

**NETHERFIELD HOUSE SURGERY Notes of the Patient Participation Group Meeting
25th June 2025**

Present: PA, LS, VB AF, MW (Apologies DF AF ML OE ER JB JC CB)

1.	<p>PA welcomed everyone to the meeting and updated on the previous minutes as follows.</p> <p>Our Facebook page is live but only has 38 users. All though QR code was necessary. In retrospect PA had looked at this and there is a cost for Meta to provide this and will assess. PA noted we can't send text messages put to all patients unfortunately. VB noted that updates need to be done regularly, PA will discuss with Secretary. Note: PA subsequently looked into this, and the monthly cost for having a QR code is almost £200 per annum, therefore PA will look into whether we could send a one-off text to all patients to sign up, as this doesn't seem to be good value.</p> <p>Pharmacy First continues to be used, although not as much as we'd have hoped, as patients clearly want to see a/their GP here. Other Practices are having more success, but we continue to work at it. It will increase in prominence over the next year or so as the new head of NHS England (Sir Jim Mackey) favours it. Discussion around improvements at the Pharmacy followed and all noted that the new Pharmacist (Florina) is very good and helpful, and PA reiterated that.</p> <p>The Phone system has been a real success from the practice's point of view with very few comments made, whereas the previous system was often criticised. MW had had an issue recently being cut off whilst in the queue and had to come down and PA will assess how that could have happened. The call back system is used extensively by patients and is working very well. PA noted that we have stats for all of the calls received and will summarise them for the next meeting.</p> <p>No contact from the Blake re: Parking but VB noted that parking is allowed with no fines, but the Management haven't engaged. PA has been across to see Jo (Manager) and she had promised to contact. VB will chase...</p> <p>PA noted no staff changes since the last meeting other than Dr Allan extending from 3 sessions to 4 (all day Friday now).</p> <p>The covid season went well but is increasingly limited with pharmacies being pushed to provide the jab, although it was better than the Winter campaign and patients were very proactive in booking their own appointments. No eligible patients that wanted the jab missed out.</p> <p>VB enquired re: text that was sent asking if patients didn't want the jab, this was to narrow down the potential demand for essential planning.</p>	<p>PA</p> <p>All</p> <p>VB</p>
2	<p>- NHS App – PA outlined the growing importance of the App and how the NHS want that to be at the centre of digital communications for the NHS and primary care. MW subsequently queried online appointments and PA explained that the system is set as far as he was aware and will check. However, appointments go so quickly it is often difficult to 'catch' appointments online.</p>	PA
3	<p>- Labour MP – Emma Foody will visit the Practice on 4th August to talk about the Modernisation fund that we have tapped into for the conversion for the Health Education room. This was planned to be</p>	

	<p>completed by the time of arrival but will probably be a week or two later if we received approval.</p> <ul style="list-style-type: none">- PA circulated the plan for the room to be divided for Registrar training use and all thought that this was a good step forward and very useful.	All																																										
4	<p>UTI Protocol – PA circulated the planned process for UTI (Urinary Tract infection) management at the Practice and noted that dipping Urine's is now <u>not</u> considered best Practice. In some cases, it remains applicable, but symptoms can guide prescribing. PA noted that the appointments allocated to UTI's etc. won't be affected and all patients that need antibiotics or other treatment will still be seen/treated as now. The removal of the station in the foyer should make it simpler for the Practice to cope with the demand overall and is in line with our PCN member Practices in Cramlington.</p>	PA																																										
5	<p>Friends and Family test summary - PA circulated the summary for the year to date and showed the following.</p> <table><tr><td>Very Good</td><td>373</td><td>318</td><td>383</td><td>478</td><td>406</td><td>1958</td></tr><tr><td>Good</td><td>29</td><td>35</td><td>33</td><td>44</td><td>56</td><td>197</td></tr><tr><td>Don't know</td><td>6</td><td>0</td><td>5</td><td>3</td><td>4</td><td>18</td></tr><tr><td>Neither Good nor poor</td><td>4</td><td>8</td><td>11</td><td>3</td><td>4</td><td>30</td></tr><tr><td>Poor</td><td>5</td><td>4</td><td>9</td><td>6</td><td>9</td><td>33</td></tr><tr><td>Very Poor</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table> <p>These results are shared with the team on a Monthly basis and the comments received really are appreciated by staff. The more negative comments are always looked at to ensure continuous improvement wherever possible. All agreed they were excellent, and PA outlined that the surveys are sent to all patients after their GP or Nurse appointment. Some group members had received one, although there were members that hadn't, PA will look into why.</p>	Very Good	373	318	383	478	406	1958	Good	29	35	33	44	56	197	Don't know	6	0	5	3	4	18	Neither Good nor poor	4	8	11	3	4	30	Poor	5	4	9	6	9	33	Very Poor	0	0	0	0	0	0	PA
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6	<p>Video Surveillance - Following a recent incident in reception the Practice were considering Video surveillance (without sound). It is very rare anything happens to this extent in reception, but the Practice may decide to do it for safety and the group thought that it may be a deterrent, considering there would need to be extensive signage that will be hard not to notice</p>																																											
7	<p>Weight Loss Service – Mounjaro (Tirzepatide)</p> <p>PA covered the new NHS service for patients and circulated the criteria that is all agreed very restrictive at present. We have 11 patients that are currently eligible and will set up group sessions to help with the (extensive) requirements of the service. The group were interested in how successful this medication is and PA noted that it has been a success with those known to have taken it, with some side-effects, the group were in agreement that it is an unknown over the long term, and whilst PA noted that it has been in</p>																																											

	<p>use in other parts of the world for over 5 years, all thought this wasn't long enough to have full confidence in it.</p> <p>AOB</p> <ul style="list-style-type: none"> - VB enquired as to what the next 6 months to a year would look like – PA thought that it does look like there will be a roll out of the NHS app and increased utilisation of Pharmacy to reduce the pressure on Primary care whilst we concentrate on Long Term conditions etc. as well as Population Health Management that is much more pro-active as prevention of LTC would be more preferable of course. We also have the 10-year plan coming out next week that will shape care overall. - MW outlined a charity that she will join as a trustee soon called Live Well with Cancer. The charity aims to provide a multitude of support to people who are affected by cancer in any way, including monthly sessions, sleep support Wellness and lots of other things. MW will contact PA with a view to setting up a meeting at the Practice with the team to see how we can use it to help our patients and gave PA a brochure for initial information. - LS noted a discharge letter that was incorrect (LS had noticed this) and PA will contact to assess the circumstances. - The next Patient newsletter is due, and PA will work on this with VB support as per the autumn winter newsletter. <p>There was no other business, and PA thanked the group for their valued attendance and opinions. Next date TBC in October/November.</p>	<p>PA</p> <p>PA VB</p>
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