



Trent View Medical Practice

 managed by Riverside Surgery

Patient Participation Group Meeting

Tuesday 19th March 2024 at 4.00pm Skippingdale Surgery

Minutes

Attendees:

David Wall – PPG Chair	(DW)
Dr S Modan – GP Partner & East PCN Clinical Lead	(SM)
Patricia Hyatt	(PH)
Sean Fletcher	(SF)
Sue Colakovic	(SC)
Patricia Murphy	(PM)
Christine Slack	(CS)
Helen Groves	(HG)
Jane Goulding - Patient Services Lead	(JG)
Sherrie Handley – Patient Services Lead, TVMP	(SH)
Sara Mann – Business Support Officer (Note Taking)	(SxM)

1. Welcome & Membership Update

DW welcomed everyone to the meeting this afternoon and thanked Dr Modan for making the time to attend the TVMP PPG in his role as GP Partner and East PCN Clinical Lead. Everyone introduced themselves. DW advised that Dawn Austwick has stepped down from her role as a PPG Member. DW informed the group that a new member Helen Groves had joined the PPG.

2. Apologies for Absence

Michelle Slimm - Business Manager, Melanie Stokes, Maureen Ruff

3. Minutes of Previous Meeting (16/01/2024)

The minutes of the previous meeting held on 16th January 2024 were agreed as an accurate record.

4. Matters Arising From Those Minutes Not On The Agenda

5. Presentation by Dr Modan, Followed by Q&A

It was agreed that this session (outlined in Appendix A of the agenda) be the main item on the agenda in terms of time allocation.

SM commenced by giving a background of the merger of Trent View Medical Practice with Riverside Surgery which was very challenging. The initial plan was to 'help out' with the practice, but Riverside ended up taking over.

Four new salaried GPs have been recruited. Michelle Slimm is the Business Manager of both practices supported by SxM.

SM advised that he felt very privileged to have a Primary Care Network (PCN) role. SM explained that that he had previously been part of the Clinical Commissioning Board for five years and due to his background was involved in the initiation of the PCNs. The PCNs undertake the whole commissioning of local health services at a primary care level. The

primary care budget was previously limited for so many years and GP practices were working in isolation.

SM explained there are four PCNs in North Lincolnshire, North, South, East and West. The size of the East PCN is 35,000 patients weighted list, which is including Riverside Surgery, Trent View Medical Practice, Barnetby Medical Practice, West Town Surgery and South Killingholme Surgery.

Each practice has a separate General Medical Services Contract and are asked to provide basic care to their practice list size. The practices are paid a small amount per patient on the practice list.

The Investment and Impact Fund (IIF) is an incentive scheme focussed on supporting PCNs to deliver high quality care to their population, and the delivery of the priority objectives articulated in the NHS Long Term Plan and in Investment and Evolution; a five-year GP contract framework. Services offered under this funding are NHS Health Checks, Immunisations and Extended Access Evening/Weekend Hours Appointments.

SM explained regarding ARRS which is additional funding for a Shared Care Contract with the Hospital in association with the INR (international normalised ratio) Service, Pharmacists, Physiotherapy, Pharmacy Technicians and Mental Health Nurses. The East PCN took over running the INR Service which was previously undertaken by Ashby Turn Primary Care Centre.

Social Prescribers are employed by Citizen Advice and assist patients in the Community Sector helping them sort out problems and pointing patients in the right direction to access services to help with debts etc. Patient are signposted via the Care Navigators and Nurses at the practices.

Six Pharmacy Technicians have been employed assisting the Pharmacist with medications, Hospital Discharge Letters and education to patients regarding their medications.

The Physiotherapists are employed by NLaG and patients are signposted to the services offered again by Care Navigators/Nurses. SM advised they have a better knowledge, providing exercises, injections, medications and one of the Team is an Independent Practitioner/Prescriber.

The Mental Health Nurse is employed by Rotherham and Doncaster and South Humber NHS Foundation Trust and once again patients are signposted to the service by Care Navigators and Nurses.

Nurse Associates and Advanced Care Practitioners (ANPs work Independently/Prescriber) are also employed under ARRS Funding. The practice pays the staff wages and the practice is re-imbursed by the employing authority.

SM advised that he has been a GP Trainer since 2009 and has mentored lots of new GP Registrars, and supported Physiotherapists, Pharmacists and Mental Health staff with their prescribing training.

1a. Improvements to Patients – patients feel they are not getting very good services. There are shortage of deliveries and a lack of appointments – is there going to be a journey?

SM advised GP Surgery is non-sustainable as the demand is so high. Patients feel they need to see a GP, but they do not always need to see one and can be referred directly to other clinicians such as Mental Health, Pharmacists, Physiotherapists and Palliative Care.

Half an Hour to two hours to answer the telephone – patients feel they are not seeing any benefits from the centralisation. Things are still taking the same amount of time. Total

Triage at Central Surgery, the form is triaged to the central pool. Triage is direct – online and has reduced the GP workload by 15%.

Staff abuse from patients – stressed staff and a high turnover of staff subsequently.

The younger generation can use online services.

JG advised that there is now a GP at every site, five days per week. Who triages the patients clinician or nurses. JG and SH had visited Ashby Turn Primary Care Centre who are currently using AccuRx. JG explained that Riverside and Trent View have a high elderly cohort and we still have a high volume of calls.

JG advised that she has met with the Social Prescribers, and we are undertaking our own in-house figures for usage of the service.

JG advised that Triage is a clinical job. The practice is trying to build a robust team with three new Care Navigators recruited. Monthly Team Leaders meetings take place at all sites. The practice offers other different services and there are displays in all the waiting rooms advertising these.

1b. Improvements to the Buildings Estate

SM advised that the funding for the extension and refurbishment at Riverside was initiated by MS following her commencement in post at Riverside. SM updated that the GPs put in two million of their own money on top of the Government money from NHS England. From Care Plus, there is currently no funding available for Keadby. SM commented that the plot of land adjacent to the car park at Keadby was purchased by the GPs and this has Planning Permission for eight or nine houses. He stated this could have been sold, but we did not want that, as the preference would be to build a new building for providing services to the residents of Keadby and the surrounding area.

SM commented that the building at Crowle is half empty. We want to keep all three sites open and are trying hard to find funding. The windows at Crowle have been replaced and we have undertaken basic cosmetic work as far as we can at present. MS and SM have a six-month long-term plan.

1c. Patients more and more are being expected to travel to surgeries other than their local TVMP Surgery.

SM advised that it is preferable to see patients where they reside but patients are offered appointments at other surgeries. SM stated it is quicker to come to Brigg and the Pharmacy rather than attend A&E, if the problem can be dealt with at a primary care level.

There are Urgent Care Appointments available at each of the five sites every day. This is trying to provide a service if a patient does require to be seen on the day. The GPs are distributed evenly across all five sites. A strict rule has been initiated regarding GP annual leave at Christmas and throughout the rest of the year to provide adequate cover at all sites. JG showed a two-week rolling rota to the members which is now in use. She also stated that sickness is a big issue at present.

SM advised that the practice is trying to use a consistency of approach and understands patients' concerns as part of the patient journey. SM commented, what would I expect as a patient? We provide the service.

1d. The merger of Riverside Surgery and Trent View Medical Practice, and details of the patient benefit (s) to be delivered by any such merger.

DW commented that the merger is still two practices, is there a plan to merge both B numbers? Keadby is the main site, is there a timescale for one system and one practice. DW feels it appears to be partly disrespectful to patients as Trent View Medical Practice

does not feel like their practice anymore, as there is Riverside Branding on All Documents, Posters and Patient Information in the Waiting Rooms, etc.

2. An explanation of how the EAST PCN is managed currently and changes planned for the future, in particular with respect to:

2a. The East PPG Management Structure (e.g. is a PCN manager to be appointed?)

SM stated that Michael Hart (MH) is the PCN Manager for the East PCN. PCN work is all the time and half of the work is undertaken by PCN staff in their various roles.

Social Prescriber – Never had it in North Lincs.

Social Prescribers are employed by Citizen Advice and are trained and managed by the service who report to the PCN directly and quarterly meetings take place.

Riverside is the Lead Practice for the East PCN, but is not a Legal Body.

2b. Progress in relation to the 'Delivery plan for Recovering Access to Primary Care - May 2023' (Sharing of the Plan and Actions/Time-line with the PPG?)

SM advised that we have a programme, and I will ask MH to e-mail the document to DW. DW stated that it would be good to visually see PCN Documents. DW is currently working with the other PPG Chairs. SM advised it is important that you are well informed, as you are the voice of support, and it is a two-way stream.

Action: SM

2c. Current and Future Plans for Enhanced Services/Additional Staff Funded via the PCN

SM stated that the practice is trying to improve the quality of care for patients. A number of the GPs have speciality areas, Diabetes, Cardiovascular and Dermatology, Minor Surgery, Respiratory and Substance Misuse.

2d. Visibility of the Decision-Making Process Relating to the East PCN and How Patient Engagement is Being Delivered/Encouraged as Part of That Process

The comment was asked "How do you convince us that bigger is better"? Amalgamation must be mandatory.

The practice feels that it has no voice anymore.

Educational material in the Waiting Room

? Videos in the Waiting Room

DW has worked hard on relaunching the Website for the past two years and it is felt that once this is live the information will spill out.

The baseline is to bring the pieces of the jigsaw puzzle together.

SM thanked DW for working so hard for the PPG and everyone is working hard for the practice.

Everything is being done to stop us seeing a GP – patients are told the Nurse can do that.

Comments were made by some of the members of the Group that 22% of patients see a GP, but what about the other 78%?

SM stated that GP appointments are longer at fifteen minutes and patients are often seen for more than one problem. All GP appointments are Face to Face. Telephone consultations ceased for GPs after the pandemic.

The question was asked again "do you think there is a risk to the 78% who are not seen"?

SM advised that the practice has input a service for Signposting everyday to try to accommodate everyone.

There is always a risk.

Increase in more than five Primary Prevention should be offered a Statin. Over 40s offered a Health Check – based on lifestyle recording. Patients are offered a blood test Hba1C and Cholesterol. Silent Killers.

A further comment was made regarding your records have been reviewed, by the Pharmacist – not done that way, done by a person pressing buttons. DW said it was a lie and patients are not given an apology.

DW gave a big thank you to SM for attending the meeting.
SM advised that resources should be used appropriately – the practice is not out to make a profit.

SM stated that when Riverside merged with Trent View there were 17,000 documents not filed – now all documents are all filed on a daily basis.

6. 'Total Triage' Update

7. New TVMP Website – Update

Link to Website Demo [HERE](#))

8. Performance Reports

➤ Documents Distributed Prior To The Meeting

9. Feedback from members who attend external meetings relevant to the work of the PPG

• HNY ICB Patient Engagement Network (PEN) meeting 21/02/2024 (Zoom) - DW (link to recording of meeting [HERE](#))

10. Any Other Business

Community Physiotherapy – Hollie Iggleden working as part of the PCN, has now left. SM will speak to George McIntosh regarding the community physiotherapy at Keadby Village Hall.

Action: SxM to remind SM

Social Prescribers have a room at all three Trent View Sites.

Carers Support (Keadby) – JG advised that she was meeting with a lady on Monday of next week.

11. Date/Time of Next Meeting

Tuesday 21st May 2024 at 4.00pm at Keadby Surgery, 45 Trent View, Keadby, SCUNTHORPE, DN17 3DR

DW brought the meeting to a close and thanked everyone for attending today.