and guidance.

In terms of being asked for information at the appointment; all information that is shared in the initial request is saved into the patient's record, but it isn't unusual for the clinician to want to get this direct from the patient.

- **Continuity of care** - particularly where a patient has ongoing issues, some patients felt that they were repeating information where it had been necessary for them to see a different clinician.

The practice stated that it recognised the importance of continuity of care, and when triaging requests, would always look to see if it was an ongoing issue that was already known, and where it was, would recommend the patient booked in with the same person. Unfortunately, this wasn't always possible as patients sometimes wanted to be seen sooner than an appointment was available.

CMA also clarified that patients were welcome to request a specific clinician, but where this was the case, they needed to be aware that there may be an additional wait for an appointment.

- **Notification of test results** - some patients had attended for tests and were worried waiting for the results and never received a notification from the practice to tell them everything was okay. Some patients said they would appreciate a message being sent.

It was explained that unfortunately there were not the resources available to notify the outcome of every normal test result, although the practice appreciated that patients would value this. When patients attend for bloods tests etc, the clinician should let the patient know that if they didn't hear anything, everything was fine.

Action: CMA to remind staff about doing this.

- **NHS App Communication** - a patient had shared an experience of misleading communication, where their record on the NHS App indicated that they had been informed of some blood test results, but they had never actually been contacted by the practice.

CMA advised that she had recently spoken to the patient regarding this, and it was helpful to review what the patient could see, compared to what the clinical system said. CMA agreed that in this instance, the message was misleading. The clinical system had notified the patient automatically via the NHS App and recorded this as "patient informed" on the record, but this was a system generated notification and not something that the practice had instigated or carried out. This was a consequence of patient prospective access to records.

- **Queues at the vaccination clinic** - appointments were running 30-minutes behind at one point and the long periods of standing were difficult for those who were elderly or infirm, although measures were put in place to support this group of patients. This was a bigger problem at Moss Valley than at Gosforth Valley.

CMA advised that the queues were longer than had been anticipated and a full analysis of the day had taken place to look at what needed to happen to address this at the second event. As a result, the wait time was significantly reduced on 5 November, to no longer than 5-minutes, with most patients walking straight in.

- **Patient needing a form to be signed by a GP** - patient didn't understand why this couldn't be done straight away and ended up taking the form somewhere else.

CMA explained that some patient requests, for example private letters, forms, and medical reports, which fell outside of the scope of the NHS contract and as a result, the practice were not funded to complete. It was therefore necessary to charge a separate fee to complete this work. The process meant that the request had to be reviewed, costed, and then passed through to GPs to complete. As this took time away from processing the hundreds of documents that were received each day, as well as pathology results and other work, it wasn't possible to prioritise this work over contracted work, particularly as the volume of private work requests were increasing. The ambition was that requests were turned around in 28-days, although at busy times this wasn't always achievable.

Due to time restrictions, it wasn't possible to discuss all aspects that had been raised, but a full report from both events had been shared with the practice, who were reviewing this. CMA advised that the key theme was the need to continue to look at ways in which communication to patients could be improved.

CMA said that she valued the role of the PPG as critical friend, because this provided opportunity to discuss concerns and understand the experience of patients in more depth.

6. Reauthorising Medication

The Chair advised that he had been made aware of recent examples where medication that had been stopped, was still included when repeat templates had been processed. The Chair was unclear whether this was because the pharmacists did not check the patient record thoroughly. The main concerns were wastage, avoidable spend and patient safety, and members were asked if they were aware of similar issues.

Whilst there were no further contributions in terms of this specifically, a member did raise the repeated written reminders they have received from the NHS centrally about vaccinations and felt this was a waste of money and time, particularly because they had an appointment for the vaccination booked. CMA explained that the set-up of appointments, and how vaccinations were managed, was different in each practice. As a result, it would only be the actual vaccination being administered that would stop the reminders, and not the appointment being made.

Action: CMA to follow up concerns re stopped medication being added to repeat templates (Chair to provide names of patients for whom this has happened, to support the investigation).

7. PPG Terms of Reference

The Chair outlined to members that the Terms of Reference for the PPG had not been reviewed since 2017. Given that members were now beginning to do more outreach work, it was important that these were up to date, appropriate, and reflective of the work of the PPG. The intention was to review these at the meeting, however, due to time constraints and the number of changes that are potentially needed, the Chair proposed that he and CMA look at this outside of the meeting and bring the revised version back for PPG members to review at the next meeting.

Action: Chair and CMA to review Terms of Reference and present revised version for agreement at the February 2025 meeting.

8. Complaint Response: PPG Roles and Responsibilities

The Chair advised that the need to review the Terms of Reference had been brought about because of a patient sending through a complaint that they had raised with the practice. The Chair advised that it wasn't the role of the PPG to respond to complaints, but he had checked that the Practice were aware of the complaint, and that this was in process, which CMA had confirmed it was.

The Chair had however, asked CMA to review the results of the patient survey to see if there were any similar trends in the comments. The complaint centred around record keeping and continuity of care. CMA advised that there wasn't a trend evident, although continuity of care was an ongoing focus for the practice.

Action: Chair to send a response to patient (CMA to support).

9. 2025 PPG Meeting Dates and Focus/Input into the Agenda

The proposed meeting dates for 2025 were shared with members:

- Thursday 20 February 2025 at Gosforth Valley
- Thursday 15 May 2025 at Moss Valley
- Thursday 17 July 2025 at Gosforth Valley
- Thursday 18 September 2025 at Moss Valley
- Thursday 20 November 2025 at Gosforth Valley

There were no objections raised to any of the dates set.

The next meeting would take place on 20 February 2025 at Gosforth Valley.

The Chair said that he would welcome more input from members with regards to the agenda moving forwards, and for members to identify areas of the practice's work that they would like to understand more about, or topics they would like to discuss. CMA said that identifying this in advance would be helpful particularly in securing guest speakers to attend meetings.

10. Any Other Business

PPG Notice Board at Gosforth Valley

The Chair asked if the notices on the PPG notice board at Moss Valley could be replicated at Gosforth Valley, as they gave a particularly useful explanation of the role of the PPG.

Action: CMA to organise.

Assistant Manager attendance at PPG Meeting

The Chair thanked Joanne Stanton (JS) for attending and asked if the purpose of her coming along was just to observe. JS said that it was, and she was hoping to attend future meetings. CMA said that JS involvement also meant that if she was unable to attend for any reason, future meetings would still be able to go ahead without her.

The Chair asked if Nicola Mallows (Assistant Practice Manager at Gosforth Valley) would be attending any meetings; CMA said she possibly would subject to other commitments.

Thanks to PPG Members

CMA passed on her thanks to members of the PPG for the time they had given up, to support the Partnership during 2024, and wished everyone a merry Christmas and happy New Year.

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