



# Rushall Medical Centre

Tel : 01922 622212 Email: [clinicalinfo.m91019@nhs.net](mailto:clinicalinfo.m91019@nhs.net)

107 Lichfield Road, Rushall, Walsall, WS4 1HB  
Pelsall Village Centre, High Street, Pelsall, Walsall, WS3 4LX

## Rushall Medical Centre Patient Participation Group Meeting

### Notes of meeting held on Wednesday 12<sup>th</sup> November 2025

#### Attendees

Jackie King- Assistant Practice Manager  
Bharat Patel- Senior Clinical Pharmacist  
Katie Horton- Claims and Administration Manager- Minutes

AH- Patient  
AW- Patient  
AG- Patient  
GJ- Patient  
SL- Patient  
ZS- Patient

#### Apologies

No formal apologies were sent.

#### Agenda

- The Use Of Antibiotics
- Total Online Triage- Update
- Jhoots Pharmacy Update
- Seasonal Flu Programme
- Any Other Business

#### The Use Antibiotics- Presentation by Bharat Patel- Senior Clinical Pharmacist

Bharat Patel discussed the 'Target' presentation which discussed the consequences of antimicrobial resistance due to the over prescribing of antibiotics. According to a study by Neill 2050, on a global scale resistance to antibiotics could kill up to 10 million patients per year. He discussed in more depth the Thin and Target data. This highlighted that most antibiotics 72.7% are prescribed in General practice, although these can be prescribed in hospital outpatients and dentists. He then looked at UK prescribing of antimicrobials as opposed to Europe. The UK lies in the middle with this prescribing, whereas places such as Cyprus and Greece are much higher probably due to the fact antibiotics can be purchased over the counter in these countries.

Bharat also explained how antibiotic prescribing has changed at Rushall Medical Centre. He noted that Rushall as part of Walsall East 2 PCN are prescribing below the national average which is good progress. He mentioned that our clinicians are now prescribing shorter courses of antibiotics as longer courses were not shown to make much clinical difference compared to shorter courses.

*A Teaching General Practice of the University of Birmingham*

This means that patients with simple urinary tract infections (UTIs) would now be prescribed a three day course of antibiotics as opposed to five. Some respiratory infections would also receive a 5 day course of antibiotics instead of 7 days.

Bharat did reiterate (that with any case of prescribing antibiotics) this is a balancing act of managing patient expectations/pressure, the relief of symptoms for the patient and most importantly the risk of more serious complications by not prescribing. He explained that this is what clinicians have to assess with each patient depending on their history and co-morbidities. Some GP practices, although not necessarily practiced commonly here at Rushall Medical Centre, may prescribe some patients antibiotics to be used as a standby. For example the parents of a child who may get recurrent episodes of tonsillitis may be given a prescription to use over the weekend just in case the child's symptoms worsen. Again the clinician's decision to prescribe needs to be individual to the patient.

Bharat also asked the PPG if they had been prescribed antibiotics from any other places in the community. A member of the PPG kindly answered that they had been prescribed antibiotics by the Community Pharmacy. This is a relatively new service where community pharmacies can now prescribe antibiotics under 7 clinical pathways. He did state that patients do not always receive a full assessment in the community e.g. patient prescribed antibiotics for sinusitis but was not seen face to face but this is a new service with ongoing training. He was queried if this is passing the issue of over prescribing antibiotics from one place to another.

Finally Bharat stated the associations of prescribing antibiotics in the first 2 years of life. This slide noted conditions such as asthma, ADHD, and allergic rhinitis being associated with the prescribing of antibiotics. Although this is an association, this is not necessarily a cause or an effect of prescribing antibiotics in young patients.

No other questions were noted for Bharat,

### **Total Online Triage Update**

Jackie King provided feedback on the Online Triage system that has been in place for over a year. Most members of the PPG said they had used this system. She noted that in the week from 3<sup>rd</sup> - 7<sup>th</sup> November, the practice received 779 triage requests for appointments alone, this was excluding administration requests. This on average, was a total of 156 requests submitted per day, meaning overall the practice received 53 requests per 1000 patients. This is a lot higher than the national average of 21 patients per 1000 patients. This highlighted that the Total Triage System is working and that most patients are seen/allocated appointments which is great for a practice list size of about 1000 patients. Patients are allocated an appointment by need rather than a first come basis. AH noted that he submitted a triage and was seen within the hour. SL was also impressed with the speed of the service. Overall the response has been positive from the PPG with Online Triage Service and the data also supports this.

### **Jhoots Pharmacy**

Jackie also provided an update in relation to Jhoots Pharmacy. This is currently closed. We are still unsure what is happening with the site but we are hoping to have some further information within the next few weeks. This has been a national problem with Jhoots and not just local to Rushall.

### **Seasonal Flu Programme**

The Covid and Flu Vaccination Programme has commenced at the practice. The criteria for Covid Vaccinations has changed this season. It is now only patients over 75 years of age and immunocompromised who can receive these vaccinations. Jackie encouraged all members to have their flu vaccine if they have not already done so. It is important to protect themselves and family members.

### **Any Other Business**

The PPG were asked if they would like any other topics to be put on the agenda for the next meeting, nothing specific was noted but as the meeting would not be till the New Year they were encouraged to send any suggestions in.

All attendees were thanked for their time and informed that minutes would be emailed to them.

### **Date of Next Meeting**

18<sup>th</sup> February 2026  
4.00 – 5.00 pm