

Patient Reference Group Meeting

Minutes

Meeting held on Wednesday 15th October 2025, 18:45

Attendees:

Practice Manager (PM)
Dr Chatterjee GP Partner
Marilyn Marston
Mike Malyon
Pat Dedman
Gail Anspack
Pam Gooding
Maggie Galvin
Roma Woricker
Martyn Hart

Apologies:

Rachel Lee – Chair
Hazel Jarvis
Gordon Black
Pauline Anniss
Hazel Honey

START

The Practice Manager welcomed everyone.

MATTERS ARISING FROM PREVIOUS MEETING. That are not covered in the minutes.

Name badges, All volunteers now had name badges and he would ensure that staff (and others) wear their name badges.

PRACTICE UPDATE

Update on AccurX

The PM reported that the system seemed to be working well, the staff were still getting a high number of calls, but many cleared down once they had heard the initial recorded message. But reductions in the services that the pharmacy was giving had given rise to additional calls, but so far, the Practice had had very few complaints.

Dr Chatterjee said that the downsizing of Shadforth's had led directly to extra work by the surgery, especially dealing with more enquiries, for example when medicines were not in stock.

Members of the PRG also reported problems with prescriptions such as longer waiting times, complete prescriptions cancelled just because one item that was missing. Dr Chatterjee said that the Practice will be having a meeting with Shadforth's at the end of November, so she would welcome PRG members feedback (and feedback from PRG contacts) by mid-November so they could speak to the pharmacy about them.

Action PRG members experiences with Shadforth's feedback to PM by mid-November.

Dr Chatterjee said that they had now moved onto phase 2 of Triage, where more functions were available to patients, including nursing appointments, routine requests (such as smear tests, health checks etc.) issuing of sick notes, test results and many more.

Although the system was designed to be open for patients from 08:00 to 18:30, sometimes the Practice had to close it early if there were not enough resources to evaluate the inputs. For example, if a GP was sick, or the practice had to shut for training.

However, if the system was closed, it offered alternatives from using it the next day, or if more urgent use “111” or really urgent A&E or “999”.

As the practice now had a final year training GP Dr Samira Dewan they should have enough GPs to cover normally.

Maggie asked about the word limitations on certain parts of the forms used by AccurX, Gail also said that she found some limits meant one couldn't actually describe what was wrong.

PM said he understood this and would contact AccurX and see what could be done.

Feedback on the IFCC coffee morning

PM said that he and Jackie Cole had held a meeting at one of the Community Centre Tuesday coffee meetings. It and gone very well with them addressing the concerns, particularly about Triage, with some six tables of mainly elderly residents.

They have been invited back to do another. Marilyn asked if this could be tied in with the Anglo European students giving the coffee morning members digital lessons. This was seemed as a great idea and **Marilyn** would take this up with the school ASAP.

Feedback on the Saturday Flu Clinics

Dr Chatterjee said they had been successful with 14 clinics run over the four half days. There were a lot of complements given by PRG members about the service, very professional, and about one of the trainee final year students helping, this was Aman who was said to be friendly and had a great “bedside” manner.

Dr Chatterjee added that they had broken the back of the flu vaccinations, but if anyone still needed one, they could ask, or get one on the day they saw a doctor.

Training,

The Practice will still be having its ARU 5th and 6th year students in September, October and onwards to spring in 4-week cycles of 2 students.

They hope soon to be also training nurses.

Premises update

With all these staff it means that the building is full and it maxes out on Tuesdays. With the cancellation of the NHS building plan due to the downsizing of the PCN and the negotiation of the lease maybe 2 years away, the Practice is again looking at the possibility of renting in the village.

A number of suggestions were aired with **Martyn** asked to contact the library about its upstairs office space and **Marilyn** to talk to Mass & Co about offices in the Limes.

Any Other Business

Pat made an observation about First Contact with the PCN, she gave an example of physios diagnosing people over the telephone, which she thought was not just a waste of time but potentially dangerous. PM agreed that it sounded odd and Dr Chatterjee said that often these people were referred back to the surgery, which meant that the Practice had effectively paid twice.

PM said he would investigate this and see if the Practice couldn't prescribe one of the gyms in Ingatestone.

Martyn asked if the Practice would be interested in taking part in the Summer Show next July (18th)?

PM said that they would and asked **Martyn** to remind him about the details.

Gail said that the new signing in system font was so large that anyone around could see all your personal details, also it asked unhelpful questions like have you measured your height today!

PM said he was aware and will take this up with the supplier.

Pat raised the problem that carers seemed worse than those they cared for! Mike agreed and asked about dementia. PM said the Practice was a dementia friendly practice and was subject to annual reviews. Carers should be covered by the PCN's social prescribing team. Marilyn reminded everyone of Fundangles Musical Afternoons for dementia sufferers and particularly their carers'. She said she would send details to the PM.

PM also said he would get the PCN to come and talk about First Contact and Social Prescribing at the next PRG meeting.

Dr Chatterjee ended the meeting by saying thank you for everyone attending.

DATE OF NEXT MEETING. Wednesday 21st January 2026, at 18:45.

BRENTWOOD PRIMARY CARE NETWORK UPDATE

Integrated Neighbourhood Teams

PM reported that we'll soon be starting Integrated Neighbourhood Team (INT) MDT meetings to discuss and support complex patient cases across practices.

Additional Roles and Responsibilities:

- Social Prescribers are supporting patients with non-clinical needs such as social isolation, housing, financial concerns, and access to community groups.
- Pharmacy Team is carrying out structured medication reviews and supporting medicines optimization and safety.
- Care Coordinators are primarily supporting work around end-of-life care and frailty. This includes identifying patients, coordinating care and helping ensure personalized care plans are in place.
- First Contact Physiotherapists (FCPs) are providing early assessment and management of musculoskeletal issues, helping reduce GP workload and improve patient access to MSK support.
- Occupational Therapists are playing a key role in supporting patients with learning difficulties, helping improve access to Annual Health Checks.

Also, within the PCN they are arranging a PCN social event to bring staff together, build connections across roles, and recognise everyone's hard work.

As always there will be continuing focus on reducing health inequalities and improving access through collaborative working.