# New Folly Surgery

## Patient Reference Group Meeting

Minutes of the meeting held Wednesday 23 July 2025, 18:45

**Attendees:** **Apologies: None**

Dr Tahlil Rashid, GP Partner
Practice Manager
Rachel Lee – Chair
Sue Hyde
Marilyn Marston
Mike Malyon
Hazel Jarvis
Pat Dedman
Gordon Black
Gail Anspack
Pauline Anniss
Pam Gooding
Maggie Galvin
Hazel Honey
Roma Woricker
Martyn Hart

**START**

Rachel welcomed everyone and introduced our new group member Sue Hyde.

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

**UTI,** PM report about what to do with urinary tract infections (UTIs), and how one books UTIs. He said that if the patient is under 65 years old, they should use the Pharmacy. Over 65s should use AccurX and they will be likely to be asked to fill in a questionnaire (called Florey), that would allow triage by a GP and appropriate action taken.

**Contact Health Visitors**, PM said that any issues with Health Visitors should be taken up with the surgery.

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

PRACTICE UPDATE

**Report on AccurX and the new Total Triage Patient Access Model**

PM reported that the system seemed to be working well, the 8am peak pressure had reduced on the staff and so far, the Practice had had no complaints.

Dr Rashid said that it had allowed the Practice to deal with more patients and where through triage they had identified a really serious problem, they had been able to identify that much more quickly and if needed see the patient that afternoon.

However, Dr Rashid was concerned about patients that didn't have the skills, ability or equipment to use AccurX. PM said that if patients couldn't use the system online, or get someone to do it for them they can come into the surgery and one of the care navigators would do it with them.

The reference group agreed that this was a problem, and a number of examples were given. There is an issue over privacy when patients had come into reception to try and book an appointment. Members said that everyone could hear all the person's health details and one said they witnessed an embarrassing incident when a patient that had just had all his details read out went to leave and another patient joked with him about his problem. The patient didn't find it funny at all!

Dr Rashid pointed out the restrictions on space in the Practice, but said he and PM would try and work something out that could give Patients some privacy.

**Travel Vaccinations service Risk Assessment Form** – it appears that the form was on the web site but now isn't there. PM will look into this but reminded everyone that although the Practice does offer a travel vaccinations service it is subject to conditions, like six weeks' notice is required.

**Use of colours on the web site** – Sue Hoyle pointed out that red (used for important notices) is very difficult to see for people who are colour blind. PM said he would look into that.

**Additional GP**,

PM explained that the practice had completed all the requirements for a trainee GP and now has had an interview by Chelmsford NHS Deanery (which is the name of the region's postgraduate medical education and training structure, now part of Health Education England (HEE) working across the East of England), to decide whether they could actually have one.

The good news is that they passed! And at the end of August Dr Samira Dewan will join the practice on Tuesdays and Fridays for 2 years. Although she will see patients on her own, she is supervised by the Practice's GPs and each case will be reviewed and any plans agreed. Dr Dewan, apart from being a fully qualified doctor has had more than three years' experience in a hospital.

**Training,** the Practice will still be having its Anglia Ruskin University 5th and 6th year students in September and October.

**Premises update**, as the NHS now has a 10year plan, following restricting and reducing duplications the Practice has received a strong expression of interest from NHS Estates for their rebuild.

It seems that anything is now possible and the Practice are going to try for a substantial rebuild, maybe using some of the garden space. The fall back will be the plans they have already put forward (clinical offices upstairs and renting administration accommodation nearby).

The Practice is now negotiating its lease with the old partners.

**Staff,** Michelle Lepley is the Advanced Nurse Practitioner (ANP), and will be here on Mondays, Wednesdays and Thursdays each week.

Also, the Practice will have a new clinical administrator Adeola who took over from Gio in early July, she is a volunteer on placement until July 2026.

Nikita Aggarwal qualified as an independent prescriber last September in her role as the Clinical Pharmacist

## BRENTWOOD PRIMARY CARE NETWORK UPDATE

Integrated Neighbourhood Teams

PM reported that we'll soon be starting Integrated Neighbourhood Team (INT) MDT meetings to discuss and support complex patient cases across practices.

Additional Roles and Responsibilities:

- Social Prescribers are supporting patients with non-clinical needs such as social isolation, housing, financial concerns, and access to community groups.
- Pharmacy Team is carrying out structured medication reviews and supporting medicines optimization and safety.
- Care Coordinators are primarily supporting work around end-of-life care and frailty. This includes identifying patients, coordinating care and helping ensure personalized care plans are in place.
- First Contact Physiotherapists (FCPs) are providing early assessment and management of musculoskeletal issues, helping reduce GP workload and improve patient access to MSK support.
- Occupational Therapists are playing a key role in supporting patients with learning difficulties, helping improve access to Annual Health Checks.

Also, within the PCN they are arranging a PCN social event to bring staff together, build connections across roles, and recognise everyone's hard work.

As always there will be continuing focus on reducing health inequalities and improving access through collaborative working.

## ANY OTHER BUSINESS

**Practice updates**; members through that there should be more engagement with residents, Rachel Lee is willing to put information on Ingatestone News, Martyn & Marilyn are happy to pass on information for the Parish Council to distribute, but after that it becomes difficult. PM asked all members to tell the groups that they are members of about what is happening with the practice.

**Linking of Apps** – there seems to be a problem with ordering prescriptions over the various links, the Practice web site allows one to ask for something that one only needs occasionally, where the NHS App doesn't. PM to investigate.

**NHS Desktop** – the desktop version of the NHS app allows one to see the text messages that the surgery has sent, and one member has seen it showing text messages that it is yet to send. PM agreed that this can happen and when investigated this was because the message was waiting for a nurse's diary to be free so that it could also offer an appointment. Members are asked to look out for this.

**Name badges**; see above

**Signs in hospitals** – One member said she had been told to go to the MSP clinic (Myofascial Pain Syndrome) only to find that the area where she would have treatment is called "Core". Dr Rashid explained that Core is the name of the organisation giving MSP treatment and that the Practice needs to ensure that it doesn't use too many acronyms.

**Hospital samples** – If a patient needs a sample for hospital they should ask the surgery.

**AccurX information** – Dr Rashid was asked if the AccurX form always had enough information and what happens if it doesn't? He replied that normally enough information is provided, but if more is needed they will contact the patient.

**Change management** – Sue Hyde asked who was managing the change (to a patient's portal), it seems that the Practice has managed the change (to the systems and processes_ but what about change management? Which she said in its broader sense, encompasses the people-side of change, focusing on how individuals adopt and adapt to new processes, technologies, or structures. PM acknowledged that was a very good point, and the practice should start to report on how the change was rolling out and affecting people.

**Kind receptionist**, - one member said that she had been told how kind and supportive one of the receptionists had been, she just wanted the Practice to note that.

**Who is your Doctor Text** – Dr Rashid explained that patients over 75 were, on NHS direction, needed to be told who their doctor is. This was just an administrative procedure that required all patients over 75 to have a central contact point for medical questions.

Dr Rashid ended the meeting by saying thank you for everyone attending and for Sue Hyde for joining. PM reminded members that volunteers would be need for flu jabs in September and October.

**DATE OF NEXT MEETING.** Wednesday 15th October 2025, at 18:45.