

MINUTES FOR LEIGH SURGERY PATIENT PARTICIPATION
MEETING HELD ON WEDNESDAY 4TH FEBRUARY 2026



INDIVIDUALS PRESENT:

Dr Pankaj Gupta: GP Partner

Mrs Jackie Honour: Administrator - Minutes

Mr Steve Currell : Chairperson

Patient Representative: Hilary Le Marie, Peter Durrant, Kathy Hance, Louise Manders, Tina Herbert, Harriet Marks, Chris Haynes, Nigel Rosehill, Heidi Browne, Stephen Clifton

The meeting opened at 12:00pm and completed by 12.50pm

1. Thanks go to SC for acting Chairperson for this meeting. SC gave brief description of meeting guidance notes for all new members.

2. Apologies: Rebecca F, Janet A,

3. Meet-n-greet/introductions: Welcome to all and any new members. Welcome to **Faiza Ahad** (on virtual meeting), who introduced herself.

I'm a therapist at Therapy For You with the **(ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST)**.

I deliver therapy one-to-one with patients, but I also work with the community and the GP surgeries to offer the public more support, but also staff in managing their health and wellbeing. I support people with depression, anxiety, stress and other related problems like OCD, long-term health conditions. I'm here today to hopefully answer any questions and let you know any updates about our service as well. GP surgeries during their time to learn as well, to offer staff morale, support sessions.

4. Agree last meeting minutes: Meeting minutes agreed by the group.

5. Actions from previous meeting:

(a) Susan G (not present at meeting) - When in the waiting room you can often hear the conversations in the Doctor's room. A suggestion would be to swap the current reception room and waiting rooms this would also be good for staff who would be nearer the Doctor and give them more space too. **JM** - advised too much work involved, although will speak to the Doctor and see if extra insulation between his and the waiting room – **JM** advised she will be speaking to the maintenance man to see if he can do something to improve and explore the possibilities – **JM (action- ongoing)**.

(b) Trevelyn L (not present at meeting) : With the latest government announcement of the closure of NHS England. What effect will this have on GP services in the short and long term. – **JM** - So in the ICB (integrated Care Board) and MSE (Mid & South Essex area) which covers Southend, Broomfield, and Basil hospitals, they have got a large number of redundancies, fortunately at the moment isn't going to have an impact on the running of this surgery at all. It will just probably affect IT and stuff, also we have their engineers come out. We are sure there will be changes but we are not be affected at the moment. We have not been told any more at this stage **(ongoing)**.

(c) JM – Suggested we could stream the PPG meetings allow either virtual members or active members who cannot make it to the surgery on the day of the meeting. It is promoting access to new members who may not be able to come on a Wednesday, we will then be offering it to a wide range of patients. **SH** – Said her daughter would like to join but she's a teacher and not possible. **JM** - Also to promote this via bulk texts being sent to patients and poster advertising. All patients agreed this would be a good idea. It was agreed we would plan to be ready to introduce this by next PPG meeting. **(action) JH & JM – (ongoing – will be put in place by next meeting). – Completed - up and running at this current meeting.**

(d) Susan G (not present at meeting): I wonder now the new system has started if the surgery will be monitoring how many patients will need support doing online form and also what if a patient is too poorly to either come to surgery to complete and does not have any online at home. – **JM (written response)** Data is currently being compiled of the number of patients who require care navigation staff to complete the digital triage tool on their behalf. Patients do not need to come into the surgery to complete the digital tool, this is an option if a patients wants to (we have a tablet in the waiting room for their use) but they can also complete at home using the online link or a friend/neighbour/relative can complete on their behalf if they have online access or the patient/relative can telephone the surgery and the receptionist will complete the tool over the phone on their behalf. All triage forms are submitted to Doctor who then will assess on the clinical need as to when the patient will be seen and by whom. Patients who do not have access to the internet will not be negatively impacted by the new process they will still be

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able to have their symptoms submitted to the Doctor by explaining to the care navigation staff that they do not have internet/online access. **Dr P** – advised wait for feedback from patients and then will be able to comment in next PPG meeting, although has said there are some patients who are struggling with this new system, we will take these on a individual basis to help them. **JH** - explained how the website works. **MF** – advised that he went onto the website and was confused by the blue tabs for systemonline and NHS online login, he went into to those and could not find where to make a new request, due to it be over complicated. He then went into the tab Medical Requests, New Condition, which then takes you into the form. He suggested that this should be made clearer this is where patients request for an appointment, the group agreed this should be made clearer as in its existing form is misleading and over complicated. **SC** – opened the website page on his tablet to show group members as a demonstration, showing exactly where to go into the form to request a Medical Requests then New Condition. **JH** – said she would pass this feedback to **Jory (action)** on the PCN to see if they can get systemonline to improve the layout to make it clearer to patients where they need to go on the page to make it less confusing for the general public to use. **(completed)** **KH** – said her sister is not capable of completing the form online. **JM** – advised that she can always speak to the receptionist and they will complete the form on her behalf.

6. Surgery Items to raise/discuss

(a) JM – Friends and Family Test (survey) – background and purpose – We are contractually required to submit feedback to NHS England and she explained that we had to change the way we did this as the original facility has been removed. Now we have generated a form on our website and created a poster, in the surgery waiting room, with a QR code and web address. Patients are encouraged to complete the survey to give constructive feedback about their experience with the surgery. We also will be sending this survey to all patients who have attended or had a telephone consultation with any of our doctors or clinicians to help our contractual commitment to the NHS and to improve our service to our patients if required.

(b) JH – Carer Champion – background and purpose – Explained that the NHS is now recognising the unpaid carers in our community and we are now signposting this on their patient record. They will also be entitled to have an annual checkup/assessment. I have identified the surgery has, currently, 25 unpaid carers whom I have been speaking to and have provided them with a copy of the latest newsletter plus additional information regarding various carer services available to them, which I will forward by email. This information is also displayed in the surgery waiting room and notice board in the corridor. **JH** also urged PPG members that know of patients that may be carers, to register by contacting the reception. They will be contacted by **JH** to be included in future carer information.

7. PPG items already submitted for discussion:

8. A.O.B

(a) HM – Asked what is Pharmacy First? – **JM** explained, if you have one of these 7 conditions the pharmacy can treat you without having a doctor's appointment: Sinusitis, Sore Throat, Earache, Infected Insect Bite, Shingles, Impetigo, Urinary Tract Infection. Therefore, it is always worth checking the "pharmacy first." If you meet the criteria, then you'll be seen by a pharmacist and prescribed medication.

(b) FA – Therapy for You, is your local free psychological therapy service, to which you can self-refer. We offer something called cognitive behavioural therapy, which is looking at changing the way that you feel, think or behave.

FA also advised there are long-term condition groups where help is given to patients, so it isn't specific to any long-term condition in particular. We offer a six week session course that runs virtually, so over Microsoft Teams on Wednesdays, the next intake will be in March 2026. What happens in the group is you'll be introduced to some tools and techniques of how to manage perhaps low mood and anxiety or worry if you are experiencing that alongside your physical health concerns. It's as easy as giving us a call and giving us some information and we can book you in for a telephone assessment as soon as possible. To get in touch and make a referral our contact details are: Telephone number 01268739128 or website is: <https://www.therapyforyou.co.uk/>.

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JH – asked **FA** if she could provide some posters so they can be put up in the surgery – **FA** – confirmed she will provide these. **NR** – are we taking a passive attitude on that we have Therapy for you as a facility or are we planning to promote this? – **JH** – advised, if during a patient to doctor appointment the doctor feels Therapy for you counselling would benefit the patient, they will provide them with a contact information card and send a web link via text as confirmation. Therapy for you will decide if and how they can help, or would re-refer the patient back to the doctor, the doctor would then refer the patient to the mental health team. **CH** - asked does it include general counselling or is it for a specific course of CBT or similar? **FA** – advised that they provide counselling for depression, very little difference between CBT and depression and the patient works with the therapist on a course of approximately 6 -8 weeks or possibly up to 12 weeks. There may be things they ask the patient to do outside of the session, like homework. I think the main difference is that CBT will give you skills, the tools and techniques to try to help you with your symptoms. Whereas counselling is more exploring the patients' thoughts and feelings, understanding themselves. It depends on the patients' needs and their goals for what they would like out of the therapy.

(c) **CH** – Does the surgery provide annual check-ups for certain groups or people over a certain age – **JM** – said there are various medical reviews which are done on a 5-year basis. Each groups check-ups are different and grouped 40-74 and over 75. Notification for these reviews is sent by email or letter directly by the NHS.

9. Date/time and Chairperson for next meeting: Next meeting **Wednesday 27th May 2026 @ 12:00**

SC to chair next meeting.