



Ashley Centre Surgery Patient Participation Group

27 January 2026

Present:

██████████	Practice Manager – Ashley Centre Surgery	SB
██████████	Assistant Practice Manager	ND
██████████	Patient	HB
██████████	Patient, Chair	SC
██████████	Patient	AC
██████████	Patient	BR
██████████	Patient	CM
██████████	Patient	PC
██████████ ██████████	Patient	CG
██████████ ██████████ ██████████ ██████████	Patient	

MINUTES

1. Attendance and Apologies for absence

No apologies received.

2. Approval of Minutes of last meeting

The minutes of the previous meeting (September 25?) were unanimously approved.

3. Matters and actions arising from previous meetings

Meeting date	Action	Responsible	Due	Update
	all to think about how to identify top priorities for pts and surgery (may need to bring this to another meeting)	ALL	CLOSED	On agenda (item 8) 24/9/25 – PPG to carry out survey at the vaccination clinic on 4/10/25 Jan update: engagement event took place. SC gave feedback under agenda item 5 below
	Add pt suggestion box / pt feedback to March agenda	CM	Next meeting	On agenda (point 7) NOT SURE IF THIS WAS DISCUSSED??
	Practice to investigate what other settings do re: inclusivity	SB	Ongoing	SB asked HB what exactly the PPG meant by inclusivity. HB explained it's about how accessible our services are to everyone in the community (disabled people / those w/ no internet access etc.). ACTION: SB to find out best practice re: accessibility from other practices
	Practice to set up 'you said we did' on the reception board / website	SB	Ongoing	SB explained that the website content is very prescriptive/standardised & the practice can only edit 20% of the overall content. Such communication may be better suited to social media platforms. ACTION: SB to investigate ways to share FFT feedback with patients Jan 26: SB said that the PPG now has access to more content on the website – this could be used to share YSWD feedback. ACTION:

				<p>1) SB to add PPG link on the website (under 'About Us' section, where minutes/agendas are already available. Dates of next meetings can be added here too.</p> <p>2) CM to add 'Communication' as the last agenda item so ND can easily identify items to be added to the Newsletter</p>
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4. Information from the practice

SB has reduced her hours. Staff training continues. All staff have name badges so that patients can identify individual members of staff.

The flu vaccination programme was successful, with many patients returning positive feedback and Google reviews. Good turnaround. Quick and effective – 700 to 800 vaccines administered on the day. Probably a slight improvement over previous years.

The practice will likely offer COVID AND flu jabs in 2026. Whilst this may prove logistically complex on the day, the practice is working on ironing out any potential difficulties (e.g. storage issues, slower footfall, different eligibility criteria for each vaccine) and patients will probably welcome the possibility of receiving both vaccines at the same time.

5. Patient Feedback

BR highlighted difficulties she encountered trying to respond to an invitation to attend a smear test.

SB / ND will send CM quant & qual FFT data so that CM can analyse negative feedback in greater detail and quantify how significant numerically this negative feedback is.

SB suggested sharing formal & informal complaints with the PPG. SC requested a summary of complaints so themes from these could be compared to negative feedback from the FFT. SB added that an annual complaint review is carried out by the surgery, with the number of upheld / not upheld

complaints being analysed. The results from the last National Patients Survey were also published in July 2025. A sample of 300 of our patients were sent the survey. We can look at our individual results re: quality of care (clinical and non clinical experiences). SC requested a summary of complaints / NPS so themes from these could be compared to negative feedback from the FFT.

SC debriefed the group about the flu engagement day which took place on 4 October 2025.

████████████████████ spoke to a number of patients and gathered feedback.

If we do this again, considerations to bear in mind:

- a more appropriate place than outside near the bins would be more encouraging for people to stop as it was a very cold day.
- We also couldn't find people to help us get started on arrival.
- A more professional look would be advisable– lanyard or printed badge may increase people's confidence in engaging with us.

Excellent input. One Dr came to introduce himself which was lovely. Many patients expressed how happy they were with the service received and praised the surgery for the quality of care and the kindness of the staff.

As part of the survey, patients were asked to rank 6 priorities :

- faster and easier communication with the practice;
- improved access to appointments; increased choice of day and time;
- better use of digital tools;
- more positive and professional staff interactions;
- improved continuity of care i.e. seeing the same dr/nurse;
- GPs listening more and involving patients in decisions.

We spoke to 39 people, many of whom were delighted to speak to someone rather than give digital feedback. A handful wanted to be involved in the PPG – they were invited to the December meeting but none have responded.

The top 3 issues patients identified as needing improvement were:

- communication with the practice (both as number of times mentioned and being people's top priority);
- appointments (improved access with better choice of time/day) and lastly
- continuity of care.

Demographics: 51% were >65; 38% 41-65; 60% female

Communication issues = this included problems with referral pathways; unclear prescription processes; lack of follow up after consults, confusion and frustration re: how to correct mistakes on the system

Appointments – difficulty securing appointments; online spots fill quickly; phone lines engaged at peak times, resulting in patients visiting the surgery

Continuity of care – loss of personal connection with named GP & difficulty seeing own GP. Long-term relationships are missing, impacting on trust and satisfaction. SB pointed out that only 1 member works full time. All the others are part time. Some of our GPs are also trainees and will only work part time too.

Other – staff on reception had mixed reviews (curt, inattentive, lacking empathy but some were praised for usefulness); confusion with hubs, meds, NHS app and concerns re: privacy.

Many patients would not know that you could see a Dr in a number of days or weeks (i.e. that non urgent appointments could also be made). Also it's not always clear where to go for test results or routine appointments. There is also confusion around website vs. app.

When requesting repeat prescriptions, there is an option to put in a comment but this is never actioned – CG and CM agreed this was an issue. SB will look to see whether the Drs can see this comment box.

On average a GP should have 15 direct contacts in one clinic (which lasts 4 hours) – but they also have a lot of admin to complete.

A lot of AI support is available for GPs but NHS governance pulled it. In the last 2 weeks, surgeries have been tentatively allowed to use it again as the compliance side of it is being finalised. Ambient voice technology is one exciting development – it will transcribe discussions into consultation notes.

6. Communications - newsletter items, FB content, website, noticeboard etc (c/f from March meeting)

March Newsletter – ND will start working on it in February so that when the meet in February, they may share possible feedback

7. Agreed actions

Meeting date	Action	Responsible	Due	Update
Jan 26	SB to find out best practice re: accessibility from other practices	SB	April meeting	
	S ■ & N ■ to send CM quant and qual data so CM can analyse negative feedback and attribute a % to the negative and identify themes.	SB/ND	On a regular basis	
	SB will look to see whether the Drs can see the comment box when patients request repeat prescriptions, as these comments are often ignored	SB	April	
	PPG to meet before next quarterly meeting to identify possible ways of overcoming challenges identified during the Flu Clinic Engagement Event ND to send dates around	ND PPG	ASAP	
	SB to add PPG link on the website (under 'About Us' section, where minutes/agendas are already available). Dates of next meetings can be added here too.	SB PPG	ASAP	
	summary of complaints / NPS to be shared with the PPG so themes from these could be	SB/ND	Ongoing	

	compared to negative feedback from the FFT			
	CM to add 'Communication' as the last agenda item so ND can easily identify items to be added to the Newsletter	Next meeting	CM	

8. AOB

n/a