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PPG Meeting Minutes 4.6.25

Attendees: NJ, MP, CB, SM, AT

Apologies: CG, SG, JW, HF, JC

1. Feedback from Crawley Wellbeing meeting – NJ, MP and a Senior Receptionist met with Crawley Wellbeing in May to discuss the service that is available to patients and how the surgery can support patients to refer or be referred. The Reception team have been encouraged to signpost patients to the service.
2. Premises works – NJ shared the plans for the Premises works that have been agreed in principle by NHS England. This will include re-fitting 2 first floor rooms to create a telephony room and a patient interview room, and to create a new clinical room on the ground floor by removing some office space. Members attending this evening signed a letter that will be submitted with the final bid, stating that they agree with the development plans. Work is likely to start in September, and must be completed by December 2025.
3. Over the counter medications – NJ explained the rationale behind the ask that patients purchase medications from supermarkets/pharmacies when they become available over the counter as opposed to prescribing them. We discussed the need for a consistent approach to this in order to be fair to all patients.
4. Instructions from hospital departments – NJ explained that hospital departments cannot demand actions by the GP, though they often recommend next steps for Primary Care. This may mean that the patient requires a routine appointment to discuss the potential next step with a GP. Patients can and should contact the surgery to book such an appointment if the hospital suggest they need follow up. We also discussed prescribing instructions from hospital departments, in particular the fact that consultants can often prescribe medications that aren't available for prescribing in Primary Care. In this situation, the hospital will continue to prescribe the medication. In regard to blood test requests from hospitals, NJ explained that GP's won't generate blood test forms on behalf of hospital teams – to do so means that they become responsible for results that they don't need nor understand. It has been agreed with the Pathology team that a "letter" stating the name etc of the patient, the test required, and the contact details for the results to be sent to will be accepted as a blood test request form. Therefore there should be no reason for an out of area hospital to create any delay for patients wanting to have the blood test done locally.



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5. Mounjaro prescribing – NJ explained that the weight loss injections that feature in news items at the moment are likely to be more widely available on the NHS later this month, but early indications are that the cohort of patients that will be eligible for them will be small. It continues to be available from the GP for some diabetics, and we can refer patients to a weight loss clinic if it would be appropriate to tackle obesity.
6. Text Message – CB highlighted that the confirmation text message for appointments states that any appointment made is at the surgery, when some appointments are on the telephone. The reminder text does state whether the appointment is face to face or telephone. NJ agreed to look into whether or not the confirmation text could be changed to be more specific.
7. AOB – SG mentioned that he cannot access blood test results from some hospitals via the NHS App or Patient Access. NJ reiterated that there are many different systems within the NHS and that unfortunately they are not all joined up.
8. AOB – AT highlighted that the Chavasse Clinic in Brighton (a musculoskeletal clinic for Service Personnel and Veterans) can be directly referred to, as opposed to referring via the MSK pathway. He provided NJ with a paper and PDF copy of their leaflet. NJ will add to the Partners agenda to highlight this service to the GP's.
9. AOB – NJ reported that DNA rates have improved significantly since it was suggested by the group that some patients be called to remind them of their appointments.

Date of next meeting: 29th October