

Present: NJ, SM, JW, HF

1. Locally Commissioned Services - these are services that the surgery can sign up to provide that are outside of the usual contract, for example ear irrigation, minor surgery and 24hr blood pressure monitoring. Due to funding issues, NHS Sussex has placed a cap on some of the services (for example, minor surgery will now be limited to 14 procedures a year) and have asked others (such as 24hr BP) to be paused until April. We have honoured appointments that have already been booked but patients may have to wait slightly longer for some other tests/procedures.
2. New Salaried GP – Dr Cooper will be a permanent member of the clinical team from late February onwards, and NJ updated the group on the other registrars that are currently and due to be with us through 2024. NJ also explained that the surgery registration list is uncapped meaning that patients wanting to join the surgery no longer have to be allocated to us by NHSE. We also discussed that FGS is a Safe Surgery, which supports patients who may feel fear or intimidation during the registration process because they do not have ID or address documents.
3. Telephone call back service – FGS does not have this service but it could be added to our telephone package (at a cost). However, evidence from other practices within our PCN has shown that the wait time for patients when you have this system increases.
4. Targeted Lung Health Checks – patients aged between 50-74 who have a history of smoking have been invited to have a lung scan as part of a pilot project. The results of the pilot have been positive (in terms of identifying significant health conditions) so it is now a national programme. We discussed the recall process as evidence shows that some patients who have never smoked had been invited (though they don't progress through the referral process after a telephone call), possibly due to the lack of a smoking code in their record. This will be fed back to the TLHC team.
5. Cancer Screening – we discussed national cancer screening programmes, specifically the fact that there isn't one for prostate cancer. The reason for this is that there is not a reliable test, the PSA blood test and prostate exam tests not themselves given indication of cancer. There is no evidence that screening reduces deaths vs other screening programmes, and there is a risk of treating patients that would never have needed any intervention. NJ explained that due to a spike in requests for PSA test, possibly due to the King having recent treatment, some comms would be produced by the surgery to offer men advice. Any patients with concerns could discuss these with the doctor, but they may not be offered any testing.
6. Prescription Authorising – at JW's request, NJ confirmed that patients do sometimes have to wait a number of days for the pharmacy to prepare the prescription, despite the surgery processing the request in the stated timescales (often 24hrs for a straightforward repeat request).
7. Junior Doctors Strikes – NJ explained that these had not had an impact on the surgery. We went on to talk about PIDMAS (Patient Initiated Digital Mutual Aid System) for patients who have been on a hospital waiting list for 40 weeks or more. Patients will be contacted by the hospital directly if they are eligible to be moved to another hospital.
8. WIC Attendance we reviewed some data regarding attendance at the Walk In Centre, in terms of where the patients were registered. The data showed a low level of attendance by FGS patients in comparison to some other local practices

Date of next meeting: 15th May 2024