

MINUTES OF THE ANNUAL GENERAL MEETING OF THE ASHLEA MEDICAL PRACTICE PATIENT PARTICIPATION GROUP (PPG) HELD AT ST MICHAEL'S CHURCH, THE MARLD, ASHTEAD ON TUESDAY 7th NOVEMBER 2023 AT 7PM

1. Richard Garrard, Chair of the AshLea Medical Practice PPG introduced himself and welcomed those present.

Approximately 40 patients from the Practice were present, together with Charlotte Netherton-Sinclair and Dr Aalia Khan, our guest speakers, and Dr Dalia Yacob.

2. Apologies for Absence: Eric Ferguson, Elizabeth Woods, Doug Willock and Dr Mark Jones
3. There were no matters arising from of the Minutes of AGM held on 25th April 2019 and were therefore accordingly approved and adopted.

4. Chairman's Report

Our last AGM was in 2019, with subsequent AGM's postponed due to the long-term effects on us all as a result of the COVID pandemic.

It has been a difficult period for all of us, not least the AshLea Medical Practice. Your PPG did not meet in 2020 or 2021 and it is only in the last 6 months that we have returned to something approaching our normal activities.

The Practice went through a very challenging time during the pandemic. Not surprisingly, both medical and administrative staff also succumbed to the Covid virus and, at times, more than half the staff were either ill or having to isolate, often at very short notice. This, together with the strict Health and Safety guidelines laid down by NHS England for the wellbeing of their own employees, made it very difficult for them to provide anything other than a very basic service. Nevertheless, I know just how hard everybody worked to do their very best for all patients.

One key learning point during this difficult period was to acknowledge how important communication is and as a PPG, we are aware that perhaps we should have been more proactive in working with the Practice to ensure that all patients were adequately informed of the difficulties being experienced by each and every one of us.

You may all remember too, the rapid, and somewhat premature, introduction of the new website called "Footfall". This was intended to ease problems within the GP surgeries but, in fact, caused more issues as very few patients or staff knew how to use it!

I am also very pleased to report that following Covid, The Practice and the PPG are working very effectively together and there is a genuine appreciation of how well the PPG can work with the Practice for the benefit of their patients.

In a big step to improve communications, we re-launched our newsletter but in a completely different format. Instead of our bi-annual booklet format, we have moved to issuing a monthly double-sided A4 leaflet which is intended to be short and to the point, quickly and effectively briefing patients about what is going on - not just at your Practice but in the NHS as a whole. Lorraine Moynihan has taken on this role and we thank her for her sterling efforts.

In August of this year, PPG members assisted our GP's to offer support and help to patients at Linden House in explaining the new Health Kiosks and AF monitors available now at each surgery. The equipment was purchased by funds donated to the charity, Friends of the AshLea Medical Practice and is a big step forward in helping patients take a greater responsibility for their own wellbeing. Future sessions are planned at both Gilbert and Linden House and the PPG will, again, be there to help.

Recently, we have helped at both of surgeries during their flu vaccination programmes, pointing patients in the right direction and hence ensuring that the whole process was simple and quick. It also gave patients the opportunity to meet us and learn about the PPG

On the Agenda, you will notice that we ask approval for our very slightly revised Constitution which brings it up to date and more realistic than the one agreed in 2016.

Over the past 10 years, the patients volunteering their time to be on the Committee have naturally changed. However, there are still several of us who have been working together since 2014 and therefore, on a personal note, I have decided to step down and hand over many of my responsibilities to my Co-Chair, Lorraine Moynihan. As Co-Chair, I will still be around, but in the future, in the background to offer help and advice if, and when, necessary.

During the last few months, we have welcomed several new faces to the Committee and along with those from the past 10 years, I hope you will continue to support them during the coming year and if you would like to join as a "supportive patient", we will ensure that you receive information and updates on a regular basis.

5. Approval of revised Constitution

Prior to the meeting, a revised Constitution had been circulated to those supportive patients on the PPG electronic list. Minor changes included the number of PPG Committee meetings per annum and the inclusion of two Co-Chairs instead of a Chair and Vice-Chair. The 2023 Constitution was approved by Liddle Stokoe and seconded by Julian Trunkfield.

At this point, Richard felt it appropriate to reiterate the purpose of the PPG. Firstly, a Patient Participation Group is a legal requirement and the AshLea PPG is a member of the National Association of PPGs and in 2017 won their PPG of the Year award.

The PPG is a link between patients and the Practice to help both in providing care and services in the best interests of the patients. The PPG continue to talk with the Practice on a regular basis and help with their projects which, in turn, make a big difference to patients.

Richard stressed that the PPG do not, and cannot, deal with any personal/medical issues. Any such request is referred back to the patient with the advice for them to contact the Practice directly.

In addition to comments in his report above, Richard briefly highlighted other matters successfully dealt with by the PPG – a disabled bay and drop kerb at Linden House to help wheelchair patients, an extension of parking spaces at the car park opposite Linden House, the repainting of the disabled bays at Gilbert House.

6. Election of Officers

Richard Garrard – Co-Chair
Lorraine Moynihan – Co-Chair
Lynda Feeney - Secretary
Carolyn Lewis – Minute Secretary
Josephina Brinker
Mary Cooper
Eric Ferguson
Jane Owens
Kate Grant
Elizabeth Woods
Doug Willock

The adoption of the PPG Committee, on behalf of all present, was proposed by Christine Kerton and seconded by Hilary Porter.

7. Social Prescribing by Charlotte Netherton-Sinclair

Charlotte Netherton-Sinclair is a Health and Wellbeing Coach based at the Molebridge Practice, Leatherhead under the Practice Manager, Laura Hammond.

Her team consists of: 4 x Social Prescribers: 3 x Wellbeing Coaches and 2 x Admin staff

What is Social Prescribing? Charlotte explained that it:

- Connects people to activities, groups and services in their communities
- Supports people to meet their practical, emotional, physical and social needs
- Patient is assigned to a link worker or coach and together a personal care and support plan is created
- “What matters to you?! Is always the central tenet
- Gives the patient autonomy over their health and life

Overall, the aim is to improve health and wellbeing in different ways and Charlotte initially emphasized, and demonstrated, the benefits of correct breathing. This led to:



- Holistic health assessment.
- Recognising the patient knows what is best for them.
- The patient is always central
- Empowers the person by building knowledge, skills and confidence.
- Values the patient's skills, strengths, experiences and important relationships
- Patient feels more hopeful and inspired

As an overall and brief perspective of the above points, it is a way of 'seeing people' as whole person not as a person through the lens of their condition and is fundamental to good, personalised care and support planning.

Social prescribing particularly works for a wide range of people, including:

- those with one or more long-term conditions
- those who need support with their mental health
- those who are lonely or isolated
- those who have complex social needs which affect their wellbeing.

The Social Prescribing Team use a range of facilities available to them and they will follow the appropriate pathways applicable to a patient's needs. The referral pathway starts with help from a Healthcare Professionals who, in turn, refers you to the Wellbeing Team and then you will be placed on a waiting list and allocated the next available Coach (usually a wait of no more than 3-4 weeks).

Not only is the impact of Social Prescribing proven to be of huge benefit to patients, but it has also shown a reduction of 28% in GP consultations and 24% in A&E attendances.

Post meeting: the full Power Point presentation is available, should it be of interest, by emailing ashlea.ppg@talktalk.net

8. Talk from Dr Aalia Khan, from Linden House Surgery re Primary Care Network (known as our PCN)

Unfortunately, Dr Mark Jones, the Practice Lead with the PCN, was unwell and Dr Aalia Khan, a partner GP at Linden House and PCN Network representative at the surgery, stepped in to take his place.

Dr Khan started by stressing that the NHS is changing in a number of significant ways and appreciates that it can be somewhat difficult for the patient to fully understand the changes as they take place. However, significant changes are needed and the old familiar way of NHS workings are no longer feasible or applicable. How is the NHS changing?

- Health and Social Care Act 2022
- Bringing together all organisations involved in a patient's journey
- NHS originally set up to treat single conditions
- Over the years, this has rapidly expanded and now dealing with complex morbidity and an ageing population. These conditions often need ongoing and regular care that falls outside of simply a health need.
- NHS structure has not kept up with these changes and care can be siloed and fragmented with poor flow between partners. This is to the detriment of patients and the health and social care efficiency.

What is an Integrated Care System? An extract from the presentation states:

Integrated Care Systems

- ICSs have existed in one form or another since 2016, but for most of this time have operated as informal partnerships using soft power and influence to achieve their objectives. Following the passage of the 2022 Health and Care Act, ICSs were formalised as legal entities with statutory powers and responsibilities.
- Statutory ICSs comprise two key components:
 - integrated care boards (ICBs): statutory bodies that are responsible for planning and funding most NHS services in the area
 - integrated care partnerships (ICPs): statutory committees that bring together a broad set of system partners (including local government, the voluntary, community and social enterprise sector (VCSE), NHS organisations and others) to develop a health and care strategy for the area.
- Working through their ICB and ICP, ICSs have four key aims:
 - improving outcomes in population health and health care
 - tackling inequalities in outcomes, experience and access
 - enhancing productivity and value for money
 - helping the NHS to support broader social and economic development.

Alternatively, an informative website, which explains the changes in detail, is www.kingsfind.org and it states:

Integrated care systems (ICSs) are geographically based partnerships that bring together providers and commissioners of NHS services with local authorities and other local partners to plan, co-ordinate and commission health and care services. They are part of a fundamental shift in the way the health and care system is organised – away from competition and organisational autonomy and towards collaboration, with health and care organisations working together to integrate services and improve population health. ICSs have been developing for several years – since July 2022 the Health and Care Act has put them on a statutory footing.

In the UK, there are approximately 40 Integrated Care Systems and as far as AshLea Medical Practice is concerned, Dr Khan explained that our Integrated Care System is headed by Surrey Heartlands under Claire Fuller and that umbrella leads to Surrey Downs Place and then PCNs.

PCNs bring together general practice and other primary care services, such as community pharmacy, to work at scale and provide a wider range of services at neighbourhood level.

There are 6 GP Practices within our PCN – namely Ashlea Medical Practice, Molebridge Practice, Cobham Health Centre, Eastwick Park Medical Practice, Fairfield Medical Practice and Oxshott Medical Practice.

A quote from our Mission statement says:

We will empower primary care and work in partnership to facilitate and support access to the best care for everyone by being:

- Fair and equitable
- Open and transparent
- Collaborative
- An enabler and facilitator

Our Strategic Goals are to:

- Enable and facilitate our member practices to play their role in delivering better, more effective care.
- Support and sustain general practice.
- Make connections and build relationships between our members, place, and the wider Integrated Care System
- Act as a voice for primary care
- Be innovative and act as a pioneer in the shift to digital care.
- Be a positive force for change.

It is interesting to note that our PCN cares for, over the 6 Practices, in the region of 64,000 patients. A staff of 36 includes the Wellbeing Team (as mentioned above), Pharmacy Technicians, 2 Paramedics and Physiotherapists.

There are also 2 Community Hubs, one in Leatherhead and one for Cobham and Oxshott.

The Leatherhead Community Hub (LCH) was opened in March 2022 as a dedicated community centre in North Leatherhead.

LCH provides opportunities for people to come together socially and build community as well as giving our [partner organisations](#) a permanent base from which to offer vital support to local residents.

The Hub attracts around 3,000 visitors a month to our [community café](#) and the many other activities run by us and other community groups.

Dr Khan then led onto the subject of premises and in particular, the problems associated with lack of space at Linden House. For many months, even years now, they have been battling with lack of space for GP's and nursing staff but, at the same time, having to deal with an increase in patients as a result of the growth of new housing in Leatherhead.

It was requested that the PPG, and patients, do all they can in supporting the Practice in an attempt to move forward and provide the proper care facilities that are required in the area.

9. Q&A's – Dr Khan, Dr Yacob and Richard Garrard

As part of the changes being made within the PCN, the Practice has just launched a new website in place of Footfall. This is managed by a company called AccurX and is felt to be easier to use and more patient friendly. It was stressed that this is not an AshLea Medical Practice site but one used by most GP Practices across the country and changes cannot be made to cater for just our own needs.

It is now closely linked to the NHS App and it was stressed that this App is a good tool to download - patients can have access to their medical records, tests results, and can request a repeat prescription, and what medication they have been issued with.

Dr Yacob also encouraged the use of the NHS app as an extremely useful tool in managing one's own health.

The major change is that appointments cannot be made online. The patient is required to ring the surgery between 8am and 10am for urgent/same day appointments and after 10am for non-urgent appointments. Whilst it was appreciated that many older patients are unable to use digital equipment, help will always be available in the surgeries but it must also be acknowledged that younger people want, and expect, digital channels for contact as it is now part of their everyday life.

The meeting was also reminded that appointments are not restricted to just surgery hours. There is an out-of-hours/Saturday facility to see a GP (not necessarily an AMP GP but one with full access to your records), NHS 111 and LIVI (online appointment which is free to AMP patients)

Equally, the telephone service now operated by AshLea is one purchased by the PCN and is applicable to all in the group. There have been complaints about the time waiting for the call to be answered and it was agreed that more use should be made of the "ring back" facility which seems to be very much under-used.

It was further emphasised that the new system of "triage" is proving to be extremely successful and enables a GP to actually see/deal with more patients on a daily basis than before.

In answer to a question re Appointments

It was agreed that, in general it is better to make two appointments if you have 2 significant issues to discuss. However, it was sometimes preferable to mention both issues very briefly to the GP for them to then decide which is the most urgent and which can be left to another time.

In answer to a question re the New Website

Why website is not open at weekends? There are several reasons, not least that staff are not employed at weekends to read emails, let alone answer them, but a major factor was safety.

A surgery can receive up to 200 emails every day and each one has to be read and dealt with appropriately. If an email came through over the weekend, it could easily be missed on the Monday which, in turn, could lead to a tragedy.

Again, the other avenues of weekend care were reiterated and Richard Garrard reinforced the efficiency and care received from the Hub appointments and should not be dismissed lightly.

In answer to a question on Carer's Breaks

It was felt that there was inadequate help regarding "Carer's Breaks" and the patient had received totally different information from two sources, both contradicting each other. Dr Khan spoke to the person after the meeting and useful clarification given.

10. **Close of Meeting:** Richard Garrard thanked everyone for attending and extended sincere thanks to Charlotte, Dr Khan and Dr Yacob for giving such interesting talks.

He further thanked the PPG team for supplying refreshments and help with the technical equipment.

The meeting ended at 21.10 pm