Patient Participation Group – Virtual Meeting via Microsoft Teams

Meeting 2nd May 2025

Attendees

Dr Rowan Kenny- GP Partner

Hayley Harriman – Care Coordinator

Paul May – Patient Participant

Bernadette Healy – Patient Participant

Natasha Munoz – Patient Participant

Derek Cheshire – Patient Participant

**Agenda-**

|  |  |
| --- | --- |
| Item | Allocation |
| MAIYA (new recall and annual review system) | Dr Kenny |
| The change to use 'Accurx' forms for triage (formerly online form requests - a function on the practice website) | Dr Kenny |
| BMA collective action. | Dr Kenny |
| Hero Of Health | B.Beatson |
| Direction of GP Practice/Update on Network Level progress | Dr Kenny |

Minutes :

Dr Kenny held the necessary introductions and welcome to new members of the Practice Participation Group. Followed by an overview of what the Porter Valley Network provides as a service and the incentive behind internal Practice Participation Group today. Dr Kenny outlined what the ‘Porter Valley Network’ (PCN) is, it’s successes and its aims for the future. Our PCN is built up of 6 GP practices, including ours, and one of the benefits in being included in this includes allocated funding for practices.

Dr Kenny updated the attendees of the new MAIYA recall and review system created by GP Partner, Dr Rawlings. The MAIYA system is set to replace the ‘BMR- Birthday Medical Review’ process and capitalise use of appointment and clinician time by delegating and coordinating the most efficient appointment for the patient. This system has not yet been implemented into practice.

This explanation opened the discussion surrounding making appointments and the struggle to arrange GP appointments at the front desk reception. Dr Kenny explained the rationale behind GP appointments not being made bookable at the front desk. For example, triaging the patient at the front desk is not always appropriate. The triage system relies on the reception team member to maintain confidentiality (not always possible if queue of patients, which could result in other patients overhearing appointments offered, within a different timescale). Also, the reception team must liaise with the GP before arranging the appropriate appointment (not always possible if a long queue). It was mentioned however, that if capacity allowed and the patient had reasonable adjustments that needed to be met (for example significant medical need or no telephone), we could triage in a separate room and allocate an appointment accordingly. Dr Kenny did advise that he would raise this in the next Partners Meeting as telephone triage may not always be possible and to look at other options.

Dr Kenny discussed a mandated government led incentive for General Practice, to ensure online access for patients is made vastly more accessible. Carterknowle and Dore Surgery have implemented use of ‘Accurx triage’ in a hope to streamline and encourage use of online triage. This will hopefully ease access for patients to avoid the ‘8:30am rush’ for an appointment via telephone. As the Accurx is available from 7:30am, this is also an option possibly better suited for patients with work commitments/children. The general feedback from Accurx triage has been positive, including feedback from members within the meeting, that have also used the service.

Hero of Health is a service offered to patients for health and wellbeing purposes, including food and lifestyle coaching with group walks. Patient participant Bernadette Healy wanted to express her gratitude to the service for how it has benefited her and ensure our patients are aware of the support offered by HoH. Dr Kenny advised that the Hero of Health Service is shared with patients on a case by case basis, on our social media as well as being displayed at both sites in the waiting room.

Dr Kenny discussed the BMA collective action, how firmly we stand with the BMA and how our workload and patients will be affected. Following a joint decision between the Practice Partners in line with the BMA, all new ADHD shared cares (both NHS and Private) will be rejected by CK and Dore. Discussions arose with how this is posing a real possibility of hurdles for patients and increased worry surrounding the impact on patient wellbeing, due to this change. Dr Kenny explained the reasoning behind such a change, advising that Private/secondary care sectors were not holding up their end of the shared care agreement requirements, resulting in our team continuing to prescribe for the patient and managing the monitoring of the patient without the support/communication of the secondary care/private sector. We continue to support patients who we have already agreed a shared care protocol with to supply medications.   This agreement continues unless it ends for clinical reasons. We will remain supportive and help patients with ongoing management surrounding any anxieties or knock on effects of ADHD.

Circling back to the PCN and its directive, Dr Kenny discussed the benefits of being a part of a PCN and how it will impact our patients. Attendees did express how much easier to see what services are offered would be if there was further information circulated about them. It was suggested by attendee Paul May that the PVN website be updated and a newsletter circulated with its contents updating patients what is available to them and any relevant updates. Hayley advised she will contact PV Network staff members, to determine who is the best member of the team to make such a change, as Carterknowle and Dore staff cannot change the contents of the PVN website.