

## PPG Meeting 7 February 2017 Minutes

**Present:** Danny Boggust, Sennen Chiu (Vice-Chairman), Jean Corey, Malcolm Corey, Matt Edwards (Practice Manager), Sheila Hayles, Keith Marshall (Chairman), Noreen Marshall, Phiroze Munshi, Jacqui Piper

**Apologies:** Jean Alden, Janet Bettaccini, Dr Harjeet Bhatoa, Sheree Hunt (Boots Oldfields Circus), Dr Harpreet Kooner, Jean Little, Dr Mohini Parmar, Ewa Siwiec, Phyllis Stubbings

### 1. Introduction

1. Keith thanked everyone for attending.
2. Introductions were not needed, as there were no new members present.
3. Unfortunately Lyn Duffus and Stan Owen have had to withdraw from the PPG, hopefully temporarily, due to Stan's health. We wish Stan well.

### 2. Approve Minutes of Previous Meeting

1. The minutes of the AGM on 14 November 2016 had been circulated and were unanimously agreed. Keith signed them.

### 3. Boots Oldfields Circus Update

1. Sheree Hunt, the Branch Manager, had planned to come to this part of the meeting but was unable to.
2. Mariya Shah, who had accompanied Sheree to the May 2016 meeting, is no longer working at the Oldfields Circus branch.
3. Matt reported the standards at the branch were improving, but it would take some time to re-establish a good reputation.
4. Paresh Virji, the Practice's Clinical Pharmacist, is now taking the lead dealing with Boots.
5. Keith reported that one (unnamed) local practice was advising its patients not to use the branch.
6. It was generally observed that, having been taken over, Boots are looking for profit at the expense of staff members and customer care, especially given their investment in online retailing.
7. Keith will ask Sheree to attend the next meeting. **Action: Keith** *Done; awaiting reply*
8. Danny suggested also inviting the Area Manager, however this was thought unlikely to be productive.
9. Apart from continuing to provide feedback, especially if Boots attend another meeting, there seems little the PPG can do to help.

### 4. PPG Priorities

1. Keith circulated and ran quickly through the latest document he had drafted on the priorities. Some key points were:
  - Expand PPG. Have a half-day PPG session at the Practice each month, when volunteer members could talk to patients in the waiting area. Keith will schedule and request volunteers. **Action: Keith**
  - Events. Possible event for PPG Awareness Week is a Blood Glucose Testing Event run by the British Lions from a tent in the car park. Hillview have done this successfully. However Matt vetoed the idea as it presents a Health & Safety risk.
  - Events. Janet Bettaccini has suggested an "Any Questions" session, again in PPG Awareness Week. The format and thus likely questions are not known and need working out. Keith will discuss with Janet. **Action: Keith**
  - Practice Survey. The Practice have asked the PPG to run the survey again this year. Janet has suggested doing it one day a week over 5 weeks, which was agreed as a good idea. Keith to organise for June/July. **Action: Keith**
  - DNAs. Sheila suggested a "three strikes and you're out" policy. Matt confirmed the Practice had such a policy although there were always going to be exceptional circumstances.
  - Self-Care. This is a big drive this year from the CCG and there is a meeting with them on 14/02. Danny made the point that some people find it easier to talk about their care than have to be self-reliant.
  - *Barnabas Bulletin*. A Coordinator is still needed. Jacqui offered to take it on again – thank you Jacqui. Keith will do the upcoming issue and discuss handover with Jacqui. **Action: Keith/Jacqui**
  - *Barnabas Bulletin*. Expanded distribution was discussed and it was suggested that all prescriptions and all patient letters have a *Barnabas Bulletin* included for a month following publication. **Action: Matt**  
Danny suggested putting an advert or article in local Residents' Association newsletters. Jacqui volunteered to draft something. **Action: Jacqui**
  - External Engagement. Re-engaging with Healthwatch Ealing would best be left until the contract changes (1 April) and the new provider is set up.
  - New Phone System. The Practice's proposed new phone system is on hold for financial reasons.
  - Building Extension. This is also now on hold for financial reasons and is unlikely before 2018 or 2019.
2. Keith asked for further suggestions on what we could do.
  - Phiroze suggested we should be educating people more especially, as Danny commented, people don't always understand the same thing by even quite basic words like "urgent".
  - Matt felt that people from other countries needed more information about how the system worked. The leaflet which would do this is still with the Practice for approval. **Action: Matt**
  - Jacqui commented that we need more active members. Sennen added that we need to reach those who don't attend the surgery. Identifying non-attending patients is difficult and the details could not be given to the PPG due to confidentiality.
3. Keith will update the priorities document, adding actions, and circulate the latest version with the meeting minutes. **Action: Keith**

## 5. Share and Exchange

1. Book Exchange. Noreen had nothing to say about the books, but added that during Lyn's absence she would include tidying the magazines when she came in. Sheila and Jacqui volunteered to bring in some more magazines, and Noreen would buy a few new ones as she had some donated money. **Action: Noreen**
2. Noticeboards. Keith is currently overseeing the noticeboards in Lyn's absence. He has not yet finished the reorganisation work (largely due to his knee surgery). **Action: Keith**

## 6. Practice Updates

1. The new screens have been installed to replace the old dot-matrix Jay-X boards. These are much easier to read and more flexible in terms of display. Matt is working on the content and Keith will draft a page on the PPG. **Action: Keith**
2. The Friends & Family cards are continuing to be a problem for the Practice with offensive content being written.

## 7. Other Updates, Matters Arising and AOB

1. Keith had brought with him some copies of *My Medication Passport*; an NHS initiative. These are completed by the patient with prescription drug information, allergies etc. and the patient carries it with them in case of emergency. There is also an associated smartphone app. Matt will discuss whether they are something the Practice wishes to promote. **Action: Matt**
2. Keith circulated some approximate costings for various NHS services such as visiting a GP (£32), calling an ambulance (£247) etc., which are based on information from Leicestershire Ambulance Service.
3. Barnabas Bulletin: Keith asked for ideas for further articles. Sheila suggested "A Day in the Life of a GP" which could include another nudge on DNAs.
4. After the earlier discussion of Self-Care, Sennen commented that he would be happy to run a Prostate Cancer Support Group.
5. The question of recording patients' phone calls arose: Matt confirmed that this was only done in cases like abusive callers.
6. **Next Meeting.** Monday 3 April; 1800 hrs; St Barnabas Church Hall.

Keith C Marshall  
Chairman  
16 February 2017

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

## 2017 Meeting Schedule

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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)

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## 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

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## PPG Meeting 3 April 2017

### Minutes

**Present:** Jean Alden, Danny Boggust, Sennen Chiu (Vice-Chairman), Matt Edwards (Practice Manager), Keith Marshall (Chairman), Noreen Marshall, Phiroze Munshi, Dr Mohini Parmar (GP Partner), Ewa Siwec, Phyllis Stubbings, Neha Unadkat (Deputy MD, Ealing CCG; for item 4)

**Apologies:** Janet Bettaccini, Jean Corey, Malcolm Corey, Lyn Duffus, Sheila Hayles, Tony Johnson, Stan Owen, Jacqui Piper

#### 1. Introduction

1. Keith thanked everyone for attending.
2. There were introductions all round.

#### 2. Approve Minutes of Previous Meeting

1. The minutes of the AGM on 7 February 2017 had been circulated and were unanimously agreed. Keith signed them.

#### 3. Boots Oldfield Circus Update

1. Sheree Hunt, Branch Manager at Boots Oldfield Circus, had been invited to the meeting but was once again unable to attend.

#### 4. NHS Developments

1. Neha Unadkat, Deputy MD of Ealing CCG, was invited to talk to the PPG about current NHS developments, specifically the local plans for STP, delegated commissioning and GP hubs.
2. Neha circulated a handout containing two presentations (copy attached to these minutes to save duplication); the following notes summarise the points discussed.
3. Up to now the CCG has been focussed on commissioning secondary care services (hospitals etc.) and additional GP services (eg. phlebotomy, ambulatory blood pressure monitoring). Earlier this year the CCG voted to take on the delegated commissioning (from NHS England) of GP primary care services; this started on 3 April. Ealing currently has 76 GP practices.
4. Keith raised the point of potential conflict of interest where GPs might be seen to be commissioning themselves. Neha replied that all discussion of this would be in public, with lay chairmen and including lay partners. Dr Parmar added that no Ealing GP would have any voting rights on GP services in the borough. The conflict of interest rules are quite strict and are laid down by NHS England.
5. Part of the new commissioning focus includes the three GP Access Centres (formerly known as "hubs") at the Elmbank, Florence Road and Sunrise Practices. These are intended to provide evening and weekend GP cover for patients with a

need for GP treatment which will not wait for normal hours. Referral will usually be from your normal GP practice or from NHS111.

6. There is also a big push to use technology to improve communications, investing in the built environment of GP practices, and encouraging patients in self-care. All are work in progress.
7. In response to questions from Sennen and Ewa about patient record sharing, Neha confirmed that this was still being worked on; Dr Parmar added that it was unlikely that there would ever be a single system but that interchange between different systems was a requirement.
8. Despite the noises coming from local politicians and activists Neha emphasised that **Ealing Hospital is emphatically NOT being closed**, and the PPG were asked to help dispel the misinformation. What is happening is that some services are being centralised to improve outcomes (the value of this has already been demonstrated through the centralisation of stroke and cardiac emergencies at Northwick Park & St Mary's, with a greatly improved survival rate).
9. Ealing Hospital A&E will close at some future date, when it is safe to do so; there are already relatively few blue light emergencies going to Ealing. The Urgent Care Centre will remain and it is envisaged that local healthcare services will be expanded at Ealing.
10. Ewa raised the point that Ealing Hospital had particularly good public transport links, which needed to be available to the other NW London hospitals if services were to be moved. Keith, Neha and Dr Parmar all acknowledged this and emphasised that work on transport links had been ongoing for several years. Already a bus route has been extended to serve West Middlesex Hospital, and other routes changed to ease access to Northwick Park. However changing transport links is not something quick and easy to do especially in these days of franchised/contracted services.
11. In response to concerns from Danny and others, Neha assured the group that everyone involved was committed to improving services and patient care. The work of clinical pharmacists in GP Practices was just one example. Other plans include extended training for GP receptionists.
12. STPs (Sustainability and Transformation Plans) were also briefly discussed. Neha commented that it is a national programme, and in the case of NW London, it is really only a pulling together what was already being done.
13. Neha mentioned Ealing CCG's Healthy Ealing website ([www.healthyealing.com](http://www.healthyealing.com)) which contains a wide range of good information on Self Care.
14. Neha also mentioned that a new Patient & Public Engagement & Equalities Manager had been appointed to replace Zereen Rahman-Jennings who has moved to another NHS role.
15. Neha suggested that members take her handouts away and let her know of any questions they might have – please feedback comments and questions to Keith who will co-ordinate. **Action: Keith**

#### 5. PPG Priorities

1. Keith had circulated the latest version of PPG Priorities 2017-19 and commented that a number of the items had been done or were ongoing; he needed to pick up some things relating to PPG Awareness Week. **Action: Keith**
2. Keith also committed to keep the sheet reviewed and updated and would bring it to each meeting. **Action: Keith**

## 6. Practice Annual Survey

1. This year's Survey will be on one day a week over five weeks in June. Keith circulated a schedule and asked for volunteers to let him know which days they could do. **Action: All**
2. Keith is working on the questionnaire. This will be discussed with Matt later in the month. **Action: Keith/Matt**

## 7. Regular "PPG Days"

1. On the same sheet as the Survey dates, Keith had included the proposed dates for members to spend half days in the waiting area talking to anyone who was interested in the work of the PPG and might wish to join – and generally answering questions.
2. With the exception of two days in PPG Awareness Week (19-24 June), the sessions are one a month and on different days of the week each time.
3. Members were asked to volunteer for this activity; even being able to cover part of a session would be helpful. **Action: All**

## 8. Practice Updates

1. Dr Parmar commented that the Practice website was being updated over the coming months, and added that there would be an emphasis on Self Care.
2. Paresch Virji is now settled as the Practice's clinical pharmacist, and his work is making a significant difference to the Practice.

## 9. Other Updates, Matters Arising and AOB

1. It is intended that the focus of the next (June) meeting will be on Self Care; there will also be an emphasis on Self Care in PPG Awareness Week and the next *Barnabas Bulletin*. Keith asked Neha if it would be possible for Manisha Parmar (Ealing CCG's Network Relationship Manager) to talk to this group in June. Neha committed to get back to Keith. **Action: Neha**
2. Danny asked Dr Parmar to explain what is meant by Self Care. In her reply Dr Parmar distinguished between Self Care and Structured Self Support. Self Care applies to short term problems like minor injuries, colds, etc. with which a patient can usually cope by use of household or over-the-counter remedies or with advice from a pharmacist. Structured Self Support is largely about managing long-term conditions such as diabetes or high blood pressure with medical help and monitoring.
3. Keith asked Dr Parmar what had happened to the Expert Patient Programme. Dr Parmar said that she would follow up with Neha on this. **Action: Dr Parmar**
4. **Next Meeting:** Tuesday 6 June 2017, 1400 hrs, in the Link at St Barnabas Church Hall.

Keith C Marshall  
Chairman  
16 February 2017

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

## 2017 Meeting Schedule

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  
STP Sustainability and Transformation Plans  
ToR Terms of Reference

## PPG Meeting 3 October 2017 – Minutes

**Present:** Jean Alden, Danny Boggust, Joyce Breach, Jean Corey, Malcolm Corey, Matt Edwards (Practice Manager), Sheila Hayles, Keith Marshall (Chairman), Noreen Marshall, Phiroze Munshi, Boba Rangelov (PPE, Ealing CCG), Phyllis Stubbings

**Apologies:** Janet Bettacini, Dr Bhatoa, Lyn Duffus, Ewa Siwiec

## 1. Introduction

1. Keith thanked everyone for attending.
2. As there were a couple of new people present, everyone briefly introduced themselves.

## 2. Approve Minutes of Previous Meeting

1. The minutes of the meeting on 6 June 2017 had been circulated and were unanimously agreed. Keith signed them.
2. There were no minutes of the August meeting, which was purely social.

## 3. PPG Action / Issue / Development Log

1. Keith circulated a detailed document with the PPG's current and proposed projects and ideas coded in the traffic-light colours of red, amber and green.
2. This was prompted by Keith's earlier meeting with Boba.
3. The intention is to more easily track all the items the PPG has raised and make it easier for them to be tracked in these meetings and in Keith's meetings with Matt.
4. In discussing the list a number of comments were made:
  - It was not yet clear how best to tackle the Blood Glucose Testing, "Know Your Blood Pressure" and "Any Questions" events. **Action: Keith**
  - The idea of having occasional "training" sessions with PPG members and Practice staff and clinicians was so that everyone would know each other, their roles and to share information.
  - Boba is interested to hear from anyone with input to "patient experience" strategy. Anyone with input, please contact Keith who will pass on contact details. **Action: All/Keith**
  - Keith still wants volunteers to write notes on their experiences of treatments or procedures for inclusion on the practice website as a help for others. These need to be relatively recent (say the last five years).
  - Danny expressed some concern about false expectations with regard to outcomes. Keith agreed that this could be a problem and was something we could help address under self care.
  - Improvements for the repeat prescriptions process. Danny observed that he had had no problems and Keith agreed that he hadn't, either, but a number of people had. Unnecessary prescribing was also a problem, especially given that approximately half of all prescriptions were not taken, or were taken wrongly. Keith felt that it should be possible for an alert to be triggered if a patient with ongoing symptoms did not get their prescription filled or collect their medication from the pharmacy.
  - Phiroze volunteered to help with a wider distribution of *Barnabas Bulletin*. However it is not clear how best to do this.

- At previous meetings it had been agreed that *Barnabas Bulletin* would be handed out to patients collecting paper prescriptions and included in patient letters. We are not aware that this is happening. **Action: Matt**

## 4. Strengthening the PPG

1. Keith had been looking at some of the good things that other PPGs do, and circulated a document listing factors to consider in strengthening our own PPG and energising the PPG-Practice relationship. (These are items which we do not already do, but which we potentially could do.)
2. Members were asked to read the document and let Keith know what they considered the top six items on which we should focus. Input by the end of October, please. **Action: All**
3. Keith will collate the responses for the next meeting. **Action: Keith**
4. Keith commented that he would still like to see some "Outstanding" ratings on the next CQC inspection.  
Matt indicated that the CQC inspection regime had been relaxed (largely due to a lack of resources) and that we would probably not be inspected again until around 2020.
5. Matt reported that he had been at a recent meeting of Practice Managers with the National Association for Patient Participation (NAPP).  
He had been disappointed with NAPP's responses to points raised about urban practices and patient groups, and felt that there was an emphasis on rural practices and what could be done with them.  
NAPP had suggested going into schools and talking about PPGs in order to attract younger adult members. Keith pointed out that if schools were to be involved, there would have to be some benefit for them too.
6. Danny referred to the roughly 30% yearly "churn" in the Borough's population as making it more difficult to attract people who would be staying in the area.
7. Jean and Malcolm commented that they'd tried to increase the diversity in the hearing group at Ealing Hospital and had no success.
8. Last year the PPG had around 16 people who attended at least one meeting. By comparison the national average PPG membership is under 10.
9. Boba cited the idea of GPs having flyers about the PPG on their desks to hand to patients, as was the practice in some other CCG areas.

## 5. Survey Action Plans

1. Matt highlighted the ongoing conflict between patients who find the appointments system good and those who complain of never being able to get an appointment. However as a result of surveys the Practice has in the last few years recruited additional salaried GPs, an additional nurse, an HCA, a phlebotomist, a clinical pharmacist and two additional receptionists.
2. The survey was also helping drive the take-up on online services with almost 10% of patients now registered for online services.  
The government is pushing for practices to have 80% of appointments available to be booked online.  
Concern was expressed by members that this was unhelpful to the still significant number of patients who did not have online access (which is not just the elderly). Matt agreed that there would always be the facility to book appointments by phone or in person.
3. We still need to do some work to understand the DNA rate. **Action: Matt/Keith**  
Malcolm asked for an item on DNAs at the next meeting. **Action: Keith**

## 6. NHS Communications

1. A number of members have expressed dissatisfaction with many NHS written communications. This had been discussed by several members at the August social meeting, as well as by others in email with Keith.
2. Accordingly Keith had drafted, and circulated, a motion setting out our position:

The members of Barnabas PPG are appalled at the poor quality of documentation being circulated by the NHS, especially that which is intended as a part of patient/community consultation or for providing healthcare information to patients. We are no longer prepared to put up with trying to understand over-long documents, full of meaningless NHS management mumbo-jumbo and elementary spelling and grammatical errors, which masquerade as consultation and are provided at the last minute before a hastily announced meeting. This is at best disrespectful to the intended recipients of documents and suggests to us that the NHS doesn't really care about patient/community consultation, but is merely paying it lip-service. (If we, a group containing English teachers, editors, proof-readers and a range of well-educated professionals, cannot get to grips with the documents then there is something very wrong.)

This is a situation which is pervasive throughout the NHS. It is unprofessional, reflects badly on the organisation as a whole, and does a disservice to the great work done by NHS clinicians.

We cannot fix the whole NHS but we can, and will, chip away at improving our corner. So until such time as there is significant improvement in this situation, we will decline to engage with any health or social care meeting or event where the information provided is:

- of unreasonably excessive length (say a maximum of 30 pages for the most highly complex areas)
- written in obscure, and meaningless, NHS management-speak and jargon
- contains a multitude of (often unnecessary) acronyms which are not explained on, or before, their first use
- contains elementary spelling and grammatical errors – because no-one cares enough to have the document corrected by someone with a good grasp of English as their first language
- circulated less than 7 days prior to the meeting, or the meeting date is announced less than 4 weeks in advance.

[We also expect to see the minutes of every meeting circulated to participants within 7 days of the meeting – currently minutes are hardly ever made available, even when requested!]

To use an overworked cliché, this is not "rocket science" but common courtesy. If the NHS is to improve, as it must, then one element of that improvement is a massive step-change in the professionalism of the organisation's administrative arm. Tackling the above will be a good first step.

3. Boba explained that the recent document which had "broken the camel's back" was sent out in lieu of an alternative and it really should not have been; a simplified version had been presented at the relevant meeting. Nonetheless the problem is seen is pervasive in the NHS and needs addressing.
4. In conclusion, it was felt that the time had come to make a statement as a PPG and to not waste time on such items until improvements were made. It was agreed that Keith should send the above statement to the NHS, carefully targeted. **Action: Keith**

## 7. Practice Updates

1. Karen Collett has been appointed as a practice nurse replacing Purnima Gurung. Karen, who is very experienced, will work Tuesdays and Fridays from 17 October. She also works with the CCG.
2. Dr Stéphanie Bihoreau (who is of French origin) has been appointed as a new salaried GP, starting in December, as replacement for Dr Knight. It is possible the Practice will appoint another salaried GP, although space is the main constraint.
3. Self-care was again discussed. Danny and Phiroze both commented on the importance of patients taking responsibility for their own health (and where necessary, that of their family members) and the need for the confidence and information to do so. Keith agreed that this was an educational challenge. Phyllis asked how much the GPs knew about alternative approaches such as diet and vitamin supplements. All are aware, but the approach varies and has to be tailored to the individual patient; Matt also commented that the GPs would really only not want patients to do things that would harm them.
4. Boba mentioned that a survey is being conducted on "social prescribing" (such as osteopathy or acupuncture) in the borough as approaches vary between practices and from one GP to another.
5. Matt commented that he hoped to have the new Practice website (as provided via the CCG) up in the next month or so. This will provide an improved source of information, including things in common with other Practices in the area. The new website is centrally funded for at least the next three years.

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

1. Boba invited members to attend workshop on community health services on 31 October, 1400-1700 hrs, at Ealing Town Hall.
2. The council are currently consulting on the 2018 update to the Pharmaceutical Needs Assessment. The consultation is accessible via the council website and runs to 30 November.
3. NW London CCGs are also running a survey on patients' use of digital technology. Accessible via <https://www.research.net/r/nwldigital>. Keith commented that this survey did not have a stated end date. Boba undertook to investigate. **Action: Boba**
4. Boba distributed a number of brochures and gave a supply to Matt for the Practice waiting area.
5. Keith asked Boba if it would be possible for someone from Ealing CCG to speak at one of our meetings on the subject of Self Care. **Action: Boba** Work in progress
6. Danny asked whether there would be anything to mark Dr Knight's retirement. Matt commented that there would be something within the Practice, but that Dr Knight was fairly resistant. Keith suggested that the PPG might wish to be included in in some way.
7. A substantial number of people are PPG members but make no contact. In the coming weeks Keith will circulate a message to all members (by email or post as necessary) asking them whether they wished to remain on the mailing list and to reply if they did. **Action: Keith** Scheduled for late October/early November
8. **Next Meeting:** Monday 4 December, 1800 hrs, in the Link Area at Barnabas Church Hall. This is the AGM.

Keith C Marshall, Chairman  
16 October 2017

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



## PPG AGM – 4 December 2017 – Minutes

**Present:** Janet Bettacini, Danny Boggust, Sennen Chiu, Jean Corey, Malcolm Corey, Lyn Duffus, Matt Edwards (Practice Manager), Sheila Hayles, Keith Marshall (Chairman), Noreen Marshall, Dr Mohini Parmar (Senior Partner), Phyllis Stubbings, Lindsay Topham (Ealing CCG)  
**Apologies:** Jean Alden, Phiroze Munshi

### 1. Introductions & Apologies

1. Keith welcomed everyone and thanked them for coming to the meeting; everyone introduced themselves.
2. Those present signed a retirement card for Dr Knight.  
 Sennen proposed a vote of thanks to Dr Knight for all his work over many years, which was unanimously agreed.

### 2. Approve Minutes of October Meeting

1. The minutes of the October meeting were circulated and unanimously agreed; Keith signed the file copy.

### 3. Receive Chairman's Annual Report

1. Keith summarised his annual report, which had been circulated in advance.
2. There had been a slight increase in members, but it had been overtaken by a large decrease caused by the recent validation exercise (in which all registered PPG members had been asked to confirm their continued interest; those not responding had been removed from the membership list).
3. During the year the PPG had held five formal meetings and one social meeting. This is suggested as the pattern going forward.
4. Some disappointment was expressed that the GP partners had not been present at more meetings. Matt commented that the partners had been under a good deal of pressure this year. Keith asked if it would help to change the times and/or days of the meetings; this was discussed later in the meeting.
5. Annual Patient Survey. This year the Survey had been spread out as single days over five weeks. It was agreed that this had made it much easier and less tiring for volunteers.
6. Several "Meet the Patients" sessions, for volunteers to chat to patients about the work of the PPG, had been carried out during the year. These had attracted a number of new members.
7. The Practice's newsletter, *Barnabas Bulletin*, had been successfully produced throughout the year, although currently lacking a coordinator after Jacqui Piper had had to stand down for health reasons. There were no volunteers to take on the role of coordinator.
8. There is a need to attract more active members. The PPG could do more, but only with more volunteers.
9. Looking forward, it was agreed that the PPG's work would mainly consist of continuing the established projects, although one new one that Keith is suggesting is open forum meetings on particular subjects, such as Self Care.
10. Lyn asked how many people accessed the Practice website, and whether it used a method for counting them. Matt does indeed track this.
11. The Report was unanimously accepted and Keith signed it.

### 4. Election of Chairman

1. Malcolm proposed that Keith should be re-elected as Chairman. This was unanimously agreed.
2. Janet thanked Keith for all his work; this was also unanimously agreed.

### 5. Elect Vice-Chairman

1. Sennen has been Vice-Chairman for the last year but needs to stand down due to health concerns and family pressures.  
 There was a vote of thanks to Sennen for all his past work for the PPG.
2. Phyllis very kindly volunteered to be Vice-Chairman, which was unanimously accepted.

### 6. Self Care

1. Lindsay Topham of Ealing CCG spoke about the NHS's Self Care campaign.
2. Her first point was that a lot of Self Care is about educating the public and making choices clear.
3. Lindsay manages the screen playlists that are displayed in the waiting areas of GP practices, and uses them to reflect campaigns that the NHS and the CCG are currently running.
4. The Healthy Ealing website, <http://www.healthyealing.com>, is about the wider services available in the borough.
5. Lindsay works a lot with Public Health bodies, and talked about the Know Your Numbers campaign which is about blood pressure. It includes offering blood pressure readings to the public away from GP surgeries, and training people to take blood pressure readings and offer advice.  
 The other part of the campaign is called Working Well, and is offering the same service at schools, other workplaces and places of faith. Lindsay added that she would happily engage with running a session in a GP practice.  
 Keith linked this to the Lions Clubs International's campaign on awareness of blood glucose levels, and Janet pointed out that Rotary also offer blood pressure readings to the public.  
 Lyn asked about the quality of the follow-up advice connected with the blood pressure readings, since people might be alarmed by their results. Lindsay reassured that all those taking the blood pressure readings are trained to be able to have that conversation.
6. Lindsay commented that Self Care was the other arm of this work, and it was easy for PPGs to get involved.  
 Keith suggested that in our case it would be useful to link this to PPG Awareness Week (first week in June), when the Annual Patient Survey would be starting.  
 There is also Self Care Week in November.  
 Lindsay commented that there would be localised events, and that they were still exploring ways forward. Janet, as a school governor, offered to get Lindsay access to her school.  
 More information for COPD patients is also needed, as is more information to help patients use the emergency services appropriately.
7. There was a discussion, started by a remark of Danny's, on how to reach those who are isolated, never see a doctor, etc.
8. Social prescribing is about providing access to support for those with conditions such as low-level depression. The aim is to help reduce patients over-consulting GPs because of loneliness; rather a link worker could help them with access to local help and with building them an individual support plan, thus taking some of the strain off GP services. The "Strength and Balance" sessions are one example of social prescribing.  
 Patients' progress needs to be measurable; this is done using an individual Patient Activation Measure (PAM) with four grades from 1 (most needy) through 4 (least needy).

Keith suggested that we could be spreading the word about Social Prescribing via "Meet the Patients", survey week etc.

9. Keith asked what had happened about the Expert Patient Programmes. The CCG had not run any this financial year. A robust structure and good value for money were needed. There would probably not be enough money for this and Social Prescribing, and money had to be channelled to provide the greatest impact.
10. Danny asked if the CCG had looked into how many people actually wanted Social Prescribing. It was acknowledged that not all patients do want help and, as Keith pointed out, there are patients who will refuse any help.
11. The Practice's new website (due in early 2018) will have links to self care information.

## 7. DNAs

1. Malcolm had asked for this to be on the agenda.
2. Dr Parmar commented that the NHS had done a lot of work on DNAs, and the use of reminder texts messages and emails had helped to bring the number down. Appointment letters arriving the day before an appointment does not help.
3. There was a general agreement that because GP services are free at point of access, they're not always valued enough; although Noreen pointed out that even vets have DNAs, and their appointments are usually charged for.
4. Dr Parmar agreed that it was possible to make use of the time created by DNAs, but it is not good or efficient.
5. Keith asked if there was anything useful the PPG could do about it, but other than general patient awareness there probably isn't.
6. The question of charging for DNAs resurfaced. The NHS does not allow GPs to charge for missed appointments, although repeat offenders are written to and can be removed from a GP's list.

## 8. PPG 2018 Meeting Dates

1. The first question was whether to keep to meetings on Monday early evening and Tuesday afternoon, or whether other days/times might be better. There was no enthusiasm for change.
2. Keith intends to experiment with holding occasional "open forum" meetings where there will be a speaker who can answer questions. These will be open to all patients and will need widely advertising.  
Matt and Keith suggested that the "open forum" meetings are on Tuesday lunchtimes, 1300-1400 with the PPG meeting to follow. This may attract more to PPG meetings.
3. Keith suggested that the first (February) meeting of 2018 should be an evening one. The April and June meetings would be on Tuesdays, with "open forum" before them. It is hoped that the April meeting will have Paresch Virji (our Clinical Pharmacist), speaking about his work. Keith to contact Paresch. **Action: Keith**  
Keith will ask Lindsay to speak at the June open forum (which will be in PPG Awareness Week) on Self Care. **Action: Keith** Agreed in principle  
The August meeting would be a social occasion.  
October will see another Open Forum; topic to be decided.  
The AGM will be in early December.
4. Keith will fix dates and book the church hall. **Action: Keith** Done; meeting dates attached below

## 9. Practice Updates

1. Janet asked if there was a new doctor to replace Dr Knight. Matt replied that Dr Stéphanie Bihoreau had started work at the practice that day.  
The Practice are also trying to establish a bank of locum GPs.
2. Dr Vijayadeva was also leaving and they had interviewed for a new male doctor (to keep the gender balance of the team).

3. New regulations mean that every GP practice will have to be open between 0800 and 1830. This is expected to come into effect in the New Year.
4. Changes are being made to repeat prescription ordering arrangements: pharmacies will no longer be able to order patients' repeat prescriptions for them.

## 10. PPG Updates

1. Keith commented that the membership validation exercise had removed about 75 names from the list of PPG members. There are now about 30 registered members.
2. There had been few responses on the PPG focus areas. Keith will be making new proposals at the next meeting. **Action: Keith**
3. Matt had agreed the content of the December issue of *Barnabas Bulletin*; this would be available later in the week. Keith and Matt to print copies. **Action: Matt/Keith** Done
4. The PPG Action Log had been updated. Matt and Keith needed to go through this and update it before the next meeting. **Action: Matt/Keith**
5. Keith asked for more contributions of patient experiences, hints and tips. **Action: Everybody**
6. NAPP (the National Association of PPGs) has a "Group of 100" to give them quick feedback on questions. Keith has signed the PPG up as a member of this group.
7. The Practice is using a new NHS information leaflet about the possibility of charging patients who were non-UK residents. This means the PPG's proposed leaflet on the subject is not needed.

## 11. Matters Arising and AOB

1. **Next Meeting.** Keith proposed to hold the next meeting in early February. **Action: Keith** Meeting fixed for Monday 5 February 2018, 1800 hrs, St Barnabas Church Hall (Link area)

Keith C Marshall  
Chairman  
17 January 2018

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

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## 2018 Meeting Dates

- **Monday 5 February**; 1800 hrs; Church Hall (Link)
  - **Tuesday 10 April**; Open Forum 1300 hrs; PPG meeting 1400 hrs; Church Hall
  - **Tuesday 5 June**; Open Forum 1300 hrs; PPG meeting 1400 hrs; Church Hall
  - **Monday 6 August**; 1800 hrs; Greenwood Pub; Summer Social
  - **Tuesday 2 October**; Open Forum 1300 hrs; PPG meeting 1400 hrs; Church Hall
  - **Monday 3 December**; 1800 hrs; Church Hall (Link); AGM
-



## PPG Meeting 6 June 2017 Minutes

**Present:** Jean Corey, Malcolm Corey, Lyn Duffus, Matt Edwards (Practice Manager), Sheila Hayles, Keith Marshall (Chairman), Noreen Marshall, Ewa Siwec, Phyllis Stubbings

**Apologies:** Jean Alden, Janet Bettaccini, Sennen Chiu, Jean Little, Jacqui Piper

### 1. Introduction

1. Keith thanked everyone for attending. Introductions were not required.

### 2. Approve Minutes of Previous Meeting

1. The minutes of the meeting on 3 April 2017 had been circulated and were unanimously agreed. Keith signed them.

### 3. Role of the Practice Manager

1. Matt was invited to talk about his role as the Practice Manager.
2. He explained that he previously worked in IT in the pharmaceuticals industry, where there had been specialist departments for the various aspects of running the business: HR, finance, maintenance, payroll *etc.* Consequently Practice Management had been quite a shock as the Practice Manager has to do everything non-clinical to keep the practice running – with little, if any, specialist backup or support, and constant potential problems that could close the Practice.
3. Matt's working day normally starts around 0730 with 60-80 emails and there was always something significant waiting to be dealt with. Among his early priorities were making sure that the appointments and available doctors were well balanced; dealing with people who were upset for any reason; and tackling "To Do" lists (often ticking five items off but having to add a further ten).
4. He commented that the whole Barnabas team is very talented, flexible and supportive. For example, of the 76 practices in Ealing, Barnabas Medical Centre has the second most successful rate for managing the health of patients with diabetes – Sallian Amon-Ra has particular responsibility for this, being firm but fair with patients and making sure that appointments were kept and tests carried out. Other Receptionists have similar special roles. Everyone present agreed that the Practice's receptionists and nurses were exceptional.
5. Matt also has to ensure that the required insurance and indemnities are in place; staff are paid, and so on.
6. Like all GP practices, Barnabas Medical Centre is a business. The finances entail a lot of work, particularly with NHS England, who meet some of the expenses of running the Practice, but mainly on a basis of claiming money back after it has been spent.

7. There was a short discussion about what happens if a GP practice goes bankrupt.
8. The Practice will probably not now go ahead with the extension of the premises, as this would require an uncomfortable level of investment by the Practice and Partners in addition to the funding available from NHS England.
9. Matt commented that in the current financial environment many new doctors prefer to be a salaried GP rather than a partner, as it involves less responsibility and does not include a requirement to invest money in the practice.
10. The Practice has about 9,200 patients on its books, making it one of the larger practices in the area. Most NHS GP practices are not allowed to cap their patient numbers, although they are required not to put patient safety at risk.
11. The Practice's minor surgery service is available to patients referred from other GP practices in the area, as is the paediatric phlebotomy service.
12. Lyn asked about the safe disposal of 'sharps' (used needles *etc.*). The Practice is no longer responsible for this as Ealing Council now provide doorstep collection of sealed sharps bins. Call 020 8825 6000 to request a collection.
13. The subject of phone consultations was raised, and whether this service could be bookable online, thus reducing the workload on the Reception Team. Matt felt that it was unsuited to online booking because it was not possible to guarantee the availability of a doctor at a given time as calls are often interwoven with face-to-face consultations.

### 4. PPG Awareness Week, Practice Survey, *etc.*

1. This year's Annual Survey is taking place over five weeks, one per week, during June. The first session had already been run successfully.
2. Keith commented that one of the Survey volunteers had withdrawn for health reasons. Keith and Noreen will take on some of the extra work; Lyn and Sheila both volunteered some time. Keith will update the schedule. **Action: Keith Done**
3. With the introduction of FFT cards, CQC no longer requires practices to carry out an annual survey – but they do still like surveys to be taken.
4. Matt made the point that the Practice GPs find information from the survey an invaluable tool for future planning; and much more useful than FFT cards.
5. Two "Meet the Patients" sessions had been run since the last meeting. These sessions are where members of the PPG chat about the group with patients in the waiting area, and answer questions, with the hope of recruiting new members. Two further sessions are planned for June (both in PPG Awareness Week, 19-24 June), and then one a month for the remainder of the year.
6. Keith will be arranging with Manisha Parmar (from Ealing CCG) for someone to talk to the group, later in the year, on self-care. **Action: Keith**

### 5. PPG Priorities & Projects Update

1. Keith circulated the latest version of PPG Priorities 2017-19 document.
2. One of the things already emerging from this year's Survey is that patients want more knowledge in order to be able to self-care. An "Any Questions" session is one way this could be achieved. **Action: Keith** Lyn and Matt favoured giving such session(s) a specific focus; Keith was concerned that if it was too specific the potential audience would be too small.
3. Lyn has resumed vetting the magazines, removing any ancient and damaged ones.
4. Keith has finished reorganising the noticeboards.

5. Keith introduced the idea of "Notes for Sharing". This is envisaged as patients sharing hints, tips and experience (including local knowledge) of various procedures and treatments (eg. hip replacement; insulin initiation) in order to help those embarking on such treatment. (Keith instanced the very helpful advice Sheila had given him before his knee replacement operation.) Lyn added that a "What should I take into hospital?" list could be very useful. Anyone wishing to contribute should send notes to Keith. **Action: All** Keith will also solicit contributions via the PPG Members' Monthly Bulletin and the September issue of *Barnabas Bulletin*. **Action: Keith** Contributions will be collated and published (anonymously) on the Practice website. **Action: Keith** Ewa cited a London-based forum whose website offers this kind of advice; she will find the address. **Action: Ewa** *It is <https://www.myhealth.london.nhs.uk>.*
6. Keith asked for an update on Boots' Oldfield Circus. Matt replied that the relationship between the Practice and the branch was distinctly better, largely due to the efforts of our Clinical Pharmacist, Paresh Virji. Work is ongoing.
7. Keith asked if there were particular subjects members would like someone talk to the meetings about. Noreen suggested inviting a paramedic since their work had changed so much in recent years. **Action: Keith**

## 6. Practice Updates

1. Paresh Virji was now working full-time at the Practice, having taken on being its Clinical Pharmacist as well as being responsible for Care Plans.
2. The Practice's Phlebotomist is seriously ill, and the blood test service has had to be suspended while the long-term prospects are considered. In the short term our HCA, Kalyan Goli, is able to deal with urgent blood tests. The children's blood test service on Friday mornings is unaffected as it is supported by a specialist phlebotomist. Keith pointed out that, based on recent feedback from patients, there was a need for more paediatric phlebotomy across the borough.

## 7. PPG Updates

1. Open Day at Ealing Hospital, Saturday 8 July. Keith circulated a flyer for this event, and will put up notices in the waiting area. **Action: Keith** *Done*
2. Everyone agreed with Keith's proposal that the next PPG meeting should be a social occasion, meeting in the nearby Greenwood Hotel.
3. The June issue of *Barnabas Bulletin* was available. Keith has printed copies for the waiting area etc.

## 8. Other Updates, Matters Arising and AOB

1. Keith had again raised the question of Expert Patient Programmes with Dr Parmar. It seems that at present these are not running.
2. **Next Meeting.** The next meeting is scheduled for **Monday 7 August at 1800.** As mentioned above this will be a social event in the **Greenwood Hotel** on Whitton Avenue West. An invitation is extended to all Practice staff.

Keith C Marshall, Chairman  
19 June 2017

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

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

## 2017 Meeting Schedule

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Monday 7 August	1800 hrs	Greenwood Hotel (Social event)
Tuesday 3 October	1400 hrs	St Barnabas Church Hall
Monday 4 December	1800 hrs	St Barnabas Church Hall (AGM)

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## Glossary

BB	<i>Barnabas Bulletin</i>
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
STP	Sustainability and Transformation Plans
ToR	Terms of Reference

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