**Bridge Cottage Surgery**

**Patient Participation Group**

Minutes of Meeting – 18th July 2025 @ 4pm

Chair: Vacant

Present: Debbie Crossley, David Bell, Jacqueline Pountney, Henry Bowrey, Carolyn Clark,

Jenny Harding, Jan Jacklin, Yvonne Bartlett, Sue Fletcher, Caroline Griffiths

Apologies: Jayne Truran, Shaun Nikiel, Laura Nikiel

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| **Item** | **Notes** | **Action** |
| Minutes from Last Meeting | * Last Minutes agreed as accurate |  |
| Matters Arising | * A new Doctor – Dr Wong has just started and will be able to offer joint injections alongside Dr Chandarana, Dr Gresly, Dr Rai and Dr Mistry * Dr Tai Sangodele has left the Practice |  |
| Practice Update - **DC** | * **Dr Wong** is an ARRS GP (Additional Role) and mainly funded by the PCN * New flooring has been laid in the Reception and front entrance * Pharmacy First referrals continue to be made by staff at reception. These are direct referrals to the patient’s local pharmacy. * There is a new Minor Illness Hub being trialled at Barnes Pharmacy, funded by the ICB. The patient will be referred by reception as the Pharmacy First patients but will be seen by Jay Vekaria who has had extra training in Minor Illness. The patient will be called within 2 hours of the referral being made and will either be given advice over the phone or will be given an appointment to see **JV** for treatment. **JV** can treat more than the 7 symptoms currently treated by Pharmacy First such as chest infections and UTI’s in any age group. He will not be able to treat children age 3 and under or those who are pregnancy.   The pilot will run until December with the ICB looking to roll it out to other pharmacies in due course. Patients can only currently be seen at Barnes and not other pharmacies.   * Minor illness or Emergency appointments will be changed to book on the day appointments most of which start at 11am. * The telephone appointment system for patients to make MSK/ Nurse / Pharmacist appointments will be stopping by the end of the year as it has not proved to be a cost effect way of managing appointments. There will be more online availability added for GP/ Nurse / Phlebotomy /MSK appointments once it ceases. |  |
|  | * **CG** stated that it would be interesting to evaluate how well the new Minor Illness service is working e.g. are referrals being done appropriately, are patients being contacted in a timely manner? **DC** responded by confirming that all surgery services are evaluated regularly and patients currently receive a text message following an appointment asking for feedback and patients do respond to this. * **JJ** raised the issue ofher referral to the Minor Illness Pharmacist at Barnes not happening as it should have done, no call back and no appointment, in the end was able to be seen by the Pharmacist at Codicote Pharmacy. **DC** asked for details and said she would look into it. * There were a number of questions from **CC** and **JH** regarding qualifications and training for the Minor Illness Pharmacist. **DC** responded that JV had undertaken extra training for this role compared to the Pharmacist First role. It comes under the umbrella of the ICB and not BCS and therefore training requirements were overseen by the ICB. * Following a consultation with the Minor Illness Pharmacist, a report will be sent to BCS and uploaded onto the patient record. * **JP** asked how referrals were made at reception. **DC** said that reception staff had very clear online protocols to follow. If not appropriate, then the patient will be given an appointment with a GP or inhouse Pharmacist. Patients need to be clear about their need for the appointment and so can request privacy to speak to the receptionist if necessary. There is a sign at reception to say this. **HB** made the point that patients can always request a GP if they feel they would rather see one than the Pharmacist. * **CG** raised the issue of accessibility issues at Barnes Pharmacy making this new service hard to access for people using wheelchairs / scooters or prams. The internal lift does not work and there are 3 or 4 steps to get down to access the consulting room. The meeting agreed that this was an issue and there was concern from several members for the reputation of BCS using this service with DDA compliance being poor and possibly contravening legislation. **DC** to raise with Partners at next team meeting. * **CG** raised again the need for service evaluation from the start in order to prevent any possible clinical incidents. **HB** stated that he had previously raised the issue of blocked fire escapes in Barnes with **JV** and this was sorted immediately, but he had suggested a poster informing patients of current plans and issue, but this has not happened yet. **YB** and **DB** said that they felt things had improved in Barnes Pharmacy in recent months. * **JH** raised the issue of many unemployed doctors when services seem to be struggling. **DC** replied that this was because of lack of funding for new positions. However, BCS is GP ‘heavy’ and will not be using Physician Assistants which had been in the news lately. | **DC**  **DC** |
| Any other business | * **JP** asked if there had been any progress with renovations to the front of the building which is now looking in need of repair. **DC** said that she had just spoken to the decorator and filled in the required forms for painting and repairing a listed building and sent to the Council. Hopefully work could begin in August. She has also spoken to an electrician about the lighting outside the building. * **JP** asked about annual health checks for all patients. **DC**  said that BCS cannot offer this and it is up to individuals to contact the GP is they require this. **CG** said that in her home practice all patients were called for an annual check so some practices do offer this. * **CC** asked about annual medication reviews which currently do not seem to be coded properly meaning that repeat scripts are not always allowed on the system. It was thought that with the new pharmacists at BCS these reviews would be done around a patient’s birthday but this also didn’t seem to happen. **DB** said there had been issues with not being able to request medications because they had been blocked due to upcoming reviews which were not due to happen for a few months. **JH** thought this may be due to the number of times the item had been ordered rather than the need for a review. **DC** saidthat sometimes the reset on reviews wasn’t happening in a timely manner – to raise with the Team. * **JH** asked if it was possible to have an exact time for a telephone call appointment rather that a 4-hour window as this is difficult, particularly for people at work. **DC** said that it was not possible to change this currently. * **CG** raised several points on behalf of patients not part of the PPG. * If a GP says come back and see me in 4 weeks – how does this happen? **DC** says that unless the DR books it themselves, it can’t always be with the same clinician. * Is there a carer’s link person for BCS? **DC** said that the nominated person was Eve and was a point of contact for referral to other services. * Did BCS offer ear suctioning? **DC** said that ear irrigation was offered but nothing else. * Reception staff have been reported by patients to be really helpful. | **DC** |
| Date of next meeting | * **DC** to send out poll for dates. | **DC** |