

**Draft minutes of a meeting of the Blofield Surgery Patient Participation Group
held on Tuesday, 29th October, 2024 at 5:30 p.m. at the Surgery**

Present: Practice staff: Gill Henry, Locum Practice Manager, Dr C Banim, Jo Irvine - Reception team manager and Ricky Connew IT and Facilities lead.

PPG members:, Peter Bucknell, Al Daly, Ruth Gaskin, Susan Rowe, Roger Sandall, Stella Shackle, Arthur Wiffen and Mike Wilcock.

Apologies for absence had been received from Ivan Block, Golda Conneely, Pat Budd and Brian Hendrey.

1) Welcome and introductions: Gill Henry(GH) welcomed patients and staff to the meeting, explaining her role as acting Practice Manager during the maternity leave of Katie Doughty.

2) Minutes of the last meeting: the minutes of the meeting held on 30th July, 2024, had been circulated in advance, and agreed an accurate account of the meeting, with no matters arising.

3) Update - staff at the surgery:

GPs: Drs Vokins and Ledward had resigned as principals at the surgery and all wished them well in the future. There has been a good response to recruitment advertisements and interviews will be undertaken in November.

Clinical staff: An Advanced Nurse Practitioner (ANP) has been recruited and a locum ANP is already working in the practice. A new Nurse Practitioner will be starting at the surgery in January 2025 and there is already a new health care assistant in place.

There has been a change to NHS general practice contracts and it is anticipated that there will be increased investment for extra clinicians, in view of ever increasing patient demand.

GP Training: the practice is now an accredited training practice working with the UEA, and two Year 4 GP medical students are expected to work with the practice in December, gaining administrative and management experience as well as clinical expertise. It is anticipated that there will be a GP trainee working within the practice next year and there may well be a student nurse placement in future.

Vaccination programme: 1,600 patients had received their Covid inoculation (with only 38 refusals) and 2,300 patients had had their 'flu jab. It was queried whether the practice continued to invite at risk patients for such immunisations, and it appeared that because the NHS app contacted patients, encouraging them to make their own appointments, this was considered sufficient. A further query asked about the uptake of the RSV for the 75-79 age group. The surgery is contacting those in the older age group first, and more appointments will be offered in due course.

4) Patient numbers / did not attends (DNAs):

DNAs for all clinicians for the last three months were:

End August 2024: 137

End September: 146

29th October: 213

It was felt that the increase in October included patients who had not attended for or had not cancelled vaccination appointments. It was agreed that for those patients receiving confirmation of an appointment via their mobile phones, it was easy to cancel the appointment if no longer required. An increased use of the NHS app might also provide an easy route to cancel an appointment. It was agreed that a clear understanding of who had not attended, and whether there was a history of that, might be a useful administrative undertaking.

The list size figures were:

End August 2024: 8,668

End September: 8,668

End October: 8,689

The figure at end September 2023 was 8,339 so the list had increased by 350 over the year. It was suggested that the list size might now be in a “steady state” as there are no new housing developments being planned in the near future.

5) Extension debrief: Dr Banim confirmed that the buildings works were now virtually finished. Continuing working during the building process had been challenging at times but all staff are adapting well to the new premises. The extra space has also allowed for new staff to be employed. There had been a very successful formal opening of the building (to which PPG members were grateful to be invited), a display of the history of the practice had been unveiled plus a memorial plaque, and two new trees have been planted (kindly organised by Dr Pilch).

It was agreed that directing patients to the right consultation room is an issue, and digital notices are being investigated to help with this. It was also apparent that conversations in reception could be overheard by waiting patients, so the use of a radio and perhaps baffle boards, are to be investigated. Feedback to the practice on anything that PPG members notice or are alerted to, will be welcome.

6) Pharmacy application update: Dr Banim confirmed that sadly the practice’s application to install a pharmacy had been refused. Similarly an application from a local pharmacy had also been refused. The practice was grateful for the support offered by patients. The team cannot reapply for five years. The clinical pharmacist recruited by the surgery had proved so helpful that he has been permanently employed, and a pharmacy technician has also now been recruited.

The proposed new GP centre in Rackheath was briefly discussed, and it was mooted that the Rackheath pharmacy might move into the new centre.

7) Additional Role Reimbursement Scheme (ARRS): GH outlined a new NHS-funded scheme “introduced in 2019 as a key part of the government’s commitment to improve access to general practice. Through the scheme, the local Primary Care Network is able to utilise funding to support with recruitment across the selected reimbursable roles. The primary goal of the scheme is to alleviate the increasing pressures on general practice, provide a wider range of offers and improve access to health care services for patients.”

The surgery has gained from the various new roles available including a health & wellbeing coach, a social prescribing link worker, a mental health practitioner, a care co-ordinator and a first contact physiotherapist.

The surgery team is looking at ways to inform patients about the availability of these staff members and would appreciate suggestions from the PPG. There was some discussion about the use of IT and articles in future practice newsletters.

This led to further discussion about the NHS App and how best to encourage patients to become engaged in its use. It was proposed that PPG members sign up for the app and discuss at the next meeting how user friendly or otherwise it is.

Regular training sessions for patients and staff to be held within the surgery were proposed, together with posters and information on the surgery’s TV screens. A hand out was given to PPG members present at the meeting, which those who were not able to attend could request from GH or Ricky Connew.

8) Research: GH outlined the UEA’s Norfolk Primary Care Research Team’s work, which is offering opportunities for patients to participate in research, initially a long term project regarding Covid, plus “options available for the treatment of urinary tract infections”.

9) Newsletter: Peter B was thanked for compiling the October 2024 News and Views newsletter for the surgery, which was much appreciated by all. **Action: Anyone with suggestions for content for future newsletters was asked to send them to GH.**

10) Any other business:

a) Park Run/Walk update: the meeting was informed that Ivan Block is planning to publicise Blofield as a Park Run Surgery at a special event next year. Further information at the next meeting.

b) Practice website: plea for review and updating of articles on the website please, as some “news” is well out of date.

c) Performing Rights Society licence for using radios in the surgery: it was pointed out that the PRS licence varied according to the size of a building and the number of people likely to hear any music. **Action: GH to review requirements.**

d) Phlebotomy services: two queries were raised about the availability of surgery staff being able to take blood rather than patients having to travel to a hospital. One PPG member had been told by a hospital nurse that the surgery would take his blood but that was evidently not the case here. The surgery team explained that historically phlebotomy had been available at surgeries, but in many instances a lack of space and staff time had precluded this, and generally now only blood tests requested by surgery clinicians were undertaken in house. Tests requested by hospital staff were funded by and conducted at the hospital.

All agreed that getting to hospitals could be difficult and time consuming for many patients, and in an ideal world, phlebotomy could be offered to patients with such problems at a surgery. **Action: GH to review options with the team.**

e) Enhanced access: surgeries in the local area (Acle, Blofield, Brundall) are now organising a rota to offer consultation appointments on Saturday mornings and Tuesday evenings, up to two weeks in advance. It was agreed this would be more helpful to local patients rather than travelling to the Hoveton & Wroxham practice or further afield for “out of hours” appointments.

11) Date of next meeting: Tuesday, 28th January, 2025 (5:30 pm)

The meeting finished at 7:05 p.m. and all were thanked for their attendance and input.