
PRG MEETING MINUTES

Date: 19.11.25

Present: Robert Kelso, Di Wogden, Sue Hardy, John Hardy, Kevin Adcock, Simon Redman, Dr Ed Matthews, Sarah Bickley, Heather Middleton, Adrienne Bater and Alison Lewis

Apologies: Sylvia Hindley, Roger Watts, Yakenia Shingler, Jo Galbraith, Lin Sanders and Margaret Dove

Previous minutes: Accepted

Matters Arising:

Antisocial Behaviour Team – Becky Prosser, Kevin Adcock, Jo Galbraith and Margaret Dove
They came up with outline which they will circulate for next meeting. **PUT ON NEXT AGENDA.**

1. Flu Clinic

Sarah ran through the Flu clinic held on 04.10.25. Thank you to PRG and all volunteers.

John pointed out that the door needs a handle on the inside and had several complaints that it was cold with the door open. However vast majority said it was well run. Next time charity buckets should be labelled properly.

Sue said the wind was holding door open so security risk. They had removed seats to enable mobility scooters to manoeuvre around. There was a longer wait at certain times than we would have liked but some people had arrived too early causing queues.

2222 people vaccinated, of those 962 also had covid vaccination.

97 people didn't attend. 4.5% non-attender rate, lower this year. We were able to message people who had forgotten their appointment in the morning and some of them came in during the afternoon to have their vaccine.

Parking was hard due to Queens Medical Centre doing their flu clinic on the same day and something going on in town. Di asked if we could check with other surgery when doing theirs next year to avoid this. Sarah confirmed Brannams flu clinic date was booked a year in advance in line with us ordering our vaccine stock.

Some people were disappointed they didn't get the clinician they had booked into and named clinician flu clinics will be reviewed for next year.

2 emergencies occurred during the clinics before the patients had their vaccinations in addition to a frail patient having a fall in the car park.

2. Newsletter/Social Media

Heather told us she has been working at BMC for 18 years and is responsible for social media, the patient information screen and the newsletter amongst other things. She brought along a draft of the newsletter which will be coming out soon. **ATTACHED TO MINUTES**

Heather creates BMC's posts on Facebook, Twitter (now X) and Instagram to include campaigns, awareness days/weeks, local services and events in the Barnstaple area.

Facebook is the main platform patients access and respond to with about 1500 followers, the demographic of which is middle aged patients whereas the youngsters favour Instagram. When we had the total internet outage on 20.10.25 the Facebook post was seen by thousands of people. During any outage staff are able to access the internet via their own mobile phone service provider.

3. Community Voices RDUH Trust Meeting

Robert & Sarah attended online. RDUH trialling a text recall system with blood tests where if a patient cancels a blood test appointment the system sends a text to 5 people already on the list to fill the missed appointment.

There was a presentation by the Over and Above charity. There is now a joint Royal Devon Hospitals Charity for both NDDH and RD&E. If the money is raised by or for NDDH it gets spent there and if comes in or is raised by RD&E, it goes there.

Trial of Your Story: They have created a form called Your Story for patients who have a trauma experience that could affect their care, e.g. previous experiences, trauma, etc. that will be attached to their records so as they don't have to repeat trauma stories to every clinician they meet.

4. AccuRx

Adrienne is a Receptionist and Triage Coordinator and is responsible for overseeing lot of accuRx information sent to patients.

AccuRx is a third-party software used to send text messages to patients.

Most of our contact is through accuRx.

We can create new messages in real time, e.g. patients who missed morning flu appointment were sent one to come in the afternoon instead and they did turn up then.

We can also send templates asking for more info e.g. uti, chest infection, etc.

If patient has low mood we can send CRISIS template with emergency telephone numbers, etc. Also, templates sending exercises for physio patients, pregnancy advice, referrals to midwives etc.

We can view messages received and add them to patient's record if appropriate.

They use less paper, are quick and easy to create and amend.

5. Prescriptions

Margaret asked how Doctors ensure patients take their medication.

Ed said the system knows if you've had 28 days of medication and it won't let you order before. Sometimes pharmacies don't tell us for a while that a patient hasn't collected their medication. But Doctors can't ensure that a patient takes their meds.

Patients generally take medication when they say they will, also carers help monitor that.

Blister packs help but most pharmacies are not taking new blister pack patients as they are time consuming for pharmacies preparing 4 weeks at a time and they don't get paid anything extra for doing it.

Robert asked if we have a system that automatically flags medication review annually – yes.

6. Group Health Sessions

There was a question from Margaret about a move away from medication to activities and alternatives to medication. Ed said anyone who attends a review will be advised to exercise, lose weight, stop smoking etc,

Margaret was asking about Group sessions, Rachel Nestel has done this with CKD patients, meeting at the library.

Could do in the future re menopause, etc. but it is hard to get a suitable group of patients in the same place at the same time. And often new diagnoses of things like diabetes need immediate or very quick appointments and aren't able to wait until a group session can take place.

Di asked if there is a cost involved? Time involved but also time saving in giving information once to 20 people rather than to 20 people separately.

7. Practice leaflet

Redesign a paper patient leaflet for new patients and existing ones, as well as available digitally. We tried to move away and have the information on our website. Draft copies given out to review and send comment to Sarah.

Di thought the newsletter looked nice and is not too long winded. It is colourful and attracts you to it.

Di asked how we communicate with foreign patients? Sarah explained we can use translation services via video or phone and often they come in with an English speaking relative and at front desk they often use google translate and we communicate that way. Also, BSL sign language available if needed.

A.O.B:

Kevin told us that the Antisocial Behaviour Group has done some work and are trying to get together more frequently. He brought along a poster they have created.

John asked about recent media reports suggesting that the government may change the process of renewing driving licences for the over 70s. Ed thinks there will be any number of private companies who will mop up the work involved with that.

Robert has received a letter from BA re Energy 361 and was concerned why he had received the letter and wondered if we have been told to send them out to all patients or whether we have shared patient information with them. Sarah said we are encouraged to look at demographic who may want to be energy efficient, eligible for grants, etc. They are supporting us and the council with health and inequalities. She will speak to Dr Hassall and Wellbeing Team about this.

Meeting ended 7.16pm

NEXT MEETING: WEDNESDAY 21ST JANUARY 2026 6PM KILN ROOM
