



## Minutes

Date of Meeting: Monday 23 November 2023  
Time: 6:30pm  
Location: Gosforth Valley Medical Practice

<u>In attendance:</u>	Glyn Jones – Chair	<u>Apologies:</u>	Ryan Bond
	Margaret Askham		Sarah Bond
	Pat Boyle		Adrian Hubbard
	Shelley Hinson		Andrew Loughran
	John Hutchinson		Mary Milner
	Wendy Jones		
	Evelyn Kirby		
	Mike Kirby		
	Helen Lane		
	John Needham		
	Dr L Moss - GP Partner [LM]		
	Carole Mason – Practice Business Manager [CMA]		
	Tom Watson – PCN Manager (North East Derbyshire PCN) [TW]		

### 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 18 September 2023 were confirmed to be a true and accurate record of the meeting.

### 3. Matters arising from previous minutes

An update on the actions from the previous minutes was provided.

- CMA to check 6-month/12-month process [regarding diabetic annual review] and report back to the PPG.
  - CMA confirmed that this depended on how well managed a patient's diabetes was. For some patients, it was necessary to bring them back for a 6-month review, however, for the majority, the review would be annually. Even with an annual review, however, patients could still request an updated HBA1C blood test at the 6-month point if they would find this helpful.
- Each member of the PPG to reflect on the proposed mission, vision and values, and bring at least one comment or suggestion back to the November meeting.
  - Included as part of main agenda.
- CMA to add [mission, vision and values] to website and invite feedback from wider patient population following PPG input.
  - Action pending subject to outcome of 23/11 meeting.
- CMA to add the [PPG meeting] dates to the PPG page on the website.
  - Action complete.
- All members to provide items for 2024 future agendas to the Chair.
  - Ongoing.

- The Chair confirmed that he was looking to organise attendance at the February meeting from Registrars.
- CMA to review [telephone] on hold message.
  - CMA reported that the phone system was being upgraded at the end of November/December and the on-hold message would be addressed with the upgrade.

#### 4. Practice update

CMA shared the following practice update with members.

In addition, CMA thanked Glyn Jones for his support of the Autumn flu and Covid vaccination event at Gosforth Valley.

## Practice Update

**New Starters**

- Ellie-Jo Elvin - Patient Administrator (Moss Valley)
- Cathy Freeman - Primary Care Network (PCN) Advanced Nurse Practitioner (ANP)
- Nicki Strafford - PCN Pharmacist
- Kim Longstaff - Practice Nurse (Moss Valley)

*And returning having a baby ...*

- Bethany Haycock – Trainee Nurse Associate (TNA) (Gosforth Valley)

**Changes**

- Celia Turner will be working more sessions across at Gosforth Valley to support with HCA capacity.
- Changes to Nurse rota from January.

**Leavers**

- Tricia Holcombe - Assistant Practice Manager (Moss Valley)
- Rachel Maltby - PCN Mental Health Practitioner (MHP)

*And temporarily leaving us to have a baby ...*

- Amy Winkley – Patient Administrator (Moss Valley)

**Vacancies**

- Assistant Practice Manager (Moss Valley)
- Cleaner (Moss Valley)

**New Services**

- Online registration for new patients from 27/11/2023
- Online booking for blood appointments with Health Care Assistants (HCA)

**New Initiatives**

- Involvement in National Research Projects
- Enhanced telephone reporting system

**Events**

- Christmas holiday period!



**THE VALLEYS**  
MEDICAL PARTNERSHIP

CMA shared additional details to supplement the information provided:

**Ellie-Jo Elvin** - had started at the end of October. Ellie had applied for the vacancy after completing work experience at Moss Valley for her Health and Social Care course at college.

**Cathy Freeman; Nicky Strafford** - were funded through the Additional Roles Reimbursement Scheme (ARRS) and employed by the PCN. These were roles that added additional capacity into the team, and that the Partnership couldn't necessarily afford to fund independently without the PCN.

**Kim Longstaff** - would be starting in January. Kim was a newly qualified nurse, and she would be completing additional training specific to general practice nursing. Kim was very enthusiastic and excited to join the team, and the team were equally excited to have Kim onboard.

**Assistant Practice Manager Vacancy** - the vacancy has now closed, and interviews were currently taking place.

**Online booking for blood appointments with Health Care Assistants (HCA)** - discussed how this would make booking routine bloods easier for patients who were using AccuRx as, when a blood test was due, patients would receive a link to self-book their appointment.

**Christmas holiday period** - a slide was shared on behalf of the Medicines Order Line confirming arrangements for ordering medication over the Christmas period.

Members made the following points and/or asked questions:

- Would it be possible to have a demonstration, and discuss in more detail, how the AccuRx messaging works?

**ACTION:** Chair to add as an agenda item for the February meeting.

**5. Q&A Session with Tom Watson, PCN Manager, North East Derbyshire Primary Care Network**  
The Chair thanked Tom Watson (TW) for attending the meeting and invited Tom to share more information about the PCN.

TW shared his background prior to becoming the Primary Care Network (PCN) Manager and outlined the structure of North East Derbyshire PCN; 4x practices, The Valleys, Barlborough, Killamarsh and The Springs Medical Centre, which collectively had around 40,000 patients. The PCN was a relatively small one, compared to others, but functioned well.

TW outlined that the introduction of PCNs were designed, amongst other things, to support workload and free up GP time. The main way this had been achieved was through recruitment of additional staff into the PCN through the Additional Roles Reimbursement Scheme (ARRS). This had allowed the PCN to recruit a wide range of staff to date, all of whom were working with, for and across the PCN practices:

- 5x Pharmacists
- 4x Pharmacy Technicians
- Social Prescribing Link Workers who ran a range of non-clinical intervention to help with social problems, including things like coffee groups/mornings and organised walks. The team went into the home, or another mutually agreed space, to support, rather than being based in the practices.
- Mental Health Practitioners
- Home Visiting Team, providing acute support and support for care homes. The team consisted of 2x paramedics, 2x community matrons, with the team continuing to expand.

In terms of the future for PCNs, TW outlined how nationally PCNs were in the final year of a 5-year contract with the NHS. It was expected that PCNs were here to stay, although they may be rebadged or called something different moving forwards, it was expected that the concept and principles would remain.

TW outlined that the challenge moving forwards was to address patient perception, where, for many, the belief is still that they must see a GP. In some cases, there was another clinician who would be more appropriate to see the patient, but the lack of knowledge and understanding about some of the new roles available under the ARRS means that patients didn't always feel they were getting the same value from seeing these clinicians.

Questions were invited from members of the PCN:

Q: Do we get the same benefits in a smaller PCN, compared to if we were in a larger PCN?

A: Being a smaller PCN, it has been easier to build effective, strong working relationships between the managers of each practice, and the PCN. Sharing of best practice has been built firmly into the ethos of the PCN and this works well. In terms of decision making, this is far more agile as a process, than it would be in a larger PCN. In addition, the support can be much more bespoke.

CMA shared the positive experience of The Valleys and how the size of the PCN meant that the influence the partnership could have in decision-making for the benefit of our patients, was greater than it would be in a larger PCN. CMA also said that having the support of the other PCN managers had been incredibly beneficial.

Q: Currently only The Springs Health Centre do diabetic retinopathy, was there any chance that the PCN would pick that up at some point?

A: Difficult to say.

Q: Moving forwards, are we expecting more services to be delivered through the PCN?

A: There had been a meeting last with Chris Clayton of the Integrated Care Board (ICB) and while he was keen to listen to the experience and challenges faced by North East Derbyshire PCN, he offered very little direction about things like this.

- Q: A member said that they were in contact with someone who would really benefit from the support of the acute home visiting team, could they have details to put them in touch with them.
- A: Advised that referral would be through the normal referral process so they should contact GP in first instance.

The Chair thanked TW for taking time to attend the meeting, and for the information shared and invited TW to stay for the remainder of the meeting.

## 6. PPG Membership

Chair outlined that this was a follow-up item following a previous meeting of the PPG where members had explored potential recruitment of younger people into the PPG so that it was more representative of the patient population.

CMA advised that since that time, Dr Butler had been in contact with a member of the senior leadership team at Dronfield Henry Fanshaw about a different project, and as part of this meeting, CMA had discussed with them the possibility of engaging some sixth form students interested in progressing to do medicine at university, in a fixed term project. As part of this discussions were had about the potential, if the student was a patient at either Gosforth Valley or Moss Valley, to join the PPG. The school were keen to progress this, and CMA had informed them that she would discuss this with the PPG.

PPG supported this as a way forward and would be keen to see students specifically focusing on how the partnership could improve its social media presence.

**ACTION:** CMA to contact Dronfield Henry Fanshaw to discuss project with a view to getting this up and running. Glyn Jones offered to support if needed.

## 7. Mission, Vision and Values – PPG follow-up from previous meeting

Chair outlined that this was a follow-up item following the September meeting of the PPG and members had been asked to reflect on the Partnership's proposed mission, vision and values, and come to the meeting ready to give feedback.

Members were invited to share their thoughts which included the following:

- Word that is potentially missing is 'communicate'. This led to discussion about whether 'work collaboratively' covered this.
- What do we mean by 'quality care', is it joined up and does everyone talk to each other? The group discussed the extent to which the values being 'underpinned by a commitment to preserving the core values of general practice' covered this and included continuity, which was important to some members.
- Was it realistic for the vision to be a 'one-stop shop for all health problems'?
- Isn't the mission, the vision?

After discussion, it was agreed that the group had potentially ventured into the territory of semantics, focussing on the wording, rather than whether their experience of The Valleys embodied the mission, and whether staff lived and breathed the values, and whether leaders were driving the Partnership towards achieving its vision.

It was agreed that members of the PPG would measure their experience of The Valleys, against the mission, vision and values as set down, and provide feedback to CMA about the extent to which we were achieving this.

**ACTION:** PPG members to feed back to CMA the extent to which the Partnership is achieving its mission, vision and values, based upon their experience moving forwards.

Shelley Hinson on behalf of Dronfield 2gether, suggested that, in line with the Partnership's values of 'working together to live well' it would be good for patients moving to the area to have a new patient leaflet and this could potentially include what is available to a new member of the area.

**ACTION:** SH to contact CMA separately to discuss.

## 8. Patient Prospective Access to Records

The Chair invited CMA to outline the changes in terms of patient access to records.

CMA shared with members that from 1 November 2023, all patients who accessed their health data through an online App, such as the NHS App, had been granted prospective access to their records. This meant that moving forwards, any consultations at the GP surgery, any letters, and any test results, were available to view via the App. This only applied to records from 1 November onwards, and anyone who required access to records prior to this time, would need to request this through the practice.

CMA outlined that there was a small group of patients for whom it had been deemed that having access to their medical records had the potential to cause harm. This included those with significant mental health, victims of domestic abuse, safeguarding cases and incapacity. Relatively however, this was a small number of around 200.

Questions were invited from the group:

Q: How do you access your medical records if you don't have online access or don't use technology?

A: You can request a copy of your summary care record from the practice, or if you wanted more detailed information and to see copies of everything, you could make a Subject Access Request to the practice.

## 9. DNAs

Following a request by the Chair, CMA had prepared data on the number of DNAs (did not attend) for appointments across the Partnership (see slide below) and was invited to talk through the information.

CMA explained that it had been a useful exercise to spend time to break the data down to between the different clinician types, and the DNA rate was significantly higher for Health Care Assistants (HCA), when compared to appointments with GP Partners. The reasons for this were discussed and the following comments were made:

- Is this because patients don't value appointments with HCAs in the same way they do other staff?
- Is this because the areas where there is a higher percentage of DNAs, is where the more chronic/routine appointments are, therefore patients forget or don't think it matters as much if they don't come.
- Are patients receiving the same reminder texts for appointments with nurses and HCAs as they are for GP appointments?
- Is there a way that we can publicise the data so that patients are more aware?

CMA thanked members for their points and confirmed that they would continue to monitor the data moving forwards.

**ACTION:** DNA data to be reviewed at a future meeting as a comparison.

DNAs			
GP Partner	710	4	0.56%
Salaried GP	683	12	1.76%
Registrar	1537	30	1.95%
ACP	248	5	2.02%
Nurse	990	32	3.23%
HCA	1853	95	5.13%
<b>Total</b>	<b>6,021</b>	<b>178</b>	<b>2.95%</b>



## 10. Any other business

### Appointments with Doctors

It was asked whether patients still had the right to see a doctor? Confirmed they did, and they could specify which doctor they wanted to see. The only thing that patients must bear in mind is that, if their appointment request was for something urgent, the priority will be to get the patient seen asap by the most appropriate clinician and we couldn't guarantee who this would be. If the appointment was routine, and providing the patient was happy to wait, then it wasn't a problem for them to indicate a preference for who they wanted to see.

### Merry Christmas

On behalf of the Partners, CMA thanked members of the PPG for their valuable contribution to The Valleys over the year and wished them all a Merry Christmas, and a peaceful, prosperous New Year.

By return, the Chair asked CMA to pass on the best wishes of the PPG to the staff for Christmas.

## 11. Date of next meetings

The Chair thanked everyone for attending, and for their contributions, and confirmed that the next meeting would be held on **Thursday 22 February 2023** from **18:30** at **Moss Valley**.