Woosehill Patient Participation Group
Minutes for the Meeting on 10th March 2026 at 1:00pm

Present: Michael Taylor (MT), Marjorie McDonald (MM), Anna Overd (AO), Suzanne Fenwick (SF), & visitor Kannav Sikka from Woosehill Parmacy Sallyanne Streatham (SS), Rowena Beech (RB), Both of the last 2 stayed for part of the meeting.

1. Apologies

   Chris Allen (CA)

2. **Minutes**

   The minutes were agreed.

3. **Matters Arising**

   There were no matters to be discussed, see AOB

4. **Kannav Sikka on the Community Pharmacy**

   KS has had meetings with as many surgeries as he could & also meets our Doctors fairly regularly. He said that money was tight as the NHS doesn't help as it maybe. Prices of medicines are rising & sometimes have to be sold at a loss. These last 2 points are why so many pharmacies are closing, selling where possible, some of those affected are Boots (sold a lot of pharmacies to an American company) & Morrison's. Sainsbury's & Lloyds both in the Sainsbury stores as well as their own shops have also gone some time ago. This is why pharmacies are going 'private' with some things – consultations, injections (particularly the weight loss ones). He said that with NHS only funding they could not exist. He has several pharmacists offering their business to KS but this isn't a viable proposition at present. Also many pharmacists are taking on extra health issues to make ends meet, KS said that he was thankful for the community and also doctors who send patients and prescriptions to them. Another thing that causes problems are medicines - they are given a list of medications, (eg aspirin this used to cost coppers but is now £3 for the same quantity), which they, the NHS, are having problems with as they cannot agree a sensible price with the suppliers. There are some antibiotics, injections, etc which are some of the main problems. They also do not try to ask the GP to change the medicine to a less expensive one but just take the hit.
   KS is trying to build a business which is profitable and helps the community, they have employed several local youngsters who were sitting at home before getting a job with KS.
   He said that he is taking a hit on some medicines as everyone in the business but is trying to run a business for everyone. He is making sure that his staff are pleasant to customers & look after their patients. To get more patients he advertises on all of the social media platforms & they come from Reading, Woodley etc.
   They open 7 days a week. Sundays is 10 till 4 like Sainsbury's would like feelings about opening late but that would not be good eg for the payroll & staying himself for 12 hours a suggestion of 1 late night being good & he will look at the feasibility of that.
   A comment was made about the layout of the shop – the counter is the first thing (and therefore the person there) that is seen this was felt to be a good thing.
   KS then gave us his background, he was a Tesco pharmacy manager (14 years) & he learned a lot

from them and his father who is a business man. He was asked about putting medications into a box pack, but the time to do just one of these would be an hour (minimum) so that and deliveries are the 2 things his pharmacy does not do.
KS has had to do more training before offering his services to the public – No help from the NHS for that it has to be self-funded. The GP's have been told not to prescribe the items that can be bought over the counter without prescription. They have also taken on the topic of contraception consultations This like many of the things done in pharmacies can & does free up the GP to be able to do the more complex things. However, there are only 7 things that they can prescribe for – sore throat, shingles, impetigo, epilepsy, ADHD, hypertension, diabetes and asthma **(I think that this is 8 but I'm not sure which one is wrong)** The incoming pharmacists will already be trained in all of the above ie. The government has changed the degree course to include this. Another question was 'As a pharmacist has to be on the premises what happens if you go on holiday'? the answer is that there is a bank of pharmacists who can be called on to substitute for the shop's pharmacist much like the hospitals do for doctors & nurses they are the Locums/agency**?** Another question regarding the whole day's prescriptions. They have to be finished that day no carry over, this carries on through the different jobs. Each job has to be finished before any new ones are begun is the policy here so that prescriptions can be done quickly.
MT thanked Kannav for a very interesting & informative talk, he was asked if he would like to stay for the rest of the meeting but he escaped.
It was at this point both RB & SS left the meeting this meant that there was no one representing the Surgery to be able to answer questions.

5. **NHS App info**

   As we have no up-to-date information from the surgery about this we could not have a discussion.

6. **The Patients Association – Patient Participation Groups – What next?**

   Again with no input from the surgery there was little discussion

7. **Practice News**

   Again there is nothing to discuss without input from the surgery

8. **Any Other Business**

   The Terms of reference need to be discussed with special though to section C (we need input from the surgery for this)
   There was some discussion about the poster & leaflet.
   The poster was felt to need something in the PPG section – firstly the write up about the PPG is ancient & needs updating + the leaflet needs to be in this section so that if anyone wants to join us they can fill in the form which then needs to be forwarded to MT.
   The leaflet was looked at in colour MM brought some of these. She also brought a black & white one so that they could be compared.
   The black & white one had no impact and was felt to be a waste of time. It was printed when the printer was nearly out of ink as it was greyed in much of it
   The colour has a 'look at me' feel to it & to print a batch of these would not cost much in terms of the colour in the printer. We were told at the last meeting that permission was granted for using the colour printer.
   The leaflets printed at the surgery were also not good in that to read the second side the whole thing had to be turned upside down. This is easily remedied by changing the binding side

to short instead of long (this is in the layout section of the printer)
There was also some discussion about the on-line booking. A patient had come to the surgery and asked if she could book an appointment but was told it had to be online. She told them her computer was very old & she didn't know how to do it. No help was offered and she had to get someone else to do it for her. Her husband also had a problem, - there is no help on line and when the computer keeps going blank it is infuriating. A receptionist said that if all appointments had gone that might be why it went blank. It seems that nobody really helps with this. My understanding is that the triage takes place & then a doctor will ring to either give an appointment or to ask for eg a blood sample to be done. The computer does not decide that there are no appointments – the only time it can't be used properly is outside the surgery hours 8:00 till 18:30. RB did say that anyone could ask for help & if necessary, they would fill in the form for the patient. This patient asked what to do if she couldn't get an appointment the next day & was told to keep trying, at this point the patient asked was she being told to go to A&E and was told yes!! Apparently the surgery is not allowed to say keep on trying – they need to suggest ringing 111 or going to A&E For the receptionist to help it was suggested if it couldn't be done by the patient then there would be 2 ways it could be done. The first is to have the patient behind the desk to see how it's done or the questions could be printed out, the patient fills it in & the receptionist inputs the information for the patient.

9. Date of the Next Meeting

We felt that as we had no input from the surgery we should have another meeting in a month's time – Hence the date below
14th April (Tuesday) at 1pm

cc. MT, SS, SF, AO, ST, RA, KA, RB, CA, KL & MM