



Minutes of Meeting Held: Rushbottom Lane Surgery Conference Room.
18.30 Wednesday 2nd July 2025

Present: Dr Masud, Jo Meadlarklan (Practice Manager), Karen Thomas (Deputy Practice Manager), Sarah Lodge (Reception Manager), John Hall (Chairman), Kathryn Chandler (Secretary), Terry Clarke, John Atkins, Louise Kinsey, Cheryl Kirby, Vera Wathen.

Via TEAMS: Dallas Willcox (Treasurer), Brian Porter, Linda Smith.

Apologies: Numerous members of the PPG via the WhatsApp group.

	Subject	Action By
1	Welcome and approval of the Minutes from our meeting held on 23rd March 2025	
2	<p>Surgery update by JM: Thanks to Karen Thomas, Deputy practice manager, who is leaving on Friday. Flowers and a card were presented from the PPG. Karen's role is being replaced by Sarah Lodge as Reception Manager.</p> <p>Sarah has worked at the practice for over three years as part of the Reception Team and so is very familiar with the surgery procedures etc. A new receptionist has been appointed to fill Sarah's previous role. Sarah and Karen have been working together for a few weeks to ensure a smooth handover.</p> <p>There are about 12 in the reception team across the two surgeries. Part of their duties includes general admin work as well as having to act as chaperones when required.</p> <p>We have a new cohort of Registrars starting in August, as 2 of our current Registrars have recently passed their final exams and are moving on. There are also 3 other Registrars from the year below that have also passed their recent exams.</p> <p>Question from floor - Why don't we keep them? JM, we cannot afford to take on any more GPs. Plus, most of them live a long way from Benfleet, many in West and East London and they want jobs closer to home. We did take on one new GP last year.</p>	
3	<p>DNAs: JM, Sarah has sent out letters to anyone who has not attended twice within twelve months. It is hoped that this will suffice. Last month someone phoned in and apologised after receiving a letter. As Dr Gupta has stated many times before, often the people who do not attend are the most vulnerable and we should take care of them. Dr Masud reinforced this statement. In St. Georges practice, the Drs know their patients very well and will query why certain patients have not attended and will often follow up with a phone call to check that they are OK.</p>	

4	<p>Access for working patients to call-backs and doctor phone consultations: JH Wanted to discuss the people who say they cannot get through to the surgery at 8 o'clock due to their jobs. Dr Masud responded - We live in a world of instant expectation, e.g. We can almost get anything we want 24/7. People manage to get to solicitors and dental appointments. Why can't they treat doctors' appointments in the same way? Why are Drs appointments supposed to be available for anyone at any time? They should be able to call or get someone else to call and we have the ring back system. KC spoke on behalf of teachers that many are in school at 8am and with children in early morning classes or breakfast clubs. They are not always allowed to use their phones in class. Comment from the floor - they shouldn't be in school if they are ill.</p> <p>JM - Ring back has been the most useful tool in aiding people to get appointments without have to wait on the phone. The surgery has been praised for the use of this system, something that not used in many surgeries, especially in this area.</p>	
5	<p>Success of Accurx: Total Triage, as is used by some surgeries in our area, is not particularly popular with the public. But having a limited number of appointments assigned to our on-line booking system Accurx, is useful for those patients unable to make the 8am phone call. However, If these appointments have not been filled, they are then added to the list of available phone and walk-in appointments.</p>	
6	<p>Tirzepatide and weight-loss injections: Dr Masud explained that there has been huge demand for these since they became available. They were originally designed for use by patients with diabetes, but it was discovered that this also aided by people to lose weight, making it extremely popular. People started buying these privately, which put them in short supply for the diabetic patients that needed them. These supplies have now been increased.</p> <p>The system for weight-lose works as follows in a tiered system: Tier 1 – Patients can self-refer for support Tier 2 – Self-referral for more targeted advice and support Tier 3 – Only if patients have completed tier 1 &2, Drs only can refer patients to attend face to face or on-line meetings for at least twelve weeks where they are assessed for medication. But Patients can only be referred if they meet certain criteria.</p> <p>The ICB has given them the contract to assess and prescribe to a company named: - Second Nature. This should free up Dr's time. Drs still prescribe the drug, but for use by diabetic patients only.</p>	
7	<p>Increasing readership of our UPDATE Magazine: JH - Terry spends a lot of time on this, but who reads it? TC - The magazine is available on over 20 social media sites each month as well as being emailed to our 500+ members. It is also available on the surgery website. However, we have no way of knowing just how many people read it. It would be nice to get some feedback from members.</p> <p>Ptinting costs too much to hand out to every patient. Some surgeries send it out to all their patients. But surgeries vary in size, some are quite small.</p>	

	<p>JM will investigate the possibility of sending out text messages to all patients to make them aware of the PPG and magazine.</p> <p>SL has taken the front cover and laminated it and stuck it to the reception desk window for people to see the DNAs. It was suggested that we could have details about the PPG added to this so that people could see that too.</p> <p>LK suggested we use some of the PPG money to have a pop-up banner made to promote the PPG. It could be put in the surgery and could also be used at the various events that the PPG attends.</p>	JM
8	<p>Reactions to the PPG presence in surgery: LK had organised this recruitment drive during June. The team recruited 50 new members, taking our membership to over 500 now. The team found being outside the surgery, that people were more willing to talk to them. Most people had good things to say about the surgery. Thank you, letters will be sent out to the volunteers, that took part.</p> <p>Discussion around the floor about feedback and review: - Some people will only review when things are bad. CK asked about reviewing the registrars. KC suggested that the registrars give out a review slip to patients so they could fill in and hand in at the reception desk. Dr Masud said that the registrars had a way of being reviewed as part of their course and this would not work. JH said that comments about Rushbottom surgery from local events and fayres were always good.</p> <p>BP (via Teams) asked if the surgery had heard much about the abolishing of the Quangos in the NHS? The surgery hadn't heard anything. TC seemed to think Health Watch Essex was one of those being let go. JH said Tina Sparrow from ICB uses Health watch. Maybe we should keep an eye on what happens.</p>	
9	<p>Funding opportunities: JH. CAVS May have some money available for us. What should we spend it on? Is anything needed by the surgery? Dr Masud said that it is a slippery slope for surgeries to be asking the public to fund equipment as the NHS is free. However, funds could be used to enhance surgeries and the well-being of staff and patients, e.g. . Water coolers, fans, pot plants, fish tank, etc. KC also said that we should be mindful of what we are fund raising for. At the quiz night some of the public were asking why does the surgery need money? It is important that we state what we as a PPG are raising money for i.e. hall rental, printing and publicity. We are answerable to the people who give money.</p> <p>Another Quiz night will be held next year. Possibly in March 2026 TC said we currently get sponsorship for the magazine.</p> <p>JM said they had had 100 blood pressure machines given to them for temporary use by patients at home. They were lent out to patients and hardly any were returned. We now only have three left.</p>	

10	<p>Sanction for Metro Bank PPG Account: Treasurer Dallas Wilcox outlined the plan - Prior to the quiz night, all expenditure had come from the pockets of the PPG committee members. The money raised at events such as the quiz night and sponsorship money needs now to be held somewhere secure. It is proposed that we open a current account with Metro bank and at a later date a savings account could be opened with a Building Society.</p> <p>We need to show in the minutes that this has been agreed.</p> <p>Three signatories will be used for the current account. JH - Chairman, DW - Treasurer and KC – Secretary. Any two of the nominated signatories will be used to sign cheques.</p> <p>No objections were put forward so this was agreed.</p> <p>CK warned things could be difficult for online banking if too many restrictions were put on the account. Dallas agreed but it would be for cheque signing. JH thanked Dallas for arranging this.</p>	
11	AOB - Nothing	

Meeting closed at 8.00pm

Next meeting: Wednesday 15th October at 18.30 in the surgery and on Teams

Abbreviations:

AMG – A Member of the Group

ANP – Advanced Nurse Practitioner

HP – Health Professional

CPCS – Community Pharmacist Consultation Service

MSE-FT – Mid and South Essex Foundation Trust

ICB – Integrated Care Board

ICP – Integrated Care Partnership

ICS – Integrated Care System

ICC – Integrated Care Community

PCN – Primary Care Network

Below are links for members to join both (or either) of our:

“Members Only” **Private** Facebook and WhatsApp groups.



WhatsApp Rushbottom

PPG <https://chat.whatsapp.com/JCXHxKyxC3qGe1wvn9OoJC>



Facebook Group Rushbottom Lane PPG

https://www.facebook.com/groups/3364136713904545/?ref=share_group_link

Whether you want to take part in discussions, or just receive information, we look forward to having you join our groups.