



Ashley Centre Surgery Patient Participation Group

17 March 2025

Present:

Sally Bayliss	Practice Manager – Ashley Centre Surgery	SB
Susan Huggins	Reception Manager – Ashley Centre Surgery	SH
Melanie Nott	Assistant Practice Manager	MN
	Patient	HB
	Patient	PC
	Patient	CM
	Patient	KD
	Patient	MO
	Patient	SC
	Patient	AC
	Patient	CG
	Patient	PS
	Patient	BR

MINUTES

1. Attendance and Apologies for absence

2. Approval of Minutes of last meeting

Approved

3. Matters and actions arising

4. Information from Practice

Melanie was introduced – just joined practice today as assistant practice manager (w/ areas of responsibilities being pt services, incl reception/practice facilities/surgeries) as part of transition to Sally reducing her hours.

Dr Houghton is back on a locum basis paid for ICB through winter access. Funding ends at end March so his presence will cease and he will stop practising. Appointment capacity will reduce. More winter funding will come in October.

Since last meeting, 2 new receptionists have been recruited to replace vacancies. Well resourced reception team at the moment.

5. Patient Feedback

Google and NHS reviews – 7 google reviews in the last 3 months, 4 of them were 5 star and a couple of negative reviews.

Themes – staff attitude; efficient registration / care / access to care; new environment; appointment system; quality of care.

Negative: lack of empathy; access to care; online forms make it hard to access care and appointment slots allocated not always appropriate.

Referral of working pts to the hub – perhaps education re: what the hub is.

Similar feedback on NHS website.

Harish: can you respond to negative comments? SH: yes if not anonymous. On google reviews, you can respond.

SH receives 1-2 / formal complaints per month and these as well as outcomes could be shared w/ the PPG

CM and Mel to discuss ways to share pt feedback and use it.

6. Friends & Family Results

Comparison w/ other practices in the area and possibly nationally would be useful

Accessibility and inclusion – what are response rates and is the text-only format limiting? Need to ensure we are inclusive for all of our pt population.

Mel said paper copies were used in her surgery but use was v. limited.

Ability to see same dr is not always possible and responses are made using a template so there's not the possibility to explain at length why pt didn't get their preferred GP. Same day appointments processes are fast paced.

New 25-26 contracts bring new contractual requirements re: access & continuity of care and reviews to adjust systems. Surgery has recruited more salaried GPs to reallocate pts. Pts w/ chronic complex medical condition are flagged up on the system to ensure they get continuity of care. New contract also focuses on access (ability to request non urgent access to the service through the whole working hours, not just during limited windows). Currently the systems provided by the NHS don't facilitate that. Likely that new products using AI will support this move.

PPG would have a key role in developing communication campaign about these changes. Sy Heartlands has a comms dept and they will provide support. FB is a managed service though we can directly post onto it.

AccuRx system can also send batch messages to send information to pts.
Newsletter (monthly) was a managed service and they've stopped doing it.
How useful have we found it?

Lack of privacy in reception areas – practice to make up a sign for reception encouraging pts to ask about being taken to a separate room.

How to use this information – compare the information from one quarter to the next and see how much progress has been done.

You said we did on the reception screens – what can be easily actioned, we can make changes ourselves and share it on the YSWD; what cannot be changed, we can publish education material e.g. on the website and refer pts to that information.

HB would like to include inclusivity to be core to everything the PPG do.

Rebecca (Pt engagement regionally) may have some suggestions.

CM feels as a new PPG, it would be more useful before honing in on more detailed topics like inclusivity, to get a good picture of our pts' challenges and priorities first. HB agrees and SH suggested inclusivity could be part of our thinking process generally – every initiative, we should be asking ourselves: how inclusive are we being?

7. Communications* – newsletter items, FB content, website, noticeboard etc

8. Patient Priorities – How can we identify these?

Need to do some work re: methodology of how to do that and practical ways to ensure we action any identified needs for improvement. Rebecca may be able to support us w/ that. Also inclusion and best practice across established PPGs.

9. Agreed actions

Meeting date	Action	Responsible	Due	Update
10/12/24	SB to invite the PPG 'guru' from Surrey Heartlands to a future PPG meeting	SB		Will be presenting at the June meeting availability to be confirmed. If Rebecca cannot attend, all happy to postpone meeting and work around her.
	SH to distribute 13 page information of monthly phone data NHS 8 metrics report (for digital telephony), patient triage	SH		Closed – sue distributed after last meeting

	data. SB will send further data around appointments.			
	all to think about how to identify top priorities for pts and surgery (may need to bring this to another meeting)	ALL		On agenda (item 8)
	CM to compile a short quarterly report of FFT feedback	CM	Next meeting	On agenda (point 6)
	Add pt suggestion box / pt feedback to March agenda	CM	Next meeting	On agenda (point 7)
17/03/25	Practice to develop a sign re: privacy in reception and look at a suitable confidential space.	SH		
	Practice to investigate what other settings do re: inclusivity	SH		
	Practice to set up 'you said we did' on the reception board / website	SH		
	Information explaining the HUB to be added to website.	SH		
	Use FFT feedback going forward to identify patterns of feedback	PPG		

10. Any other business