



Minutes

Date of Meeting: Thursday 19 September 2024
Time: 6:30pm
Location: Gosforth Valley Medical Practice

In attendance: Glyn Jones - Chair
Margaret Askham
Shelley Hinson
Wendy Jones
Evelyn Kirby
Mike Kirby
John Needham

Apologies: Pat Boyle
Sarah Boyle
Adrian Hubbard
John Hutchinson
Helen Lane
Andrew Loughran
Mary Milner

Carole Mason - Practice Business Manager [CMA]
Dr Louise Moss – GP Partner [LM]

Invited in addition: Rhonda Pickering – Deputy Director of Nursing and Quality (DHU)
Judith Brown – Patient Involvement and Experience Manager (DHU)

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 July 2024 were agreed as a true and accurate record.

3. Matters arising from previous minutes

Peak Pharmacy update

The chair requested an update regarding the actions identified in respect of the Peak Pharmacy update at the previous meeting.

CMA advised that she had not yet had opportunity to meet with managers of Peak Pharmacy, but the issues with pharmacies stating to patients that they hadn't received prescriptions, when they had, had not alleviated so the plan was still to do this.

CMA had discussed the experience of the other practices in the PCN and they had confirmed that this was an issue, but that they did not know the scale to which this was impacting upon practice workload. However initial feelings were that it was less than at The Valleys.

4. Practice update

CMA shared the following practice update with members.

Practice Update

New Staff

Welcome to our new Registrars and Medical Students!

Leavers

Connie Tracey (Maternity)
Practice Nurse at Gosforth and Moss Valley

Changes

Nurse Emma Brealy
Working additional morning each Tuesday to cover maternity from 18 November

Nurse Debbie Dujon
Working additional sessions on Wednesday and Thursday at Gosforth to cover maternity from 18 November

Administrator Kate Brooks
Covering Care Coordinator role at Moss Valley



Vacancies

Practice Nurse
We are just in the process of making an offer.

New Initiatives

Research Projects
Continue to increase the variety of research projects we are involved in.

Relaunch of NHS Health Checks

From November 2024

Change to Ear Care

Monthly Ear Care clinic at both sites from November 2024

Events

Covid and flu booster campaign 15 October (plus Shingles and Pneumo for those eligible. Mop up clinic and RSV vaccines on 5 November. PPG represented at MVMP on 15 October and GVMP on 5 November. Feedback from Eckington Health event.

Challenges

GP Collective Action

North East Derbyshire Primary Care Network (PCN) News

Home Visiting Team new home! We have welcomed the PCN Home Visiting Team to Moss Valley as their temporary new base from September.

CMA added the following detail:

Welcome to new Registrars and Medical Students! – CMA shared the names and training status of the Registrars and trainees who had joined the Practice in August, and the sites that they were based:

Rijuvani Sehgal – Foundation Year 2 Doctor based at Moss Valley

Callum Edmonds – Specialist Registrar (ST) Year 1 Doctor based at Moss Valley

Heba Elakabawy – Specialist Registrar (ST) Year 3 Doctor based returning to Moss Valley

Amal Gabeyre – Specialist Registrar (ST) Year 1 Doctor based at Gosforth Valley

Lilian Obloma – Specialist Registrar (ST) Year 1 Doctor based at Moss Valley

Joseph Olupona – Specialist Registrar (ST) Year 3 Doctor returning to Gosforth Valley

Atta Onate – Specialist Registrar (ST) Year 3 Doctor returning at Gosforth Valley

Tsz Tsun Pang (Vito) – Trainee Pharmacist based at Moss Valley

Osama Shaikh – Specialist Registrar (ST) Year 1 Doctor based at Gosforth Valley

Amina Shokat – Kings College London Medical Student (4-week placement)

Connie Tracey (Maternity) would be starting maternity leave from 15 November, preceded by 2 weeks annual leave. Connie was expected to return in the Autumn of 2025. As per the update, nurses Emma Brealy at Moss Valley, and Debbie Dujon at Gosforth Valley, would be increasing their hours to cover Connie's maternity leave. The Partnership were in the process of finalising the recruiting of a new nurse on a temporary contract to supplement the hours in addition.

There were no additional questions asked.

5. Presentation and Q&A Session: Rhonda Pickering – Deputy Director DHU

The Chair welcomed Rhonda Pickering (RP) and Judith Brown (JB) to the meeting and invited them to introduce themselves to members. RP advised that she was the Deputy Director of Nursing and Quality at DHU, and JB is Patient Involvement and Experience Manager.

RP took members through a presentation that outlined DHU services and utilisation and invited questions (a full copy of the presentation is available to download with the minutes).

Q: What does DHU stand for?

A: It used to stand for Derbyshire Healthcare United but as the organisation has grown and expanded beyond the borders of Derbyshire, the "DHU" name has been retained, but it is no longer an acronym for anything.

JB shared the range of services offered by DHU, which were a combination of 111 and other services which included the following:

- Clinical Navigation Hub
- Derbyshire Urgent Care Home Visiting Service
- Derbyshire Integrated Urgent Care Services
- Phlebotomy Services
- Community Nursing Service
- Covid Medicines Delivery Unit
- Community Virtual Ward
- GP Practices

JB explained how DHU were also now taking on the running of GP practices in some areas, and currently managed three GP practices in Leicester and 2 practices in Derbyshire with another potentially coming on board.

Q: In terms of the Urgent Treatment Centres, can patients just walk into these?

A: For Ashbourne, New Mills and Swadlincote did offer a walk-in service, however DHU wouldn't advocate this for the other centres. Patients wouldn't necessarily be turned away if they did walk in, but they worked on a triage basis, which informed the right decision in each case.

Q: How do patients access Urgent Treatment Centres?

A: Patients can get booked in through the 111 service, and there is some access via GP services.

DHU successes were shared with members:

- DHU had achieved an 'Outstanding' CQC rating for its Urgent Care Derbyshire (North) services.
- DHU had delivered over 21,000 evening and overnight community nursing visits to housebound adults; the organisation had adapted the 'swift queue' booking system for phlebotomy.
- DHU worked with East Midlands Ambulance Service to reduce ambulance requests and increase non-ambulance resolutions.
- They had completed 41,000 face-to-face consultations and 19,000 home visits out of hours.
- DHU had achieved timely service delivery with 93% of urgent home visits completed within 2 hours, and non-urgent visits within 6 hours.

The usage of DHU 111 services by patients at The Valleys Medical Partnership was shared for the period January 2023, to September 2024. This indicated that there had been a total of 4,451 interactions for the period, with between 170 and 270 patients accessing the service each month.

Q: Does the data represent patients who have been referred to 111 by a GP, or all patients who have accessed the service?

A: The data is all patients who have accessed the service who match the demographic of being a patient at The Valleys.

Q: How many call centres does 111 operate?

A: There are 4 call centres.

Q: Have you done any comparisons of the data with other areas/other practices etc?

A: We are just starting to, and comparative data is currently being tested.

Q: Do you expect there to be more demand for 111 services if pharmacies close?

A: Yes; there are Pharmacists working as part of our team.

Q: [From DHU to patients] Have you heard of pharmacies closing?

A: Only on the news.

Q: Have you picked up any patterns from the data?

A: The data is quite consistent/steady – September 2024 looks lower but this is because it is a part-month.

Q: What is the difference between clinic and non-clinical telephony?

A: All patients who contact the 111 service speak to someone; some will go on to speak to a clinician, some will receive other advice for example, an appointment will be booked, or other guidance/support may be signposted or offered.

Data for the use of DHU Urgent and Emergency Care (UEC) Services for patients of The Valleys Medical Partnership was shared for the period January 2023 to September 2024. The total number of interactions were 4,034 for the period, with a range of between 150 and 260 interactions per month.

Q: This feels a high proportion – is there any correlation between the data and proportion of time wasters?

A: Frequent callers and high impact users do contribute to the figures and may have multiple interactions with the services. These are flagged back to practices.

Q: Are there any challenges with how service users treat the service?

A: DHU have a zero-tolerance approach in respect of abusive and/or threatening behaviour, so where this is evident, it is addressed in the strongest terms.

Q: What proportion of the support provided is for mental health?

A: We see a high proportion come through 111 as there are no mental health services operating out of hours. These patients will always be managed by a GP and if it isn't appropriate for them to come to the practice, they'll be visited at home and if they are known to the service, they may be admitted. There are specific mental health nurses working as part of the service and DHU are currently piloting a child/young person service.

Further data was shared, which provided an insight into other aspects of DHU work. It was recognised that the organisation, and the services they provided, were multi-faceted, and equally, there were many layers to the data that had been provided. This made it difficult to draw any conclusions but did provide valuable insight into utilisation.

RP invited members of the PPG to share their experience of DHU services:

- One member advised that they had had reason to use 111 over recent years and the main problem they had found was communication and they had found call handlers sometimes difficult to understand, particularly in instances where the call handler had a particularly strong accent. Other than that, PPG member felt that the service had been excellent.

DHU response: Ability to communicate effectively is a priority for all staff and tested as part of the recruitment process. DHU empower staff to complete qualifications to support effective use of English. Where this remains a challenge, support plans are put in place which can include a range of measures including elocution training.

- Members shared their admiration for the call handlers, particularly recognising some of the heart-wrenching calls they had to deal with.
- A member shared that they had had to use the 111 service on three occasions over the past 15 years and had always found this to be positive.
- Another member agreed; they couldn't fault the 111 service and had appointments made with Ashgate a couple of times on the back of the calls they had made.
- A member shared feedback from a friend in Derby who had used the 111 service; they hadn't liked the service because they had wanted to direct what support they believed they needed without going through the questions.

DHU response: The pathway system patients experience when they call is a nationally directed system. There can be duplication, with patients asked the same questions, but it is an important structure to help direct the most appropriate support for patients. A member asked if the pathway was reviewed, and DHU confirmed it was; there were regional and national meetings taking place regularly, and where a change had been agreed nationally, this would be built into the protocol.

RP asked members what they believed DHU's top 5 priorities should be. The group felt that the sharing of data and the outreach to the PPG had been particularly useful and said that they thought that this would be useful moving forwards.

Members also referenced advertising of the service, which appeared to have been something that used to happen but had now stopped. Representatives from DHU said that they were no longer permitted to advertise, as directed by NHSE, as this was believed to have a negative impact on service use.

RP closed the meeting by outlining opportunities for members of the PPG and the wider patient body, to become involved with DHU which included:

- Becoming Patient Safety Partners by Participating in Quality Walkaround Visits at Our Sites and Services
- PPG Visits – Using Observe & Act Model
- Patient Advocate roles
- Patient Story's from Patients who use of services
- Patient Focus Groups to support innovative solutions that lead to better outcomes and experience for patients & their families

Members of the PPG were invited to come and visit an emergency call centre and complete a quality walk-round using the observe and act model.

Action: Members who are interested to contact the Chair, who will liaise with RP to arrange a visit.

The Chair thanked RP and JB for attending, and for their presentation.

6. GP Collective Action – Overview and Practice Response

The Chair invited CMA to address PPG members.

CMA provided the following information:

- The British Medical Association (BMA - the registered trade union for doctors) recently undertook a ballot of all GPs who hold a contract to provide GP services to patients - the vast majority of GP practices are independent partnerships holding an NHS contract. The ballot asked if GP partners were prepared to participate in joint ("collective") action with the BMA. An overwhelming majority across Derbyshire and the UK said yes.
- The reason for this was that for years, General Practice had been doing work that is not funded and not contracted due to gaps in commissioned services and pressure in secondary care. This had been done to ensure patients continued to receive the care they deserved. Continued and ongoing chronic underfunding, and an increased demand meant that it was no longer sustainable for General Practice to continue to work in the way at was.
- CMA clarified that Collective Action was not about pay but about General Practice receiving the amount of funding needed to employ enough doctors, nurses, and other staff to provide sufficient appointments and for General Practice staff to work safely.
- Statistics were shared to support the need for action:
 - Across the country, since 2015, there have been 1,600 practices close or merge.
 - There are over 6,000,000 more registered patients.
 - There are 2,000 fewer full time equivalent GPs.
 - Despite this, funding levels are significantly lower than they were in 2018.
- In terms of what collective action meant for patients, CMA explained that although members may have heard this referred to in the press as "industrial action"; this was incorrect. This was not industrial action, this was "collective action" which was about working legitimately within the GP contract. Collective action was not about doing anything that compromised the safety of patients and collective action did not mean that GPs or other staff would be going on strike.
- CMA said that The Valleys supported the joint action across the country in the hope that this would force the government to look at General Practice and urgently reconsider the amount of funding it received. The BMA had recommended a range of measures that practices may wish to consider implementing to support the call for collective action, some of which already aligned with existing working processes happening at The Valleys.

- CMA advised that the Partnership would continue to review the extent to which recommended actions were appropriate, achievable, and practicable in the context of their organisation, and would ensure that any action the Partnership did take was in the best interests of patients and staff. CMA reassured members that any actions the Partnership did decide to implement would be discussed with the relevant teams and supported with appropriate resources and communication for patients.
- Members were advised that patients should continue to use the service at The Valleys as normal and should rest assured that patient care remained the priority.
- CMA shared a joint statement that had been issued via the practice website and social media:

We **WORK COLLABORATIVELY**

Social Media Statement

You may be seeing news reports talking about “industrial action” by GPs and we wish to update our patients.

The British Medical Association (BMA - the registered trade union for doctors) recently undertook a ballot of all GPs who hold a contract to provide GP services to patients - the vast majority of GP practices are independent partnerships holding an NHS contract. The ballot asked if GP partners were prepared to participate in joint (“collective”) action with the BMA. An overwhelming majority across Derbyshire and the UK said yes.

This is NOT about pay but about General Practice receiving the amount of funding needed to employ enough doctors, nurses, and other staff to provide sufficient appointments and for our staff to work safely.

As GPs, we have for years been doing work that is not funded and not contracted due to gaps in commissioned services and pressures in secondary care services; we have been doing so out of concern for our patients and to ensure that you continue to receive the care you deserve. However, with chronic underfunding and increased demand it is no longer sustainable for us to continue working in this way.

Across the country, since 2015, we have seen 1600 Practices close or merge, there are 6 million more registered patients and 2000 fewer full time equivalent GPs. Our funding levels are significantly lower than 2018 levels.

The joint action across the country is hoping to force the government to look at General Practice and urgently reconsider the amount of funding it receives.

Though you may have heard this referred to in the press as industrial action; this is factually incorrect. This is not industrial action. We are not on strike. This is “collective action” which is about working legitimately within our contracts. We will not be doing anything that compromises your safety, and we will not currently be going on strike. But we are fighting to be able to provide better services to you.

Please continue to use our services as normal and rest assured that patient care is still our priority.

We hope you understand that we are taking this action to ensure that general practice locally, in Derbyshire and across England is there for our patients in years to come.



THE VALLEYS
MEDICAL PARTNERSHIP
Working together to live well

#GPsAreOnYourSide
#BMA
[GP contract 2024/25 changes \(bma.org.uk\)](https://www.bma.org.uk)

There were no questions or comments from members following the presentation.

The Chair thanked CMA for the update.

7. Any other business

AccuRx/Sysm1 Text Messages and Notifications: The Chair had asked CMA prior to the meeting if there had been a change to the way text notifications were handled. CMA advised that the messages were now being sent as notifications through the NHS App, and would only come through as a text message if a patient didn't have the NHS App, or if the notification hadn't been accessed/read on the NHS App after a specified period.

CMA advised that this was a national change and not something that had been implemented at practice level.

8. Date of next meetings

The next meeting of the PPG was confirmed as **Thursday 20 November 2024** from **18:30** at **Moss Valley Medical Practice**.