# **Patient Reference Group Meeting**

Minutes of the Meeting held on Wednesday 23 April 2025 From 1845-2000

#### Attendees:

Christian Jennings MBE: Practice Manager Marilyn Marston Mike Malyon 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 Santana Chatterjee - GP Dr Tahlil Rashid – GP Rachel Lee – Chair

## START

Christian welcomed everyone as Rachel could not attend the meeting.

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

**Doctors**, Christian reported that Dr Chatterjee was getting much better and was due back in the Practice in early May. However, Dr Bailoor was ill with shingles! There was a locum standing in, but he hoped we would all bear with them until a full team could be fielded.

**ADHD**, things remained the same with the PCN saying that Practices cannot handle the volume and all adult ADHD had to be handed over to a specialist team in the Essex Partnership University Trust. However, the Practice was still handling children and aged patients.

**Name badges**, Christian said he would ensure that staff (and others) wear their name badges.

**Practice Resilience**, Christian reported that the Practice had quotes for two of the upstairs offices to be converted from administrative offices to medical consultation rooms and now waited on the NHS to implement one. Also, they were now looking for admin accommodation in the village for the admin staff which the ICM will fund.

**NHS England & Department** for Health amalgamation means that many of the organisations that the Practice interfaces with will change. Either because of a change in personnel or processes or both, further it is expected that there will be cuts in staff and/or budgets. Also, Christian had heard that the local Hospital Trust, Mid & Soth Essex NHS Foundation Trust has been ordered to reduce staff & costs by 50%! Christian will keep us informed.

Training Practice, the application for the Practice to become a training practice had gone in.

Additional GP, the practice has applied for funding to be able to take in a newly qualified GP for one day a week.

**Training,** the Practice closed once a month on Tuesday morning for staff training, for example basic life support, or systems training. Details of this are always given on the Practice's web site.

**Staff,** Priya Sharma, the Physician Associate, has left on maternity leave and had her baby last week. Michelle Lepley joins the Practice on the 12th May as our new Advanced Nurse Practitioner (ANP), and will be here 3 days per week.

### THE MOVE TO NEW PATIENT ACCESS MODEL

Christian introduce the PRG members to the new AccurX Digital Contact form and triage process that will replace e-consult and many other processes.

The objective is to provide a better, more sustainable & efficient access for patients. The AccurX form will be accessed via the web site or smart phone and should gather enough detail from the patient that on receipt by the surgery the request can be broken down for Admin or Clinical attention.

They expect 40% of requests would be admin based, e.g. test result requests, appointment changes, etc. and 60% be clinical. Clinical requests will be triaged by a GP (twice a day) and again routed to the most appropriate resource, from a GP appointment, blood tests, social prescribing, mental health etc. Urgent cases will be seen as now.

A video about the service is already on the Practice's web site, and the new process will be phased in from the 30<sup>th</sup> April and take over the old process from the 6<sup>th</sup> of May.

The service will run between 8AM to 4PM weekdays but be switched off at all other times. For urgent assistance outside of these times patients are asked to ring 111, as normal.

For patients that haven't got the technology or can't use it they can come into the surgery or ring in and a Care Navigator will complete the AccurX form on their behalf. For patients unable to phone, use technology or unable to come in, the Surgery will make special arrangements for.

The system has been adopted by many Practices across the country and best practice has been established that the New Folly is following. Christian and the Practice recognise that it won't all be plain sailing and ask the PRG to listen out and alert them to anything that the PRG hear about it.

To that end Christian asked if any of the PRG would like to volunteer to be in the Practice on 6<sup>th</sup> to 9<sup>th</sup> May the week when the service starts. Pat Dedman, Gail Anspack, Pauline Anniss, Pam Gooding and Maggie Galvin volunteered straight away and the others said they would get back to Christian about it.

Christian agreed it would be a good idea produce Volunteer badges for the AccurX volunteers. Also, he agreed to produce a basic flow chart for the AccurX process that would be e-mailed to PRG members.

The Anglo European Schools Digital Eagles were mentioned in context with their help for older residents with digital systems at the Community Centre on Tuesday mornings. Martyn agreed to contact the AES to see if they could help. Also, Martyn agreed to ask the Parish Council's communications officer to contact Christian so that parishioners could learn about the new process.

A question was asked about prescription renewals and Christian agreed to find out of one needs their current System-on-Line log-in and password to order prescription renewals with AccurX?

# ANY OTHER BUSINESS

**Gold Standard**, these are patients on the special list, Christian explained that once a month the Practice met the District Nurse and the Care Coordinator to discuss all elderly or special patients either on the Gold Standard List or receiving end-of-life support. Christian was asked what the official formal definition of Gold Standard was. It is: "The Gold Standards Framework (GSF) in primary care was developed originally back in 1998, to enable GPs and Primary Care Teams to provide top quality care for all people in their final year of life, with any condition, in any setting, at any time."

**UTI**, Christian was asked about increase public awareness, for example what to do with urinary tract infections (UTIs), and how one books UTIs. He will come back to us with an answer.

**Contact**, Christian was asked how patients contact Health Visitors, again he will come back on this.

Efficiency savings and benefits from the introduction of the new patient access model – Christian said he will update the PRG end of week 2, month 1, 2 and 3 (ie end of May, June and July).

Christian ended the meeting by saying thank you for everyone attending and for those who will help and volunteer with us during the first week of transition to the Total Triage access model from Tues 6 May - it is very much appreciated.

**DATE OF NEXT MEETING.** Wednesday 23<sup>rd</sup> July 2025, at 18:45.