



**Minutes of Meeting Held:** Rushbottom Lane Surgery Conference Room.  
18.30 Wednesday 20<sup>th</sup> 2026

**Present:** Dr Sunil Gupta (GP), Joanne Meadlarklan (Practice Manager), Sarah Lodge (Reception Manager), John Hall (PPG Chair), Dallas Willcox (Treasurer), Terry Clarke, Louise Kinsey, Aline Reeve, Bill Wilkinson, Cheryl Kirby, Linda Smith, Wendy Heather.

**Teams:** System unavailable due to technical issues

**Apologies:** Kathryn Chandler (PPG Secretary) plus other members via the WhatsApp Group.

	Subject	Action By
	<p><b>Attendees were welcomed by the Chair.</b> Minutes from January Meeting and AGM agreed by all present.</p>	
2	<p><b>Practice report:</b> <b>JM reported:</b></p> <ul style="list-style-type: none"> <li>• The new room has now been completed. This provides us with a new Clinical Room. Which gives us capacity for extra consultations. Plus, it can also be used for admin purposes.</li> <li>• A new nurse (Kerry) has been recruited.</li> <li>• Two current Registrars have now successfully completed their exams. And there will be a new intake starting in August.</li> <li>• Extended hours are staffed by an advanced nurse, and 2 doctors creates more capacity for appointments. These appointments are available to the other surgeries in the Benfleet PCN area.</li> </ul>	
3	<p><b>Flow Chart:</b> <b>JH</b> said that many patients at the surgery don't fully understand the various routes for appointments/referrals/treatments, etc. JH asked if it would be possible to produce some kind of "Flow Chart" which could help identify the best way for a patient to obtain the required treatment/diagnosis. <b>JM</b> said that she will look into it for us.</p>	<b>JM</b>

4	<p><b>Matters arising:</b></p> <p><b>OUR PPG MEETINGS ARE NOT THE PLACE TO RESOLVE PERSONAL MATTERS. HOWEVER, SOME ISSUES (SUCH AS THOSE BELOW) COULD ALSO APPLY TO OTHER PATIENTS, SO THE SURGERY SHOULD BE AWARE OF THIS. OR THE INFORMATION COULD HIGHLIGHT A PROCESS THAT COULD BE IMPROVED TO THE BENEFIT OF ALL. SURGERY AND PATIENTS.</b></p> <p><b>Chemist referral:</b>  <b>WH</b> drew attention to a health problem she contacted the surgery about, and that she was given a referral appointment at Cross Chemist. <b>JM and Dr.G</b> agreed that this matter should have been referred to a GP. <b>JM/SL</b> will cancel the appointment at chemist and arrange a GP appointment. <b>SL</b> to discuss correct procedure with Receptionist's.</p> <p><b>The new G&amp;A (Guidance &amp; Advise) referral system:</b>  <b>TC</b> highlighted the difficulties with the new referral system, and he's experience since being referred to Orthopaedics by Dr Khan. Depending on which hospital department you are referred to, many of them are now being triaged by a private company called CORA HEALTH. It seems that it is now Cora who decide what if any treatment is required. <b>TC</b> showed us a 24page document where each page represented a separate interaction with Cora Health over a 4-week period and explained the very long process involved just to be able to see someone. It was:</p> <ul style="list-style-type: none"> <li>❖ 14+ emails/Text messages.</li> <li>❖ 1 Phone call.</li> <li>❖ 20 minutes spent registering to use their portal system.</li> <li>❖ Questionnaire containing 49 questions.</li> <li>❖ 20-minute Physio appointment.</li> <li>❖ Download 1 App to be able to perform the recommended exercises and log my progress.</li> </ul> <p>It is feared that many people will simply just drop out due to the complicated system.  <b>TC</b> further explained that CORA HEALTH covers the whole of Essex and had been granted a Government Contract worth around £116M. Concerns were expressed that the reported fall in waiting times were more a result of people dropping out of the system.  <b>JM/SL</b> further confirmed that concerns about the CORA system had also been received from other patients.  <b>DR Gupta</b> said he would raise our concerns with the ICB. And asked <b>TC</b> to provide him with a digital copy of he's document.</p> <p><b>Physio referral:</b>  There is confusion over the routes to physio – either via CORA (self-referral), PCN First contact physio or via GP which has long waiting times. <i>Maybe this will be clearer on the flow chart if we get one.</i></p>	<p><b>JM/SL</b></p> <p><b>TC Dr.G</b></p> <p><b>JM</b></p>
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5	<p><b>Quiz Night Update:</b>  <b>JH</b> confirmed our next Quiz Night has been arranged for:  <b>Saturday October 17<sup>TH</sup> in St Georges Church Hall.</b>  <b>Start time 7pm</b>  <b>Please put note in diaries.</b></p>	
6	<p><b>PPG Recruitment:</b>  <b>In Surgery Recruitment: LK</b> confirmed week-long recruitment promotion making good progress with approximately 70 new members signed up at halfway stage.</p> <p><b>JM/SL</b> Polite request for volunteers to remain in one area of Surgery and avoid roaming due to concerns over confidentiality resulting from overhearing private conversations on health matters. Also discarded leaflets causing litter problem. <b>LK</b> to notify volunteers.</p> <p><b>Patient Text Recruitment: JH</b> reminded <b>JM</b> about the need to promote PPG to patients by way of a text message from Surgery.  <b>JM</b> to investigate possibility. Offer to help by PPG but confidentiality of patient data remains an issue.  <b>JM</b> to confirm if possible and if there is any restriction on the number of characters permissible in the text.</p>	<p><b>LK</b></p> <p><b>JM</b></p>
7	<p><b>Literature on display in Surgery:</b>  <b>TC</b> raised the question of magazine display and identified useful boards used in other surgeries.  <b>JM/SL</b> reminded all that items such as magazines on permanent display must be laminated for hygiene reasons. <b>SL</b> confirmed that a similar display board already exists and is located near to the toilet area. All leaflets etc on display are checked for expiry date and updated regularly.  <b>JM</b> said that a wall-mounted container with a few copies of the PPG magazine would be acceptable.</p> <p><b>Dr Gupta</b> asked if a QR code exists for patients to view the magazine. <b>TC</b> confirmed that the PPG UPDATE magazine was available via the surgery website and that it was updated every month. Plus, the minutes from each of our meetings was also available there too.</p> <p>A general discussion then took place about “Friends &amp; Family” forms that are not used. These forms are for patient feedback, and can be accessed online via the surgery website of a form can be obtained from reception.  <b>SL</b> said that each month when she goes to run a report that there is nothing there.</p>	<p><b>PPG  Coordination  Team</b></p>
8	<p><b>Cortisone Injections:</b>  <b>JH</b> raised the question of availability and time to get cortisone injections.  <b>WH</b> stated that the waiting time was unacceptable when patients needed injections urgently.  <b>Dr Gupta/JM</b> confirmed the two routes to injections either via GP or the self-referral system. The waiting time via the GP route is slower as only one GP (Dr Chana) offers this service via an after-hours weekly clinic. The procedure is quick so there is possibility of treating more patients in a more clinical environment.</p>	

	<p><b>Dr Gupta/JM</b> to investigate the possibility of PCN clinician Godsent (self-referral route) to offer a regular clinic to help take some of those patients from the GP waiting list in order to speed up the process.</p> <p><b>JM</b> stated that the PCN would need to agree this course of action first.</p>	<b>JM</b>
9	<p><b>Cross Chemists minor conditions referral:</b></p> <p><b>JH</b> raised the problem of continued government funding for Chemist referrals around the country. All agreed that it would be a great shame to lose this service as it has helped so many people.</p> <p><b>JH</b> said that testimonials are needed from patients who have used this service in order for pharmacists to show how much this service is used by patients and how much it would be missed.</p> <p>PPG Members to be encouraged to provide testimonials. Forms available.</p>	
10	<p><b>Home Visits:</b></p> <p><b>WH</b> queried the criteria required for Home Visits.</p> <p><b>JM</b> confirmed that were limited Home Visits available each day and patients must be identified as “<b>totally housebound</b>” to qualify. There have been issues attached to home visits being arranged and patient not at home as expected.</p> <p><b>Dr Gupta</b> commented that in general, it was better for patients to attend the surgery if at all possible as clinical assessment may then be better.</p> <p><b>JM</b> to review criteria in some cases.</p>	
11	<p><b>AOB:</b></p> <ul style="list-style-type: none"> <li>• <b>AR</b> queried the process of blood pressure check referrals to Cross Chemist, given her recent experience.</li> </ul> <p><b>JM/SL</b> to review this procedure and discuss with Reception staff.</p> <ul style="list-style-type: none"> <li>• <b>JH</b> reminded <b>Dr Gupta</b> about the possibility of arranging talks on specialist subjects. Topics suggested: High Blood Pressure/heart conditions/strokes.</li> </ul> <p><b>JH</b> to provide Dr Gupta with possible dates, venue and confirmation of topics at least two weeks in advance.</p> <p><b>CK</b> suggested the Church Hall used for photography class on Monday’s would be a possibility when not in use.</p> <ul style="list-style-type: none"> <li>• <b>WH</b> raised discrepancy in a recent repeat prescription and quired the process. <b>JM</b> commented changes can only be made by GP or pharmacist and should be adjusted on computer.</li> </ul> <p><b>Dr.G</b> pointed out that it was also the responsibility of patients to check that their prescription is as expected, i.e. correct medication, dosage and quantity.</p> <p><b>SL</b> to investigate discrepancy</p> <p><b>PPG Members</b> raised benefits of using the NHS app.</p> <ul style="list-style-type: none"> <li>• <b>TC</b> raised a question on behalf of <b>KC</b> (who was unable to attend) the possibility of installing a water dispenser in the surgery.</li> </ul> <p><b>SL</b> advised that this had been investigated and shown to be too costly , ensuring the upkeep for hygiene safety. However, if patients require water, they can ask for one at reception.</p>	<p><b>JM/SL</b></p> <p><b>JH/DrG</b></p> <p><b>SL</b></p>

Meeting closed at 7.50pm

**Next meeting: Wednesday 8<sup>th</sup> July 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

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