

**Meeting 14 January 2014
PPG Open Meeting
Minutes**

Present: Jean Alden, Sennen Chiu, Jean Corey, Malcolm Corey, Lyn Duffus, Theresa Fitzgerald, Karen Hamida, Sheila Hayles, Dr Kooner, Jean Little, Keith Marshall (Chairman), Noreen Marshall, David Mitchell, Jacqui Piper, Paul Ranken (Practice Manager)

Apologies: Jill Downey (Ealing CCG), Stan Owen.

1. Minutes of the Previous Meeting

1. All actions from the previous meeting were complete, or discussed later in the meeting, except for the following which were carried forward:
 - a. Keith cannot access website stats from outside an NHS domain but will look at them in the Practice following this meeting. **Action: Keith Done**
 - b. Keith & Noreen to update the PPG display board. **Action: Keith/Noreen**
Lyn offered a piece of display board for this which she will drop off at the medical centre for Keith & Noreen to collect. **Action: Lyn Done**
 - c. Transport for Patients. Keith still to contact the Pinn Practice to see how they organise transport (attempts so far have failed). **Action: Keith**
2. The (amended) minutes of the meeting on 11 November 2013 were approved and signed by Keith.

2. Vice-Chairman

1. For a combination of health and family reasons Sennen is unable to give the PPG the time he would wish and has decided to stand down as Vice-Chairman.
2. In order to give everyone good notice and time to volunteer or be nominated, it was agreed that there should be an election for a new Vice-Chairman at the next meeting. Keith will announce this in the next monthly members bulletin, in the agenda for the next meeting (on 10 March), in the next *Barnabas Bulletin* and on a noticeboard in the waiting area. **Action: Keith**
3. The meeting recorded a vote of thanks to Sennen for his work for the PPG over the last year or so.

3. Review of Existing Projects

The Projects List had been circulated in advance.

1. **Noticeboards/Leaflets/Magazines.** Lyn and Jacqui reported that this was working well and that the noticeboards looked much more useful although somewhat cramped for space. The magazines have also been improved and there is now more variety available. Theresa was pleased with the results.
2. **Book Exchange.** Noreen reported that this was now running. Feedback from the reception staff was that the books were beginning to be used. Noreen is making patients aware of the book exchange whenever she is in the Practice and

this is generally being well received.

It was agreed to advertise the book exchange via a small piece in the next Newsletter. **Action: Jacqui/Noreen**

Noreen is keen to add more books for young children. Jacqui may be able to source some. **Action: Jacqui**

3. **Transport for Patients.** This is in abeyance until we can resolve some of the challenges.
4. **Annual Practice Survey.** See discussion below.

4. Possible New Projects

1. Keith has added a number of potential new projects to the list and asked for the group's thoughts on where our priorities should be.
2. **PPG Awareness Week, 2-7 June.** Should we support this by running PPG days, or something more? Could we organise (say) a coffee morning? Discussion of this was postponed to the next meeting to give everyone time to think.
Action: Keith
3. **Area PPG Network.** Keith has been in discussion with Hillview PPG about setting up a network of PPGs in our area (Ealing North North). Paul has emailed the relevant Practice Managers twice and elicited just one, unhelpful, response. A network was seen by all as important as it will encourage collaboration and allow us all to offer events which might be beyond the reach of each PPG individually; eg. Health & Wellbeing Fair, talk by London Air Ambulance. As a consequence there is considerable marketing work to do. David offered to help with this by visiting the relevant Practices and talking to them. It was felt that before visiting Practices it would be good to email them a flyer of information highlighting the advantages of PPGs, what can be achieved and the usefulness of a network. Sennen volunteered to draft a suitable email/flyer which Paul will circulate. **Action: Sennen**
4. **Speaker for March Meeting.** The group asked for a speaker on a topic of immediate concern: (1) Summary Care Records, (2) Community Pharmacist or (3) Putting Patients First (NAPP/RCGP campaign) in that order of priority. **Action: Keith**

5. Review PPG Terms of Reference

1. Keith apologised as he had omitted to circulate the draft revision of the Terms of Reference with the January members' bulletin.
2. Copies were circulated to the meeting and will be distributed with the February members' bulletin with a request for feedback etc. to be sent to Keith.
3. Discussion of the changes is carried forward to the 10 March meeting. **Action: Keith**

6. Practice Survey Arrangements

1. Survey week is 20-24 January.
2. The survey form has been revised to include new questions requested by the doctors.
3. Lyn pointed out an error in the return dates on the survey form. This will be corrected although Paul has already printed a large number of copies. **Action: Keith** Done

4. As last year PPG members will be manning the waiting area during Survey Week. Many thanks to those who have volunteered. Most sessions are being covered. Keith has distributed a schedule and instructions to the volunteers.
5. The survey will also be on the website. Keith is planning to implement this following the meeting. **Action: Keith** Done
6. Keith will do the data entry and the initial analysis and report. **Action: Keith**

7. Practice Updates

1. Our long-term locum, Dr Patten, is leaving at the end of February. She will be replaced by Dr Maini, who has worked for the Practice in the past and who will do 4-5 sessions a week.
2. Paul needs an updated version of the PPG membership list. **Action: Keith** Done
3. CQC can inspect the Practice at any time and are unlikely to give more than 2-3 days notice. The inspectors like to talk with patients. Please would anyone who is prepared to drop in at short notice and talk to inspectors let Paul know.
Action: All
4. In response to a question from Sennen, Paul explained that Health & Safety and other risk assessments have to be carried out annually. Outcomes are recorded at the Practice but there are no certificates to display.
5. It was suggested that we should display the number of patients who do not keep their appointments each week on the Jayex board. **Action: Paul**
It might also be worth publicising the cost of missed blood tests, x-rays, etc. in a future newsletter article. **Action: Jacqui**
6. Paul has decided to take early retirement at the end of March. Recruitment of a successor is already under way.

8. Ealing CCG Updates

1. None in the absence of Jill Downey and Dr Parmar

9. PPG Updates

1. NAPP Conference is on Saturday 7 June in Leeds. Details are not yet available and will be circulated when received. **Action: Keith**
If anyone wishes to attend, please contact Keith who will book places (last year we were allocated two places). **Action: Keith**
Keith will probably attend if others do not wish to.
2. NHS "Better Information" leaflet is now being distributed to all households. Several present had received their copy. Keith asked that everyone read it, and encourage others to read it, as it contains important information on healthcare records.

10. AOB & Next Meeting

1. There was no other business
2. **Next Meeting:** Monday 10 March, 1800 hrs, at the Medical Centre.
The agenda will be circulated with the March monthly bulletin around 2 March.

Keith C Marshall
Chairman
21 January 2014

Text in underlined italic is post-meeting updates.

Glossary

BMC	Barnabas Medical Centre
BP	Blood Pressure
CCG	Clinical Commissioning Group (from 1 April 2013; formerly PCT)
CQC	Care Quality Commission
CRB	Criminal Records Bureau
DBS	Disclosure & Barring Service (formerly CRB)
ECCG	Ealing CCG
GMC	General Medical Council
HCA	Healthcare Assistant
HWE	Healthwatch Ealing (formerly Ealing LINK)
LAS	London Ambulance Service
LB	London Borough
LBE	London Borough of Ealing
NAPP	National Association for Patient Participation
NWL	North West London
PCT	Primary Care Trust, the local NHS governing body (until 31 March 2013)
PPE	Patient & Public Engagement
PPG	Practice Participation Group (this group)
SaHF	Sharing a Healthier Future
ToR	Terms of Reference

2014 Meeting Schedule

Meeting Date	Time	Venue
Mon 10/03/2014	1800	Barnabas Medical Centre
Tue 13/05/2014	1400	St Barnabas Church Hall
Mon 14/07/2014	1800	Barnabas Medical Centre
Tue 16/09/2014	1400	St Barnabas Church Hall
Mon 10/11/2014 (AGM)	1800	Barnabas Medical Centre

Barnabas Medical Centre Patient Participation Group

Meeting 10 March 2014 PPG Open Meeting Minutes

Present: Jean Alden, Janet Bettaccini, Dr Bhatoa, Danny Boggust, Sennen Chiu, Jean Corey, Malcolm Corey, Lyn Duffus, Matthew Edwards (Practice Manager), Theresa Fitzgerald, Sheila Hayles, Jean Little, Keith Marshall (Chairman), Noreen Marshall, David Mitchell, Stan Owen, Hiten Patel (Community Pharmacist), Sunita Patel, Sushila Patel, Jacqui Piper, Paul Ranken (Practice Manager), Usha Shah (Community Pharmacist)

Apologies: Dr Knight, Dr Parmar

1. Practice Manager.

1. Paul Ranken made a short speech of farewell as retiring Practice Manager before leaving to attend another meeting.
2. Matthew (Matt) Edwards was welcomed to the meeting as Paul's successor.

2. Minutes of the Previous Meeting.

1. Keith has removed the Transport project for the time being, since it was so difficult to deal with and was not one of the higher priorities.
2. The 'missed appointments' information for the indicator board has been left for Matt to deal with. David asked if there was a charge for missed appointments: Dr Bhatoa replied that there was not. **Action: Matt**
3. Stan queried the recorded date (January 14) of the last meeting, but it was found to be correct.
4. The minutes of the meeting on 14 January 2104 were approved and signed by Keith.

3. The Role of the Community Pharmacist. Invited speakers: Hiten Patel and Usha Shah

1. Hiten began by talking a little about the background to pharmacy practice: 1.6 million people visit a pharmacist every day in England.
2. A fully qualified pharmacist has a five-year training, and they have to comply with a national standard.
3. He went on to talk about the changes currently going on; he sits on a number of local and national committees so has a good view of the changes.
4. Hiten felt that pharmacists need to be involved with CCGs (which are mainly composed of GPs) in the early stages of commissioning to ensure success, especially as they have the public's confidence. Pharmacists are also signposting people to care and services in their area.
5. Public Health is also a key part of the pharmacist's work: for example fostering the ideas that prevention is better than cure, and self-help (with guidance) is the best way of tackling a health problem.

6. Pharmacists are now offering Enhanced Services such as supervising methadone use and helping people to stop smoking. There were also recorded consultations with patients to make sure they were making best use of prescribed medicines: for example, almost 50% of people who have been prescribed medication for high blood pressure don't take it, and there are patients in other categories who are as just as bad.
7. Keith mentioned the quizzing that many people experience on getting their prescriptions, especially (it seemed) at branches of Boots. Hiten explained that pharmacists are now required to ask questions about the patients and their situations before dispensing prescriptions.
 Danny commented that he felt this was a more or less pointless introduction since his GP was the person who helped him to best manage his health and medication; moreover he had recently experienced conflicting advice from a consultant, so was concerned about the potential danger of bypassing his GP who knew his medical history best. Dr Bhatoa responded that prescription of medication remains the responsibility of the GP, not the pharmacist. Keith added that the whole point of the proposed sharing of Summary Care Records was to avoid situations such as a consultant giving potentially conflicting advice without knowing the patient's medical history.
 Jacqui mentioned the New Medicine Service – a series of short interviews between patient and pharmacist when a new drug or treatment is prescribed for certain commonly-found conditions including Type 2 diabetes, high blood pressure and asthma. The service is free, and should be conducted in a confidential environment.
8. Usha added that there is also a procedure called the Medicine Use Review (MUR) for prescriptions which are not new, covering the patient's progress with their medication: it had been found very useful, for example, in finding the most suitable form of drug for elderly people who were often not taking tablets because they found them hard to swallow, but who made good progress when given the soluble form of a drug.
9. Jean Corey flagged up how useful calendar packs of tablets were: she and Malcolm asked if there was any way of ensuring that all pharmaceutical firms used this format. Pharmacists have no control over this aspect of drugs manufacture. Usha commented that patients are the only people with any real chance to change this, by (for example) writing to newspapers, talking about it etc. Janet thought that it was an issue that PPGs ought to escalate; Jean Alden and Keith both suggested the use of dossit boxes (marked with the days of the week) which are readily and cheaply available. Keith will try to follow up on the idea of calendar packs with both NAPP and Healthwatch. **Action: Keith**
10. There had been a recent advertising campaign about consulting pharmacists, but Lyn pointed out that there had been no information backing it up. Keith and Stan both urged the need for advertising to be in context to prevent misunderstandings.
11. Usha reiterated Hiten's point about Signposting: pharmacists are well placed to suggest local services, support groups etc.
12. Usha also talked about the Minor Ailments System which pharmacists had run in the past. It still exists, but requires the patient to have a 'passport' form from the GP at the outset; Hiten added that pharmacists were not publicising this at the moment because they were not confident that this new process with the passport actually works.

13. Keith will also ask about how Community Pharmacy can be better involved through Healthwatch.

4. Vice-Chairman

1. As Sennen had had to stand down, a new Vice-Chairman was needed to serve until Autumn 2015.
2. There were no volunteers and no nominations so the post remains vacant.

5. Terms of Reference

1. Keith had circulated the relevant document with the proposed changes in red.
2. The changes were then unanimously accepted. The updated document is now on the Practice website.

6. Survey Results

1. Keith had circulated a short summary; the full results will be appearing on the Practice website shortly. The full document is now available.
2. The response rate was 5% up on last year with 552 completed questionnaires.
3. There was a satisfaction rating of 75% (slightly down on last year); and 91% of those surveyed would recommend the practice to others – indeed this was observed in action several times during survey week. Keith suggested that '91% would recommend' was outstanding, with which everyone agreed.
4. Keith also flagged up the 'wish list' aspect of the Survey. The most favoured extra service was for an in-house phlebotomist; Jacqui pointed out that this was undoubtedly because it affects the greatest number of people.
Dr Bhatoa pointed out there was currently no space available to accommodate this and that the Practice would struggle to provide a full service. However there is at least a blood-test service for children, with a certain amount of flexibility for others if urgently needed. Although in theory it was something the nurses could do, Dr Bhatoa felt it would not be a good use of their time, especially as all samples have to be taken during the morning for lunchtime collection. Meanwhile it was agreed that Wadham Gardens provides a very good blood test service and is convenient for most patients; there was also the option of using the service offered at Ealing Hospital.
We should consider explaining in the next newsletter why a blood testing service was unlikely to happen soon. Action: Keith
5. Of other services mentioned, the Practice had formerly had a physiotherapy service, and had invested in GP's examination couches that were also suitable for use in physiotherapy, but it had been withdrawn, again largely due to a lack of space.
6. Keith mentioned that there was still an undercurrent of complaint about availability of appointments. Dr Bhatoa felt that there was an ongoing problem with time taken up dealing with minor ailments which could often be treated by Community Pharmacy, which was frustrating for everyone. More awareness is needed.
Keith mentioned the possible easing of the situation when appointments became available to book online, but Dr Bhatoa warned that there were no simple answers – the GP surgery which she attends as a patient uses that system, but there were still complaints.
David mooted the possibility of face-to-face consultations using Skype, since phone consultations were agreed to be helpful. Malcolm mentioned the general statistic of 10% of patients being unable to get an appointment; Theresa

commented that patients were not always very sensible in such matters. Sennen flagged up the problem with employers not giving their staff adequate time off work to fit in appointments.

There is no good solution to the perceived provision of sufficient, and timely appointments. It is a country-wide problem with GP practices using a variety of solutions.

7. Stan asked if we'd attracted any new members to the PPG. Keith replied that he had had one response.
8. Sheila asked about those who felt the service was poor. Jean Corey said that most of the discontent that she had observed while helping with Survey came from the Eastern European patients, although Keith added that this was not borne out by the Survey data – with the less content responses being spread across gender, age and ethnicity.
9. Danny pointed out how very fortunate we were, in any case, to have so many major hospitals within a short distance, especially in comparison with other areas.
10. The members thanked Keith for his work on the data analysis, and Keith thanked everyone who had taken part in carrying out the Survey.

7. Practice Updates

1. Dr Bhatoa gave a quick recap of the staffing situation with regard to the doctors: there are four partners and Dr Dhinsa is now a permanent salaried GP. Dr Patten has now left as long-term locum and is replaced by Dr Maini and Dr Vijay Shankar (who spoke at a previous meeting about the 111 service). As a consequence there should be some easing of the appointments situation. In this context, Keith flagged up the need to publish the figures on the missed appointments which are such a contributing factor.

8. PPG Updates

1. **Next Meeting.** The next meeting will be on Tuesday 13 May at 1400 hrs in St Barnabas Church Hall. The invited speaker will be Dr Robin Burgess, NHS England care.data Lead for London. Keith proposes giving the meeting over entirely to his subject, and throwing the meeting open to clinicians and PPG members of other local practices. **Action: Keith**
As part of the promotion and support of the next meeting Keith is planning to make his *Barnabas Bulletin* article on NHS data sharing available to local practices, Healthwatch and the CCG.
2. **PPG Awareness Week, 2 to 7 June.** Stan asked if we would be recruiting, to which Keith replied that he intended that we would.
It would be good to have another event, such as a coffee morning (with which there are logistics problems) or a tour of the Practice (which Dr Bhatoa felt wouldn't make enough of a difference).
Theresa suggested the possibility of having leaflets at local events – there is apparently one held at Oldfield Circus. **Action: Keith/Theresa**
Ideas for other events to support PPG Awareness week would be welcomed.
3. **NAPP Conference, 7 June, Leeds.** The theme this year is "Quality in General Practice". Keith asked that if anyone wanted to go to this year's conference they let him know as soon as possible so we can take advantage of the early-bird discount price which is valid to 31 March. We have two places and unless there are two other volunteers Keith will plan to attend.
4. **Practice Newsletter.** Jacqui has had to stand down as the co-ordinator for *Barnabas Bulletin*, so a new co-ordinator is required. Keith asked for volunteers.

After a short discussion of what was involved both Lyn and David expressed some interest although both needed to consider the idea further.

5. **PPG Network Promotion.** Sennen has drafted a letter to send to the local Practice Managers to stimulate interest in the proposed PPG network. This will be used together with promotion of/invitation to the next meeting.

9. Any Other Business

1. Everyone thanked Keith for his hard work.
2. **Next Meeting:** Tuesday 13 May, 1400 hrs, St Barnabas Church Hall.

Keith C Marshall
Chairman
18 March 2014

Thanks to Noreen Marshall for taking notes and drafting these minutes.

Text in underlined italic is post-meeting updates.

Glossary

BMC Barnabas Medical Centre
BP Blood Pressure
CCG Clinical Commissioning Group (from 1 April 2013; formerly PCT)
CQC Care Quality Commission
CRB Criminal Records Bureau
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ECCG Ealing CCG
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PPG Practice Participation Group (this group)
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ToR Terms of Reference

2014 Meeting Schedule

Meeting Date	Time	Venue
Tue 13/05/2014	1400	St Barnabas Church Hall
Mon 14/07/2014	1800	Barnabas Medical Centre
Tue 16/09/2014	1400	St Barnabas Church Hall
Mon 10/11/2014 (AGM)	1800	Barnabas Medical Centre

**Meeting 13 May 2014
PPG Open Meeting
Minutes****Present**

Barnabas PPG Members: Jean Corey, Malcolm Corey, Lyn Duffus, Matthew Edwards (Practice Manager), Theresa Fitzgerald, Karen Hamida, Dr Kooner, Keith Marshall (Chairman), Noreen Marshall, David Mitchell, Dr Parmar, Jacqui Piper.

Guests: Florence Barnes, Rashmi Bathra, Chris Berry, Beryl Bevan, Gopal Bhayankaram, Robin Burgess, Julie Butler, Sharman Cole, Hugh Gregson, Lesley Hyder, Sittarpalam Lambbothran, Kathy Norris, Anjuna Patel, Dr Dilip Patel, Nadia Ramjhun, Narinder Viridi.

Apologies: Jean Alden, Janet Bettaccini, Dr Bhatoa, Sennen Chiu, Alan Cook, Jill Downey, Sheila Hayles, Dr Knight, Jean Little, Suzanne Lyn-Cook, Stan Owen.

1. Care.data

1. This meeting was given over solely to a talk by Robin Burgess, NHS England (London) on the care.data initiative.
2. Robin's talk was followed by a discussion/Q&A session.
3. Robin's visuals will be circulated to all attendees and placed on the Barnabas Medical Centre website.

2. Any Other Business

1. **Next Meeting:** Monday 14 July, 1800 hrs, Barnabas Medical Centre.
The speaker will be Chris Berry of Rise Ealing.

Keith C Marshall
Chairman
27 May 2014

2014 Meeting Schedule

Meeting Date	Time	Venue
Mon 14/07/2014	1800	Barnabas Medical Centre
Tue 16/09/2014	1400	St Barnabas Church Hall
Mon 10/11/2014 (AGM)	1800	Barnabas Medical Centre

Meeting 21 July 2014
PPG Open Meeting
Minutes

Present: Chris Berry (Regenerate-RISE), Janet Bettaccini, Danny Boggust, Lyn Duffus, Theresa Fitzgerald, Sylvia Francis, Karen Hamida, Sheila Hayles, Jean Little, Keith Marshall (Chairman), Noreen Marshall, David Mitchell, Dr Parmar.

Apologies: Jean Alden, Dr Bhatoa, Sennen Chiu, Jean Corey, Malcolm Corey, Matt Edwards (Practice Manager), Dr Knight, Dr Kooner, Stan Owen, Jacqui Piper.

1. Introductions

1. Keith welcomed everybody to the meeting, and asked them to introduce themselves.

2. Minutes of Meetings of 10 March and 13 May

1. The only item outstanding from the minutes of 10 March is some patients' preference for calendar packs of prescription drugs. Keith has had some informal discussions with various people and there is apparently not much support for this. However Keith will keep it in mind and may have more success with it in the context of the Healthwatch Ealing pharmacy workstream.
2. The minutes of the meetings of 10 March and 13 May were approved and signed by Keith.

3. Introduction to Regenerate-RISE Ealing

1. The invited speaker was Chris Berry from Regenerate-RISE Ealing [as distinct from RISE (Recovery Intervention Service Ealing) which helps adults with drugs and alcohol problems].
2. Regenerate-RISE is a charity (Reaching the ISolated Elderly) which works to transform the lives of isolated older people through a programme of care and support which respects, values and encourages independence in later life.
3. RISE now works in four areas: London SW15 (where it began), Ealing, Sheffield and Nottingham.
4. It was started in 2001 by Mo and Andy Smith, who identified the need for a lunch club in a deprived area of Wandsworth. It has helped well over 1000 people over the years.
5. This was followed by a second project when the former Shaftesbury Society closed its day centre in Putney at short notice, leaving its users nowhere to go: the Regenerate-RISE replacement is funded by Wandsworth Borough Council and runs from the Platt Christian Centre in Putney.
6. A new 'reablement' project has been started at the Platt Centre to help older people in the area to return to their own homes after hospitalisation, to make sure that they are taken out for visits and do not become housebound. This is likely to remain in Wandsworth only, at least to begin with.

Email: barnabas.ppg@gmail.com

Facebook: www.facebook.com/groups/barnabas.ppg/

Chairman: Keith Marshall; 020 8864 7993

7. The Ealing branch of RISE is based in St Barnabas' Church hall just round the corner from the Medical Centre.
8. Chris explained that the Ealing branch's catchment area is always expanding in response to need, although it can be difficult to identify those individuals that need its services most. The catchment area has recently expanded to include Southall. Chris is also working with a church in South Harrow to make their lunch club work better by expanding beyond its own congregation.
9. Regenerate-RISE Ealing's main focus is the lunch club held at St Barnabas on Mondays, Wednesdays and Fridays – although it encompasses a good deal more than that.
10. Membership is generally open to over 60s, with ages currently ranging from 57 to 99. Only about 20% of the members are male.
11. Group activities include chair-based aerobics and walks around the block (according to what suits individual members), 'Family Fortunes' reminiscence sessions, sing-alongs and watching favourite old television sitcoms. Taking part in these is not compulsory; some members prefer to talk, read or play games instead.
12. There is also an annual 'Kings & Queens' party at which non-members are welcome.
13. The Lunch Club charges £1 a week for membership, £5.50 for a lunch, £4 for transport; this compares with an actual cost of £40-£50 per person. The Lunch Club has 40-50 regular attendees.
14. The menus sometimes feature a particular type of food, such as 'RISE goes to China' (the next one), with related activities.
15. Outreach includes volunteers who visit the housebound to offer companionship; outings; and activities to make members' dreams come true, by proxy if necessary.
16. New members are referred to the Ealing branch by GPs, Social Services, families and neighbours.
17. Chris sees all new referrals at their homes, when they are also given explanatory material in the form of DVDs and leaflets about the services provided. He also visits members who have been admitted to hospices and liaises with their families where necessary.
18. The National Lottery is a key funding element for Regenerate-RISE Ealing, providing £40,000 a year over five years. Ealing Council also provide significant funding (they bought the minibus for the group, for example), using money formerly earmarked for Age Concern/Age UK who closed their Northolt Day Centre. Sainsbury's South Harrow are also providing support for the group.
19. With just one year left of the Lottery funding remaining, the group has created a Fund Raiser post to ensure that continuing money is available for their work.
20. Chris had brought leaflets, pens, mugs, key rings etc. so that PPG members could have the group's contact details and information to hand.
21. New volunteers are always welcome; volunteer registration packs are available from Theresa.
22. Janet mentioned the charity MHA (Methodist Homes Association), which also exists to improve quality of life for older people and is preparing a network of services that older people can use.

4. Share and Exchange

1. This is a new item to give everyone a chance to share things they have been involved in on behalf of, or which might help, the group.
2. Danny and Sylvia both offered themselves as drivers should the need arise.
3. Janet flagged up some poor practice in identifying student doctors present at consultations in one of the local hospitals. She contrasted this with the practice's policy of keeping patients informed about any medical students who were observing appointments.
4. Jean Little always offers help to patients, if required, when she is in the surgery and will always try to help with surveys *etc.*
5. Noreen is keeping the book exchange running; children's books seem to be especially popular. Thank you to all those who have contributed books. Sylvia and Jacqui have both offered more books – thank you!
6. Noreen (with Keith's help) has made a new PPG display board which will be installed at the surgery in the next week or so. **Action: Keith/Noreen**
7. Lyn has been making sure that the noticeboards and magazines remain up-to-date, and requested more magazines like *OK* and *Hello!* which she feels are currently under-represented.
8. A couple of points about removal of material from the noticeboards were clarified with Dr Parmar.

5. Practice Updates

1. Dr Parmar indicated there would be lots of changes coming up.
2. The Practice's new computer system is now up and running, although everyone is still getting to grips with some aspects of it. The plan is for all Ealing practices and secondary providers to use the same system, which will make communication easier.
3. CQC (Care Quality Commission) now has powers of enforcement under the Health and Social Care Act to deal with non-compliance by providers of services such as hospitals, care homes, clinics *etc.*
4. Hammersmith and Central Middlesex A&E Departments will close on 10 September: both are small and struggling to run efficiently.
5. GP practices in Ealing will be able to open on Saturdays and Sundays later this year: this will be on a rota basis, but there will always be one surgery open in each area for some part of the day. Ealing has government funding to achieve this; the deadline for it to happen is April 2015. This project will be helped by the sharing of some information from patient records, facilitated by the move to the new SystmOne (*sic*) computer system.
6. Under the local incentives scheme, all local PPGs are planned to meet in 2014.
7. In the next year there will be a move to electronic prescriptions and online appointment booking. Both have to be in place by March 2015.
8. Additional training is being built for Practice Receptionists and Nurses in Ealing.
9. Ealing Resources Directory has been launched – it contains a great deal of helpful information, but is a 140 page long PDF. Keith will put a link to it on the practice website. **Action: Keith** *Done, although the online version is still dated 2013-14.*
10. Under the new GP contract, every patient over 75 has to have a named GP who is responsible for their care, and high risk patients must have a Care Plan. This means around 160 care plans for the Practice, which have to be in place by September. To assist with this there will be between 28 and 35 new Care Co-

ordinator posts in Ealing; the first appointments are likely to be made in the next couple of months.

6. PPG Updates

1. The group still needs both a Vice Chairman and a Newsletter Co-ordinator. Anyone interested please contact Keith.
2. It was agreed that the next meeting (in September) should look in detail at the projects list and other activities we might undertake.

7. Any Other Business

1. None.
2. **Next Meeting:** Tuesday 16 September, 1400 hrs, St Barnabas Church Hall.

Keith C Marshall

Chairman

28 July 2014

Thanks to Noreen Marshall for taking notes and drafting these minutes.

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PCT	Primary Care Trust, the local NHS governing body (until 31 March 2013)
PPE	Patient & Public Engagement
PPG	Practice Participation Group (this group)
SaHF	Sharing a Healthier Future
ToR	Terms of Reference

2014 Meeting Schedule

Meeting Date	Time	Venue
Tue 16/09/2014	1400	St Barnabas Church Hall
Mon 10/11/2014 (AGM)	1800	Barnabas Medical Centre

**Meeting 14 July 2014
PPG Open Meeting
Minutes**

Present: Chris Berry (Regenerate-RISE), Janet Bettaccini, Danny Boggust, Lyn Duffus, Theresa Fitzgerald, Sylvia Francis, Karen Hamida, Sheila Hayles, Jean Little, Keith Marshall (Chairman), Noreen Marshall, David Mitchell, Dr Parmar.

Apologies: Jean Alden, Dr Bhatoa, Sennen Chiu, Jean Corey, Malcolm Corey, Matt Edwards (Practice Manager), Dr Knight, Dr Kooner, Stan Owen, Jacqui Piper.

1. Introductions

1. Keith welcomed everybody to the meeting, and asked them to introduce themselves.

2. Minutes of Meetings of 10 March and 13 May

1. The only item outstanding from the minutes of 10 March is some patients' preference for calendar packs of prescription drugs. Keith has had some informal discussions with various people and there is apparently not much support for this. However Keith will keep it in mind and may have more success with it in the context of the Healthwatch Ealing pharmacy workstream.
2. The minutes of the meetings of 10 March and 13 May were approved and signed by Keith.

3. Introduction to Regenerate-RISE Ealing

1. The invited speaker was Chris Berry from Regenerate-RISE Ealing [as distinct from RISE (Recovery Intervention Service Ealing) which helps adults with drugs and alcohol problems].
2. Regenerate-RISE is a charity (Reaching the ISolated Elderly) which works to transform the lives of isolated older people through a programme of care and support which respects, values and encourages independence in later life.
3. RISE now works in four areas: London SW15 (where it began), Ealing, Sheffield and Nottingham.
4. It was started in 2001 by Mo and Andy Smith, who identified the need for a lunch club in a deprived area of Wandsworth. It has helped well over 1000 people over the years.
5. This was followed by a second project when the former Shaftesbury Society closed its day centre in Putney at short notice, leaving its users nowhere to go: the Regenerate-RISE replacement is funded by Wandsworth Borough Council and runs from the Platt Christian Centre in Putney.
6. An new 'reablement' project has been started at the Platt Centre to help older people in the area to return to their own homes after hospitalisation, to make sure that they are taken out for visits and do not become housebound. This is likely to remain in Wandsworth only, at least to begin with.

7. The Ealing branch of RISE is based in St Barnabas' Church hall just round the corner from the Medical Centre.
8. Chris explained that the Ealing branch's catchment area is always expanding in response to need, although it can be difficult to identify those individuals that need its services most. The catchment area has recently expanded to include Southall. Chris is also working with a church in South Harrow to make their lunch club work better by expanding beyond its own congregation.
9. Regenerate-RISE Ealing's main focus is the lunch club held at St Barnabas on Mondays, Wednesdays and Fridays – although it encompasses a good deal more than that.
10. Membership is generally open to over 60s, with ages currently ranging from 57 to 99. Only about 20% of the members are male.
11. Group activities include chair-based aerobics and walks around the block (according to what suits individual members), 'Family Fortunes' reminiscence sessions, sing-alongs and watching favourite old television sitcoms. Taking part in these is not compulsory; some members prefer to talk, read or play games instead.
12. There is also an annual 'Kings & Queens' party at which non-members are welcome.
13. The Lunch Club charges £1 a week for membership, £5.50 for a lunch, £4 for transport; this compares with an actual cost of £40-£50 per person. The Lunch Club has 40-50 regular attendees.
14. The menus sometimes feature a particular type of food, such as 'RISE goes to China' (the next one), with related activities.
15. Outreach includes volunteers who visit the housebound to offer companionship; outings; and activities to make members' dreams come true, by proxy if necessary.
16. New members are referred to the Ealing branch by GPs, Social Services, families and neighbours.
17. Chris sees all new referrals at their homes, when they are also given explanatory material in the form of DVDs and leaflets about the services provided. He also visits members who have been admitted to hospices and liaises with their families where necessary.
18. The National Lottery is a key funding element for Regenerate-RISE Ealing, providing £40,000 a year over five years. Ealing Council also provide significant funding (they bought the minibus for the group, for example), using money formerly earmarked for Age Concern/Age UK who closed their Northolt Day Centre. Sainsbury's South Harrow are also providing support for the group.
19. With just one year left of the Lottery funding remaining, the group has created a Fund Raiser post to ensure that continuing money is available for their work.
20. Chris had brought leaflets, pens, mugs, key rings etc. so that PPG members could have the group's contact details and information to hand.
21. New volunteers are always welcome; volunteer registration packs are available from Theresa.
22. Janet mentioned the charity MHA (Methodist Homes Association), which also exists to improve quality of life for older people and is preparing a network of services that older people can use.

4. Share and Exchange

1. This is a new item to give everyone a chance to share things they have been involved in on behalf of, or which might help, the group.
2. Danny and Sylvia both offered themselves as drivers should the need arise.
3. Janet flagged up some poor practice in identifying student doctors present at consultations in one of the local hospitals. She contrasted this with the practice's policy of keeping patients informed about any medical students who were observing appointments.
4. Jean Little always offers help to patients, if required, when she is in the surgery and will always try to help with surveys *etc.*
5. Noreen is keeping the book exchange running; children's books seem to be especially popular. Thank you to all those who have contributed books. Sylvia and Jacqui have both offered more books – thank you!
6. Noreen (with Keith's help) has made a new PPG display board which will be installed at the surgery in the next week or so. **Action: Keith/Noreen**
7. Lyn has been making sure that the noticeboards and magazines remain up-to-date, and requested more magazines like *OK* and *Hello!* which she feels are currently under-represented.
8. A couple of points about removal of material from the noticeboards were clarified with Dr Parmar.

5. Practice Updates

1. Dr Parmar indicated there would be lots of changes coming up.
2. The Practice's new computer system is now up and running, although everyone is still getting to grips with some aspects of it. The plan is for all Ealing practices and secondary providers to use the same system, which will make communication easier.
3. CQC (Care Quality Commission) now has powers of enforcement under the Health and Social Care Act to deal with non-compliance by providers of services such as hospitals, care homes, clinics *etc.*
4. Hammersmith and Central Middlesex A&E Departments will close on 10 September: both are small and struggling to run efficiently.
5. GP practices in Ealing will be able to open on Saturdays and Sundays later this year: this will be on a rota basis, but there will always be one surgery open in each area for some part of the day. Ealing has government funding to achieve this; the deadline for it to happen is April 2015. This project will be helped by the sharing of some information from patient records, facilitated by the move to the new SystmOne (*sic*) computer system.
6. Under the local incentives scheme, all local PPGs are planned to meet in 2014.
7. In the next year there will be a move to electronic prescriptions and online appointment booking. Both have to be in place by March 2015.
8. Additional training is being built for Practice Receptionists and Nurses in Ealing.
9. Ealing Resources Directory has been launched – it contains a great deal of helpful information, but is a 140 page long PDF. Keith will put a link to it on the practice website. **Action: Keith** *Done, although the online version is still dated 2013-14.*
10. Under the new GP contract, every patient over 75 has to have a named GP who is responsible for their care, and high risk patients must have a Care Plan. This means around 160 care plans for the Practice, which have to be in place by September. To assist with this there will be between 28 and 35 new Care Co-

ordinator posts in Ealing; the first appointments are likely to be made in the next couple of months.

6. PPG Updates

1. The group still needs both a Vice Chairman and a Newsletter Co-ordinator. Anyone interested please contact Keith.
2. It was agreed that the next meeting (in September) should look in detail at the projects list and other activities we might undertake.

7. Any Other Business

1. None.
2. **Next Meeting:** Tuesday 16 September, 1400 hrs, St Barnabas Church Hall.

Keith C Marshall
Chairman
28 July 2014

Thanks to Noreen Marshall for taking notes and drafting these minutes.
Text in underlined italic is post-meeting updates.

Glossary

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**Meeting 16 September 2014
PPG Open Meeting
Minutes**

Present: Dr Bhatoa, Sennen Chiu, Jean Corey, Malcolm Corey, Lyn Duffus, Matt Edwards, Theresa Fitzgerald, Sheila Hales, Keith Marshall, Noreen Marshall, David Mitchell, Jacqui Piper.

Apologies: Jean Alden, Janet Bettaccini, Dr Knight, Dr Kooner, Jean Little, Stan Owen, Dr Parmar.

1. Minutes of Meetings of 21 July

1. Keith welcomed everybody to the meeting.
2. There were no outstanding actions from the last meeting.
3. The Minutes of the meeting on 21 July 2014 were agreed by all present and Keith signed them.
4. Keith commented (having just met Chris Berry) that Regenerate-RISE Ealing's lunch club has now moved premises and will no longer be using the Church Hall for serving meals. This may mean that the Hall is more available.

2. GP Contract Changes, ESS 2014-15

1. Given the amount of change being required of GP Practices by NHS England over the coming months, Keith suggested that the meeting should focus on what we can do to help the practice.
2. He circulated copies of his summary of the large amount of recent documentation on the Enhanced Service Specification (ESS); this focusses on areas which directly affect patient care and PPG activity. *[The slides are attached]*
3. There are a good many things that GP Practices will have to do in order to claim the financial incentives, especially that relating to patient involvement. These include getting constant feedback from patients and making sure that the PPG is representative of the patients.
4. In answer to a question from Dr Bhatoa about whether the full PPG membership list is more representative than the actual meetings, Keith indicated that it is.
5. The annual survey will no longer be required because of the Friends & Family Test (FFT) which is required from December 2014. However feedback from patients is still required.
6. All patients must have the opportunity to complete FFT following every contact with the practice; although it will not always be appropriate to specifically ask them.
7. There is a standard required wording for the FFT question. Data is reported monthly to NHS England and must be published by the Practice.
8. Several members of the group commented that they felt the question was liable to attract the answer "no" simply because so many people's friends and family

live unfeasibly far away from the Practice (although from October in theory any patient will be able to register with any practice).

9. Matt is attending a workshop on FFT implementation later in September.
10. An action plan has to be built by the Practice; Dr Bhatoa, Matt and Theresa felt that a lot of the right stuff is there already.
11. Sennen commented that some of the information about the practice would be available already via the Freedom of Information Act.
12. Summary Care Records: these are prepared from information contained within each patient's computerised record, but do not contain data from the old handwritten records, which would be too difficult to transfer.
13. The PPG now has an important role working with the Practice to agree development plans.

3. PPG Activities & Priorities 2015

1. The meeting discussed what the PPG is able to do to help the Practice with the willing volunteers we have.
2. Keith has suggested that the PPG might run some "clinics" on Summary Care Records and care.data. This would need to be at times when Room 7 is available. However Dr Bhatoa and Theresa felt this would not be a practical proposition due to the small size of Room 7.
3. Dr Bhatoa suggested that we should look at patient feedback cards. It was agreed that rather than have multiple feedback questionnaires, the feedback card should incorporate FFT. Keith, Noreen, Sheila and Lyn volunteered to work with Matt to develop this. Keith & Matt will organise a meeting following Matt's FFT workshop. **Action: Keith/Matt**
4. Noreen suggested that the PPGs in the area needed to be networked. This is something Keith has been trying to achieve for a year or more without success. It might now happen as there is apparently an initiative in this area which also involved HWE, although there are no details yet; the CCG are also running a meeting on commissioning for PPG Chairmen which may also present an opportunity. *[Keith made several good contacts at the CCG meeting]*
5. The PPG also needs to strengthen its membership and it was agreed that this might be achieved by having the occasional "coffee morning" (or equivalent). The hurdle here is space; while we could hire the church hall how many will bother to walk round the corner? It was agreed that we should try holding a coffee morning on a Saturday (say 1000-1200) when the waiting area could be used. Lyn and Jacqui volunteered to work with Matt to organise this. **Action: Lyn/Jacqui/Matt**
6. Jacqui suggested that we needed to work on the PPG members who don't or can't come to meetings: trying to involve them in coffee mornings might be one way of doing so especially if such activities can be out of working hours. Keith undertook to put the coffee morning suggestion in the Practice newsletter and monthly bulletin. **Action: Keith**
7. Lyn wondered about a 'Fix-It' session to involve people, tackling some of the minor maintenance needs that arise at the surgery. Theresa was concerned that Health & Safety regulations (on use of ladders, for example) tend get in the way of such things. Matt added that security would also be a problem, especially given the number of confidential records and documents kept on site, unless the scheme were confined to the waiting area.

8. Missed appointments. Keith asked Matt what could be done about this problem. Sennen felt that the consequences needed spelling out more strongly to patients so they are aware of the effects of missing an appointment, eg. cost (especially where a translator is involved), waste of doctors'/nurses' time, fewer slots available etc. Matt responded that with the new computer system it will be more obvious if a patient has a record of failing to either turn up or cancel, although the general feeling was not in favour of a 'three strikes and out' response.
9. There was a general feeling in favour of emailing and/or text messaging patients a few days ahead with a reminder about their appointment. Yes it will mean getting up to date email/mobile information for patients.
10. Sennen asked if it would be possible for the Jay-X board to show how late an individual doctor is running. Matt explained that it's difficult to predict at any point how late any appointment might be as one doesn't know how long any given patient may need.
11. It was also suggested that the time the Jay-X board displays the call for a patient needs to be longer. Matt will look at whether this can be done. **Action: Matt**
12. Online booking of appointments. Sheila asked whether it would be possible to book more than one appointment at a time. Matt agreed that it would. The Practice would be trialling online bookings in selected slots with only a restricted percentage of the available appointments; hopefully this will start before the end of the year.

4. 2015 Meeting Dates

1. Keith asked if those present felt that alternating Monday evenings and Tuesday afternoons still worked best for meetings. There was a general agreement that they did. *[Provisional meeting dates for 2015 will be circulated with the October monthly members' bulletin]*
2. Following the discussion it was suggested that if the Saturday coffee morning is successful we might include a PPG meeting as a part of this.
3. Malcolm asked about the virtual PPG. Keith responded that it had very few participants. Keith will put a reminder about it in the next practice newsletter, the monthly PPG members' bulletin and on the practice website. **Action: Keith**

5. Share and Exchange

(News and action updates from those present.)

1. Updating of noticeboards and magazines. Lyn asked for clarification on the quantity of leaflets needing to be held in stock. She and Theresa agreed to go through them a couple of times a year. **Action: Lyn/Theresa**
2. Jean Corey expressed praise for the Practice's handling of information on the shingles vaccination programme.
3. Keith has recently attended several Healthwatch meetings, including a "share and exchange", as well as helping Healthwatch evaluate their priorities for the next 18 months. There will be more Healthwatch work on GP services in the coming months.
4. Hopefully the Healthwatch GP Access Report will see the light of day soon as Keith has completed the final version.
5. Noreen thanked Jacqui for her recent donation of children's books, and appealed to everyone for even further supplies, as this is the section most in use and children visiting the Surgery are more likely to borrow books than adults are.

6. Practice Updates

1. The new computer system is now up and running.
2. Dr Parmar has had to reduce her hours at the surgery because of other demands on her professional time, and will be available for patient appointments on Mondays and Tuesdays only.
3. 'Flu vaccinations should start before the end of September.
4. There is also a need for additional children's vaccination clinics and these may run on Saturdays.

7. PPG Updates

1. The Annual General Meeting of the Clinical Commissioning Group (CCG) will take place on 17 September 2014.
2. Our next meeting is the AGM so will include the annual report, and election of Chairman and Vice-Chairman.

8. Any Other Business

1. **Next Meeting (AGM):** Monday 10 November 2014, 1800 hrs, Barnabas Medical Centre.

Keith C Marshall
Chairman
26 September 2014

Thanks to Noreen Marshall for taking notes and drafting these minutes.

Text in underlined italic is post-meeting updates.

Glossary

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**Meeting 10 November 2014
PPG Annual General Meeting
Minutes**

Present: Jean Alden, Janet Bettaccini, Daniel Boggust, Jean Corey, Malcolm Corey, Lyn Duffus, Matt Edwards (Practice Manager), Sheila Hayles, Dr Knight, Jean Little, Keith Marshall (Chairman), Noreen Marshall, David Mitchell.

Apologies: Sennen Chiu, Stan Owen, Jacqui Piper.

1. Minutes of Meetings of 16 September

1. Keith welcomed everybody to the meeting.
2. David asked whether the Freedom of Information Act (as mentioned by Sennen) applied to the Practice. The understanding was that it does, but with safeguards on confidentiality. Having checked, the FoI Act does apply to all healthcare organisations.
3. Lyn said that for family reasons she would have to bow out of organising the coffee morning (although still able to help on the day), and Janet offered to help Jacqui with arrangements. The expectation is that the Saturday Coffee morning would not be before February. **Action: Jacqui/Janet**
4. Lyn has yet to talk to Theresa about stocks of leaflets. **Action: Lyn/Theresa**
5. Subject to the correction of a couple of typos the minutes of the previous meeting were agreed by all present and Keith signed them as a true record.

2. Annual Report

1. Keith presented the Annual Report which had been previously circulated to members.
2. There have been six meetings during the year and the group currently has 83 members, 16 of whom have been to at least one meeting. This is slightly lower than last year as a number of patients who have left the practice have been removed.
3. Keith felt that the highlight meeting was the one at which Robin Burgess had spoken on care.data etc.
4. The group's biggest piece of work, in terms of man-hours, was running the Practice's Survey of Patients.
5. With the introduction of FFT there is no longer a requirement for practices to run annual surveys. Keith asked Matt if survey-type feedback would still be useful. Matt felt that it probably would and we could give some thought to this; the exercise could use a longer period of time and particular points of the week, rather than trying to get the maximum number of responses in one week. **Action: Keith/Matt**
6. Keith thanked Lyn for continuing to edit the noticeboards. She flagged up the 2013 Survey one which is now out of date and needs replacing. **Action: Matt**

7. Noreen was thanked for her work organising the Book Exchange. Thanks were also extended to all those who have donated books.
8. Keith is still active in HWE, especially its GP Interest Group, who have just published their report on Access to GPs (and which Keith edited).
9. Looking forward, the PPG needs more members and for more of its members to be active. Lyn wondered why people would be members and not at least attend meetings. One reason is that many members are working and meeting times are not necessarily convenient. Keith commented that this is one reason why if occasional Saturday coffee mornings were a success we could embed a PPG meeting in a couple of them. The attendance may then be better as they are at a time when fewer people are working, and (being informal) may well be less off-putting to those who dislike the idea of getting involved with something official-sounding.
10. Lyn wondered whether a PPG pub meet would be worth trying, although that might require the hiring of a room. However this may not be feasible until the Greenwood reopens. **Action: Keith**
11. Jean Corey felt that we should target those who had retired early/recently since they are often accustomed to attending meetings, running projects, using IT etc.
12. Malcolm Corey asked about the Facebook group, and also whether it would be possible to use patient data or put something brief on prescriptions to publicise the group. Matt said that while confidentiality prevented the use of patient records, it might be possible to put something on prescriptions. **Action: Matt**
13. Dr Knight added that the group was mentioned on the Practice's website. Keith will reiterate the information in the next Practice Newsletter. **Action: Keith**
14. Keith will have another go at publicising the Facebook group, which is likely to be the easiest access to the group for many members. **Action: Keith**
15. Danny commented that he thought other patients who did not belong to the group might be under the same misapprehension that he had been: that the PPG were "do-gooders" who wanted to criticise the staff. Keith and Dr Knight suggested that we put an article in the Practice Newsletter. **Action: Matt**
16. Jean Alden raised a problem with the repeat prescription service. The Boots branch at Sudbury Hill were saying that they did not get her prescriptions. This appeared to be caused by a misunderstanding: the pharmacist currently has to collect or request prescriptions, although this will probably change with the introduction of electronic prescriptions going to a pharmacy of the patient's choice.
17. Dr Knight commented that Boots at Oldfield Circus seemed to be going through a big turnover of staff, and using locum staff who did not necessarily know the local Practices. Keith commented that in this area we have more independent pharmacies than chain store ones, which is the opposite to the position in the rest of the UK.
18. Janet suggested that we check with Hiten Patel to see if he could throw any light on best practice. **Action: Matt**
19. Keith suggested that the repeat prescription process be included in the next Newsletter or further clarify the process. **Action: Matt** Everyone should also be encouraged to respond to the current consultation from LB Ealing on the Pharmacy Needs Assessment.
20. The Annual Report was accepted unanimously and Keith signed it.
21. Malcolm asked whether a copy of the Annual Report would go to NAPP. Keith committed to do this and also send a copy to Healthwatch. **Action: Keith**

3. Chairman and Vice-Chairman

1. Keith was unanimously re-elected to the position of Chairman for the next two years.
2. There were no volunteers for the vacant position of Vice-Chairman. Willing members are invited to volunteer.
3. Jean Corey asked whether Noreen should have the recognition of the position given that she does work to support Keith, but Noreen and Keith both felt that this was not a good idea – the group needs someone completely separate who could take over in an emergency and who would also spread the workload.

4. Next Year's PPG Meetings

1. The January, May and September Tuesday afternoon meetings are booked to be held in the church hall. However as the church has a new vicar this could change, although the January date should be secure.
2. The March, July and November meetings on Monday evenings will be in the Medical Centre.
3. The full meeting schedule is attached at the end of these minutes.

5. Share and Exchange

1. Jean and Malcolm Corey spoke about their recent session (at the Practice's request) with the medical students who are currently with the Practice. Dr Knight confirmed how important it was for trainee doctors to talk to patients.
2. On the question of continuing to run some form of survey, Malcolm felt that some periods during the working week were definitely more worth using than others.
3. Janet tidies the books whenever she comes in, and is still contributing to the stock.
4. Jean Alden, Jean Little, Sheila and David were all silent supporters.
5. Lyn, in her capacity of dealing with noticeboards, asked Dr Knight and Matt if the specifically designated sections of noticeboard were useful. It was felt that they are.
6. Lyn also queried a leaflet that was both out of date and inappropriate. Matt and Dr Knight both agreed that this was something of a problem since it is difficult to prevent people leaving external material that contravenes the Practice policy (nothing religious, political or otherwise dubious, and nothing which gives medical advice or advertises a commercial service or product) in the waiting area.
7. Noreen thanked everyone who had given books to the Book Exchange and asked for further supplies, especially of children's books, which have the highest turnover rate, but are probably also the most important to provide.
8. The Book Exchange has also had a problem with inappropriate material. On one occasion there were in the children's bookcase a quantity of adult religious material of a proselytising nature. These had been removed and Noreen will later ask the partners' permission to dispose of them. **Action: Noreen**
9. Keith has recently been particularly involved with the HWE GP group. This group is continuing to look at access to GPs and try to understand why local people present inappropriately at A&E.
10. Keith was a HWE representative at a GMC consultation session on updating GMC guidance to panels dealing with doctors who are facing disciplinary action. This was a very useful and informative afternoon. All the HW representatives present

at the GMC meeting offered to work with the GMC in talking to trainee GPs about patient involvement.

11. Keith has been asked to represent HWE on the CCG's Steering Group for the work associated with the Prime Minister's Challenge Fund but has no details yet.
12. Keith had convened a recent meeting towards the establishment of a local PPG Network. This was attended by representatives of five of the 11 local PPGs. They agreed that they would start the network informally. The next meeting will be at the end of November and all 11 Practices in the area will be invited to send a representative. Possible benefits include syndicating newsletter articles and sharing experiences and information; there is also a mutual desire to hold a Health & Wellbeing event; however this is a longer term project.
13. Malcolm asked whether Keith had attended the NAPP conference this year. Keith replied that he had travelled to Leeds for that purpose, but had fallen ill and was unable to attend.
14. Danny asked if the medical students currently attached to the practice actually sat in with the doctors during patients' appointments. Dr Knight replied that they did and that this was the most useful part of their training.

6. Practice Updates

1. Matt reported that further work on implementing FFT was going ahead.
2. Online appointment booking should be available in early 2015.
3. Practices willing to pilot electronic prescriptions in 2015 are currently being recruited.
4. Dr Knight reported that the CCG had changed the provider for blood tests and the blood test forms have changed accordingly. The provider is now Hillingdon Hospital. This will make no difference to where patients go for their tests, but does mean that Ealing Hospital cannot access the results in the same way as previously.
5. Keith asked if there was any news on extending the Practice buildings, given that initial planning approval had been granted. Dr Knight responded that much of this is up in the air at present with all the changes in the NHS and in the area (eg. the redevelopment of the former Glaxo site).
6. In response to a question Matt commented that the practice currently has around 9200 patients registered.

7. PPG Updates

1. A Coordinator is still required for the Practice Newsletter. Willing members are invited to volunteer.
2. Under the GP Contract for 2015-16 PPGs will be mandatory in England and Practices must make "reasonable efforts" to ensure their PPG is representative of the practice population. Danny expressed concern about this, since it is not possible to make membership of PPGs compulsory. Keith will take the matter to the next HWE meeting to feed back into their system, especially as our area has an ever-changing population. There appears to be no guidance as to what "representative" and "reasonable efforts" mean.
3. Keith promised to report further on GP contact changes which will affect us when further details are known. **Action: Keith**

4. Janet asked if there would still be a requirement for Practices to carry out home visits after it becomes possible for NHS patients to register anywhere (now starting 1 January 2015). The answer is that there will be no requirement but how this will work in practice is not known.
5. There was discussion of the dot-matrix boards. The current text contains a number of typos. **Action: Matt**
6. Malcolm commented on the number of patients who seem to miss the way to Room 7, which the dot-matrix boards do not indicate. **Action: Matt**

8. AOB

1. David proposed a vote of thanks to Keith, the doctors and other staff, which was warmly agreed by all present.
2. Keith thanked everyone for their support throughout the year and especially the Practice staff for their excellent care.
3. **Next Meeting** (AGM): Tuesday 13 January 2015, 1400 hrs, St Barnabas Church Hall.

Keith C Marshall
Chairman
16 November 2014

Thanks to Noreen Marshall for taking notes and drafting these minutes.
Text in underlined italic is post-meeting updates.

2015 Meeting Dates

Tuesday 13 January; 1400 hrs; St Barnabas Church Hall
Monday 16 March; 1800 hrs; Medical Centre
Tuesday 12 May; 1400 hrs; St Barnabas Church Hall
Monday 13 July; 1800 hrs; Medical Centre
Tuesday 15 September; 1400 hrs; St Barnabas Church Hall
Monday 16 November; 1800 hrs; Medical Centre (AGM)

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NAPP	National Association for Patient Participation
NWL	North West London
PCT	Primary Care Trust, the local NHS governing body (until 31 March 2013)
PPE	Patient & Public Engagement
PPG	Practice Participation Group (this group)
SaHF	Sharing a Healthier Future
ToR	Terms of Reference
