

**Ashville Surgery Patient Participation Group  
Thursday 13 March 2025, 17.00pm (in person and via MS Teams)**

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| **Present:** | **In attendance:** |
| Anza CLARKE | Magnus NELSON, Practice Manager, Ashville |
| Melinda COTTON | Lesley HUNTING, Notes Summariser, Ashville |
| Andrew GOODWIN (via MS Teams) | Beverly BOGLE, Admin, Ashville |
| Mody KREITMAN | Dr Jennie BEACH, GP, Ashville |
| Heather PONTIFEX | Dr Mo RASHIDY, GP, Ashville |
| Sandra SMITH GORDON (via MS Teams) |  |
|  |  |
| Apologies: |  |
| Genevieve HACKETT |  |

1. Welcome and introductions

MN welcomed all to the meeting and noted apologies.

2 Minutes from the last meeting: 17 October 2024 (matters arising)

* ICB and new online platform procurement. At the last meeting, we were informed that a procurement process was imminent for an online e-consultation platform. We currently use PATCHs, but is not clear if this is one of the options being considered. We strongly recommended that when the ICB do make a choice that they factor in how patients may feel having to learn how to use an entirely new online platform. The ICB have now extended the current provider (PATCHS) contract for another year. Though some patients have mixed feelings about PATCHs, this is broadly good news as it means that we won’t (yet) have to ask patients to use a new platform.

3 Surgery developments

* The Ashville Newsletter is now into its 6 issue. PPG members were invited to provide any feedback or suggestions for content. The group suggested that to promote the newsletter, copies should be available at reception, as well as flyers / posters advising patients where they can find issues (online). To see the current (and previous issues): <https://ashvillesurgery.co.uk/news/ashville-newsletter/>
* RSV. Just a reminder that this new vaccination is available for pregnant patients and patient ages between 75-80. This age range eligibility may change in the future. We are offering both eligible cohorts this vaccination at the practice. For more info: <https://ashvillesurgery.co.uk/news/rsv-vaccination/>
* COVID vaccinations: there will be a Spring Booster campaign for 2025. The COVID-19 vaccine is recommended for people at increased risk from COVID-19. Patients may be offered a COVID-19 vaccine in spring if they:
  + are aged 75 or over
  + are aged 6 months to 74 years and have a weakened immune system because of a health condition or treatment
  + live in a care home for older adults

For more info: <https://www.nhs.uk/vaccinations/covid-19-vaccine/>

* Audit and clinical targets (March and end of year pressures). The practice is always very busy at this time of year as we are working towards achievement of end of year targets (MARCH 31).
* Other: There was a discussion about the perception GP surgeries were perhaps not as busy as they used to be, or were seeing fewer patients face to face. MN agreed that certainly this is something we do hear from some patients, but that in reality, the practice is as busy (if not busier) than ever. The waiting room can be quiet sometimes – this is partly due to the fact that GP appointments tend to be booked at the start and end of clinical sessions now, with the middle part focussing on phone calls and online consultations.

A quieter waiting room does have its advantages as it means there are fewer sick patients in close contact with each other.

* There was also a brief discussion about the recent announcement that NHS England will be abolished. It’s too early to know what kind of impact this may have on primary care, but we will keep this on our radar, and no doubt discuss in more details at subsequent PPG meetings.

* Discussed under AOB, but relevant to Practice Developments: we have a new HCA working with us part-time. Ashley, who has been on reception for a few years, has recently completed her HCA training and is now doing weekly clinics.

4 PCN developments

* Additional Roles Reimbursement Scheme (ARRS)

Previously PCNs could use this funding stream to recruit a range of clinicians – but not GPs or Practice Nurses. This has now changed, and the PCN has recruited a GP – whose time will be allocated across PCN practices (based on list sizes). We are hoping to welcome the new GP for their Ashville sessions imminently. There was a discussion about continuity of care and how this would be managed with the new GP. We still need to finalise how the PCN GP will work with the practice. It’s likely that their focus will be on triage and managing acute care.

* A new Link Worker has started with the PCN. She will work with Ashville patients.
* A New Community Health & Wellbeing Link Worker has also been appointed. At the moment, these roles focus specifically on patients who live in the Clement Atlee Estate in Fulham. It’s anticipated this area will be extended to include other neighbourhoods in due course. These workers visit residents in the estate to see if they need help in how to access their GPs practices and other health services. They also advise on a range of issues, including debt, housing and welfare.
* For more info on these roles and other roles, please see the videos on YouTube (<https://www.youtube.com/@SouthFulhamPCN>)

5 Any other business

* A PPG member asked about blood tests and regular monitoring. Dr Beach confirmed that patients who were on specific medications would be invited in for blood tests (if required) according to monitoring protocols (eg every year, every 6 months etc). These patients are invited either by having a recall (‘reminder’) flagged on their record, or when GPs review and re-issue medications.

Sometimes patients might be asked to rebook a blood test (eg in a year’s time). In most of these cases, the practice will set a recall for that patient, but sometimes the initiative may lie with the patient to follow up.

Occasionally patients will attend for blood tests, and ask that additional tests are carried out. This is not always possible; usually a GP needs to approve blood tests beforehand.

Where there are news stories about specific health conditions, we do then sometimes get patients asking for specific tests (eg PSA tests after Chris HOYLE’s recent diagnosis). In most cases, GPs can arrange this, but it is important to review and assess each request in advance; the frequency and or / relevance of a particular test depends on a range of factors (eg, age, previous medical history, current medications etc).

* There was also a brief discussion about script lengths. In the past, we were often able to issue 3 months’ supply. This has now been reduced to 2 months’ supply (there are still some exceptions: eg HRT and contraception can still be issued for 3 months. Conversely, Controlled Drugs (CD) can only be issued for one month at a time). The main reason for the reduction is to tackle prescription waste. Secondary to that is often patient medications change, and a lower / higher dosage may be required when it’s time to re-issue. Longer script lengths could mean that patients have medications at home they no longer need to take.
* A PPG member asked about any impact from proposed Assisted Dying legislation currently being discussed in parliament. Dr Beach responded to say that at the moment, there had been no impact, and patients had not been in touch over this issue. The practice does record on their notes when patients have set up an Advance Directive or Living Will.

* Finally, a PPG member thanked Ashville and the whole team for their work and care. MN in turn thanked the PPG. Positive feedback like this really helps keep the team motivated.

6 Date of next meeting – to be confirmed

* MN thanked all for coming. He will confirm the date of the next meeting shortly. He reminded all that if they have suggestions or feedback to contact him. Similarly, if they have any concerns, they can get in touch with him and don’t need to wait for the next meeting.