

New Folly Surgery

Patient Reference Group Meeting

Minutes of the meeting held on Wednesday 12 July 2023

Attendees:

Christian Jennings MBE, Practice Manager
Dr Santana Chatterjee – GP
Rachel Lee – Chair
Tina Davey
Gail Anspack
Gordon Black
Pam Gooding
Pauline Anniss
Roma Woricker
Marilyn Marston
Martyn Hart

Apologies:

Dr Sheetal Bailoor: GP
Mike Malyon
Margorie Galvin

START

Rachel welcomed everyone to the meeting.

MATTERS ARISING FROM PREVIOUS MEETING. To be covered in the minutes.

STAFF ROLE IN THE SURGERY – a briefing, unfortunately no one was available this evening, **ACTION** Christian to arrange a member of staff to brief the October meeting.

PRACTICE UPDATE

Staff changes

Dr Chatterjee reported that there were now two new male doctors, Dr Harish Masson and Dr Tahlil Rashid had joined the practice. Dr Rashid had joined in May and apart from his GP duties was also a trainer which meant the practice could train medical students. Dr Masson joined in June, both were settling in well and several PRG members had met them and said they were very good.

They now had the requisite number of doctors, three female and two male, which meant it was nicely balanced, but its Physician Assistant, Mr Dexter Baah was moving on and they are actively recruiting for a direct like for like replacement and/or an Advanced Nurse Practitioner.

Community Pharmacy Referral Service (CPRS)

The new CPRS is now live for all patients, but the pharmacy had had some short-term staff issues which meant it didn't operate as well as it should.

However, these seem to have sorted themselves out but there was still some education to do so that patients knew how to access it.

Basically, anyone could speak to the pharmacy on an informal basis and what the pharmacy could do was at the discretion of the pharmacist. Any treatment would then be at the patient's expense. But if the person need treatment under the CPRS then they would need the surgery to refer them back to the pharmacy, "officially", the pharmacist way well advise this or the person could start at the surgery. This referral should not be difficult as the reception staff had been trained to be "care navigators" and they had a list of the conditions that can be referred.

Once referred, the Pharmacy staff will then receive an online emailed referral and they will make contact with each referred patient, to discuss particular issues and offer the appropriate remedy or medicines under the NHS. They should do this within 4 hours of receiving the email.

Marilyn and Martyn said they would try to get this information more publicly known by putting it into the Parish Council's Newsletter and any other periodicals that go to residents.

Additional Services

Dr Chatterjee said that the practice had managed to get additional services in the form of more time with a Muscular Consultant, Monday and Fridays via telephone and face to face consultations at the hub at the Brambles.

Also, additional mental health practitioners were now available that can be booked directly, with the practice getting 2 appointment slots a day, one of the practitioners was also a prescriber.

Brentwood Primary Care Network (PCN) which is the umbrella organisation comprising the 8 GP local practices in our area have received more funding for three more advanced practitioner nurses.

Finally, it had been noticed that adult ADHD referrals were increasing and the numbers had overtaken the child ADHD referrals. There remained a problem with all these new cases in how the practices in Brentwood generally can deal with them.

THE INTEGRATED CARE BOARD QUALITY ASSURANCE VISIT

Christian report on this ICB inspection, which went well, the inspector saying that he was "impressed"!

However, a lot of work went into getting prepared for the inspection, checking protocols, safety instructions, infection controls etc. the practice approached this like a mini Care Quality Commission (CQC) inspection and it has left the practice in a much better place. Should there be a CQC inspection they will be 90% ready for it.

The ICB inspector spent two and a half hours gong through the "books" and speaking to staff, but he ran out of time and will be back on the 7th or 8th August to complete it.

ANY OTHER BUSINESS

Telephone system

A number of the PRG members said that the telephone system was still problematic. Christian identified one of the problems as staff not logging out of the system when they leave their post and he had now told the staff about this and it shouldn't occur.

Another problem was staff leaving a message on someone's answerphone and when that person rings in (or even comes into the surgery) the reception staff don't know who has tried to call them. **ACTION** Christian to set up a log/notice on the system so that everyone is aware and to ask staff to leave an uncontroversial message on the answer phone or voicemail so that patients can identify them.

Ingatestone Station

The practice's attention was drawn to the potential closure of the manned ticket office at Ingatestone Station, everyone felt this was a bad idea especially issues such as safety, reliance on a ticket machine etc. The consultation runs until Wednesday 26 July 2023 and **ACTION** PRG members (and the Practice) need to write to <https://www.greateranglia.co.uk/> and go to bottom of page and find Consultation on proposed ticket office changes.

Pylons

Also, it was mentioned that the Pylon's were back, again the Chair reminded us that a written letter (e-mail) from each person was best, visiting www.pylonseastanglia.co.uk would set out what one should do.

Well done Dr Bailoor

Martyn said that one of the shops that sometimes pass him information from patients had actually got one person to write how grateful they were to Dr Bailoor who they described as "wonderful"!

RHS Outreach Group

Marilyn said that there was an opportunity with the RHS Hyde Hall outreach group in helping patients with practical wellbeing. She had passed the information to Christian, **ACTION** Christian to contact the RHS's Alison Findley to see what could be done.

Increasing Representation

Tina Davey said we should have representatives from other areas like Shadforth's. This was though a good idea **ACTION** Christian to speak with Florence at Shadforth's. Also, the PRG to think of ways in which it could be representative of all age groups ad strata in the community.

Premises

There was a general discussion on premises, although the options appraisal for premises had finished many months ago there had been no movement.

There now seemed to be only two options either a new build somewhere (undetermined, but likely to be opposite the Catholic Church on the old council site) and/or extending somehow the current premises.

Unfortunately, the Ingleton House site in the centre of the village which was favourite was now destined to be houses. PRG members reminded the practice that research with residents (some time ago) had unanimously requested a medical facility in the centre of the village.

The £38,000 option appraisal had been carried out by Janine Alli-Balogun Consultant, commissioned by Rob Russell, Estates Support Manager at Mid-South Essex CCG, following visits to Ingatestone and meetings with the practice, parish councillors and others. It seems this was a wasted expenditure! Especially as Rob Russell has moved on.

Dementia

Marilyn thanked the practice for Dementia information printed on the bottom of prescription slips. Christian said that a meeting of the practice's dementia friends group will be held in March 2024. **ACTION** Christian to let the PRG know when this will take place.

Loops

Martyn asked about a loop system for deaf patients. That would be looked into.

Notice Board

PRG members asked if a notice board could be put in the surgery with local group information on (to help with wellbeing) and perhaps even in the window facing outwards so passers by could see it. **ACTION** Christian

DATE OF NEXT MEETING. Wednesday 11th October 2023.