

Minutes of Meeting Held: Rushbottom Lane Surgery Conference Room. 18.30 Wednesday 15th October 2025

Present: Dr. S Gupta, Dr Masud, Jo Meadlarklan (Practice Manager), Sarah Lodge (Reception Manager), John Hall (Chairman), Kathryn Chandler (Secretary), Terry Clarke (Committee), Wendy Heather, June Sales, Jill Reeves, Linda Smith, Bill Wilkinson.

Via TEAMS: Dallas Willcox (Treasurer), Cheryl Kirby.

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 2 nd July 2025 – Approved.	
2	The 8am Scramble, Accurx, The realistic future of booking appointments: JH: There has been much publicity in the press about the 8am telephone scramble for appointments. The government said that from the 1st of October 2025, all surgeries should offer online appointments. How has this affected Rushbottom Lane? JM: We are carrying on the same as usual. We currently offer a limited number of online appointments via Accurx, but our system of phone appointments is continuing as usual. However, we don't know what pressure may be put on us when we renew our contract next April. But at present, we are fulfilling the requirements. Accurx allows patients to submit a request via two routes: "I have a health problem" "I have an admin or routine care request" Unfortunately, many of our online appointments are misused. People are sending in admin requests via the "Health" route which has a limited number of submissions, where as the "Admin" route is unlimited. Many people are wary of the on-line appointment system, plus is not as manageable as some people think. For example, Valkyrie surgery in Westcliff had 400 on-line requests for appointments one morning. By the time these had all been triaged half the morning had gone. The on-line requests require responses and often people are at work and have had to wait to hear if they have appointments or not. It is difficult for both patients and staff. A better system needs to be sorted out. JH: The on-line Accurx system itself is very easy to complete. KC: But many elderly people don't understand the on-line system and do not have the capabilities or the equipment to be able to use it. JH: Let me make the PPG position clear, that they prefer a combination of both a telephone and an on-line system together as the way forward.	

JM & SL: There had been a very high demand for appointments on Monday last week, there were over 120 in the call queue. We tried to accommodate as many people as possible with appointments, using other healthcare practitioners and the local pharmacists, but unfortunately, we ran out of appointments.

We try to prioritise as much as possible if there is an urgent need. Many people want to see a certain G.P. for continuance of care.

We don't open the doors for people to book appoints until 8.30am and the few people that are waiting outside often aren't able to get one.

There has been a lot of pressure on the surgery of late as we have had a shortage of staff due to illness and vacancies that have as yet to be filled. We are interviewing for new receptionists and a prescription clerk. It takes time however to train the receptionist; this can take several weeks for them to get up to speed. It is a high-pressure job. We receive between 14,000 and 15,000 calls a month.

We are also having to replace one of our nurse practitioners.

We had fairly low numbers of DNA's in August, but almost double in September. People were on holiday in August, and it was nice and quiet for a while. But, come September children are back at school, and the winter bugs start.

There has been a rise in Covid and a nasty sickness bug around. Many of our staff including doctors were ill.

Question from the floor: - Can we book future appointments? **JM**: Yes, future bookings are available, but they are often 3 to 4 weeks away. Patients just need to ask at the desk.

Physiotherapists - Hospitals v Surgery first contact physio.

KC: Please can you explain how patients can access physiotherapy, as it seems rather confusing. Patients can be referred to physiotherapy via the GP or as a hospital referral, but there is a long wait of 6 to 8 weeks. But I'm told there is also a physio available at the surgery?

JM,SL & Dr G: Patients with muscular skeletal problems can ask for a physiotherapy assessment from the first contact physiotherapist. There are two and they cover the whole of Benfleet. They can assess what the problem is and can also arrange for x-rays scans, etc. The GPs cannot refer patients to these first contact physios.

Patients' muscular skeletal problems need to ask at reception for the first contact physiotherapy appointment rather than seeing a GP, and they are usually offered a phone appointment initially.

KC: A link to physiotherapy should be put on the surgery website, and maybe the system could be explained in our UPDATE magazine.

4 Information about hospital notes being on the NHS App:

Why don't letter, notes, prescriptions from the hospital appear on the NHS app?

JM: The delays are at the hospital end. If letters have been written and couriered or emailed to the surgery, they are quickly scanned and put on the system. Sometimes letters are sitting in trays in the hospital for weeks. If a patient has received a letter from the hospital and it is not on the app they can bring in a copy of it and the surgery will add it.

KC, commented about prescriptions. Hospitals are now giving out the green prescriptions which mean patients can get their medication from any pharmacy. This is much quicker and more sensible than having to wait for the hospital pharmacy. However, once the script has been handed in to a chemist, the patient does not have any evidence of what meds have been prescribed. Unless details are on the app the surgery cannot offer repeat prescriptions. **SL:** It is essential to keep the packaging and make an appointment with a GP. Take the packaging to the appointment and then discuss future medication. Patients should also try to photocopy the prescription so a copy can be given to the surgery for their records.

5 Smart Watch:

JH: The PPG would like to encourage more patients to join and were considering putting up a new banner in the surgery, offering patients who sign up to become a PPG member, the opportunity to be entered into a draw, with the prize being a smart watch. Dr Gupta said he was unsure of their accuracy and capabilities. They seem to vary in what they were capable of. Most seemed to register steps, heart rate, and oxygen, which is useful. It was suggested that some can also measure blood glucose levels. But Dr.G was unsure of this as checking your glucose normally requires a drop of blood from a pin prick in the finger.

A reasonable smart watch can be bought for about £50 some even less.

Most people in the meeting thought it was a good idea.

6 Health Advice:

JH: On the surgery website, under the section: - "Clinics We Offer", there is a heading: - "Health Promotion". So, does the surgery offer health advice?

JM: There are health checks given to patients and health advice is also given at diabetic clinics and Nurses give advice at clinics that are held.

JH: The PPG are considering holding an event where health professionals can give advice on different health matters to a group of patients.

Would anyone from the surgery be able to come and give a talk?

Dr Gupta said he would be happy to help with this.

7 DNAs are still a concern:

JM & SL: This has been mentioned earlier, but it is still very concerning. There are notices up at the reception desk showing the figures. Some people genuinely forget, but there are also repeat offenders and letters are sent out to those.

There are several of ways to cancel an appointment. - by phone, text, or even email.

If 8 people don't turn up, then it is 2 hours of a doctor's time wasted. Registrars give 20-minute appointments, so even more time with them is lost. A diabetic appointment is ½ hour, Smear is 20 mins, changing a

JM

dressing can be ½ hour, baby immunisation 20 mins. **Comment from the floor:** Some people seem to just treat appointments at the surgery like hair or beauty appointment and just don't bother. It seems ridiculous to spend half an hour waiting on the phone for an appointment and then not turn up.

KC: It would be helpful to know how we compare with other surgeries percentage wise.

JM: Said, she has meetings with Practice Managers from other surgeries and so will ask at the next their meeting.

8 **PPG in surgery:**

JH: Next week, PPG members will be attending the surgery to talk to patients about the PPG and to sign-up new members.

A rota has been organised by Louise, and she will be starting things off herself, this coming Monday.

JM: The practice are happy for this to go ahead and that she and Sarah will help Louise move the PPG roll-up banner. And pointed out that the busiest times are between 8.30 and 11.00 am.

9 **AOB**:

9a - DW: Banking. We had some limited funds that we raised and ethically we thought that rather than be held by any one member of the committee, we should have a bank account. We signed up with Metro bank but now they have decided to charge us £3 a month. This will diminish our limited funds and so we are now seeking an alternative solution.

TC: We have used some funds for printing etc but we are getting sponsors for our UPDATE magazine.

KC: There will also be another fund-raising quiz next March.

9b - BW: What is happening about blood tests now that the Tyrrells is closed? TC: The Tyrrells is closed because they could not manage to control the temperature and blood was congealing before it could be transferred to test labs. We do not know when or if it will reopen.

BW: People now have to use Canvey, Hadleigh or Southend Victoria and it is not easy. They have to use a car, taxi or bus. Before, many used to walk to the Tyrell's.

Also, it can be three weeks before you get an appointment then you have to wait for results and then a further wait to discuss the results with a GP. You could be dead by then!

Dr.G: GPs can put urgent on the request if they think that is necessary and patients can be put on the two-week track if cancer is suspected.

JM: will speak to the partners about phlebotomy and see if anything can be done to have more done at the surgery.

The problem is not just the patients at Rushbottom it is for all of Benfleet.

KC: Is there any progress about using the council offices or even Benfleet clinic as an alternative?

JM: There are still lots of issues and problems relating to the council offices, it will be ages before anything is likely to be resolved. We don't know about the use of the clinic.

No one seemed to know who oversaw the phlebotomy service - maybe the ICB (integrated care board)? The ICB is undergoing major changes too, but

	JM said she would contact them and see what could be found out. It was suggested that maybe a letter to the local M.P. would be a good idea. 9c – JM: The path alongside the surgery is going to be fixed by the Highways department at long last. It does not belong to surgery but has been the cause of several accidents, so this is good news.	
	 9d - Dr Masud: What are people's thoughts about Jess's Law? This story has been in the media lately. TC: It is also an article featured on page 7 of this month's UPDATE magazine. A general discussion took place, and it was felt that there are many pros and cons. In summary, these are the results: - Everyone has right to a second opinion. In every profession there are some inadequate people. The majority of doctors want the best for their patients and would be concerned if there were repeat visits about the same condition. All registrars are told to have a re-think if there are several visits by the patient for the same symptoms. It is sensible to see another G.P. if you are unhappy with a diagnosis. The country is losing doctors, and it appears that more and more less qualified clinicians are being used. It could open the door to more referrals, and the hospitals are already under immense pressure. It was a huge tragedy for someone so young, but is it a knee-jerk reaction by MPs? 	
10	John Hall closed the meeting and thanked everyone for coming.	

Meeting closed at 8.00pm

Next meeting: Wednesday 14th January 2026 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