

## PPG Meeting 12 January 2016 – Minutes

**Present:** Jean Corey, Malcolm Corey, Lyn Duffus, Matt Edwards (Practice Manager), Tony Johnson, Dr H Kooner (GP Partner), Jean Little, Keith Marshall (Chairman), Noreen Marshall, Kay Merai, Phiroze Munshi, Stan Owen (Vice Chairman), Usha Patel, Jacqui Piper, Ann Simmonds, Ewa Siwec

**Apologies:** Jean Alden, Sennen Chiu, Sheila Hayles, David Mitchell

### 1. Introductions and Apologies

1. As we had a number of new members present, everyone briefly introduced themselves.

### 2. Approve Minutes of Previous Meeting (15 November 2015)

1. The minutes of the meeting on 15 November 2015 were unanimously agreed and Keith signed them as a true record

### 3. Governance Document Review

1. Keith went through the draft *Governance Document and Terms of Reference*. Most of the updates are to add/clarify points which had arisen from the testing of the NAPP Quality Framework last autumn, plus a few clarifications in the light of experience.
2. Lyn asked about the progress of the virtual (Facebook) group. Jacqui felt that it was more active than it had been, and that she was finding it more useful. This is thanks to Ewa who has been quite active since she took on the role of developing it our Facebook presence. Jacqui and Lyn both felt that the Facebook page needed interesting content in order to keep going; Tony added that it needed more local information (for example: surgery opening late on a particular day, or doctor absences).
3. Jean Corey asked if other PPGs were more successful in attracting younger members. Keith's experience is that the situation is much the same everywhere; PPGs generally run on older patients or those who are otherwise not working, perhaps because they are carers.
4. In Annex B.7 minute-taking was listed as part of the Chairman's duties. Lyn asked if that might more accurately be described as "arranging the taking of minutes"? Keith agreed and will amend the working. **Action: Keith Done**
5. A Steering Group, consisting of Chairman, Vice-Chairman and one or two others will be set up to oversee running the PPG as a whole. **Action: Keith Jacqui has agreed to be the third (co-opted) member of the group**
6. The revisions to the *Governance Document* were agreed. Keith will formalise the changes and circulate to finalised document to members. **Action: Keith**

### 4. Priorities and Activities

1. **Increase Use of Online Facilities.** Keith commented that he and Matt needed to do some work on promoting the use of online facilities. **Action: Keith/Matt**  
The resulting awareness information should then be made available on the Facebook page and in *Barnabas Bulletin*. **Action: Ewa/Jacqui**
2. **DNAs.** DNAs were discussed at some length as this remains a major problem for the Practice.  
The most recent *Barnabas Bulletin* had included an article on this by Sheila and Keith.

This needs to be repeated regularly.

Lyn pointed out that the Jay-X board in the waiting area still shows November's DNA numbers. **Action: Matt**

Tony asked if the Practice was constrained by Government about charging for missed appointments. Matt confirmed that this was the case; the service is "free at the point of use" and hence some people treat it as if it were free – although as Keith pointed out the NHS costs roughly 30% of all Income Tax paid.

Moreover if the wasted doctor and nurse time could be eliminated, it would probably account for all the people who complained that they could not get appointments – the number of missed appointments (roughly) correspond to a half-day clinic for both a doctor and a nurse.

If a patient misses two appointments in a row, Matt sends them a letter. Cancellation of appointments which people cannot keep is slowly increasing.

Jean Corey asked how the doctors feel about DNAs. Dr Kooner replied that while it does give time to catch up on things such as paperwork, it is disruptive and persistent offenders are annoying.

3. **Support the Practice.** What does the Practice want the PPG to be doing? Answer: to keep growing the PPG.

Keith asked Dr Kooner if there was anything the partners would specifically like the PPG to do. Dr Kooner emphasised that preventive measures, the empowering of patients and patient education were all extremely important and anything the PPG could do to increase awareness of them would be helpful. As an example, maybe it would be possible to set up groups to focus on some of the more common disorders such as diabetes and high blood pressure. Another idea was a 'Why Have Your Flu Jab?' campaign in September. These could be talks with outside speakers.

Lyn and Noreen both thought that it would be valuable to get the Practice nurses to talk about their work.

Stan asked if the Practice could publicise such talks. Matt felt that texting patients was the best way of doing so. However Ann suggested that it would be better to publicise talks at the Surgery since not everybody had the technology to receive texts. Tony and Ewa both thought that Facebook was more often used than websites. In practice we need to use every available channel.

4. **Facebook Group.** Following recent discussions the consensus view of members is that the Facebook page should be made public. This would allow all Facebook users to read it, although in practice probably only Barnabas patients would be active. Matt was concerned about people abusing the system and suggested that it may be worth talking with other PPGs to see how they manage this. Keith agreed that the group would need to be moderated and that we should initially try this out; Keith will also put a pinned post at the top of the page reminding people of the purpose and etiquette.

**Action: Keith Done**

Keith, Ewa and Jacqui are, between them, around on Facebook a lot of the time and could quickly respond to any disorderly conduct.

Jacqui should be made an "admin" of the Facebook Group. **Action: Keith Done**

The Facebook group needs to be advertised in the waiting area. **Action: Keith**

Jacqui asked if statistics could be made more evident. This would be useful and will be investigated. **Action: Keith**

Tony asked about the possibility of including the doctors' specialisms on the Facebook page. Dr Kooner replied that most GPs don't wish to be labelled in that way, but that maybe the specialisms within the Practice could be put on the Facebook page without including the doctors' names.

Keith added that the Ealing North North Network PPG wants to compile and publish a directory of services, specialisms etc., but identifiable by practice, not by individual GP. Healthwatch Ealing is supposed to be doing this for the borough as a whole

5. **Barnabas Bulletin.** Ewa has suggested that more PPG members be asked to write items for the *Barnabas Bulletin*. Keith has asked Matt to suggest topics the Practice would like covered and we will approach members. **Action: Matt**  
Lyn suggested featuring an item about the Facebook page in *Barnabas Bulletin*. Jacqui volunteered to resume her former position as Bulletin Co-ordinator. Thank you, Jacqui! Keith and Jacqui will meet for handover. **Action: Keith/Jacqui** *Done*

### 5. Share and Exchange

1. **Clinical Pharmacists in General Practice.** Keith is still in discussion with Graham Stretch (who lead Ealing's bid for funding) about arranging a talk on this. **Action: Keith**  
*Now arranged for Tuesday 29 March, 1830 hrs, Northolt Community Centre*
2. **Magazines.** Lyn still felt that there were not enough popular magazines in the waiting area. Jacqui volunteered to donate some magazines of this type. **Action: Jacqui**  
Lyn and Noreen had not yet been able to meet to share money donated towards buying reading material. Lyn declined the money as a consequence of Jacqui's offer.
3. **Book Exchange.** Lyn asked if it would be possible to reduce the stored books as she felt that they were taking too much of the available cupboard space. Noreen agreed that the cupboard had been particularly untidy when she had used it just before the meeting, owing to a large number of new donations being scattered about, but thought that it was reasonable for the books to occupy a third of the space, as they usually do. Lyn and Noreen agreed to tackle the cupboard problems immediately after the meeting was finished. **Action: Lyn/Noreen** *Done*

### 6. Practice Updates

1. **Text Messaging.** Text reminders of appointments are now working correctly.
2. **Early Morning Appointments.** This is now running well and is well used. These are pre-booked appointments only.
3. **Practice Medical Secretary.** Marcia left the Practice shortly before Christmas. Matt has arranged temporary cover and a permanent replacement should be in place from April.
4. **Practice Pharmacist.** There is no news on this due to delays in appointments following the successful bid. Yaksheeta is likely to be with us at least into March.
5. **Boots Pharmacy.** Tony asked if there had been any developments in the matter of the pharmacy in Boots' branch at Oldfields Circus. Matt has a meeting scheduled with Boot's Area Manager in the hope of making some progress. **Action: Matt**
6. **Electronic Prescriptions.** Lyn asked if there was a list of which pharmacies can accept electronic prescriptions from the Practice. Dr Kooner confirmed that there is no general list, so this was something patients needed to check with their pharmacies.

### 7. ENN PPG Network Updates

1. The next meeting is due to take place on 18 January. Keith asked anyone wishing to attend to contact him for details.

### 8. Other Matters Arising and AOB

1. Tony suggested putting some Barnabas PPG membership forms in the Link at St Barnabas Church (the space between the church and the hall where the PPG meeting was being held). Keith suggested Tony take some forms from the surgery waiting area. **Action: Tony**
2. **Vice-Chairman.** Keith and Stan still have to meet to discuss their roles etc. **Action: Keith/Stan** *Done*
3. Checking PPG membership list against the Practice list of registered patients; this is with Matt. **Action: Matt**
4. The "commercial" noticeboard in the surgery waiting area is on Matt's list of things to investigate. **Action: Matt**

5. Keith has seen no feedback from NAPP about the responses to their Quality Framework and suspects there never will be any.
6. Keith also still has Ewa's "new patients" leaflet on his list of things to do. **Action: Keith**
7. Malcolm asked Keith if he kept a copy of the deleted parts of the draft Governance Document. Keith replied that he did.
8. Lyn pointed out that there were notices in the waiting area prohibiting the use of mobile phones, which seemed unnecessary. It was suggested these should be replaced with notices asking for considerate use of mobile phones. **Action: Matt**
9. **Next Meeting.** Monday 14 March, 1800 hrs, Barnabas Medical Centre.

Keith C Marshall  
Chairman  
31 January 2016

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

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### 2016 Meeting Dates

|                      |          |                               |
|----------------------|----------|-------------------------------|
| Monday 14 March      | 1800 hrs | Barnabas Medical Centre       |
| Tuesday 17 May       | 1400 hrs | St Barnabas Church Hall       |
| Monday 11 July       | 1800 hrs | Barnabas Medical Centre       |
| Tuesday 13 September | 1400 hrs | St Barnabas Church Hall       |
| Monday 14 November   | 1800 hrs | Barnabas Medical Centre (AGM) |

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## PPG Meeting 14 March 2016 – Minutes

**Present:** Jean Alden, Janet Bettaccini, Danny Boggust, Jean Corey, Malcolm Corey, Matt Edwards (Practice Manager), Sheila Hayles, Dr Parmar (Senior Partner), Keith Marshall (Chairman), Noreen Marshall, Jacqui Piper, Maksymilian Rogowicz, Henny Shanta (Practice Nurse), Phyllis

**Apologies:** Sennen Chiu, Lyn Duffus, Tony Johnson, Jean Little, Phiroze Munshi, Stan Owen, Ewa Siwiec

### 1. Introductions and Apologies

1. As we had a number of new members present, everyone briefly introduced themselves.

### 2. The Role of the Practice Nurse

1. Henny Shanta, of the Practice Nursing Team, spoke about the Team's work.
2. The other two nurses are Anna Wan and Purnima Gurung. They should soon be joined by a new Health Care Assistant, to replace Sian Fullerton who has left.
3. Henny summarised their work:
  - 90% of it is clinical: dealing with chronic conditions such as asthma, COPD, diabetes; immunisation for adults and children (including travel consultations); women's health; suture removal; monitoring (but not initiating) potentially dangerous drugs such as warfarin; and cryotherapy (freezing to remove lesions, skin tags etc.).
  - They also maintain stocks of drugs and essential equipment for use in the Practice.
4. Jean Corey commented how much easier it was for the patients to have access to the nurses: she and Malcolm remembered the Practice in its earlier premises, when there were no nurses on the staff.
5. Dr Parmar added that more and more of the work in medicine (whether in hospitals or GP practices) is being done by teams of people combining their skills and knowledge, and the nurses were very much part of this approach.
6. In response to a question about work done for other practices, Dr Parmar explained that Barnabas Medical Centre does relatively little because it has more patients than many in the area.
7. Keith had recently had to visit the other ten GP practices in the area, and commented that our Practice has the most pleasant environment and the most helpful staff.
8. Jacqui, as co-ordinator of *Barnabas Bulletin*, asked Henny for an interview covering the information in her talk possibly in the form of "a day in the life".  
**Action: Jacqui/Henny**
9. Keith flagged up that the receptionists also have a difficult job that needs to be better known about, and suggested that over time there should maybe be *Barnabas Bulletin* articles about all the team roles.

### 3. Minutes of Previous Meeting

1. The minutes of the meeting on 12 January 2016 were unanimously agreed and Keith signed them as a true record

### 4. Projects & Priorities Update

1. Keith spoke about his useful recent meetings with (a) Dr Parmar and (b) Matt which have covered a number of points on the Projects/Priorities Update sheet circulated at the meeting.
2. The Practice and the PPG need to be working together as a team.
3. Topics the Practice would like help in promoting include Boots (and helping restore confidence in the local branch); the Minor Ailments Service; promoting online facilities.
4. These, together with Clinical Pharmacists; phone consultations (Dr Parmar estimates that these make up one third of her work, though they are not appropriate for children or for patients who are seldom seen); keeping cool in summer; support for carers; hosting medical students in the Practice (this has been done before but would be good to repeat); services provided for other GP practices, would be good topics for articles in *Barnabas Bulletin*.
5. Boots had recognised that the pharmacy service at their Oldfields Circus branch had been poor. A new team has been put in and they would welcome help from the Practice and the PPG in rebuilding patients' trust.  
Keith proposed that Boots talk to the May PPG meeting, with a follow-up article in *Barnabas Bulletin*.  
Also PPG Awareness Week would be a good opportunity to have Boots present in the waiting area for maybe two or three half days, just to talk to patients.
6. Keith also circulated copies of a leaflet about the Minor Ailments Service (MAS). This has been available for a year but is little used and could take considerable pressure of GPs, but has been poorly marketed in general.  
Boots may be able to talk to patients about this when they visit the Practice. Dr Parmar sees the MAS tying in well with the work of the Practice's Clinical Pharmacist.  
Janet asked if she could have copies of the MAS leaflet for the (CCG/LBE provided) strength and balance sessions at Northolt Methodist Church. Keith agreed to send Janet the leaflet electronically. **Action: Keith Done**
7. The PPG will be running the Practice's Patient Survey again this year, during PPG Awareness Week (week beginning 6 June).  
A call for volunteers to help with this will go out later, probably in early May.  
**Action: Keith**  
The format will be much as before: a single sheet presented to patients on a clipboard.  
Matt and Keith will discuss the content. **Action: Keith/Matt**  
There are likely to be a couple of "patient experience" type questions requested by the CCG. Keith has already asked for details but needs to follow up on this.  
**Action: Keith**  
The Practice would also like respondents to update their contact details and give explicit consent for use of their mobile phone numbers and email addresses. Because of this volunteers (working in pairs as usual) will need to cover the Practice's opening hours as fully as possible.  
Conducting the survey is also good opportunity to talk to patients about the PPG and what we are doing.

8. Keith reminded everyone of the Ealing North North Network PPG session on the role of the Clinical Pharmacist on Tuesday 29 March (1830 hrs at Northolt Community Centre).
9. Healthwatch Ealing was not, after all, preparing a directory of services in the area. Consequently Keith has submitted a Freedom of Information request to the CCG and the GP Federation asking for details of which practices provide which "additional/shared services".
10. **Information leaflet for patients from outside the UK.** This was suggested last year by member Ewa Siwiec, and is now in draft format in English. It had originally been intended to translate this, as required, into other languages. However Dr Parmar suggested that it would be better left in English for accuracy; there is also evidence that such leaflets are more effective in English as those not fluent in English take them away and get friends/family to translate for them, thus helping to spread the word!  
There has been some debate over what to call the leaflet. Danny pointed out that as there are subtle differences in the medical services provided in Scotland and Wales, it should perhaps not use the term 'UK'.  
An enquiry was made about the reciprocity of healthcare arrangements with non-EU countries. The UK has reciprocal agreement with a number of countries including Australia and New Zealand (but not USA and Canada).
11. **DNAs.** As DNAs remain such a problem, Malcolm asked whether there was any link between this and nationality; Janet wondered if there might be an age-related link. Apparently there is neither.  
Danny asked how often people repeatedly miss their appointments and what percentage of patients do so. There are very few "repeat offenders" and Matt confirmed that those who do repeatedly miss appointments were written to.  
Keith added that DNAs are a national problem. Jacqui (as a healthcare professional working outside the borough) observed that DNAs certainly seemed to be the same at the GP practices she visits and at a rate which is not significantly lower than we experience.  
In consequence there was debate about whether we should stop spending time on this issue; it is expensive to ignore but spending the effort equally seems to be money/time wasted.  
Dr Parmar's view is that all the Practice could do was remind people of their appointments. She also added that DNAs are followed up on where it was important to know that the patient was stable, such as children and antenatal patients.  
It was agreed that we should continue doing what we are currently and if this can reduce the DNA rate from the current 4-5% to 2-3% this would be sustainable and as much as we could expect to achieve.

## 5. Share and Exchange

1. Keith reported that the January meeting of the Ealing North North Network PPG had not taken place because it was inquorate.  
He also reminded people the next ENN PPG meeting was on Monday 21 March (1830 hrs at Northolt Community Centre). Dr Parmar presented her apologies as she will be away.
2. Jacqui mentioned that she had talked to Lyn about the notice boards in the waiting area, and asked Dr Parmar if the PPG could have a dedicated space on one of them. Dr Parmar agreed.

Keith suggested the PPG use half the noticeboard on the "room 7 side" (which is the smaller board) leaving the other half of this board for children's information. This way we may get more young mothers to notice the PPG and engage with us. Jacqui and Lyn propose to take down all the notices and posters and start again.

### Action: Jacqui/Lyn

Keith will also provide new PPG information posters and try to look at making various statistical information more available on the new PPG board. **Action: Keith**

3. The board with the attached leaflet stand (also on the "room 7 side") was discussed once more. Dr Parmar does not know what its status is.
4. Noreen thanked all those who continue to donate books to the Book Exchange.

## 6. Practice Updates

1. Dr Parmar remarked that the interviews for Clinical Pharmacists had been held and it should soon be known who would be working with the Practice. They will be contracted to the Practice for 16 hours/week.  
Keith suggested that we should invite the new Clinical Pharmacist to a PPG meeting in July or September to talk about their role. **Action: Keith** *This will now be September or November as Paresch Virji, our Integrated Care Plan Advisor, has agreed to speak at the July meeting*  
Dr Parmar also pointed out that around 25% of Reception's time is taken up with medication queries many of which could be quickly resolved by the Clinical Pharmacist.
2. A phlebotomy service (for all, not just children) is being introduced, initially on just one day a week. It should be fully functioning by mid-April.
3. The Surgery will be closed for two days over Easter (25 and 28 March).

## 7. Other Matters Arising and AOB

1. The PPG's Facebook page is now on open access and has a few new members. Keith will provide something about it for the new PPG notice board. **Action: Keith**
2. Danny asked whether there was any likelihood of pharmaceutical companies standardising drug formats. Keith felt that this is unlikely just as the universal use of calendar packs is unlikely.
3. **Next Meeting.** Tuesday 17 May, 1400 hrs, St Barnabas Church Hall.

Keith C Marshall  
Chairman  
1 April 2016

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

## 2016 Meeting Dates

|                      |          |                               |
|----------------------|----------|-------------------------------|
| Tuesday 17 May       | 1400 hrs | St Barnabas Church Hall       |
| Monday 11 July       | 1800 hrs | Barnabas Medical Centre       |
| Tuesday 13 September | 1400 hrs | St Barnabas Church Hall       |
| Monday 14 November   | 1800 hrs | Barnabas Medical Centre (AGM) |

## PPG Meeting 17 May 2016 – Minutes

**Present:** Dr Bhatoa (GP Partner), Sennen Chiu, Jean Corey, Malcolm Corey, Sheila Hayles, Angela Hemingway (Reception Team), Sheree Hunt (Boots, Oldfields Circus), Tony Johnson, Jean Little, Keith Marshall (Chairman), Noreen Marshall, Phiroze Munshi, Mariya Shah (Boots Oldfields Circus), Phyllis Stubbings

**Apologies:** Janet Bettaccini, Lyn Duffus, Matt Edwards (Practice Manager), Theresa Fitzgerald (Assistant Practice Manager), Stan Owen, Jacqui Piper, Ewa Siwiec

### 1. Introductions and Apologies

- As we had a number of new members present, everyone briefly introduced themselves.

### 2. Approve Minutes of Previous Meeting (14 March 2016)

- The minutes of the previous meeting were circulated and unanimously agreed; Keith signed them.

### 3. Boots Branch at Oldfields Circus

- The branch's new Manager, Sheree Hunt, and new Pharmacist, Mariya Shah, attended the meeting to tell us about their plans to restore their branch to a good relationship with its local community.
- Sheree explained that as she had worked her way up from the bottom she had a good understanding of the various posts; Mariya is recently qualified as a pharmacist.
- Some of the problems have already been fixed. All staff at the branch are being retrained and all processes/procedures are being reviewed and updated.
- Sheree and Mariya thought that it would take about a year to sort everything out. Dr Bhatoa asked what exactly would take this amount of time. Sheree indicated that this was mostly a result of Boots' corporate policies on staff training etc.
- Problems. Dr Bhatoa asked if they saw any patient-related problems that had no quick solution. Sheree replied that Boots Head Office was giving them extra support in pharmacy-related matters.
- Keith asked if they had yet had a complete three month cycle of repeat prescriptions. Mariya answered that they had not quite had a full three months. They were being very vigilant about this and staff had now been trained to talk to the patients about their repeat prescriptions and ask if patients want the pharmacy to manage the repeat schedule for them or manage their own (the two alternatives were explained).
- Tony asked if reminder texts were possible. Sheree replied that a text is sent when a prescription is ready for collection and she would raise with Boots whether texts at other times (eg. when a repeat needs requesting) were possible.
- Tony also commented that it becomes confusing for patients when their medications fall due at different dates from each other.
- Dr Bhatoa felt that medicine reviews should be done at the Practice, since pharmacists were more likely to change than doctors.
- Dr Bhatoa commented that the GPs want to encourage more use of the electronic prescriptions system (EPS), but it had not started well. Sheree replied that this was a major aspect of staff training and all her staff were now much better informed about it.
- Sheree explained how the EPS system works: the prescription is sent from the Practice, through an NHS gateway, to Boots servers. The pharmacy staff then have to download the prescription and print it in the branch.
- Angela added that it can take about twenty minutes for the prescription transmission to happen; Mariya commented that it can depend very much on the time of day. Dr Bhatoa

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Facebook: [www.facebook.com/groups/barnabas.ppg/](https://www.facebook.com/groups/barnabas.ppg/)

Chairman: Keith Marshall; 020 8864 7993

felt that this should take no longer than five minutes. However as Keith pointed out variable transmission times are a general situation with all IT systems.

- Dr Bhatoa felt that patients should not be told to return to the Practice to sort things out if a problem arose and that the pharmacist should phone the Practice.
- Dr Bhatoa also raised a problem with the right-hand page of the prescription (used for messages/reminders among other things) printing incompletely or not at all at the pharmacy. Keith added that his understanding was that there is a requirement for the pharmacy to hand these counterfoils to the patient. Sheree and Mariya thought that Boots' system was probably not entirely compatible with SystmOne (as used by the Practice), adding that they were waiting for a new IT system but had no date for its installation. Keith suggested that meanwhile the Practice should send some test messages. Dr Bhatoa and Mariya agreed to do this. **Action: Dr Bhatoa/Mariya**
- Malcolm had noticed that counter staff were dealing with pharmacy enquiries and asked if staff numbers were a problem. Sheree explained that Boots' current policy was to have all members of staff capable of initially dealing with everything. Keith added that most Boots' branches seemed understaffed to him, notably at Westway Cross, a large branch which appeared to run on a handful of staff.
- Noreen commented to Sheree and Mariya that one major problem they faced was that their predecessors had sometimes supplied short measures of prescribed medication, with pills missing from packets etc. Sheree asked if this was a question of items 'owed' because not enough were in stock. Noreen replied that this was not the case, as the items were handed over as complete but did not tally with the prescription; she had experienced it herself on several occasions as well as hearing this from other patients.
- Tony identified a problem with the Boots 'Buy 3 for the price of 2' offer, saying that most branches didn't seem to stock more than two of a particular item that he bought regularly.
- Dr Bhatoa asked that if a prescription item was unavailable, the GPs be given suggestions for alternatives from pharmacists.
- There was discussion of an amnesty for unused and out-of-date drugs in the community. This would be a lot of work for the pharmacy, as everything has to be brought in its original packaging and extracted and listed by staff before being safely destroyed. (Prescribed drugs can't be recycled as there is no proof that they have not been tampered with or stored in good condition.)
- Tony asked if Boots might send a representative to every PPG meeting. It was agreed that this seems unnecessary although Dr Bhatoa asked that the Boots team return in 4 to 6 months to give us an update on progress. **Action: Keith**
- Sheree and Mariya will be writing an article for *Barnabas Bulletin*. **Action: Sheree/Mariya Done**

### 4. Annual Practice Patient Survey & PPG Awareness Week

- The PPG would be running the annual patient survey between 6-10 June.
- Keith asked for volunteers. There were four slots a day for five days and we needed to be able to cover as much of the week as possible both to make the survey useful and also to help the Practice with having patients update their contact details. **Action: All Done**
- The draft Survey form was circulated and Jean Corey flagged up a mistake on it. **Action: Keith Done**

### 5. Projects/ Priorities Update

- Keith asked the members "If we wanted the Practice to do one thing, what would that be?" Initial ideas suggested were:
  - Change the seating. Jean Corey commented that the seats in the waiting area were uncomfortable and often have rubbish on the floor beneath them. Malcolm pointed out that the cushions sometimes slip from their base and one can end up sitting on

the floor. Tony asked if the bases could be lined with mesh on the inside so that rubbish could not be pushed through.

- Install automatic doors to help the disabled and those with baby buggies.
- Layout. Phiroze felt that the present layout of the waiting area was not the best use of space and needed changing, although Keith pointed out that the pillars dictated the layout to a large extent and, being structural, were not removable. It was also agreed that it was necessary in a space that size to have seating around the sides only: rows of chairs (as in hospital clinics) would not leave enough space for wheelchairs and baby buggies, nor provide sufficient seating.
- Sheila commented that it was still sometimes not easy to see a named doctor.
- Jean Little felt that the television screen that runs medical-related videos was of little use.
- Installing a water dispenser in the waiting area.

Keith asked everybody to think about the question and e-mail him with their ideas.

#### **Action: All**

2. The revised 'Patient Information' leaflet and the new leaflet 'Additional Information on Using the NHS in England' are with Matt for approval by the Practice. **Action: Matt**
3. **DNAs.** Keith has asked Matt for a measure of DNAs against the number of appointments booked in order that we have a good measure of the actual rate. **Action: Matt**

The rate is thought to be about 5%, but we don't really know.

It was previously agreed that if we can reduce the DNA rate to 2-3% then this is probably the best we'll achieve.

Janet Bettaccini had received feedback from the Cuckoo Lane Practice and the only thing they were doing, which we may not be, is to ask clinicians not to routinely ask patients to come back for a check-up after a week.

Jean Corey asked if patients' records were marked when appointments were missed.

Yes, they are.

Phyllis asked if patients couldn't be charged for missed appointments. No they can't; although the private sector do impose charges, this is not allowed within the NHS (and even if it were allowed there would be a significant administrative overhead to implement this).

4. **Online services.** Keith had asked Matt if take-up of these could be measured as all Practices have a target of 10% of patients signed up for online services by March 2017. **Action: Matt**  
Sennen had found that an out-of-hours online booking did not generate a text reminder: Keith will take this up with Matt. **Action: Keith**
5. The next edition of *Barnabas Bulletin* was being worked on by Keith and Jacqui. **Action: Keith/Jacqui** *Done*

#### **6. Share and Exchange**

1. Keith was now attending the Ealing GP Federation Patient Reference Group.
2. Jean Little asked if Keith could clarify the new list of which hospitals were available to local patients. Keith explained that the various services were being concentrated in fewer specialist hospitals, but a patient might be first referred to a local clinic (in theory nearer to home) and only then referred to a hospital if required.  
Keith will try to find if there is a list of which hospitals support which specialities and services. **Action: Keith**
3. Lyn, with assistance from Jacqui, Noreen and Keith, has carried out the review of the noticeboards in the waiting area. The PPG now has a dedicated space on one of them.
4. Noreen thanked all those who had donated books to the Book Exchange.
5. Keith reported on the Ealing North North PPG Network meeting held on the previous evening. This was a good meeting, with a major discussion on physical surroundings such as buildings, waiting rooms *etc.*, and their effect on patients and practitioners. All present had agreed how important surroundings could be, especially when they were

bad, as was the case in many local Practices: cramped conditions, dark spaces and inadequately converted domestic property were all cited and felt to be impeding good health and good medical treatment.

The meeting also spent time discussing the ENN Network's shared notes on CQC inspections, which is still work in progress.

The 18 July meeting of ENN PPG Network will be the AGM. Keith has already indicated that it is unlikely he will be continuing as ENN PPG Network Chairman.

#### **7. Practice Updates**

1. **Staff.** Chris Sodhi, the new Medical Secretary, is now formally in place and is working on Mondays, Tuesdays, Thursdays and Fridays.  
The extra Receptionist post has been taken up by Sharon, who was previously working as an experienced receptionist elsewhere. Sharon works Monday to Friday afternoons. Other recently arrived staff include the new pharmacist, Nitin Shah, who works half-days on most days (this project is still categorised as 'work in progress'); Paresch Virji, who works on Care Plans; and the new phlebotomist, Sheheen Hussein, who will initially be taking blood samples at the Practice on Thursdays (the existing service for taking children's blood samples on Tuesday is continuing).  
Tony asked if it made any difference to the Practice if a patient came to Barnabas or went elsewhere for a blood sample to be taken. Answer no, it makes no difference.  
The Practice currently has no Health Care Assistant, Sian Fullerton having left.
2. Keith asked about the replacements for the Jay-X boards. Dr Bhatoa replied that she had no information on that.
3. Sennen complimented the Practice on the online appointment system. Keith commented that this would be one aspect of the Practice's work that would be emphasised in PPG Week.
4. Dr Bhatoa and her colleagues were keen to get people to update their contact details.
5. Keith asked if it would be possible for the Receptionists (maybe all staff?) to wear name badges (first names only). Dr Bhatoa thought that this was a possibility and suggested adding it to Matt's list. **Action: Keith**

#### **8. PPG Updates**

1. Nothing which was not covered elsewhere in the meeting.

#### **9. Other Matters Arising and AOB**

1. There is a recent news report that 30% of medical practices were using the wrong formula for calculating whether patients should be put on statins or not (the result being that drugs were being given to some who did not need them and not to some who did). Keith to check with Matt if we are one of the affected practices. **Action: Keith**
2. Another recent news item has reported that flu jabs were more effective if given in the morning. Should the practice be running flu clinics only in the mornings? Again, Keith to raise with Matt. **Action: Keith**
3. **Next Meeting.** Monday 11 July, 1800 hrs; Barnabas Medical Centre.  
It is hoped that our speaker will be Paresch Virji talking about his work on Care Plans in the Practice.

Keith C Marshall  
Chairman  
9 June 2016

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

*Text in underlined italic is post-meeting updates.*



## PPG Meeting 11 July 2016 – Minutes

**Present:** Jean Alden, Danny Boggust, Jean Corey, Malcolm Corey, Matt Edwards (Practice Manager), Sheila Hayles, Tony Johnson, Keith Marshall (Chairman), Noreen Marshall, Dr Mohini Parmar (GP Partner), Ewa Siwec, Phyllis Stubbings

**Apologies:** Janet Bettacini, Lyn Duffus, Jean Little, Phiroze Munshi, Stan Owen, Jacqui Piper.

### 1. Introductions and Apologies

1. As we had a number of new members present, everyone briefly introduced themselves.

### 2. Minutes of Previous Meeting (17 May 2016)

1. The minutes of the previous meeting were circulated and unanimously agreed; Keith signed them.

### 3. Patient Survey Results

1. **Overall Comments.** A summary of the survey results was circulated. Keith thanked everyone who had helped in running the 2016 Patient Survey from 6-10 June.  
Despite no-one being available to cover the Tuesday and Thursday mornings, a 3.6% response rate was received from the Practice's patients.  
81 of those asked to take part had declined. Malcolm observed that on one of the survey days there had been few doctors on duty (which could have been a factor in not getting higher numbers). Keith replied that there were a number of reasons involved (eg. needing to get to work, or collect children from school), which was why those volunteering had been asked to keep notes of refusals and reasons given for them.  
The Practice had been keen for respondents to update their contact details as part of the survey process. Some patients had felt that it was breach of confidentiality, despite the fact that the only person who looked at the two parts together was Keith, in the process of dividing them after noting any who had asked for PPG details.
2. **Survey Responses.** 333 completed questionnaires were received.  
Q1. 91% of respondents were likely to recommend the practice to others, which is noticeably higher than MORI poll results show.  
Q2. 38% thought the service had improved in the last two years, which is slightly higher than in 2015; 2% thought it worse, which is slightly lower.  
From the responses the Practice's online facilities need to be better publicised.  
Q6. The additional service best-known among patients is the blood test facility; this is unsurprising, since it has been much the most frequent request in recent years. Patients tend to be aware of most of the other services, particularly the anti-coagulation clinic, on a need-to-know basis.  
The wording on the website needs clarification: the Family Planning Clinic is in fact a system of appointments with the nurses. **Action: Matt**  
Ewa pointed out that there is no 'Well Baby' clinic listed on the website. Matt

replied that the service is for babies up to the age of six weeks only, new parents being in general well informed of it.

Q7. Thirteen respondents had asked for information about the PPG. All have been contacted but nothing further has been heard from any of them.

Q8. The three most frequent responses about what the Practice did well were: short notice/emergency appointments; appointment booking; friendly reception & staff.

Yet, as Keith pointed out, an equal number of respondents complain about difficulties getting an appointment.

Phone consultations were of some help in managing appointment demand. Ewa asked if the GPs could avoid ringing when people were likely to be taking children to or from school, especially around 1530. **Action: Matt**

The amount of time patients had to wait after arrival was also flagged up, as was getting information about doctors or nurses running late. Keith hoped that the new Jay-X boards would help with this as they are supposed to be much easier to update. However this is not possible on the self-checkin screen. Keith commented that there was one particular GP who seemed prone to running late. Of the negative comments, the lack of air conditioning in the surgery is a new response.

Matt responded to the requests for a water dispenser with a firm "no" because of the health & safety issues: water dispensers can evidently spread disease, and can be a hazard if water is spilt on the floor.

3. Keith would like to set up an "Improvement Group" made up of 3 or 4 practice members and a couple of PPG members; the suggestion is to meet once a month for an hour to identify and progress improvement activity. This was vetoed by Matt on the grounds that it was not achievable due to insufficient staff time for more meetings; however he suggested that a second practice representative (probably Theresa, Deputy PM) should attend some of Keith & Matt's monthly contact meetings. **Action: Matt**
4. Tony asked about the availability of double appointments and whether they were really necessary. Ewa felt that more people should be aware of them, as it could help to manage the appointments system better. It was agreed that it was up to the doctors and nurses to arrange as appropriate.
5. Jean Corey asked if, in future years, there could be a posters alerting patients to the survey. In fact Keith had thought to do this but hadn't achieved it this year. **Action: Keith Noted for future years**
6. Suggested that the September meeting discuss the Practice's plans resulting from the Survey. **Action: Keith/Matt**
4. **Projects/Priorities Update**
  1. Looking at the projects & priorities list Keith reported that a lot had been done, or was in the process of being done; whilst much of the rest was too difficult to achieve. More survey work may help with some of it, and Matt suggested that a related question be added to next year's survey. **Action: Keith Noted to be looked at in next year's survey**
  2. Keith undertook to track the projects/priorities list. **Action: Keith Will report back at next meeting**
  3. At the previous meeting Dr Bhatoa had thought the idea of first-name badges for Reception staff quite possible, with which Matt agreed. Noreen suggested that, judging by her own experience at work, members of the public were likely to

show a better attitude to staff who were identified; Ewa felt that it was useful in getting clarification if misleading information had been given. **Action: Matt**

## 5. Share and Exchange

1. In Lyn's absence there was no update on noticeboards, leaflets and magazines.
2. Noreen thanked all those who had made donations to the Book Exchange, and added that although children's books were still most in demand for borrowing, cookery books had joined them as a particularly popular category.
3. Keith had been to a meeting of the Ealing GP Federation's Patient Reference Group, which meets every couple of months. The group will initially be looking at patient feedback on Out of Hospital services (phlebotomy, ECG, wound care *etc.*)
4. Keith also reported that the Ealing North North Area PPG Network would hold its Annual General Meeting on the following Monday (18 July) when he would be standing down as that group's chairman. Anyone wishing to attend from the Barnabas PPG would be welcome.

5. Ewa asked about progress on the new leaflet "Additional Information on Using the NHS in England", on which she had worked. Keith replied that it was with Matt for approval by the Practice, and if approved would be shared with other GP Practices in the area. **Action: Matt**

On Dr Parmar's advice, the decision had been taken to present this leaflet in English only; evidence shows this is the most effective. Ewa felt that English only would prevent the information reaching many of the patients who needed it most. Keith commented that it was a decision taken by the Practice; while cost was a factor another issue was the problem of which languages were needed; Dr Parmar had also been anxious about the legal aspects of information in translation and she considered that having the information in English was more likely to lead to patients discussing it within their families and communities and making sure that everyone understood it.

6. The data which Keith had requested about missed appointments is still needed; Matt is working on it. **Action: Matt**

## 6. Practice Updates

1. **Staff.** Nitin Shah, our recently-appointed Clinical Pharmacist, has left due to ill health.  
Paresh Virji, who does our Care Plans, will expand his role to include that of Clinical Pharmacists (for which he is already qualified).  
The new Health Care Assistant, Kaylan Gali (male), who is medically qualified, will replace Sian Fullerton, starting in late July. Kaylan will work part-time.
2. **Building Extension.** Ewa asked about the plans to extend the Surgery building. Matt replied that NHS England had agreed to the work going ahead, although he could not find out when funding would be released. It was noted that unless work starts soon the planning permission will expire.

## 7. Other PPG Updates

1. Jacqui has again had to stand down from co-ordinating *Barnabas Bulletin* due to work pressures.
2. Keith asked if someone from the Reception team could give a brief talk about their work to the members at September's meeting. **Action: Matt**
3. The intention is to ask Sheree Hunt and Mariya Shah from Boots at Oldfields Circus to come to the November meeting and update us on their progress improving the store's service. Matt mentioned that he would be having another meeting with Boots soon, as the Practice felt that the branch was not improving

quickly enough. It was agreed that Boots' branches in general were less good since the company had been acquired in 2012 by a private equity firm which had greatly reduced staff numbers. Danny, a regular customer of the branch, remarked that we did not know what pressures Sheree and Mariya might be under, and Keith agreed that the branch was certainly busy.

## 8. Other Matters Arising and AOB

1. Plans for the Greystar development on the old Glaxo site now includes space for a medical centre. There would be a meeting at William Perkin School the next evening (12 July) to discuss the scheme.
2. The proposed and deferred care.data scheme for sharing medical records has now been scrapped. However there will still be data sharing but in a different form yet to be determined.
3. Keith committed at the previous meeting to try to find out which local hospitals offer which specialist services. Still outstanding. **Action: Keith**
4. **Next Meeting.** Tuesday 13 September, 1400 hrs St Barnabas Church Hall.

Keith C Marshall

Chairman

7 August 2016

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

*Text in underlined italic is post-meeting updates.*

## Remaining 2016 Meeting Dates

Tuesday 13 September; 1400 hrs; St Barnabas Church Hall

Monday 14 November; 1800 hrs; Medical Centre (AGM)

## Glossary

|      |                              |      |  |
|------|------------------------------|------|--|
| BMC  | Barnabas Medical Centre      | LAS  | London Ambulance Service                       |
| BP   | Blood Pressure               | LB   | London Borough                                 |
| CCG  | Clinical Commissioning Group | LBE  | London Borough of Ealing                       |
| CQC  | Care Quality Commission      | MC   | Medical Centre                                 |
| CRB  | Criminal Records Bureau      | NAPP | National Association for Patient Participation |
| DBS  | Disclosure & Barring Service | NWL  | North West London                              |
| DNA  | Did not attend               | PM   | Practice Manager                               |
| ECCG | Ealing CCG                   | PPE  | Patient & Public Engagement & Equalities       |
| ENN  | Ealing North North Area      | PPG  | Practice Participation Group                   |
| FFT  | Friends & Family Test        | SaHF | Sharing a Healthier Future                     |
| FoI  | Freedom of Information Act   | ToR  | Terms of Reference                             |
| GMC  | General Medical Council      |      |  |
| HCA  | Healthcare Assistant         |      |  |
| HWE  | Healthwatch Ealing           |      |  |



### PPG Meeting 13 September 2016 – Minutes

**Present:** Jean Corey, Malcolm Corey, Matt Edwards (Practice Manager), Sheila Hayles, Angela Hemingway (Reception Manager), Tony Johnson, Jean Little, Keith Marshall (Chairman), Noreen Marshall, Phiroze Munshi, Ann Simmonds, Phyllis Stubbings.

**Apologies:** Jean Alden, Janet Bettacini, Lyn Duffus, Dr Kooner (GP Partner), Stan Owen, Jacqui Piper, Ewa Siwiec.

#### 1. Introductions and Apologies

1. Introductions were not needed, as there were no new members present..

#### 2. Minutes of Previous Meeting (11 July 2016)

1. The minutes of the previous meeting were circulated and unanimously agreed; Keith signed them.

#### 3. Role of Reception

1. Angela Hemingway, Reception Manager, spoke about the Team's work.
2. In addition to making appointments (the most frequent aspect) and answering enquiries, this includes making people welcome; arranging transport; booking interpreters; managing asthma and diabetes clinics, and flu jab clinics; liaison with hospitals (eg. for two week referrals); ensuring follow-up appointments; reminding patients about flu and shingles inoculations; filing; inductions; registering new patients; dealing with insurance companies and solicitors; and directing people to more appropriate resources (eg. Social Services) – all while maintaining a sense of humour.
3. Reception staff are there to help doctors, nurses and patients, and everything that comes into the Practice comes to them first.
4. Keith asked if anything could be done to streamline appointments. Angela replied that they had tried several methods without finding anything that made an obvious difference; there really is no one right way.
5. Keith commented, and all agreed, that the Barnabas Reception Team was the best in the area – they do a fantastic job and are always friendly, despite the stresses. Phiroze added that this high standard gave patients confidence and contributed to their good health. Jean Corey also commented on the efficiency of handling of different languages.
6. Keith raised the issue of triage (assessing the urgency of a case) which Reception staff often need to do with patients – but which many patients don't like being done by Reception – and asked whether there was any formal training in this for Reception staff. Angela replied that it was mostly done within the practice: every surgery is different, and triage is mostly based on common sense. There was general agreement that patients should take more responsibility for their health. Matt added that some practices have tried increasing the number of clinicians, including having nurses present at reception, and decreasing the number of

reception staff, but it had not been a success, as patients found it too cold an approach.

7. There was a discussion about the Electronic Prescriptions Service (EPS) as Jean Little felt that it was still not well enough known among patients; there is confusion about the differences between online requesting of repeat prescriptions and EPS.

It is certainly not well known that there is an option for a patient to have two named pharmacies.

Angela made the point that not all drugs could be handled via EPS; controlled drugs still require the patient to have a paper prescription.

Matt commented that many of the pharmacies in the area had not given their staff sufficient training in EPS. Some pharmacy staff also seemed to be assuming that all patients wished to have their prescriptions managed by the pharmacies, rather than by the doctor and the patient.

A poster (or leaflet) explaining how repeat prescriptions and EPS work (and interact) was suggested. Keith committed to think about how such a poster might be realised. **Action: Keith**

8. Malcolm queried the DNAs (missed appointments) figures quoted for April & May as they looked especially low. Matt replied that he thought it was incorrect and needed to be checked. **Action: Matt** Done; May & June figures have been revised

9. Translations and languages. Keith mentioned that Ewa had wondered whether the Practice could recruit a Polish-speaking member of Reception staff next time a vacancy occurred, since a large number of the patients were Polish. Matt responded that he felt it would be a bonus if a candidate offered the skill, but not something that could be asked for.

If necessary Reception can use Language Line for immediate translation.

10. Keith thanked Angela for her talk and asked her to take back to the Reception Team the message of the group's high praise and how much their work was appreciated.

#### 4. Patient Survey Follow-up: Action Plans

1. Matt reported that it was hoped that the extension to the Practice's premises would be built in the next six months. This would provide two additional consulting rooms and a redesign of the waiting area. The extra space would mean that additional services (eg. the option for more phlebotomy sessions) and possibly additional clinicians could be available. Matt was asked about (a) disruption and (b) loss of parking spaces when the extension is built. Unfortunately, as with all building work, disruption is inevitable. The net result of the extension will be the loss of one parking space for the doctors (two will be lost during construction but one will be restored afterwards).
2. By the end of March 2017 the Practice needs to have 10% of its patients registered for take-up of online appointments (current figure 5½%).
3. The Practice has just under 9,500 patients and the patient list is still open (very few practices are allowed to close their lists).
4. Same-day appointments. It is estimated that 30-40% of patients who want appointments on the same day don't need them. Ann asked whether the fact that it can take three weeks to get an appointment

means that there are too many patients or too few doctors. Various points were made about funding and viability.

5. Keith asked Matt about the new Jay-X boards. Matt replied that they would be coming soon, but he does not yet have a date; some local practices have already had theirs installed.
6. New telephone system. The Practice is investigating the installation of a new (network-based) telephone system. It is hoped that the new technology will prove cheaper to run (eg. by getting rid of the current expensive ISDN lines) while providing additional facilities for both staff and patients. More news when available.
7. Matt was asked to explain the follow-up procedure for test results (eg. blood tests). The Practice gets 50-100 test results a day: the doctors see the results for tests they've requested and follow them up with the patient; if necessary this is done via the Reception team or the medical secretary. Keith asked about progress with enabling patients to see their test results online. The full solution is still under development by the IT providers.

#### 5. Projects/ Priorities Update

1. Keith circulated an updated version of the "PPG Priorities 2015-17 – Tasks & Activities" list and went through it briefly.
2. Work is still needed on reducing DNAs and making online facilities better known.
3. Keith is still looking for ways in which the PPG and all the Practice's staff can work better together as a single team.
4. MORI GP Survey. Keith circulated a table of information that he had compiled of the latest MORI GP Survey results for Barnabas Medical Centre, with a comparison to Hillview and Elm Tree Surgeries, plus Ealing CCG and England averages.

The worst results for Barnabas were outlined; they are noticeably poorer than the results gained in our own annual survey of patients.

None of the areas where we score low (waiting time on the day, GPs good at explaining; nurses being caring; overall experience) were things the PPG can greatly influence.

There was debate about why the MORI results are poorer than our own. Keith commented that it did seem that giving participants a clipboard and asking them to complete the form at the time got not only a more favourable response but a better rate of reply – in comparison a "voluntary" survey (as MORI is) will tend to get proportionally more responses from the dissatisfied.

Tony asked why the MORI poll results were so significant. This is because (a) they showed public perception of the Practice and (b) they feed into NHS England and CQC so are an important factor in the Practice's ratings and regulation. In fact, the MORI survey is now the only data used by the NHS for rating GP practices and for presentation to the public.

5. Keith has asked what members would like the Practice to do for its patients and three main points have emerged:
  - a. Ease of making appointments; which has already been discussed.
  - b. Secure fixing of the seat cushions in the waiting area; which has now been done (see below).
  - c. Air Conditioning: this would be considered in the extension/building programme. However it is a perennial problem: some patients are always too

hot while at the same time others are too cold – so, apart from providing fresh air, opening the windows may not be the whole answer.

6. Keith reminded members that as a group they needed to start thinking about where we should focus in 2017-18. This should be discussed at the first meeting of 2017. **Action: All**

#### 6. Share and Exchange

1. Keith had said that he would finish the work on the noticeboards for Lyn (who had been unavoidably absent) but had not yet been able to fit it in.
2. Noreen thanked all those who had made donations to the Book Exchange, and reiterated that children's books and cookery books were particularly wanted.

#### 7. Practice Updates

1. The overhanging seat cushions in the waiting have been attended to; they have been fastened down with industrial quality Velcro and warning notices put up. The seats will be replaced as part of the extension build.

#### 8. Other Updates, Matters Arising and AOB

1. Ann raised a point about patient information, especially NHS acronyms, which are hard to find out about for those without computer access. Keith committed to think about how this information might be made more accessible. **Action: Keith**
2. Keith undertook to follow up the matter of name-badges for the Reception Team. **Action: Keith** *Discussed with Matt; this is in progress*
3. The new information leaflets are still awaiting approval by the Practice. **Action: Matt**
4. Matt is still working on the data about DNAs to understand the real rate as a percentage of appointments offered. **Action: Matt**
5. Keith is would like to find a future speaker on the NHS Sustainability and Transformation Plans (STP) and what this actually means for patients. **Action: Keith**
6. Keith also proposes to ask Sheree Hunt and Mariya Shah from Boots, Oldfields Circus to attend a meeting to update us on the work to improve the pharmacy's service. **Action: Keith** *Discussed with Matt. Paresh Virji (our Clinical Pharmacist) is taking the lead for the Practice with Boots. Agreed that we should probably postpone the invitation to our January meeting.*
7. Next Meeting. Monday 14 November 2016, 1800 hrs at the Medical Centre. This is our Annual General Meeting.

Keith C Marshall  
Chairman  
3 October 2016

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

## PPG AGM 14 November 2016 – Minutes

**Present:** Jean Alden, Danny Boggust, Sennen Chiu, Jean Corey, Malcolm Corey, Lyn Duffus, Matt Edwards (Practice Manager), Sheila Hayles, Keith Marshall (Chairman), Noreen Marshall, Phiroze Munshi, Stan Owen, Dr Mohini Parmar (Senior GP Partner), Ewa Siwec, Phyllis Stubbings

**Apologies:** Jean Little, Jacqui Piper

### 1. Introduction

1. Keith thanked everyone for coming to the AGM and reminded them that on this occasion the meeting had to finish by 1900 hrs.
2. Introductions were not needed, as there were no new members present.

### 2. Approve Minutes of Previous Meeting (13 September 2016)

1. The minutes of the previous meeting had been circulated and they were unanimously agreed. Keith signed them.

### 3. Receive Chairman's Annual Report

1. As time for the meeting was limited, Keith went quickly through the 2015-2016 Annual Report (previously circulated), commenting that progress over the last year had been steady rather than startlingly good. We continued with the activities we had started (eg. book exchange; noticeboard etc. management) and had conducted the Practice's annual patient survey in June.
2. Keith was disappointed he'd had to withdraw from his work with Healthwatch Ealing and the Ealing North North PPG Network. Although the ENN PPG Network was far ahead of the other area networks, attendance had fallen away and no-one else was able to take over from Keith as its Chairman.
3. Keith reconfirmed his aim that the PPG work towards ensuring the Practice receives an Outstanding ranking when the CQC next visit. Although this is a big challenge, an Outstanding in just some areas would be a visible sign of progress.
4. The Annual Report was unanimously accepted and Malcolm congratulated Keith on his succinct style.
5. Keith will post the Annual Report on the Practice Website. **Action: Keith**

### 4. Election of Chairman and Vice-Chairman

1. Danny proposed that Keith (Chairman) and Stan (Vice-Chairman) should continue.
2. However Stan wished to stand down.
3. Keith agreed to continue and was duly re-elected.
4. Sennen was proposed and elected as Vice-Chairman.

### 5. 2017 Meeting Dates

1. To allow for discussion at this meeting, dates for meetings in 2017 had not been fixed.
2. Keith asked about meeting times. All agreed that they were happy to continue meeting every two months, and it was concluded that although alternating Monday evenings and Tuesday afternoons did not suit everyone, they were still the best overall choice for most members.
3. Matt suggested the group could look at venues other than the Medical Centre and church hall, although it turned out that there were few alternatives.

4. Keith reported that he had already looked into using The Greenwood pub and found that it would be too expensive (minimum group spend of £100 would be required).
5. It was also suggested that we investigate the possibility of using the church hall on a Monday evening. **Action: Keith** Done; we can use the Link area of the church hall on a Monday evening but not the hall itself
6. Keith proposed moving the meetings to the first week of the even numbered months (Feb, Apr, June, Aug, Oct, Dec). This was agreed.
7. Keith's monthly members bulletin would therefore also be re-timed for mid-month, which will allow him some additional flexibility.
8. Keith will discuss possible dates and bookings with the (new) lady at the church and fix dates and venues accordingly. **Action: Keith** Done; schedule of meetings attached below; please add them to your new diary
9. Ewa asked if coffee mornings or afternoons might be tried again. It was agreed this should be considered. The Greenwood might be a possibility as a venue for this. **Action: Keith**
10. Ewa commented that she was puzzled by the lack of participation in the PPG's Facebook group, especially as it was so easy to access. The Facebook page needs more publicity.

### 6. Projects Update

1. Keith had reviewed the projects list, which was circulated.
2. Quite a number of the items on the list had been done or were ongoing activity.
3. Keith commented that he was suspending the idea of putting any further PPG presence on the website until Matt has completed his planned website changes.
4. Work is still needed on reducing DNAs and making online facilities better known. Keith and Matt continue to look at this. **Action: Matt/Keith**
5. Keith is still looking at ways for the PPG and the Practice's medical staff to work better together. Hopefully some of this will follow from the plans for the next period (see below).

### 7. Priorities 2017-18

1. Keith would like this to be discussed at the next meeting and wants input from members on PPG priorities, and from the Practice on what they would like the PPG to help with.
2. Dr Parmar commented that there would be many changes over the coming couple of years and suggested a two-year plan to concentrate on the website, information, self care etc.
3. Ewa asked if repeat prescriptions could be made easier. Noted for inclusion in discussion
4. Keith will put together a three question survey for PPG members. The answers would give a starting point for discussion at the next meeting. **Action: Keith** Done and circulated to PPG patient members
5. Keith suggested that the series of talks about roles within the Practice should continue, with contributions from (for example) Paresch Virji (Clinical Pharmacist), Matt and Dr Parmar. **Action: Keith**
6. Keith emphasised that the PPG needs to represent the views of all patients, and suggested that it should be what current terminology calls 'a critical friend' to the Practice.
7. Ewa suggested there should be a facility for complaining anonymously, although a number of those present felt that anonymous complaints were (a) open to abuse and (b) difficult to address, if only for lack of full information. Ewa subsequently suggested that such complaints could go via the PPG but Dr Parmar pointed out this would break patient confidentiality.
8. Malcolm asked what would be needed to get an Outstanding grading at the next CQC inspection. Matt replied that it was easier to achieve in rural areas as it will likely hinge on the provision of non-core services which are not generally needed in urban areas.

## 8. Share and Exchange

1. Keith had said that he would finish the work on the noticeboards for Lyn (who had been unavoidably absent) but had not yet been able to fit it in. **Action: Keith**
2. Noreen thanked all those who had made donations to the Book Exchange, particularly Phyllis, Malcolm and Jean who had brought donations of books with them.

## 9. Practice Updates

1. Staff: Paresh Virji's work as the Practice's Clinical Pharmacist is increasing to four days a week.
2. Lyn asked about the extension/refurbishment plans. Matt replied that the project had been deferred to 2017-18 as the deadlines for 2016-17 had been ridiculously tight; this should not cause any problem with funding.
3. Sennen raised a problem experienced with the paperwork required for blood tests. Noted by Matt. **Action: Matt**
4. Keith asked Matt about Boots Oldfields Circus. Matt commented that there were fewer complaints, although the Practice feel improvement is still required. Keith is planning to invite the branch management to the next meeting for a progress update. **Action: Keith**
5. Ewa commented that Boots management of repeat prescriptions didn't always seem to work. Dr Parmar explained that it was not a continuing automatic process because that would cause waste when a GP changed a patient's prescription; consequently the patient has to request the pharmacy to manage the repeat each time.

## 10. Other PPG Updates

1. Self Care Week: Keith had put up a notice advertising this. Dr Parmar commented that Self Care would become a massive issue in the near future. This may be an area the PPG should be discussing.
2. Keith reminded members that Ealing Healthwatch was unhappy about changes proposed for hospital services in Ealing and had called a public meeting on 16 November, unfortunately giving only a few days' notice.
3. Dr Parmar suggested that we invite Neha Unadkat (ECCG Deputy MD) (or ask her to suggest another) to talk to the PPG about the local elements of the NHS's new Sustainability and Transformation Plans (STP). Keith will initially approach Zereen Rahman-Jennings (ECCG Public Engagement Officer). **Action: Keith**
4. Keith also suggested that the PPG may wish to discuss the issue of Dedicated Commissioning. NHS England commissioned GP Practices but some areas (including Ealing) had moved to co-commissioning. The move is now for all CCGs to move to dedicated commissioning where the CCG commission everything including GPs. Keith and Danny both expressed concern at the possibility of this creating a significant conflict of interest, since CCGs are made up of GPs. Keith proposed that the PPG look at the issue and express concerns (or otherwise). **Action: Keith**
5. Following on from the previous meeting, Keith produced a flowchart showing the (repeat) prescription process. This needs updating to take account of Dr Parmar's point about the process not being automatically repeating. **Action: Keith**  
Lyn commented that she had not appreciated that there was an extra layer of administration involved in electronic prescriptions.
6. Keith remarked that he had recently been unable to find any FFT cards in the waiting area, although the collecting box was still there. Matt replied that he had suspended the cards for a month because of abuse by people making offensive and irrelevant comments on them.
7. Lyn asked if letters from hospitals and consultants were still normally received on paper, as had been Stan's recent experience, and if so, how were they stored. Matt replied that these items were scanned and stored electronically. Gradually more are being sent electronically.

8. Record sharing. Matt recommended that anyone with a long-term condition should authorise sharing their medical records, as it can be life-saving in emergencies. This is easily done by patients asking Reception staff if they can Opt In to the sharing of their records.  
Ewa suggested putting this into the next Barnabas Bulletin. **Action: Matt/Keith**

## 11. Other Matters Arising and AOB

1. Next Meeting: Tuesday 7 February, 1400 hrs, St Barnabas Church Hall (Link Area).

Keith C Marshall  
Chairman  
30 November 2016

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

## 2017 Meeting Schedule

|                    |                |
|--------------------|----------------|
| Tuesday 7 February | 1400 hrs       |
| Monday 3 April     | 1800 hrs       |
| Tuesday 6 June     | 1400 hrs       |
| Monday 7 August    | 1800 hrs       |
| Tuesday 3 October  | 1400 hrs       |
| Monday 4 December  | 1800 hrs (AGM) |

## Glossary

|      |  |
|------|--|
| BB   | Barnabas Bulletin                              |
| BMC  | Barnabas Medical Centre                        |
| BP   | Blood Pressure                                 |
| CCG  | Clinical Commissioning Group                   |
| CQC  | Care Quality Commission                        |
| CRB  | Criminal Records Bureau                        |
| DBS  | Disclosure & Barring Service (formerly CRB)    |
| DNA  | Did not attend                                 |
| ECCG | Ealing CCG                                     |
| FFT  | Friends & Family Test                          |
| FoI  | Freedom of Information Act                     |
| GMC  | General Medical Council                        |
| HCA  | Healthcare Assistant                           |
| HWE  | Healthwatch Ealing                             |
| LAS  | London Ambulance Service                       |
| LB   | London Borough                                 |
| LBE  | London Borough of Ealing                       |
| NAPP | National Association for Patient Participation |
| NHSE | NHS England                                    |
| NWL  | North West London                              |
| PPE  | Patient & Public Engagement                    |
| PPG  | Practice Participation Group (this group)      |
| SaHF | Sharing a Healthier Future                     |
| ToR  | Terms of Reference                             |