

## Patient Reference Group Meeting

Minutes of Meeting held on Wednesday 24 January 2024

### Attendees:

Christian Jennings MBE: Practice Manager  
Dr Sheetal Bailoor – GP Partner  
Dr Tahlil Rashid – GP Partner  
Rachel Lee - Chairperson  
Gail Anspack  
Gordon Black  
Mike Malyon  
Hazel Honey  
Gordon Black  
Tina Davey  
Pam Gooding  
Pauline Anniss  
Roma Woricker  
Marilyn Marston  
Martyn Hart

### Apologies:

Dr Santana Chatterjee – GP  
Hazel Jarvis

### START

Rachel welcomed everyone to the meeting.

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

**RHS outreach group** – The Practice has made contact and will meet when the weather improves.

**Dementia** - Christian said that the meeting of the practice's dementia friends group will be on the 6 February 2024 in the surgery at 13:30 and all the PRG are invited.

**Hearing Loop** – is to be installed at reception this month.

**Petitions** – the surgery had written in and objected to the closing of the railway ticket offices and the pylon route.

**Evening appointments** – the surgery had initiated evening telephone appointments with a doctor between 18:30 and 20:00

**External Presentation** – Florence Okonya from Shadforth's Pharmacy

Florence said that this month meant she had been at the pharmacy in Ingatestone for 2 years, she admitted that she had been quite nervous taking over from Michelle and she hope that the PRG thought the pharmacy was running well. The PRG said they did.

She said she was always interested in client's observations, especially where they could do better.

There had been much change for pharmacies over the recent years, particularly in new medication services, which when a patient had a new medicine they would follow up and get the patient's feelings about it and feedback to the surgery.

The pharmacy could now give advice on medication questions, such as about mixing medicines, or what food not to eat with a medicine.

They could treat minor ailments and deliver vaccinations, such as flu.

They can carry out health checks for patients over 40, who hadn't had a health check in the last 5 years, such as blood pressure, cholesterol, hypertension etc.

They can dispense free lateral flow tests for covid if a patient has a letter from their GP which says they could suffer serious effects if they caught covid.

They also could take out of date medicines and inhalers which was much safer for the environment than just putting them in a black dustbin bag.

Finally, in Spring 2024 they will start Pharmacy First, which means they will be able to diagnose medicines for impetigo, shingles, sore throats and ear infections. Mainly using antibiotics, which will be controlled and monitored via the patients records and good practice.

Florence was asked some questions by the PRG:

Why does it take some time for the prescription to be ready? The new services are bedding in so there may be a delay, but they should always meet the 3-day target.

If one wants some medical advice does one always have to speak to Florence (or an equivalent)? No, the counter staff are being trained in certain things, so they may be able to handle a question but if they can't, they will always defer to the pharmacist on duty. There was no appointment necessary. But the pharmacist's lunch hour was normally 13:00 to 14:00 so it was best not to come in then.

A question was asked if the pharmacy gets paid for referrals? They did only get paid when the patient was referred by the surgery, but this caused delays and was frustrating for patients, so now the system has been changed so that patients can self-refer to the pharmacy, and the pharmacy will get paid for the work it does.

Florence was asked if she had considered ear wax removal as part of the Pharmacy 1<sup>st</sup> offerings. She thought that was a good idea, especially as the practice doesn't do that anymore, but she couldn't make that sort of decision, but she would refer it up.

Florence was given a round of applause when she finished and thanked by all the PRG who hoped to see her with an update perhaps in a year's time.

### **Staff Role Brief – Mrs Jean Wood Records Officer**

Jean said that her role was to deal with all aspects of the medical records, everything from patient requests, to information needed for solicitors, insurance companies and even the Army (for potential recruits). She added that all records are reviewed by her and the doctors before they are released.

She also looks after DVLA medical questionnaires and she will help patients if they have any difficulty with DVLA questions, or private insurance forms, DWP forms, universal credit personal independence forms etc.

She noted that the transition of paper patient medical forms to digital has been very smooth and successful so far. Plus, patient access to their clinical records went live at the end of October, these will only show future medical information not past.

She was asked if she was aware of the electronic patient record (EPR) system being built by the Mid and South Essex Foundation Trust? She and the rest of the practice were unaware. They noted that patients were supposed to get electronic discharge records from Broomfield and other hospitals in the Trust, but they never had. ACTION Martyn to ask what has happened to this discharge records. Also, if GP surgeries were to be involved in the EPR system.

Jean was also given a round of applause when she finished and thanked by all the PRG for a very interesting presentation.

## PRACTICE UPDATE

### **Staff Update**

Everyone was very pleased to learn that Dr Rashid had today become the third partner in the practice.

Christian said that there had not been may staff changes, we might see new faces at reception as staff move duties.

Josh the paramedic, studying advanced supervisory training, will be with them until the end of February.

### **Premises Update**

The surgery was facing more clients (approximately 1,000 from the new homes and the new care home), plus it wanted to continue its F1 training taking students to doctors. But it needed more rooms.

NHS estates had said they couldn't fund any capital expenditure but given the surgeries case they would fund the rental of office space in the village. This would allow admin roles to be moved out and the space they vacate could be used for clinicians.

The Parish Council had hoped to allow the use of their space on the days they weren't using them, but their landlord had objected. But they noted there was a lots of spare offices in the block they were in and it was just behind the gardens of the surgery. Rachel suggested that Christian called Abi the Parish Clerk as she could tell them who to speak to at Mass & Co who were agents for the building.

**Staff Parking Issues** – Christian said that the practice was having a meeting with Hugh Gorton (Borough Councillor) soon and he would update us at the next meeting.

**PCN update** – there would be a meeting soon and the PRG would be updated.

## Any Other Business

The practice was asked if a “survey” letter supposedly from the NHS, followed by a text message was legitimate. It was all GP’s patients have a random chance of being selected for these surveys which NHS England use to compare surgeries and feedback to them.

A question was asked about urine infection tests. Dr Bailoor said there was now a procedure, that one had to make an appointment with the nurse for this, it should be possible to do it on the same day. Urine sample bottles were available at reception or from the pharmacy (but you pay at the pharmacy).

A question was asked if the surgery was meeting with secondary schools to encourage students to become doctors. Dr Bailoor replied that they do take a work placement, normally a student from outside the area (because of the sensitivity of data), but they would be happy to be contacted by the Anglo European School for something like speed dating or presentations on the work of a GP: Action Martyn will ask the school to contact Christian.

Marilyn said that the Parish Council were investigating a pool of volunteer drivers for patient transport and would report back at the next meeting.

Rachel asked if the problem about staff leaving a message on someone’s answerphone and when the patient rings in (or even comes into the surgery) and the reception staff don’t know who has tried to call the patient. Christian reported that now that information is left behind reception so they can tell a patient, and the caller from the surgery should leave their name.

Marilyn reminded everyone about the Parish Council’s electronic and print newsletter, which could carry messages from the surgery, Christian would provide such updates.

**DATE OF NEXT MEETING.** Wednesday 24 April 2024.