

New Folly Surgery Patient Reference Group Meeting

Minutes of the Meeting held on Wednesday 24 April 2024

Attendees:

Christian Jennings MBE: Practice Manager
Dr Santana Chatterjee – GP Partner
Rachel Lee
Gail Anspack
Gordon Black
Mike Malyon
Pat Dedman
Gordon Black
Tina Davey
Roma Woricker
Martyn Hart

Apologies:

Dr Sheetal Bailoor - GP
Dr Tahlil Rashid - GP
Hazel Jarvis
Pauline Anniss
Pam Gooding

START

Rachel welcomed everyone to the meeting.

MATTERS ARISING FROM PREVIOUS MEETING. That are not covered in the minutes.

All the matters arising were covered in the minutes

PRACTICE UPDATE

Staff Update

Dr Macon has left the practice to work elsewhere, however, Josh the paramedic, (who has passed his course in advanced supervisory training) will be staying with them to help out. The practice will be recruiting a new GP and are looking for a Health Care Assistant.

The Practices “float” staff member Vanessa has been so good that she is now working full time and the practice has found a replacement for her, she is an x-student who has passed her degree, but taking a year off whilst she considers her options. A “float” staff member fills in but has no committed hours.

Premises Update

The surgery is facing more clients (approximately 1,000 from the new homes and the new care home), in fact new registrations are running at around 30 a week!

Also, it wants to be a training practice so that it can generate the GPs of the future, expand its capabilities and provide some extra income. But it needs more rooms. NHS estates has said they cannot fund any capital expenditure but given the surgeries case they have approach the ICB (see section below) for funds.

Staff Parking Issues – Christian said that the Practice had a meeting with Hugh Gorton (Borough Councillor) and the head of Brentwood parking, the outcome was very positive in that the Practice has been given two “free parking” badges, to use any bays in the area.

PCN/ICB update – the Practice is finding funding very tight, NHS England seems to be providing less money for primary care, so they are already struggling. But with wages going up (6% for clinical staff and 4% for non-clinical), plus inflation especially energy bills and the minimum wages rise, it is difficult. The Practice is being forced to consider dropping some of the unique (to this area) services it provides, such as some complex blood testing, family planning, arthritis joint injections.

The Practice is just about to offer a travel clinic service, but it is wondering that under the current economic climate whether that will be sustainable.

However, at the end of the Clinical year in March, the Practice did very well on its QOF performance score (Quality, Outcomes and Frameworks), GPs and staff rallied around to respond to NHS questions and all went very well. The PRG thanked the staff and especially the GPs for putting in the extra work necessary, over the Easter weekend, to get such positive results.

The PCN (Primary Care Network), via ACE (Accountable Care Enterprise), will start Covid immunisation for the housebound from the end of this month. Flu injections this year will not start until October to give the vaccine more time over the winter months before it deteriorates.

The Practice met with Jenni Speller, Head of Primary Care for the MSE. They put their case (see above) to her and were encourage to make a business case for funds to stabilise the current overheads and make them sustainable. If this is approved then the Practice will make a case to convert administration rooms into clinical rooms and rent office space in the village for admin functions. The Practice was given an indication that these applications will be looked upon very favourably.

Any Other Business

It was mentioned that apparently one of the care navigators had told a patient ringing in that although the doctors were there, they were all “doing paperwork” so couldn’t speak to the patient, even if it was urgent. Christian will make sure that “doing paperwork” isn’t a message that is passed on to patients. If a doctor or another clinician cannot speak to a patient urgently then the patient should be advised to go to A&E or call 111.

It was said that appointments were now taking 4 weeks to see a doctor. This is likely if a patient wants to see a particular doctor, but if they are happy to see an available doctor or clinician then waiting times are much less.

One report had been made about “lost” appointments, where a patient had made an appointment at reception, but when they came to the surgery it didn’t exist! It was felt without exact details it wasn’t possible to investigate this and the PRG members were asked if this type of thing is reported to them to get the details if possible. It could be a one-off glitch, but it is always wise to get the Care Navigators name when making appointments, just in case collaboration is needed.

A question was asked how one contacts the clinicians, such as Nikita? This can be done by giving the message via reception or asking for reception to “task” the clinician to call one.

Another question was asked about how care packages were affecting the Practice? It seems they generally run well, except in cases where a patient is discharged from hospital on a Friday and no package has been put in place. This can sometimes come back on the surgery who must manage it until a package is put in place. However, this is rare.

The Practice was asked how effective Pharmacy First was? The answer was it was difficult to tell at present, Christian took an **ACTION** to look at the statistics and report back to the next meeting on how effective Pharmacy First was for the practice and its patients.

Parking for patients. A question was asked about patient parking, it was agreed that Ingatestone was very bad for parking anyway. Martyn explained that the Parish Councils Neighbourhood Plan Implementation Group (NPIG) was going to look at parking as a priority and took an **ACTION** to let them know that with an expect further 1,000 new patients (many a distance from the village) parking was going to be a major problem for the surgery.

Whilst talking about parking the problems with parking at Broomfield Hospital were mention. It was though that the Chelmer Valley Park & Ride might be a good alternative to parking at the hospital. Martyn took an **ACTION** to raise this with Mid & South Essex NHS Foundation Trust

Rachel reminded Christian about the Parish Council's electronic and print newsletter, which could carry messages from the surgery, Christian could provide such updates.

There was good news in that no one had raised a complaint directly or indirectly (via the PRG) about the telephone system. It seems it is working well.

DATE OF NEXT MEETING. Wednesday 10th July 2024 at 1900.