**Bridge Cottage Surgery**

**Patient Participation Group**

Minutes of Annual General Meeting – 27 February 2025

Chair: David Bell

Present: Debbie Crossley, Jacqueline Pountney, Carolyn Clark, Jenny Harding, Henry Bowrey, Sue Fletcher, Ian Skidmore, Alan Sparshott + wife, Jayne Truran

Apologies: Yvonne Bartlett, Caroline Griffiths, Neil Burns, Sandra Saunders, Jan Jacklin, Anne Land, David Armstrong, Shaun Nikiel, Gillian Turner, Leo Boon

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| **Item** | **Notes** | **Action** |
| Minutes from Last Meeting | Last Minutes agreed as accurate  |  |
| Nominations for membership | David Bell standing down from the Chair.Sandra Saunders standing down from the PPG. |  |
| Nominations for Officers | No nominations for Chair or Vice-ChairNomination of Jacqueline Pountney for Secretary | To be discussed at next PPG meeting |
| Presentation from the Practice**Dr Sai Maheswaran** | * **Dr SM** has been a doctor in the Practice for 7 years and he thanked the PPG for their involvement over the year on behalf of himself and all the Partners.
* The Practice currently has a stable number of clinical and admin staff: 10 Doctors plus trainee GP’s and Medical Students. It was felt that to be a training practice was an important part of the work of the Practice. There are 3 Registered Nurses and 1 Healthcare Assistant as well as Student Nurses that come as part of their training. Admin levels of staff remain stable.
* PCN funding is being used to provide more staff and more appointments. Currently this includes a Physiotherapist for the Musculoskeletal service and 2 Prescribing Pharmacists. The new pharmacists will also be running audits and medicine safety reports.
* Use of innovative technology – particularly the new telephone system to channel patients to the right point of care.
* There have been 4 months of extra funding for appointments but that stops at the end of February. There will be a new system for appointments which means it will be easier to book ahead for 5 or 10 days once the new system evolves. Currently if you need a double appointment it has to be done through the reception rather than online. If they cannot do it, they are to ask one of the managers to enable it.
* The Practice is analyzing appointment data to see if there can be an increase in the ratio of pre-booked appointments while satisfying on the day demand.
* The Practice is still awaiting details of the new GP contract under the new Government. Currently they are still working with below inflation funding increases and increased cost pressures from employees NI increases.
* There is funding being channeled through Pharmacy First which is currently being underutilized. It would help the Practice if patients could be encouraged to use this service to free up GP appointments. Could the PPG help with this?

**Dr SM** then went on to discuss Bridge Cottage Pharmacy which had a change of ownership a year ago. It is not owned by Bridge Cottage Surgery.* Over the last year there have been changes to improve services and efficiency including taking over Lloyds Pharmacy in the High Street. However there have been fluctuating drug costs, business costs and employment costs as well as insufficient NHS funding.
* After discussion with NHS England, the decision has been taken to close Bridge Cottage Pharmacy at the end of March 2025 and consolidate services that will enable at least one viable pharmacy within the Village – still to be known as Barnes. There will be a planned refurbishment of Barnes as part of this strategy. Currently there are 10 pharmacies closing a week nationally. Patients currently using BCP will be notified of the closure from the first week of March.
* There is a 40 hour per week contract with Barnes giving a 7-day service and the opening times will attempt to accommodate some of the hours lost through the closure of BCP. It will be open Monday – Friday 08:00 – 18:30, Saturday 09:00 – 14:00 and Sundays 10:00 – 16:00.
* Currently the new use of the space left by BCP is undecided.

The Chairperson thanked **Dr SM** for his report. **Dr SM** then left the meeting. | For discussion at next PPG meeting. |
| Chairman’s report**David Bell** | Welcome and thank you for coming.In the past year we have had six F2F meetings. The number of PPG meeting attendees has varied between 5 to 12 plus the presence of Debbie and often one or more Practice GPs. There have been two useful meetings with the BCP (Bridge Cottage Pharmacy) Directors.The relatively small attendance size has limited what could be achieved on a wider range of actions during the year but nevertheless the PPG has worked with Debbie on the following areas: Provided input to the surgery Newsletter, the patient Flow-chart, phone system – current and future, call handling, eConsult, surgery website, Special Needs access, Vaccination days, surgery appearance and access to Systmonline and the NHS App. We have not been able to re-start the PPG Waiting Room table days that we had in previous years and we need to restart those this year with the aim to communicate and gain feedback on the introduction of additional AI on the phone system etc.We have had several presentations during the year from Practice GPs. Dr Sai discussed the problems with the flu jab day which will be resolved for next year. The staff were very committed during the day and the only problem was the logistics which meant a long queue.The surgery now has some leaflets on how to use the NHS App and these can also be downloaded. Our ‘Hertford & Rurals’ PCN has also shown where we can have more Digital support including training for some Reception staff. Functionality of the NHS App will increase over the next year so it is important that all patients are aware of it, have it installed on their phone if they have one and ask for training if needed. Over 60% of patients are now signed-up to Systmonline, the surgeries IT system, which is a pre-requisite for full use of the NHS App. Patients can use either the NHS App or login directly to Systmonline to access their medical records, order prescriptions and book certain appointments. Of course, not all patients are able or wish to use a mobile phone or PC and they can still phone the surgery. The phone system has recently been extended with AI functionality to help automate the more routine functions and is available 24/7. The PPG has so far had two meetings with the two GPs directly responsible for Bridge Cottage Pharmacy and Barnes Pharmacy i.e. Dr Sai Maheswaran and Dr Kunal Chandarana. The BCP Superintendent was also present. There was very constructive discussion about some of the problems including items out of stock and no information provided, conversations being over-heard due to lack of space and shortage of staff. These issues are being resolved. Patients who are prepared to use Barnes instead should find a better service overall due to the increased space. Later in 2025 Barnes will be completely re-fitted to cater for more Pharmacy First work and make use of robotic handling for medications.Finally, I should like to thank the PPG and the Practice staff for all their work during this and past years. I would like to give special thanks to Debbie who has often taken on the role of PPG secretary when it should really be someone from the PPG itself. Thanks also to Yvonne Bartlett for Chairing in my absence. I have stood down as full-time chairman because I must reduce my outside commitments. We are lucky to have one of the best Practices in the PCN; something my occasional meetings with them have highlighted. At least one PPG in the PCN has no contact with their Practice Manager. Thank you, Debbie, Practice staff and all PPG members both present and absent.  |  |
| PPG Membership | * Currently 139 virtual PPG members with little or no contact including 17 Current members of the F2F PPG. The aim should be to be more representative of local demographics so having some younger members would help redress the balance.
* Discussion about reinstating the monthly information table in the waiting room.
* **DC** suggested a noticeboard near the BCP area to inform patients about the PPG. Do people understand what the PPG does? Is our direction or target obvious? Would an open evening with a speaker be helpful?
* Could we find subjects to appeal to a younger audience?
* Could we highlight the value of Pharmacy First for patients so that they understand how it works.
* Would it be possible to set up NHS App training for patients without compromising confidentiality?
 | For discussion at next PPG meeting. |
| AOB | * It was felt that it would be helpful to have a flow chart for the new telephone system.
* Extended access phone number is incorrect.
* **HB** asked if the family / partner forms were being used? Forms available at Reception to give permission for relatives to access medical notes.
* **HB** said there was an issue with text messaging – links were being sent over two messages and couldn’t be accessed. **DC** said that they were aware of the problem and Nurse Laura was investigating shorter messaging.
 | DC to look intoDC to check |
|  Next Meeting | * **DC** to send out survey for availability
 | As many to attend as possible please |