**Bridge Cottage Surgery**

**Patient Participation Group**

Minutes of Meeting – 7th April 2025 – 5pm

Chair: Vacant

Present: Debbie Crossley, David Bell, Jacqueline Pountney, Henry Bowrey, Yvonne Bartlett, Carolyn Clark, Shaun Nikiel, Laura Nikiel, Jayne Truran, Neil Burns, John Collins

Apologies:  Jenny Harding, Jan Jacklin

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| **Item**  | **Notes**  | **Action**  |
| Minutes from Last Meeting  | Last Minutes agreed as accurate  |   |
| Matters Arising  | * Bridge Cottage Pharmacy is now closed and all patients have been transferred to Barnes Pharmacy or other pharmacy of their choice. Barnes refurbishment to be done over time starting with a new consultation room.
* **YB / DB** -Text messaging from Barnes for medication collection appears to be intermittent. Could a message be sent out to patients to ensure that their details have been transferred to Barnes messaging system?
* The Practice owns the now empty Pharmacy space and currently the Partners are in discussion as to what it will be used for.
* The new 24-hour automated phone system is being increasingly used by patients to book appointments. 70 patients used it in the first 2 weeks.
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| PPG Chairperson       | * **DB** has stepped down from the Chair after completing 2 years in the position. As yet there have been no volunteers to take on the role.
* Discussion about the best way to move this forward. Could it be done on a rotational basis by the current members of the PPG or would it be better to have one person who can coordinate background information and lead the group consistently as **DB** has done?
* **DB** is happy to continue to forward any information that he gets or put the new Chair in contact with his links such as *The Hertfordshire and West Essex Patient Engagement Forum*
* **SN** asked if a ‘job description’ could be put out so that people understand the role that they would be signing up for. **DC** agreed to have a look and draw one up with help from **DB.** The Chairperson needs to have a vision for future strategies for the direction of the PPG. They also need to ensure that actions are acted on at each meeting.
* Can we combine looking for a new Chairperson with encouraging younger patient representatives to join the PPG to improve the group’s demographics?
* **YB** happy to raise the issue at the next Wilshere Park Residents meeting if a descriptive paragraph could be done for use at these types of meetings.
* **JT** would not feel comfortable being part of a rotational Chair as feels doesn’t have enough understanding of the background to the PPG. All agreed that PPG members could choose to be on rotation if this was the end result of discussions re the Chair.
* **NB** said that he felt that clinical expertise was not needed for this role, our expertise is in being the patient user of the Practice, giving voice to what the Surgery provides and has for patients to use.
* **DC** stated that currently there were 17 PPG committee members, some of whom never attend meetings. The question was raised about asking those who do not attend for more than 6 months to revert to being Virtual PPG members. The meeting felt this would be appropriate.  Also, could VPPG members be approached about becoming active members and consider the role of Chairperson?
 |                   DC – produce chairman job description      DC – work on paragraph to encourage new members |
| Report from the Practice - **DC**  | * Update re Pharmacy – see report above.
* Surgery Staff now need to lock up in the evenings since the Pharmacy has closed and this will be done by 6.30pm.
* Update on safer crossing outside the Surgery so that patients can access Barnes Pharmacy. JP reported that Tony Kingsbury, County Councillor had responded to this request by saying that there are still plans underway to introduce a more permanent 20mph scheme across Welwyn and the consultation included some crossing points although not immediately in front of the Surgery. He will pass the request onto the 20mph team to consider.
* He also has a Highways Locality budget at his disposal and will explore if anything can be done with that – more likely to be a raised, informal crossing rather than a zebra crossing.
* **HB** and others stated that there was an issue with placing crossings near road junctions and so this may not be feasible.
* **JP** to contact Parish Council about the 20mph zone and possible crossing. **SN**to contact local MP.
* **DC** to investigate if it is possible to have verbal announcements in the Waiting Areas rather than just the screens which are difficult to see in many parts of the waiting areas. Also difficult for the visually impaired. **DC** to review the position of the screens.
 |                        JP – contact Parish council SN – contact local MP DC – assess screens and calling |
| PPG Plan for the Year  | * To pursue the 20mph zone and safer crossings for patients to reach the Pharmacy
* Update the PPG Noticeboard – can now use the board previously used by the Pharmacy. Volunteers needed.
* Improve patient calling – wording stay on longer and improve visibility of screens
* To organise a presentation on a medical theme for PPG members to pass on to patients. Could be done as a Webinar and circulated to patients.
 | All  |
| Any other business  | * **JC** asked if the Surgery website could be streamlined as there is a lot of information on it making it difficult to find things. Also, could the Surgery address be added to the front page to make it easier when need for form filling etc. **DC** to look at other surgery websites to see what they are like.
* **YB** asked if there was a SLA (service level agreement) for the online Travel forms as it would appear that they are not being looked at in a timely manner so that vaccinations can be given appropriately before travel. **DC** to check with Nurse Laura.
* **NB** asked how often general medical checks were being offered. DC stated that NHS health checks took place every 5 years. However, there is a quota paid for by the NHS and while the Practice currently exceeds that, there may be some patients who are not called for a health check. **DC** to find out the criteria from Nurse Laura and bring to the next meeting. If on regular medication a review would be annually. The plan going forwards with the new Pharmacist, Rahil Bhatt leading on it, was to offer every patient a medication review with blood tests annually around their birth date.
* **DB** said that he had received several text messages from the surgery asking him to have the COVID vaccine when he had had it done by the Pharmacy. DC advised that if you don’t want the vaccine, to let the Practice know and the texts will stop, otherwise it will be coded by the Pharmacy, and this should also stop the texts.
* **LN** asked if the GPs could make follow up appointments following an acute episode. **DC** stated that they are able to do this if they feel it is appropriate. Nurses will book appts ahead as they are not embargoed or restricted as the GP appts are.
* **JP** raised the issue of difficulty in getting medication reviews done currently. **DC** stated that the Pharmacisthad been helping with the Pharmacy move and was then on annual leave so appointments had not been available. However, reviews at Spring House should have been offered instead. Some people had had experience of this happening. Sometimes we have reached our allocation at Spring House and are not able to offer any more for the week. The receptionists are able to request prescriptions even if a review is due, patients are not left without medication. **JC** asked if it was possible to request earlier than date allowed online, and the answer was yes if requested.
 |      DC to assess     DC to investigate        DC feedback re healthcheck criteria |
| Next Meeting  | **DC** to send out survey for dates  | As many to attend as possible please  |