**Bridge Cottage Surgery**

**Patient Participation Group**

Minutes of Meeting – 19th September 2025 @ 4pm

Chair: Vacant

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

Jan Jacklin, Caroline Griffiths, Shaun Nickiel, Neil Burns, Anne Land, Jayne Truran

Apologies: Yvonne Bartlett, Jenny Harding

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| **Item** | **Notes** | **Action** |
| Minutes from Last Meeting | * Last Minutes agreed as accurate
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| Matters Arising | * **DB** asked for clarification on the new telephone appointments system. **DC** to cover in Practice update
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| Practice Update - **DC** | * **Audit of Pharmacy First and Minor Illness referrals**.

This has not been easy to do as although both referrals go through BCS Reception, only the Pharmacy First referrals are coded when referred. It is therefore easier to find the referrals to Pharmacy First than the minor illness referrals. All consultations are documented by the Pharmacist seeing the patient and a report sent to the Practice which is filed to the patient’s medical record. Any referrals that cannot be handled by the Pharmacy First are bounced back to the GP and dealt with.To audit the results from the pharmacy reports, this would have to be done manually and is difficult and time consuming.Pharmacy First also report back onto a system in order to facilitate payment with the ICB.**DC** did not find any that had not been completed. * **The telephone appointment system** for patients to make MSK/Nurse/Phlebotomy appointments will be stopping by the end of the year as it has not proved to be a cost effect way of managing appointments. Once it has ceased there will be more online appointments for GP/ Nurse / Phlebotomy /MSK appointments released.
* **Feedback from Barnes re non-working lift.** Dr Chandarana requested an update as currently there is no access in the Pharmacy for patients who cannot manage the stairs. **JV** responded by stating that there has been an issue with spare parts, but the company previously used by Lloyds for lift maintenance, have now been contacted and they are awaiting a response. Patients are currently being assisted, but the private consultation rooms are not available for their use. Staff have been reminded about confidentiality for these patients when speaking to them in the public area.
* **DC** has passed on the PPG’s thanks for good service to the Reception Staff and the Social Prescriber.
* **BCS** still struggling to get the outside of the building painted because it is a listed building. **DC** had provided a methodology as requested but the Local Council wants more detail and information.
* **E Consult** and new GP contract. The Partners are still discussing this. Total Triage including E Consult being pushed as part of the new contract. Access would be for Surgery opening hours, and a GP would be assigned daily to triage and manage the E consults. Patients would not be able to request a specific GP but should be able to make a comment on E consult stating that they have seen a certain GP and would like to see the same one again.
* **Flu injections** being offered first Saturday in October for walk-in clinic. Patients have been sent letters to show on the day – mainly text messages. Slips of paper to be given to those in the queue without this so that their records can be accessed easily when they arrive for their Flu injection. This is to help speed the process up for those queuing. There will be booked appointments available for those who don’t want to queue on the 1st, 2nd and 3rd October. Covid vaccines only offered to those over 75yrs and those who are immunosuppressed.
* Housebound patients will be done by the PCN Nurses and they will give Flu and Covid together. The PCN nurses will make appointments with the patients before turning up.
* Housebound patients who only want Flu will be done by BCS Nurses as will all the Care Homes.
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| **Questions from PPG Members** | * **CG** stated that it would be interesting to know the outcomes of the audit such as how many patients still have to see a GP. Could **JV** provide information about the Minor Illness outcomes? **DC** saidthat in October there will be a new IT system coming online enabling reports to be incorporated onto SystmOne.
* **NB** asked if it was possible to know how many patients used Pharmacy First and is it a joint entity with Minor Illness? **DC** explained that they are separate but go through the same referral point. The Minor Illness appointments are a local arrangement with Barnes Pharmacy and **JV** currently the only clinician. **DC** reported that **JV** had informed Reception that he is unable to offer the Minor Illness clinics for a couple of weeks due to other commitments within the Pharmacy. Currently not that many referrals are being sent to **JV** and the pilot is due to end in December. Overall, Pharmacy First and Minor Illness referrals have helped with the Partners workload.
* **JJ** asked about the number of Doctors in the Practice currently. **DC** replied 7 Partners, 3 salaried.
* **CG** asked aboutany known outcomes from the pilots of E Consult. **DC** stated that E Consult had been up and running for nearly 2 years and many surgeries were using it as routine and there are protocols for surgeries to follow.
* **AL** said that it is still very difficult to see the same GP when they ask you to come back to see them 2 weeks later. **DC** said that if E Consult was used, it would provide the patient with a comment box to request this.
* **HB** highlighted that text messages with weblinks need to be on one message as sometimes they are split between messages, and this is impossible to click on. DC said that she will look into this. DC confirmed that there had been significant cost savings in postage costs since the surgery started sending letters by sms and email.
* **JJ** asked if there was a failsafe to make sure patients did receive the letters / appointments. **DC** said that undelivered messages will be bounced back but otherwise the surgery wouldn’t know. If patients received a text that they couldn’t open, then they could call Reception who will tell them what it says.
* **DB** suggested that the PPG should get information to patients about changes that are proposed such as the change to the appointment system. Various suggestions were made as to how this could happen such as a Newsletter which could include a focus on the clinical team, changes in appointment systems and a plea for younger PPG members. **HB** and **JT** suggested running Focus Groups for different demographics to get them on board.
 | DC – obtain data from JV**DC** |
| Any other business | * **JP** gave an update from a recently attended online meeting for the new **East & North Herts PPG Network.** This is to support local PCN’s (Primary Care Networks) and PPG groups particularly in the light of changes that are happening at the ICB (Integrated Care Board) level. Our PPG is part of the **Hertford and Rurals PCN.**

The new Network is to support PCN’s and PPG’s and to understand the changes coming for the ICB which is being reorganised into a much larger body and we will now come under Central East ICB which incorporates Cambridgeshire, Bedfordshire, Hertfordshire and Milton Keynes. It was felt at the meeting that communication between the PCN’s and the ICB was crucial but not currently happening. The Network is an opportunity for PPGs to share information, challenges and opportunities, joint working and good practice.A Patient Led PPG Buddy scheme is available to provide 1:1 support for PPGsFrom the notes sent out from the Network meeting is the following: (although I will be honest and say that I didn’t pick up on any of this at the meeting!)* *There is a 5C self-assessment tool, to use with a PPG to find out how it is doing, scoring some questions 1-5. To identify what can be improved. This approach has been used in industry and can be used to support PPGs. The* ***PPG Maturity Mode****l represents a PPG's journey to maturity; through a proven self-assessment process the model to a tailored report that highlights:-*
* ***Your PPG's current position within the Maturity Curve; and***
* ***Provides guidance on what you could do next to develop your PPG even further***
* *The* ***PPG  Maturity Model*** *recognises that PPG's are very different in both style and nature. But, at the end of the day we all want the same thing - a better experience for our patients. And the goal for the* ***PPG Model****is to provide ideas that will help you to maximise that experience*
* **SN** asked if we could alternate face to face meetings with TEAMS meetings as this might make it easier for those working / with young families to attend. Members agreed this was a good idea.
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| Date of next meeting | * **DC** to send out poll for dates.
 | **DC** |