

**Porter Valley Primary Care Network (PVPCN)
Patient Voice Event – King’s Centre
Thursday 30 January 2025
Summary Report**

Background

The Porter Valley Primary Care Network (PVPCN) consists of six GP practices: Carterknowle and Dore, Falkland House, Greystones, Hollies, Nether Green, and Rustlings Road. The network serves nearly 45,000 patients, and more information about the network [can be found here](#).

One area on which the network is focusing is around increasing the patient’s voice, where patients in primary care have opportunities to have a say in the development and delivery of healthcare services. In 2015, the British Medical Association published [this updated document with some useful background](#). Patient participation groups (PPGs) and patient forums are part of this overall initiative, and more details can be [found here, from the UK Patients Association](#), and from the [National Association for Patient Participation](#).

In July 2024, an online event was held by the PVPCN for patients across the network, aiming to share more information about the network, highlight the importance of the patient voice and how this can be amplified. The report can be found [here](#).

As with the meeting in 2024, this first meeting of 2025 was advertised via existing patient groups and a text message targeting patients across the network who had accessed their practice within in the last 3 months. Nearly forty people attended the event, representing all six practices across the network:

- Carterknowle and Dore: 16
- Falkland House: 2
- Greystones: 13
- Hollies: 1
- Nether Green: 1
- Rustlings Road: 2

Several people were involved in organising and coordinating the meeting:

PVPCN

Elaine Atkin
Hayley Harriman

Patient Groups

Margaret Booth (Falkland House PPG)
Ian Hodgson (Hollies Patient Forum)

GPs

Dr Mike Lyons (Hollies, GP and Clinical
Director, PVPCN)

Age UK Sheffield

Adam Howard

Healthwatch Sheffield

Lucy Davies

Presentations

The core topic of this evening’s event was **care navigation**.

Terminology: Care Navigation aims to ensure patients get the right care at the right time in the right place with the right treatment or advice. It is a method of signposting patients to the relevant and appropriate clinician/service by gathering all the necessary information from the patient, usually when they first contact the practice.

Here is a summary of the sessions, and a PowerPoint slide set will also be shared with this report.

1. Introduction to the Porter Valley Network and the topic of care navigation

Elaine Atkins and Dr Mike Lyons

- a. The **Porter Valley Network** was set up in 2019 and currently serves over 45,000 patients across six GP practices. The network encourages collaboration between the practices and sharing of ‘additional staff’ (ARRS) such as physiotherapists.
- b. **Funding** for the network has increased year on year, with a new Government plan expected in April 2025. The network model is expected to continue (with increased emphasis on teams working together).
- c. The **primary care team across the practices** includes a range of people and roles, including GPs, Advanced Nurse Practitioners, Physician Associates, Clinical Pharmacists, and the Mental Health Team.
- d. **Care Navigation** is a method of ensuring that patients are seen by the appropriate clinician/service. It requires gathering appropriate information from a patient.

2. Patient perspective on care navigation

Margaret Booth, Chair Falkland House Patient Participation Group (PPG)

- a. In 2024, Falkland House PPG **gathered survey data** from patients, focusing on views of the practice (what was most valued) and areas that could be improved. 242 surveys were completed.
- b. **Six core themes** were identified, and this presentation focused on three: the welcoming nature of the practice; practice medical and support staff; and appointments.
- c. **Theme 3** [appointments] included comments that patients felt non-urgent appointments were available more quickly, there was greater access to GPs, fewer external referrals (e.g., to hubs, pharmacies, and non-practice locations), and there was patient recognition of the wider NHS context.
- d. **Reflections on the survey**, and what patients were reporting, suggests they believe that *“changing NHS approaches are eroding aspects of GP provision that Falkland House patients value most.”*
- e. There should therefore be **better provision** for helping patients understand changes in primary care, and how the care navigation approach is used.

3. Medical perspective on care navigation

Dr Liam Lees, Carterknowle and Dore Medical Practice

- a. **Patients will contact a GP** for several reasons, and consultations could potentially be for urgent/non urgent medical problems, referrals, test results or just for a chat.
- b. **Care navigation** is based on an initial triage (with clinician oversight) and then an assessment of patient requests by a care navigator who determines the most appropriate course of action. This could include an appointment with a physio or nurse, or to another clinical service (e.g., pharmacy, optician).
- c. The **advantages of care navigation** are that patients reach the most appropriate consultation/service more quickly.
- d. The **barriers to care navigation** can include the provided service not meeting a patient's expectation, secondary care delays, cultural or language barriers, and appointments further away from the practice.
- e. **Addressing barriers to care navigation** can include ensuring good information gathering at the very start and using networks to increase the number of available staff roles (and education for patients that these services are acceptable).

4. **Role of the clinical pharmacist**

Lucy Sharples, Clinical Pharmacist, Nether Green Surgery

- a. Patients inevitably **have lots of queries** about their medical treatments.
- b. **GP Practice Pharmacists** work alongside GPs, nurses, and other healthcare staff to help patients with medicines, health advice, and long-term conditions.
- c. **The role** can include medication reviews (e.g., checking for drug interactions), managing long term conditions (e.g., tracking the impact of medication), advice (e.g., swallowing difficulties, healthy living), supporting repeat prescriptions (e.g., aligning pharmacy requests, updating repeat prescriptions in line with hospital discharge), and audit (e.g., of hormone replacement therapy, or reviewing patients with lower kidney function taking anticoagulant medication).
- d. The **benefits of a GP practice-based pharmacist** include convenient access to medicine advice, fewer hospital visits, and better health outcomes.

5. **Care Coordination and the role of the Health and Wellbeing Team**

Martha Jones, PVPCN Care Coordinator

- a. **Two care coordinators** receive referrals from clinicians or reception teams across the six practices.
- b. The **role includes** listening to patients, exploring the situation and providing information, resources, or referrals to other organisations (e.g., for mental health support, or to Citizen's Advice).
- c. The **core aim** is to address all components of health and wellbeing, including social, financial spiritual, intellectual, or occupational.
- d. **Feedback** on the service is very positive.

Discussion

The final 30 minutes of the meeting was a Q&A, focusing on care navigation across the network and wider queries about current issues in primary care. The discussion focused on this topic, and responses to individual queries and comments are provided here.

Care navigation: comments and queries

Do all staff involved in care navigation have access to patient records?

Yes, care navigation staff have access to your medical records. Care Navigators are trained in handling medical notes and accurate record keeping for audit purposes. They exercise utmost discretion, and safeguarding measures are in place to ensure your notes remain secure.

Is the care navigation approach specific to Porter Valley or is it nationwide?

Care navigation, in its many forms, is nationwide. Each practice across the country has designed systems to meet their own population's needs. Although a generic care navigation system would be easier to describe, each GP practice is a separate entity/business, even within the Porter Valley Network. There may therefore be slight variations, but all will have the same aim of ensuring patients get the right care at the right time in the right place with the right treatment or advice.

What mental health training has been given to care navigators?

Care Navigators are not mental health practitioners but are trained to deal with all general enquiries with empathy, understanding, and patience. This can include a mental health query or handling a call from a patient affected by an issue around their mental health. Some staff have completed the mental health first aid course to help develop skills in communicating with patients in distress due to mental health issues. We are looking at more staff attending this training.

I have access to my medical records. I have visited the hub twice, but nothing has been written in my medical notes that I can see. Should this information be available to me?

Yes, but this would depend on the setting you have for sharing your medical records. Often, when you first register at a GP practice, you disclose what your sharing preferences are, and your choice is documented on your records.

GP practices are not the only health setting to access records, and others could include the hospital, out of hours service, or District Nurses. You may therefore wish to limit what information is shared from your primary care records. This is sometimes known as 'Sharing In and Sharing Out'. Please contact your GP surgery to request further information.

How can patients be educated that a person answering the phone is a trained navigator, and not just a telephone receptionist?

On all practice websites, staff members are listed along with details of their role/job title. You can also ask whilst on the phone who it is you are speaking to and their job title.

Is the work of care navigators overseen by a GP?

Yes, all GP surgeries use a triage system (assessing patients to determine their needs and how to provide care) designed by the GPs, so the Care Navigator can safely and accurately collect, document, and act on the relevant information from the patient via the GP-designed pathway. If a Care Navigator is not certain on what course of action to take for a particular patient, they will run this by the GP (often the on-call Doctor) to seek advice.

Who decides what's urgent?

As above, using robust triage and pathways designed by the GPs and integrated into care navigation, the GP ultimately decides what is deemed an 'urgent' enquiry. Induction training is given to all new Care Navigators by a GP Partner, and though Care Navigators are not clinically trained, their experience and common sense will alert the Care Navigator to deal with an urgent medical matter as quickly as possible.

Regular training, including reflection meetings, allow the practice team to adjust systems, change processes and approach care navigation proactively, working alongside GPs and clinical staff.

Are the trained care navigators clinically trained (or administratively trained)?

See above.

Why are the people here all older? Were young people encouraged to come? Similarly, are 'non-white' patient groups included in the patient consultation groups?

Patients of all ages, ethnicities, and backgrounds are invited to all PVPCN events. We encourage you to spread the word, just as we are doing through our text messages, social media posts, website content, and in-practice posters regarding upcoming events.

Where will telephone appointments fit in the new system?

There is no change - telephone appointments will be offered where this is appropriate.

What is the morale of the staff at surgeries with all the changes taking place?

According to Dr Lees (Carterknowle and Dore), staff morale is good at present. Staff appreciated having clear referral pathways for patients, rather than simply adding them to a long list for GP appointments.

What is the definition of 'PPG'?

Patient Participation Group (sometimes, Patient Forum) – for practice staff and patients to collaborate and share thoughts, ideas and productive conversations around improving services provided by a GP Practice.

Comments on care navigation

As a diabetic, I was signposted to a Hero occupational health course by my surgery. I just want to say a big Thank You!

Fantastic, thank you for this feedback! [More information about Hero of Health can be found by clicking [here](#)]

I note the need for well-trained initial care navigators. My experience has not always given me confidence that this will happen.

In this and similar cases, please address the issue to your GP practice – via the patient group (if available) or to the Practice Manager.

General comments and queries

The following comments and queries raised during the meeting are being passed on to the PVPCN team, facilitators, and patient groups. A selection of topics will be addressed at future Patient Voice meetings.

- **Access and consultations**
 - How does one access the primary health care team? Is there a gatekeeper or is there direct access?
 - Will the non-GP practitioners be able to refer to specialists (e.g., in hospitals)?
 - I had to wait longer to see the NHS physio than to see the doctor who referred me to the physio – has this changed?
 - What are the criteria for applying for extra funding for services at a network or practice level?
 - Physician assistants and physician associates - what's the difference?
- **Medicines**
 - Prescriptions for < 1 month for chronic conditions? I fully support triage, but full information should be given of the qualifications of all people involved.
- **General**
 - Working forward – how do you plan to assess and evaluate progress?
 - [There should be] more emphasis on ‘customer satisfaction’ at contact, and not periodic surveys.
 - ‘Let’s stay positive’ – not a great phrase to use – you need critical friends.
 - NHS app for me is very slow - needs updating.
 - Need to add a digital component – e.g., link to NHS app. [To sign up to the NHS app, click [here](#)]

Next steps – what happens now?

1. **Review** the questions raised during the event and provide clarification and further information where possible.
[LEADS: PVPCN team and event organisers]
2. **Share this summary of the event** with all participants and more widely on the PVPCN website – further comments would be welcome!
[LEAD: PVPCN team]
3. **Arrange a second event for 2025.**
[LEAD: PVPCN team and event organisers]

For further information about the PVPCN and patient involvement, please contact your local Patient Participation Group (where available) or Elaine Atkin, Porter Valley Primary Care Network Manager, at: e.atkin2@nhs.net

END: 28 February 2025 [FINAL]