



THE VALLEYS MEDICAL PARTNERSHIP PPG

Date: **18 May 2023 @ 6.30 p.m.**

Venue: **Meeting held at Moss Valley Medical Practice**

1. Attendance & Apologies

Present: Glyn Jones (Chair) Carol Mason (Practice Manager) Wendy Jones Andrew Watson (minutes) John Needham Andrew Loughran (new member) Shelley Hinson Margaret Askham John Hutchinson Pat Boyle Sarah Bond Mary Milner,	Apologies: Dr Moss Mike Kirby Evelyn Kirby Dr Handscombe
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Apologies were received from members (these are noted – see above).

Welcome to new member, Andrew Loughran

Dr Moss unable to attend due to other commitments

2. Minutes of previous meeting 23 February 2023

The minutes were approved as an accurate record.

3. Matters arising from previous minutes

Reminders should be happening for all telephone and FtF patient meetings

Future PPG meeting dates are still under review. Suggestion for a Monday in September to allow Dr Gupta to attend

4. Practice Update

Staff photos were mentioned. Carol Mason (CM) said that she would look again and would be happy to share with the PPG photos of new staff members but it was agreed that photos for wider use would not be appropriate.

Thanks to CM for presentation of Practice Update etc. on screen at the meeting

New Starters

Trudi Ellis (Patient Administrator) GV

Claire Lee (Care Coordinator) MV

Dr Libby Doole (GP) MV

Leavers

Dr Steven Tao (GP) MV

Christine Bendell (Patient Administrator) MV

Changes

Nicola Mallows promoted to Team Leader for Patient Admin Team at GV

Vacancies

Patient Administrator – 18 hrs per week (Mon/Wed) at MV

New Services

Adult Social Prescribers (PCN)

Young Persons Link Worker (PCN)

Mental Health Practitioner (PCN)

New Initiatives

Working in partnership with New Hope Food Bank (collection box in the waiting room at MVMP)

Events

Covid vaccination clinics – 1,292 patients vaccinated as part of the Spring Campaign (just under 70% of those eligible for a vaccine)

The 3 “New Services” are to cover both practices

There will be a “mop up” Wednesday 24 May at MV for those invited but unable to attend the Covid vaccination day.

5. Update: Batch Prescribing

Annual Review Process

Approximately one month before medical authorisation expires, patient will be invited in for an annual review.

Patient attends review, usually with HCA, and monitoring activity is completed. Gavin Williamson, Pharmacy Partner, will conduct a pro-active review of the results from the appointment with the HCA.

If everything is okay, medication will be reauthorised for 13 issues.

If there are issues, questions or for information needed following the review, a Pharmacist will make arrangements to call the patient.

Repeat Dispensing – Monitored Meds

Patients order repeat prescriptions either via the App or through MOL.

If a patient hasn't responded to the annual review invite, they will receive a postal reminder and will be issued, upon request, with a further month's supply of medication.

If patient still doesn't book annual review one further month's supply of medication will be supplied.

Batch Prescribing – Regular Meds with infrequent monitoring

Patients' prescription for 13 issues is sent direct to nominated pharmacy and patients collect each month.

Pharmacy should prompt patient to contact surgery when they have only 1 prescription left.

Batch Prescribing should now be happening at both practices

The reviews will take place in one of three ways

Thought to be a problem that everything is issued, not just what is needed

There will be a need to contact the pharmacy or the practice to make sure the “batch” reflects actual needs

CM believes all pharmacies are set up to deal with Batch Prescribing

6. Update: New National Plan for Pharmacies

CMA shared an article which had more information and confirmed that there hadn't been any communication directly with general practice regarding this. (Article: <https://www.chemistanddruggist.co.uk/CD136989/Pharmacy-First-set-for-national-launch-by-end-of-2023-following-consultation>)

NHSE today (May 9) released its “[delivery plan for recovering access to primary care](#)” – also known as the primary care recovery plan – which announced a community pharmacy funding injection of “up to £645 million” over two years to “expand” services. [It said](#) that the cash will fund a Pharmacy First service as well as expansions to the [pharmacy oral contraceptive](#) and [blood pressure programmes](#) – although it remains unclear how this will be divided.

[Read more: Government injects £645m investment into community pharmacy](#)

The plan set out an ambition to launch the Pharmacy First service “by the end of 2023”, although it stressed that this is “subject to consultation”.

The exact launch date will be confirmed once negotiations between the Department of Health and Social Care (DH) and the Pharmaceutical Services Negotiating Committee (PSNC) are completed.

Prescribing under PGDs

Pharmacy First will allow community pharmacists to provide prescription medication to patients for seven common conditions, without patients needing to see a GP or other doctor beforehand, NHSE said.

These seven conditions are:

Sinusitis, Sore throat, Earache, Infected insect bite, Impetigo, Shingles and Uncomplicated urinary tract infections (UTIs) in women

[Read more: PSNC ‘still awaiting news’ on Pharmacy First service amid October launch hints](#)

Pharmacists will be allowed to supply prescription-only medicines to treat patients with these conditions, including antibiotics and antivirals “where clinically appropriate”, NHSE said. These medicines would be provided under patient group directions (PGDs), which allow pharmacists to supply medicines to patients who meet certain criteria following a consultation, it added. “For some conditions general practice involvement is not necessary if it is clear to patients where to get care and it is clinically safe to do so directly,” NHSE said.

[Read more: Public ‘overwhelmingly’ backs Pharmacy First, PSNC survey reveals](#)

NHSE also announced that it will “support research to ensure a consistent approach to antibiotic and antiviral use between general practice and community pharmacy”. National Institute for Health and Care Research (NIHR)

funding for this research is already confirmed and commissioning will take place after consultation, it said.

Negotiations underway

PSNC [said today](#) that the way funding would be distributed across Pharmacy First and the oral contraception and blood pressure programmes would be subject to “detailed negotiations”. It described the funding as “an initial investment”, adding that “future investments will depend on outcomes and future negotiations”. The pharmacy negotiator said that discussions on the plans “have already commenced” and that it “hopes to be able to report back to the sector over the summer”.

Read more: [PSNC: Pharmacy First must not be left to ‘piecemeal’ local commissioning](#)

“Service details and funding allocations” are now subject to negotiation “as usual”, as are the “cost of IT integration and marketing of pharmacy services to the public”, it added. “Until the detailed negotiations have concluded we will not know the extent and speed with which this investment will help the sector through the immense challenges that it currently faces,” PSNC said.

Read more: [Pharmacy First service ‘most likely’ route to new funding, PSNC boss predicts](#)

“We want to get extra funding flowing to pharmacies as soon as possible,” it added, cautioning that IT systems and other “necessary enablers” must be in place before the launch. “We have been working for many months to build support for a fully funded Pharmacy First service and hope these will be constructive negotiations with a very positive outcome for pharmacies and their patients”, it said.

The commissioning of an appropriately funded Pharmacy First service would be a “huge win” for the sector, it added.

Potential to save up to 10m GP appointments per year

NHSE said it wants to “build on [the] success” of existing pharmacy services, saying that the new and expanded offer would “increase convenience for the public”. It recognised that expanding pharmacy services “requires new funding” and said the plans “mark the next step in the journey” of making pharmacists “the first port of call for minor common conditions” and making “better use of the clinical skills in community pharmacy teams”.

Read more: [Local Pharmacy First scheme in place for 20 years to be axed this month](#)

The recovery plan projected that diverting GP appointments to the Pharmacy First, oral contraceptive and blood pressure services could save general practices up to 10 million appointments a year once the services reach scale. Chair of the Royal Pharmaceutical Society (RPS) in England Thorrun Govind said

that the success of Pharmacy First will depend on its on-the-ground implementation.

“The funding must flow to the frontline who need to be supported to give patients the quality service they deserve,” she said.

7. Capacity and Access Plan

The aim of the Capacity and Access Plan is to provide the space, funding and license for PCNs to focus on making improvements to help manage demand and improve patient experience of access, so patients can access care more equitably and safely, prioritised on clinical need. It also supports the accurate recording of general practice activity, so that improvement work can be data-led.

Funding has been allocated to support improvements with 70% paid unconditionally and 30% paid in full or part based on commissioner assessment of a PCN’s improvement in three areas:

a. Patient experience of contact

Trend over last five years (including latest year of 2022), with score for each practice in the PCN, the PCN, ICB and national score:

Q1. Generally, how easy or difficult is it to get through to someone at your GP practice on the phone?

Q4. How easy is it to use your GP practice’s website to look for information or access services?

Q16. Were you satisfied with the appointment (or appointments) you were offered?

Q21. Overall, how would you describe your experience of making an appointment?

Q32. Overall, how would you describe your experience of your GP practice?

Friends and Family Test scores

b. Ease of access and demand management

Is cloud-based telephony currently in place with call-back and call queuing functionality?

Is online consultation, messaging and appt booking functionality in place?

Online consultation usage per 1,000 registered patients

c. Accuracy of recording in appointment books

Current GP appointment data

Whilst results for each practice in the North East Derbyshire PCN were shared, only the results for TVMP are disclosed within these minutes.

	2022	2021	2020	2019
Q1.	74%	78%	83%	73%
Q4.	70%	72%	88%	75%
Q16.	67%	77%	68%	61%
Q21.	58%	66%	68%	54%
Q32.	76%	82%	80%	79%

Can the practice please review/change the telephone answerphone message as it's very cumbersome

The website layout has been looked at but needs further improvement

Appointments are still being triaged by phone or online only. If these methods are inappropriate, a receptionist will complete a paper form at reception
Feedback to the practice is needed if systems are not working as they should.
Balanced feedback is key to an accurate understanding

Request for personal positive feedback to be communicated to the relevant staff member

The online triage system only works in "working hours" so doesn't really help the 8am rush

CM requests PPG members to provide to her some feedback on the Capacity and Access Plan

8. Friends and Family Data

There is no structured system in place of F&F information

Patients should be prompted to complete F&F questionnaire following every appointment and cards are in the surgery

Results of F&F questionnaires and some complaints will in future be shared with the PPG

A suggestion was made that F&F cards should be left at Nursing Homes covered by the practice

9. Any Other Business

A Teams meeting for PPGs in Derbyshire will take place soon. Glyn is to share the details when they are available

10. Date of next meeting

Thursday 20 July 2023 at Moss Valley (not Gosforth Valley as previously communicated), 6.30pm

The following meeting will take place in September on a Monday (to be decided later) at Gosforth Valley to allow Dr Gupta to attend, 6.30pm

Glyn closed the meeting and thanked everyone for attending