

## **Patient Reference Group Meeting**

Minutes of the Meeting held on Wednesday 29 January 2025  
Starting 18:45

### **Attendees:**

Christian Jennings MBE: Practice Manager  
Dr Santana Chatterjee - GP  
Rachel Lee – Chair  
Hazel Jarvis  
Pat Dedman  
Gordon Black  
Gail Anspack  
Pauline Anniss  
Pam Gooding  
Maggie Galvin  
Hazel Honey  
Roma Woricker  
Martyn Hart

### **Apologies:**

Dr Sheetal Bailoor - GP  
Dr Tahlil Rashid – GP  
Marilyn Marston  
Mike Malyon

### **START**

Rachel welcomed everyone to the meeting.

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

Dr Chatterjee wished everyone a Happy New Year and pointed out that it was DR Rashid who was qualified to carry out GP training and also Dr Bailoor would soon be accredited for GP training.

### **Claudia Rumsey**

Christian and Dr Chatterjee paid tribute to Claudia Rumsey, who died suddenly on New Year's day she was one of the Practice's longest serving colleagues and staff. Claudia, the senior Medical Secretary and previously head of the reception team, served at the Surgery for 28 years and was well known throughout the village and our local community.

227 people attended the memorial service at St Edmund and St Mary's Church on Thursday 23 January. Where Claudia's life and work as a lady, mother, grandmother and wife were recalled and celebrated, with huge warmth, love and affection. It is still very evident that her family and many others including the staff at the Practice are still in shock at her passing but we are sure Claudia will never be forgotten. After the service the Practice held another period of candle lit quiet reflection with the staff before re opening the surgery.

The Practice will establish a special chair in the patient's reception area with a plaque honouring Claudia.

## PRACTICE UPDATE

### **Staff Update**

Following the Royal College of GPs mandate, which effectively reduced the Physician Associates role, Priya Sharma will be leaving for maternity reasons in May and will not be directly replaced. This reduction in PA's role means that more work will fall to GPs, however, the Practice is trying to recruit an Advanced Clinical Practitioner who can take on some of the work. The Practice cannot run PA's itself because their insurance would not cover them now that the RCGPs has pronounced this change.

There is some uncertainty over funding the "R" roles (Additional Roles Reimbursement Team) such as our pharmacist Nikita Aggarwal. This is because the PCN hasn't agreed to fund them yet, but the Practice thinks that this because the PCN is busy balancing its budget and that they will be funded.

There will also be a number of medical students in the practice, with more year 5 students from ARU joining in March.

There is a health care assistant Gio de Belen (a Bio-Chemical medical student) on placement 3 days a week until July 2025. He carries out a wide range of admin and low-level clinical services and supports the surgery with clinical documentation. He is helped 1 day a week by A level gap year student Borchetta until May.

Thus, one shouldn't be surprised to meet them, of course patients will be told if there is a student in their consultation and be given the choice of them not being there if the patient wishes.

### **ICB/PCN General Practice Improvement Programme**

Christian reported that the Practice were being visited by a consultant coach each week so that the coach could build up a picture of how the Practice operated and then the coach would offer ideas on what to do to as an improvement.

The improvement will be by the adoption of e-consult in a bigger way from April. This will allow efficiencies for staff by effectively triaging patient requirements so the most effective response can be offered.

Of course, this required somewhat tech savvy and equipped patients, which the Practice recognised did not cover all. So, there would staff available in the Practice to either show patients how to do it or in the case of patents with medical problems that inhibited them from using technology actually do it for them.

**Christian** would provide regular updates to PRG members on how this was going.

### **ADHD**

Dr Chatterjee reported on how the surgery was handling ADHD patients. It was split into two groups, Adult and Children. Because there were so many adult cases the PCN has said that the Practices cannot handle the volume and all adult ADHD had to be handed over to a specialist team in the Essex Partnership University Trust (EPUT).

There will be three units handling ADHD at the EPUT, Diagnosis, Treatment and Maintenance. Currently there is a 3 year wait for diagnosis, but if a patient has a private diagnosis, they can ask their GP to refer them straight to EPUT treatment which has a much shorter waiting time.

Currently, children are still being seen by the Practice.

### **Practice Resilience**

Christian reported that the Practice had gone out to competition for two of the upstairs offices to be converted from administrative offices to medical consultation rooms and the quotes should be with them by early February.

Once the quotes were in, they would look for admin accommodation in the village and then with all those costs they will ask the ICM for funding. **Christian** will keep us up to date.

### **Any Other Business**

Web site – Christian said a new website, based on a standard NHS look and feel would be launched soon. It was likely that he would ask PRG members to comment on a pilot version.

Musculoskeletal Service – the PCN had employment issues plus accommodation problems so it was likely that any referral to this service would be carried out by telephone.

Pharmacy First – question was asked how this worked, Christian said there had been a few teething issues over admin. What should happen is if a patient saw the Practice first and was referred to the pharmacy the Practice had to send the pharmacy an e-mail so that the pharmacy could be compensated appropriately. This was not necessary if a patient went directly to the pharmacy. Some patients had managed to slip into the system without either a Practice referral or going to the pharmacy directly. Hopefully these cases were now rare.

Criteria for being declared housebound – Dr Chatterjee said this was done on a case-by-case basis and a GP could declare someone housebound.

Visible name badges – Christian said that all Care Navigators and staff would be wearing name badges.

Patient Knows Best – this is an additional App appended to the NHS App. One person had reported that their details on this App were incorrect. Christian said that anyone who finds their details incorrect on NHS apps or the Practice's web site should write to him, showing where the error was, what it should be and the practice would investigate it.

Mrs Nikita Aggarwal – a number of patients had told the PRG members how good she was, especially in face-to-face meetings with patients and asked Christian & Dr Chatterjee to thank her.

**DATE OF NEXT MEETING.** Wednesday 23 April 2025 at 18:45.