**Bridge Cottage Surgery**

**Patient Participation Group**

Minutes of Meeting – 13th January 2025 – 3pm

Chair: David Bell

Present: Debbie Crossley, David Bell, Jacqueline Pountney, Henry Bowrey, Jan Jacklin, Anne Land, Yvonne Bartlett, Caroline Griffiths

Apologies: Sue Fletcher, Sandra Saunders, Jenny Harding, Neil Burns, Shaun Nickel, Carolyn Clark

|  |  |  |
| --- | --- | --- |
| **Item** | **Notes** | **Action** |
| Minutes from Last Meeting | Last Minutes agreed as accurate |  |
| Matters Arising | Covered in Practice report |  |
| Bridge Cottage Pharmacy updateDr K Chandarana & Jay Vekaria | * KC explained the increased pressure on the NHS and Pharmacies means an increase in staffing to cope with demand. Currently BCS is having to make staffing decisions based on available space at the surgery
* BCP is currently making a loss. Funding has not been increased by the NHS to cope with the requirement for expanding services. However, there has not been a great patient uptake for new services offered. Therefore, the decision has been made that the pharmacy is no longer financially viable and will be closed within the next 6 months
* Barnes Pharmacy will take up the workload from BCP and the Staff will also move across. BCP space will be returned to BCS and will be used for office / clinical space as needed.
* Barnes Pharmacy is due to undergo refurbishment in March and the combined pharmacy will be up and running in June.
* **HB** asked which of the pharmacies was the busier, **JV** said that currently BCP was busier for collections. Once the refurbishment has been completed, Barnes will be a 7-day service. Patients will automatically be transferred to Barnes unless they request otherwise.
* The **PPG** raised the issue of accessibility into Barnes – **KC** agreed that they would discuss an accessible door suitable for

people with wheelchairs / prams. Discussion too about a road crossing from the Surgery to Barnes to make it easier for patients. **PPG** to investigate with Parish Council. Also highlighted the lack of Blue Badge parking for the Surgery. * **KC thanked** the PPG for their input and will keep them informed so that information can be disseminated to patients in a timely manner.
 |  |
| Report from the Practice - **DC** | * The new telephone number is working well and can be used alongside the normal Surgery number. There have been a few issues with the initial music continuing to play so that people have to wait for the menu but seems to have been resolved recently. **JJ** stated that she had not been able to get through recently and had to resort to using the Surgery main number. **DC** asked if this happens to contact her directly so that she can investigate.
* There are currently plenty of MSK and some Nurse appointments readily available but many patients still going through Reception who then direct them to the new number.
* The information on the new system is clearly set out on the BCS website front page
* This new telephone service is aimed at those who cannot access appointments via NHS App or computer or who can only access the surgery out of hours.
* Currently still not possible to make GP appointments through the new system – patients need to ring the Surgery directly, although some GP appointments may be put on soon.
* All phone lines were down for a short time last week but this was quickly resolved.
* A lot of Reception calls are for queries rather than booking appointments eg Travel queries
* **CG** commented that Reception staff seem to have a bit more time to help which was probably down to patients using the new phone system
* There will be a new Pharmacist starting in March, employed by BCS but funded by the PCN. He and JV will handle Minor Illness appointments with either face-to-face appointments or telephone appointments. They will also be doing the medication reviews. They are both Prescribing Pharmacists. This is not for Pharmacy First appointments and those patients requiring those will be referred to the appropriate place. Reception staff will direct patients to the appropriate appointment, but patients will still be able to request a GP appointment if that is what they feel they need.
* The space left by BCP will be utilized probably as office space for staff and also the Practice Manager and Deputy as their office is set out for clinical use and could therefore be returned to that.
* **CG** stated that her experience of robotics in the Acute Trusts should mean that the new pharmacy set up should provide a very efficient service for patients. Patients need to be given clear information about what is happening over the coming months. Maybe BCP could have a dedicated phone line for patient queries? **DC** said that she would raise it with BCP.
* **DB** asked **DC** about the Diabetic checks that used to be done by Nurse Ruth, who covers that role now? **DC** replied that Dr Mistry leads on the Diabetic work assisted by Nari – Nursing Associate.
* **Nari** has just started his Nursing apprenticeship to become a registered nurse
* There are a few staffing issues at the moment with two Receptionists on maternity leave and another who has just resigned. Two adverts have gone out.
* Currently patients attending appointments with cough / cold symptoms are being asked to wear a mask when in the surgery to try and protect staff from the flu that is very virulent at the moment. One GP was off sick last week.
 |  All |
| Any other business | * **HB** stated that there had been an issue with the online form giving relatives permission to discuss his medical details. **DC** acknowledged that this was down to human error at Reception and had been highlighted as a training issue.
* **CG** said that for future meetings it would be good to have sight of BCS’s 3-year plan to give the PPG an idea of how they see the future for planning care for patients
* **CG** asked if the PPG could be shown evidence of clinical audits e.g. Patient Medication Reviews as it helps to understand if BCS is meeting the needs of the patient. **DC** said that she would discuss it with the Partners
* **CG** asked about BCS’s risk stratification for the frail and elderly, an increasingly larger cohort of BCS’s patients. How does the surgery predict that they will cope over the next 3 years? How can these needs be best met e.g. Admission Avoidance, utilising Hospital at Home etc. **DC** saidthat with the new government there were a lot of advisories happening most of which would be impossible to meet.
* **JP** asked whether the lighting outside the surgery could be improved as it is very dark and difficult to see the path. **DC** to investigate
* **DB** reminded people that it is the PPG AGM in February and he will be standing down as Chair. Requests for someone to take it on please. **JP** agreed to remain as Secretary
 |  |
| Next Meeting | * PPG AGM Meeting – TBA
 | As many to attend as possible please |