



## RUSHBOTTOM LANE SURGERY PPG

### Minutes of Meeting Held: Rushbottom Lane PPG Annual General Meeting

**St George's Small Hall 7.00pm March 25<sup>th</sup> 2026**

**Present:** John Hall (Chairman), Kathryn Chandler (Secretary), Dallas Wilcox (Treasurer), Louise Kinsey, Terry Clarke, Cheryl Kirby, John Schumann, Wendy Heather, John Atkins.

**Plus, Guest Speakers** Joanne Meadlarklan (Practice Manager) Sarah Lodge (Reception Manager).

**Apologies:** We greatly appreciate members taking the time to let us know that they would not be able to attend. Unfortunately, there are too many people to name individually. But thank you.

| Item | Subject   | Action By |
|------|---|-----------|
| 1    | <p>John Hall welcomed everyone to the meeting and stated the purpose of the PPG -to increase patients' knowledge of the NHS and the GP practice and also to champion patients' issues and concerns. He said that as a group quite a bit had been achieved over the last twelve months.</p> <p>Agendas were distributed that showed this progress</p>  |           |
| 2    | <p>Joanne Meadlarklan assisted by Sarah Lodge then gave a summary update of progress at the surgery and answered questions from the floor.</p> <ul style="list-style-type: none"> <li>• A new GP contract has not been finalised but basically it involves more work for all staff and Doctors for less money.</li> <li>• The practice is being pushed towards total triage, but they are holding off and pushing back as long as possible. The system is not wanted by or suited to the patients at our surgery.</li> <li>• The practice is a training practice for GPs, registrars, medical students and trainee nurses.</li> <li>• The <b>management structure</b> of the surgery has changed over the last year.</li> <li>• There has been a large increase in the number of patients due the closure of The Hollies in Hadleigh. This surgery will be reopening soon after building checks and a deep clean. And it will be renamed <b>The Rectory Road</b></li> </ul> |           |

**Surgery.** However, the patients that moved to Rushbottom surgery will remain with us unless they want to re-register back in Hadleigh. Most of those patients are very grateful to have been taken on by our surgery and are extremely happy and pleased with the service they now receive. Cheryl Kirby said there had been very positive comments on social media, singing the praises of the Rushbottom surgery.

- our surgery continues to work closely with the High Rd surgery where they have the same Doctors. although they are run as two separate surgeries.
- The new GP contract means much more admin and paperwork for the doctors and therefore there is a knock-on effect to the clerical staff. The clerical and reception staff are all on minimum wages and their wages have been increased by the government. Everyone is just having to work harder.
- The surgery does not get funding per head of patients. There is basic funding, and, in the past, there was the opportunity to top up this by target things like, the number of patients coming in for health checks, vaccinations, smear tests, etc. Our surgery has an excellent record for calling in patients for these checks and in the past have managed to score top marks to gain the additional funding. The Quality Framework has now increased these targets to make it more difficult to achieve.

#### **Questions from floor**

**Q-** Who oversees the GP service?

**A-** The ICB (Integrated Care Board) are the governing body who oversee GP services. However the three previous smaller boards are being amalgamated into one large group. This will now cover the whole of Essex and into parts of Suffolk. It is in a state of chaos, and nobody knows who to contact any more.

It is the CQC (Care and quality Commission) who carry out inspections.

When the ICB was smaller the practice managers met regularly together to keep up to date, share information and support one another. JL said the lady from the ICB who ran it was excellent. Unfortunately, she will no longer be there, but the group will still meet on a less formal footing.

**Q-** When will the new ICB start?

**A-** April 1st 2026

There is so little information being given. For instance, FIT tests; The courier who collects samples had no idea about changes to collection services. The public will now have to collect and return FIT tests to the surgery rather than by post. Everything is to cut costs.

**Q-** Do you know anything about the changes to Physiotherapy services?

**A-** The primary care network first contact physios who assess will still be the same. Referrals are up in the air as a private company is taking over the physiotherapy service on behalf of the NHS.

- All services are being disrupted and there are huge waiting lists. Dermatology is 18 months and Gynaecology is 2 years.
- Doctors try to complete referrals straight after seeing patients if the template is straightforward. Otherwise, these are completed between surgery times and after hours. Many doctors take them home to complete.

**Q-** Why are there so few people waiting in the waiting room?

**A-** The doctors are working to time and so all the consulting rooms are in use. It is hard to find space for all doctors. One had to just do phone appointments from JLs office the other day. There is a large staff because of the trainee GPs.

**Q-** Is it true you get a longer appointment with a trainee?

**A-** Yes you get 20 minutes. All the trainees are excellent and are trained and mentored by our GPs. Training sessions are held weekly. They are also able to share modern practices and new ideas with our staff. Patients are usually very pleased indeed with the service they get. All of the trainees are lovely, and we wish we could employ them all at the end of their time here.

**Q-** Why is there such a long wait to return to see a doctor if they tell you to make another appointment?

**A-** These are pre bookable appointments and cannot be overwritten by reception. Sometimes the trainees don't realise this and send the patient to the reception desk. But Doctors themselves can make follow up appointments. You can make appointments if you phone on the day at 8am. There is a phone back service and a countdown available.

**Q-** Old story - if patients need an urgent blood test they are clearly quite poorly. Surely these could be done at the surgery rather than in Southend. People may not feel well enough to travel that far.

**A-** There is so little room for blood testing, and the nurses are very busy. We do carry out some specific blood testing. We will mention it again to the partners. There are some HCAs (health care assistants) being trained in phlebotomy.

- **Suggestions from floor** - maybe use some more local clinics or establishments where blood tests can be taken on a rota basis. Maybe pharmacies will do them in the future?
- Letters have been sent to our local MP Rebecca Harris regarding blood testing, and she says she is looking into it.

JH and the committee members thanked both JL and SH for giving up their time to attend this meeting and their openness in providing information for the working of this very busy practice before leaving.

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| 3 | <p>The meeting continued with John Hall explaining that last year's minutes had been approved at a quarterly meeting last year, but copies were available or could be seen on the groups What's App site.</p> <p>They were then re-approved.</p>  |  |
| 4 | <p>John Hall gave a brief update on some of the items listed on the agenda.</p> <ul style="list-style-type: none"> <li>• Numbers of PPG members had increased from 455 to 628 but more are needed particularly younger members.</li> <li>• The magazine has continued to be a big success thanks to the hard work put in by Terry Clarke. More sponsors are needed to help increase our funds. Recently five businesses had been approached but not one has agreed. The magazine is available on WhatsApp and on twenty to thirty social media sites each month.</li> <li>• Dr Gupta had agreed to do some public talks on medical matters but until we get people interested it is not viable. <ul style="list-style-type: none"> <li>❖ Suggestion from the floor that people should book to come along so that we have an idea of numbers.</li> </ul> </li> <li>• Louise Kinsey has organised recruitment drives during the year and has been a presence in the waiting room. LK said she will be organising another week probably in May this year and is asking for volunteers.</li> <li>• We hope to have a new pull up banner that will advertise a quarterly competition to win a Smart fit watch to try and encourage patients to sign up to the PPG.</li> <li>• We are having another <b><u>Quiz night on Saturday October 17th in St George's church Hall</u></b>. We are having it to raise awareness, act as a recruitment drive and raise funds to cover hall hire, stationery, printing costs etc.</li> <li>• Hopefully a text message is going to be sent out by the surgery asking for more people to join and help run the PPG.</li> </ul> |  |
| 5 | <p>At last year's AGM Dallas Wilcox volunteered to become treasurer for which we have been very grateful.</p> <p>Dallas produced a breakdown of income and expenditure over the past year.</p> <p>See Attached.</p>   |  |
| 6 | <p><b>Election of officers</b></p> <p>There were no volunteers to join the committee or to replace any of the current officers. All were happy to continue for another year, and so proposals were made and seconded by the floor and all were reinstated.</p> <p>Our Committee Members for 2026 -2027 are:</p>   |  |

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|---|--|--|
|   | Chairman - John Hall<br>Treasurer - Dallas Willcox<br>Secretary - Kathryn Chandler<br>Media and Publicity - Terry Clarke<br>Recruitment - Louise Kinsey                                    |  |
| 7 | John Hall thanked all for coming and reminded everyone that meetings are held at the surgery with surgery staff present on a quarterly basis and all members of PPG are welcome to attend. |  |

**Meeting closed at 8.00pm**

**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