



Patient Participation Group Meeting  
Monday 12<sup>th</sup> May 2025

Attendees:

Ginette Tweddle – GT  
AT  
John Cornhill – JC  
Gill Rodgers – GR  
Linda Rule – LR  
Helen Holmes – HH

Apologies

Alan Rule – AR  
David Connolly – DC  
Peter Miller – PM  
Joan Miller – JM  
Shenene Fontenelle-Struthers – SFS

SMG Staff

Dr Jonathan Booth – JB – GP Partner  
Caroline Morris - CM – Practice Manager  
Nicola Johnson – NJ – Clinical Services and Operations Manager  
Paige Hall – PH – Staff Services Manager

Previous minutes discussed

1. Boundary update

Finalised and sent to ICB, we have decided to expand more than the one we thought about a few months back. Once approved, we then move onto the neighbouring surgeries to ask for any issues re this. The idea was to try and get the new Callerton and Great Park new builds.

GT – there was scope for a GP surgery in the Callerton plans but they then decided on adding in more houses

JC – happy with reasoning for changing the boundary, seems to look good.

JB – explained we have 42,500 patients and 120 staff employed– changing boundary will help the practice – it won't be 5,000 patients registering at once and it would give patients an option of registering with us if we expand the boundary.

Overall, everyone happy with the boundary, no complaints from PPG members.

## 2. Sentiers update

NJ – Care navigation tool, went live on the day the last time we done a meeting, going well and it is constantly being updated. Patients ring up and we will put in the issues into Sentiers and the staff know what pathway to use.

GR – what happens if the patient doesn't want to see the pharmacist/ nurse as per the pathway but they want to see the doctor? Or they are not wanting to give all of the information to the reception staff

NJ – if this is the case then the patient would wait longer to be seen i.e 2 hours instead of 2 weeks if correct information was given.

CM – the tool is there to try to get the basic information off the patients to get them to the right place. It's clinical input that has gone into these pathways, not just 'reception staff' asking for information

NJ – information is correct and up to date and it is fed back to management to change pathways

PH – Sentiers always good for helping with link workers etc as they deal with things like mental health/drug/alcohol etc. Some people may think it's good with a GP but not always appropriate

GR – good experience at Superdrug pharmacist, rang in and asked re ear, referred in and helped and got abx for this

NJ – NB - ear syringing not in place, Sentiers helps admin staff to guide them to the correct place such as private clinics

## 3. Practice update

In 2021 we opened NBH. Working with Assura since then for a new place for SP. Working with the ICB – Higham House is the property we're looking at as it has the most potential. In May there was a PID request in with the ICB for Higham House. NHS England announced it was no longer going to be in place in the news in the coming years which has put this on hold for now. Recent list for repairs for practices in Newcastle 7 out of 29 practices were given the money – we weren't on the list, hopefully it means that we're on the list for a new property. We want to ideally stay in the city centre still.

JC – MEA House as an option?

CM – Owned by the university so not an option currently. Any updates we will feedback at the next meeting if we have any regarding the property.

## **AOB**

GR – to see if the waiting room TV can stay on longer for appointments when it flashes up – will query this. Variation on the TV needed – PH has changed the time for appts on the board to 10 seconds from 5 seconds now. More things added on the TV at both sites.

To look at samples at SP reception – can the trolley be moved? Samples behind reception? – PH to ask KB regarding this.

JB – Saturday clinics at NBH – no service for blood tests currently – you can see a GP/smear/depos/b12/hormone injections. We have done a trial for bloods on a Saturday before, may be bringing them back in the future.

CM – evidence of impact – collated for CQC and SG complaints for once a year. Possibly doing an 'evidence of impact noticeboard' for SP, will ask someone at the surgery to assist with this.

Phones

GR – phone issue, rang in and was number 15 then call dropped and rang back and was quite high up in the queue, happened 2 weeks ago

CM – phones held in a cloud, if you call in let staff know if this has happened so they can pass on the information so we can tell the phone company about it and look into why it got cut

**Next meeting –TBC August 2025**