

**Minutes of a meeting of Felton Surgery Patient Participation Group (PPG)
11.00 on 16th January 2025 at Felton Surgery**

1. **Present:** Hazel Hood (HH), Dorinda Jack (DJ) - Chair, Elaine Medhurst (EM) – Senior Practice Manager, Bryan Stanley (BS – Minute taker).

Apologies: Eileen Blagburn (EB), Abigail Callender (AC) – Group manager / New Build leader, Jill Mark (JM) and Kaye Williams (KW) – ACP.

HH apologised that she would need to leave the meeting part way through.

2. **Declaration of interest:** None.
3. **Minutes of previous meeting on 24th June 2024:** Received and noted at the meeting. Not able to be approved due to the time since the meeting. It was noted that BS had offered his apologies for not being able to attend the last meeting.
4. **Staffing update (EM):** (Also see attached staff list)

Dave Pierce – Senior Group Manager, has left.

Dr Chris Waite will continue to be in Felton on Mondays and Fridays in January, and on 4th February he leaves the practice (when his current Registrar-mentoring role finishes). He is then going to Cramlington to lead on GP and Registrar recruitment across the NPC Group. The PPG wishes Dr Waite well in his new role.

Dr Justine Norman, GP Partner, (previously at 49 Marine Avenue in Whitley Bay) is now in post (Exec GP Lead/Clinical Director of Quality & Research). Justine will working 2 days per week.

Kaye Williams, Advanced Clinical Practitioner (ACP)/Clinical Director of Nursing and Standards.

Dr Helen Wilcox, GP Partner (previously at Rothbury) is to be in Widdrington 2 days/week.

Michelle Davidson (ACP) – is temporarily at Widdrington 1 day/week with a hope that this becomes permanent.

Dr Ben Burville, GP Partner (previously at Coquet Medical Group in Amble), is available 4 days/week.

Dr Yvonne Lees is still at Widdrington 1 day/month for women's health and minor surgery clinics.

Registrars, there will be 2 3rd year GP Registrar's starting on their 6-month rotation in February. We will also have a 5th year medical student started early

February on a 10 week placement. These temporary staff bring in extra revenue which helps budget and hence recruitment of additional permanent staff.

5. Services and Clinics at Felton (EM): (Also see attached Felton Clinics list)

The practice is in the process of agreeing next year's budget. The nursing and dispensing teams are sorted. Now the alteration work has finished at Widdrington, there are 5 new clinic rooms.

The Practice Nurse will continue to be at Felton every 4th Tuesday.

GP and/or ACP clinics each Monday and Friday morning.

Healthcare Assistant (bloods, BP monitoring) alternate Wednesday & Friday mornings).

EM is looking at the possibility of running alternate Physiotherapist, Social Prescriber, Mental Health and Pharmacist clinics on a Thursday morning.

The Pharmacy at Widdrington, which is owned separately, are looking to move either in to the vacated Dentist accommodation on the Widdrington Surgery site, or in to alternative accommodation in Widdrington. This will not affect the Felton dispensary.

The meeting asked about extended hours clinic availability, and appointments at other practices within the NPC group. EM confirmed that during core business hours, patients may only attend their own surgery. However, where out of hours services are offered (eg weekend and late evening appointments at NPC Cramlington) these appointments are available to all NPC patients.

6. New Felton Surgery Build update (EM): All legal matters are now sorted and the Assura building tender process should be completed this month. Hopefully costs will not be higher than the original business case, if they are then there will need to be further a review. It is hoped that the build will begin in spring 2025 and be completed early in 2026.

7. Concerns from patients:

Access: The meeting reminded EM of patient difficulties in getting to Widdrington and that it would help if there were more clinics held at Felton. Patients would like to be advised of both Felton and Widdrington clinic availability, so that they can choose which suits them best depending on urgency, transport etc. EM agreed to ask the customer care administrators to be clear to patients about Felton appointment availability.

Reception staff: It was noted that since Covid there had been no full-time receptionist at Felton, this needs to be remedied. Since November a new Lead Dispenser had been in post and there are now 4 dispensing staff at Felton. Unfortunately, the pharmacy area is very crowded and there is no room for more staff or equipment. It is unlikely that there will ever be a customer care administrator (reception) in the current Felton building.

EM agreed to encourage clinicians to book further appointments whilst the patient is with them, rather than this being left for the patient to do later.

The meeting then discussed how patients can help with further improvements by completing any surveys which are offered. EM suggested that patients make full use of the 'any other comments' survey question and be as specific as possible. Survey responses are anonymous. It often helps if the comments indicate which clinician was seen.

EM was pleased to note that survey responses indicated a more than 90% satisfaction level with a number of specifically favourable comments about staff help to patients.

Anima: The report on the review of the Anima system has not yet been produced, but the aim is that the comments from the anima consultation result in improvements to Anima, rather than needing to investigate an alternative. A number of potential users have failed to get Anima to work for various reasons. There remains confusion over what appointments can be booked, and when.

Anima requests are looked at and triaged twice a day.
A patient can use Anima to request a call back on another day.

When telephoning for an appointment patients should give as much information as possible to the customer care administrator. This will enable an appropriate appointment to be booked. Pre-bookable appointments ARE available for the next 48 hours. Where a pre-bookable appointment is not possible, the call handler can use Anima to request a telephone call back for the patient on a different day. Call handlers have a 'task' facility which they can use to seek a clinical opinion – but this relies on the patient giving sufficient information as to why they need to be seen.

When a household has one email address and/or one mobile phone number, only one patient can be registered with Anima, other patients must contact the practice by phone. EM promised to see if this could be easily altered (N.B. A post-meeting message indicated this can be resolved by using the 3-parallel-line navigation icon at the top right of the status bar).

Telephone system: Patients have reported that they cannot get through, their call isn't answered or the phone just cuts off after a number of rings. EM will see if she can find out what is happening and why some callers fail to get through. Will patients with a phone problem please ask the receptionist to let the practice manager know as soon as possible, with date and time of call, and telephone number used.

Lack of Secretary/Admin support: There has been no Secretary for some months. HH and DJ indicated that they'd had various reports of administrative functions being well below standard, resulting in full and accurate reports not being sent to third parties in a timely fashion, and referrals not being made to secondary care. EM said that there have been some admin staff changes and it is currently very hard to get new staff as there are so few interested in taking on

the work. There are however now 2 full-time Business Service Practitioner Apprentices to boost the admin team, and Christine Smith is about to be trained as a secretary. Sam Morrison who had previously been trained up for this role (but was then promoted in to a different role) is to act as Christine's support. In due course, all admin staff will be trained in the secretarial function so that there is always cover available.

EM indicated that it is policy for urgent patient referrals to be dealt with within 2 weeks. However there is currently a 5 week backlog of non-urgent referrals. The PPG suggests that patients chase, and complain if necessary, to ensure that their referrals are processed.

Communications: Feedback from patients on communications in general has been poor and patients' perceptions have not improved. Various suggestions have been made but so far none of them appear to have been actioned. An example of a poor communications had been when the combined Flu-booster clinic and an update on how the new surgery was progressing took place.

EM said that she hoped she could improve the organisation of such things. She will look at why suggested updates to the website have not been actioned and will also investigate better use of the PPG notice board in the Felton waiting room.

8. Draft Terms of Reference

DJ had seen the December draft of the TOR and had sent in a series of changes as was requested. It was noted that there has been no updated version circulated to PPGs for approval, however EM thought that staff had still not commented and without this feedback Cara would not complete a 'final' version of the TOR.

9. AOB: –

New Members: EM mentioned that there had been interest from someone in West Thirston to join the PPG. She would follow this up. She will encourage Widdrington patients to get involved for that part of the practice. She queried whether with the re-branding of the practice from Northumberland Health to NPC perhaps just one PPG for the practice (alternating where meetings held) might be considered.

Felton New Build Group: DJ suggested a Felton patient new build group to meet and support the building project. Patients who enjoy the experience may join the PPG, but there would be no obligation.

Felton Flu Clinics: A Fridge power supply is on order (to guard against power cuts). Once received, it will be possible to store more vaccines at Felton and hence plan flu clinics.

10. Date of Next Meeting: Thursday 24th April at 11am in Felton Surgery.

EM to invite an admin apprentice or secretarial trainee to take the minutes.

EM to invite Abi Callender (Group Manager responsible for New Build).

EM to invite Website development /communications representative.

EM to invite a clinician to future meetings, although it was agreed that it may be pertinent to get the next meeting and new build ground work out of the way before taking a clinician's time.

- 11.** The meeting closed after almost 3 hours of very constructive discussion.