

PPG Meeting – 5 February 2018 – Minutes

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

1. Introductions & Apologies

1. Keith welcomed everyone and thanked them for coming to the meeting.
2. No introductions were necessary.

2. Approve Minutes of AGM

1. The minutes of the December AGM had been circulated and were unanimously agreed; Keith signed the file copy.

3. Governance Document Review

1. The proposed revision of the group's "Governing Document and Terms of Reference" had previously been circulated.
2. Keith commented that there were very few changes. The main addition was "Annex A: PPG/ Practice Joint Working Principles".
3. The changes to the document were unanimously agreed.
4. Keith will update the file copy of the document. **Action: Keith**

4. PPG Direction and Plans**4.A. Strengthening PPG-Practice Relationship**

1. Keith had drawn up a 29-point document of possible activities to strengthen this relationship, and asked those present which items they felt were most important in order to focus our efforts.
2. Dr Parmar commented that the list needed to be three or four things only; but that the Practice needed to ask itself how the PPG could help, and then feedback to the PPG, especially in view of the planned changes. **Action: Dr Parmar**
 Topics mentioned included clinics, prescriptions, appointments, Prescribing Wisely, management of long-term conditions, use of longer but less frequent appointments, use of Paresch Virji's skills as Clinical Pharmacist.
3. As a first step, Lyn suggested taking out anything that the Practice did not agree with. She also commented that some of the items naturally went together.
4. Danny agreed the Practice should express their view first, in order to move forward without controversy.
5. Keith asked whether the PPG's collective professional skills could be of use and Phiroze suggested asking the Practice team about using PPG skills in, for example, IT and finance.

Both Dr Parmar and Matt felt this was unlikely to happen as there needs to be a clear separation between the Practice and the PPG.
 The Practice's view is that the current PPG meetings, with the contact meeting between Keith and Matt, were the correct level of engagement.

6. Dr Parmar also mentioned the need to increase use of the Practice website for repeat prescriptions, and suggested having a coffee morning to help with familiarisation.

Keith suggested that the PPG could use a laptop in the waiting area to run demonstration sessions for patients on how to use the online system and website; this would be viable once NHS WiFi is available. Matt suggested using another room for this, but Keith's point was that using the waiting area would get better take-up.

Keith mentioned that he would like Paresch to do an open forum session on his work, which would include prescriptions.

7. Several members were unhappy with the increasing emphasis on online facilities, since not all patients had internet or smart-phone access.
8. Phiroze asked if it would be possible to validate repeat prescriptions by phone. Matt replied that this is not allowed, and Dr Parmar explained that there was too much likelihood of mistakes being made.
9. Noreen commented that Meet the Patients seemed to be an important thing to continue as it provides useful feedback, an opportunity to inform patients, and a trickle of new PPG members.

4.B. PPG Priorities

1. Referring to the document "PPG Priorities & Actions 2017-19" (previously circulated) Keith commented that some of the items have been completed (shown in green); others continue to be done (eg. Meet the Patients) and some have been cancelled for various reasons (shown in pink).
2. Phiroze was concerned that people need to be educated. This is all part of Self Care, and will (in part, at least) only be achieved by drip-feeding information to patients.
3. Dr Parmar commented on a new Self Care smartphone app which Ealing would be making available soon. (It is already working well in Harrow.)
4. Lyn asked if the screen in the waiting area could advertise the Practice's new website as if people didn't know about the existing website they are unlikely to notice a new one.

Action: Matt

5. The Prescribing Wisely proposal will be launched by the NW London CCGs on 1 March; it is part of a nationwide campaign from NHS England. There are two main elements: (a) no longer prescribing items that can reasonably be bought without a prescription (which will release NHS funding for other treatments) and (b) patients managing their own repeat prescriptions via their GP, rather than pharmacies ordering for the patient (which is leading to waste).

4.C. PPG Action Log

1. Keith has created a consolidated list of all the open discussion/action items between the PPG and the Practice; these are in the document "PPG Action/Issue/Development Log" (previously circulated).
 This list has been reviewed with Matt and a number of items have been closed for various reasons.
 The remaining items are flagged as green (it's happening), yellow (it is stalled), red (there is no current activity).
2. The items on data tracking would be easier with the new Practice website (due in next few months) and an expected update to the Practice's SystmOne system (due later this year).
3. The actions on prescriptions have largely been put in place by Paresch as Clinical Pharmacist.
4. Lyn asked about progress with the drawing pads for children. Keith replied that he had thought of supplying "join the dots" drawings (which could be done with any pen/pencil) but had not been able to find anything that was cheap (or free), copyright-free and sensible. Lyn thought that she might be able to find something suitable via her sister.

Action: Lyn

Ewa suggested magnetic drawing pads (£1 in Poundland) but it was felt these might be taken or be an safety risk.

Matt will speak to Theresa drawing pads. **Action: Matt**

Jean Alden later kindly donated two drawing pads – thanks, Jean!

Danny suggested parents should take responsibility for keeping their children occupied, however, as Keith pointed out, this leads to the misuse of prescription slips, leaflets etc. (Noreen had recently removed a carrier bag full of rubbish from the just the one ventilation slot nearest the toy cupboard.)

- It was asked if it would be possible to put information on doctors and nurses late running on the screens in the waiting area. Dr Parmar thought this should be done. **Action:**

Matt

4.D. In summary.

- Keith concluded the discussion by reminding the meeting that the PPG was starting to do the right things, and needed to concentrate on three or four of them.
- The top items suggested for focus were:
 - Annual survey
 - Data sharing (FFT, DNAs etc.)
 - Practice's focus areas & suggestions of PPG activity to improve CQC rating
 - Meet the Patients
 - Self Care & Choosing Wisely
 - New website & online services demos
- Keith will update the various lists and ensure they are regularly reviewed. **Action: Keith**

5. Practice Updates

- Dr Parmar reported on the launch of the Prescribing Wisely proposal by the NW London CCGs (see above).
- The Practice is working to appoint a replacement for Dr Vijayadeva.
- Extended Practice hours of 0800-1830 are coming soon.

6. PPG Updates

1. Meet the Patients

- Janet and Noreen had run the most recent session (January) and had both supplied notes of the feedback they had received. The information has been so useful that it was decided to always do this, even if there may be some repetition of various issues.

- Some patients are confused by the different times for the phone lines opening, the surgery opening, and the early appointments being available.

Matt asked that the relevant text in *Barnabas Bulletin* be updated. **Action: Keith**
Done

It is also hoped that some of the confusion will be resolved by the new website, although this is of no help to those who do not have internet access.

- Some patients don't like the receptionists doing triage with them in a public area. One patient suggested that there might be paper and pens available so that people could write down the information if they preferred. (A form might be too long to be practical.)

Matt agreed to discuss this with the reception team. **Action: Matt**

Danny asked whether triage was really necessary; however it would be almost impossible to allocate appointments suitably without it.

Ewa commented that she found the appointments system very frustrating, especially when phone consultations were not offered. Matt offered to look into her complaint.

Action: Matt

- Danny and Jean both commented that their experience of the appointments system was good: as both Matt and Keith pointed out, the Annual Survey always shows that the appointments system is said to be both what the Practice does best and what it does worst!
- Keith repeated his request for more contributions of recent patient experiences of medical procedures & treatments, plus any hints and tips that others might find helpful when undergoing them. He emphasised that it did not matter if there was some

duplication, especially as experiences would differ from one hospital (and even one patient) to another. **Action: Everybody**

- Keith also asked for volunteers to run the Annual Patient Survey and the Meet the Patients sessions, and had circulated a list of the dates. **Action: Everybody**

7. Matters Arising and AOB

- Noreen asked if there was still an option to press 0 to cut out the recorded message when ringing the surgery (if the caller knows that the various options given do not cover their enquiry) as she had found recently that it simply took her back to the beginning of the message. Another member had also experienced this. Matt replied that it should still be available; it was concluded that this probably happens at times when the system is overwhelmed with callers.
- Lyn asked what the work of the *Barnabas Bulletin* Co-ordinator involved: Keith explained that it was being responsible for getting text from contributors and writing some items. Keith currently uses this to create the print master copy. Lyn commented that she couldn't undertake this at present but would consider it at a later date.
- Malcolm asked about the sanitising hand gel in use at the Practice, and whether it was antiviral. Matt replied that it was both antibacterial and antiviral.
- Malcolm also asked about the version of the flu jab that the Practice had used this winter. Matt replied that there had been two versions of the vaccine, one of which was more expensive than the other. The difference between the two products was marginal, and it was decided not to go with the more expensive. The Practice normally splits its order between two suppliers as a precaution against non-availability.
- Next Meeting.** Tuesday 10 April, 1400, St Barnabas Church Hall. Keith is arranging an "Open Forum" session, hopefully with Paresh Virji, in conjunction with this meeting.

Action: Keith

Done: Open Forum "Understanding Your Medicines: What, Why, How" with Paresh Virji on 10 April at 1300, followed by the normal PPG meeting at 1400

Keith C Marshall
Chairman
23 February 2018

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

Text in underlined italic is post-meeting updates.

2018 Meeting Dates

- 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
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service seems to be continuing in some areas (eg. Harrow), and at some pharmacies. Keith commented that Ealing and Harrow have different practices for medical services. Matt added that Ealing has the largest CCG in London, and probably offers more services.

Question: What are the different definitions of the words "chemist" and "pharmacist"?

Paresh: Originally, in the days of pestle and mortar, drugs were made up in small quantities by someone who was a chemist. Since the industrial age, this has more often been done by chemists (those who have qualifications in chemistry) within factories, and the person who dispenses the drugs has become a pharmacist (someone with a qualification in pharmacology).

Question: Does the rise of the Practice Pharmacist mean that Community Pharmacists will be phased out?

Paresh: No – but maybe I should cross my fingers!

Question: How long have you been with Barnabas Medical Centre, and does it save the doctors' time?

Paresh: I've been here for three years altogether, and in my current role for eighteen months.

Matt: Paresh saves us so much time and makes things so much easier that he's not allowed to take holiday – it's awful if he's away!

Question: Why are redundant drugs still on my record when I go online to order repeat prescriptions?

Paresh: That's why it's important that you order your repeat prescription drugs rather than the Community Pharmacist doing it for you. You are much more likely to know what you take and what you need.

Question: Could the redundant ones be removed, so that patients don't have to check to see which are the correct ones and don't order the wrong ones by mistake?

Matt: No, because it's part of your medical history, though it might eventually be possible to put the current ones at the top, so they're the first ones you come to on the form, with the others beneath.

Keith: The Summary Care Record should indicate which are any patient's currently prescribed drugs and which other drugs they have been prescribed in the last 6 months but are no longer taking.

Question: Do I gather that you'll be doing annual reviews of patients' medication?

Paresh: We already do this and, over time, I expect to do more and the Doctors fewer.

Keith commented that another of the important things that Paresh does is to reconcile duplications and conflicts in patients' prescription drugs – something that can easily happen if the patient is seen by several different consultants and/or hospitals as well as their GP.

Sheila also reminded us that Paresh can advise on the best times of the day to take various drugs for maximum benefit to the patient.

Open Forum & PPG Meeting – 10 April 2018 – Minutes

Open Forum Session

Present: Joe Adam, Jean Alden, Carlo Bettaccini, Danny Boggust, Teresa Brady, Lyn Duffus, Matt Edwards (Practice Manager), Sheila Hayles, Rhiannon Ingram, Jean Little, John Little, Keith Marshall (PPG Chairman), Noreen Marshall, Phiroze Munshi, Barti Sadhu, Shivani Singharia (Boots Oldfield Circus), Phyllis Stubbings (PPG Vice-Chairman), Paresh Virji (Clinical Pharmacist)

Apologies: Janet Bettaccini, Sennen Chiu, Jean Corey, Malcolm Corey, Jacqui Piper. Ewa Siwec

[This is a summary of the important points from the session.]

Keith welcomed everyone and thanked them for coming to the session. Everybody briefly introduced themselves.

Keith introduced Paresh Virji, Clinical Pharmacist at Barnabas Medical Centre, to talk about his work and answer questions.

Having introduced himself, Paresh began by explaining that there are four different types of pharmacists: industrial, community, educational and clinical.

- Industrial Pharmacists work at developing and refining drugs and medicines.
- Community Pharmacists dispense the treatments prescribed for patients by doctors, dentists etc.; they may also give advice and help with minor ailments.
- Educational Pharmacists train students to become qualified pharmacists.
- Clinical Pharmacists help both doctors and patients in their practice to get the most out of treatments, by going closer into the details of the medication. Thus while doctors still do the clinical and diagnostic work, Paresh can help everyone to manage the treatments effectively and make sure of the safety aspects.

Question: How easy is it to synchronise drugs, so that everything runs out at about the same time?

Paresh: I liaise with Community Pharmacists to try to get the right results with this aspect of repeat prescription drugs, but it can be made more difficult by the packaging of some. If the patient tells either the Community Pharmacy or me the numbers of tablets they have we will then aim to synchronise their repeat prescriptions to the nearest seven days across all the patient's drugs.

There was reference to the recent change in regulations that means Community Pharmacists can no longer order a patient's repeat prescriptions, although this

Question: How do you avoid missing duplicate prescriptions of drugs? Can things get by you? Do you see every prescription?

Paresh: I should see any new or changed repeat prescription requests, but not usually otherwise. I'm normally notified of duplicates by either the patient or the GP.

Question: Do you like to revise/reduce dosages?

Paresh: Yes. Looking at a patient's drugs overall we can adjust dosages if necessary.

Question: I successfully order my repeat prescriptions online and the Pharmacy delivers them to me, but I wish that I still got the counterfoils from the prescriptions, as they sometimes contain useful information.

Paresh, Shivani, Keith: The Community Pharmacy should still give you the counterfoils of any prescription, even if your drugs are delivered.

Paresh talked about the Choosing Wisely initiative, which aims to reduce the amount the NHS needlessly spends prescribing items which are available easily and cheaply for patients to buy. Ibuprofen and Paracetamol are just two examples: an Ibuprofen prescription costs the NHS about £12, but can be bought over the counter for less than £1.

Question: Surely it should be possible to state on a patient's records that a particular item (eg. aspirin) is independently bought by the patient? The current wording is "not taken", which is inaccurate and misleading. It should be clearly stated that the item *is* taken, just independently supplied.

Keith: I would certainly expect this to be on the Summary Care Record.

Question: Couldn't there be a list of the items you could buy for yourself?

Shivani: Multiple over-the-counter purchases of painkillers (or other medicines) from the same pharmacy should be queried by the Community Pharmacist.

Comments: There is a list of drugs the NHS wishes patients to buy rather than have prescribed.

See for example

https://www.healthnorthwestlondon.nhs.uk/sites/nhsnwondon/files/documents/list_of_otc_products.pdf and

https://www.healthnorthwestlondon.nhs.uk/sites/nhsnwondon/files/documents/prescriptions_price_list.pdf.

Medicines bought at non-pharmacy retail outlets are strictly limited, but a supermarket, for example, will not be able to check if a customer buys the permitted amount from several different outlets (or members of staff) on the same day. This is a difficult balance as people might continue to dose themselves with (for example) indigestion remedies when they should be seeing a doctor about their digestion symptoms.

PPG Meeting

Present: Jean Alden, Carlo Bettaccini, Danny Boggust, Teresa Brady, Lyn Duffus, Matt Edwards (Practice Manager), Sheila Hayles, Rhiannon Ingram, Keith Marshall (Chairman), Noreen Marshall, Phiroze Munshi, Barti Sadhu, Shivani Singharia (Boots Oldfield Circus), Phyllis Stubbings (Vice-Chairman), Lindsay Topham (Self Care Development Officer, Ealing CCG)

Apologies: Janet Bettaccini, Sennen Chiu, Jean Corey, Malcolm Corey, Jean Little, Jacqui Piper, Ewa Siwiec

1. Introductions and Apologies

1. Keith welcomed everyone and thanked them for coming to the meeting.
2. Again everybody briefly introduced themselves.

2. Minutes of the Previous Meeting

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

3. Volunteer Champion Models and Other Self-Care Initiatives

Volunteer Champion Models.

1. Lindsay Topham was present to speak about the idea of Volunteer Champions, and was seeking feedback.
2. In this scheme Ealing CCG is looking for people who are "active citizens" and "active PPGs" to work voluntarily with health services and other PPGs to encourage members of the public to achieve better results for their health (and healthcare). This is specifically aimed at improving awareness of long-term conditions (eg. COPD, diabetes).
3. The champions would receive training and support to run events within their networks (PPGs, schools etc.).
4. Lyn asked if this was like the Expert Patients programme. Lindsay replied that it was similar, but you wouldn't necessarily need to be a patient (just have some knowledge and interest). Additionally the scheme doesn't require so much funding.
5. The champions' work would be partly about raising public awareness, especially in those parts of the community that the medical services can't get at.
6. Lyn commented that the U3A (University of the Third Age) lectures that she attends often attract 80-120 people. Lyn will pass contact details on to Lindsay.

Action: Lyn

7. Danny felt that too many people were not taking sufficient responsibility for themselves and their health, and that more common sense was needed in these matters. Lindsay agreed.
8. Phyllis felt that food and health were very important and interlinked; the idea that "you are what you eat" needed to be stressed.
9. Lindsay asked that ideas from PPG members on how such a scheme could work, and what it might do, should be passed to her through Keith. **Action: All/Keith**
10. Keith commented that he was still keen to collect more Patient Experience notes (written notes of recent personal medical procedures) which will be posted (without the names) on the Practice website as a help to others. This might be something which could also be of help to Volunteer Champions. **Action: All**

11. Keith suggested that when the new Practice website is up and running, members of the PPG could help demonstrate the Practice's online system and website to patients in the waiting room. **Action: Keith**

Health Help Now

1. Lindsay also talked about a new NHS digital platform called Health Help Now.
2. This is an application which runs on PCs and smartphones.
3. It is not yet available in Ealing but should be introduced in the next few months once it has been set up with Ealing information. It is currently available in Harrow and a number of other CCG areas.
4. The idea is that the app will help the patient choose the right service for their health needs; it includes information on healthcare services and community support groups. It also includes the ability to store key medical information and has a diary facility to help patients keep track of appointments. As such it should be useful for carers; those with long-term conditions; and patients who use several different medical services.
5. Danny flagged up the problems of those who are computer-shy or don't have the technology at all. Unfortunately there will be no alternative format for anyone without the appropriate phone or internet technology. Keith commented that this goes both ways: the NHS needs to remember those who don't or can't access modern IT technology; but patients need to remember that the NHS has to look for the most effective coverage for the money available.
6. Phyllis agreed to attend a related CCG meeting on Thursday 12 April and will report back. **Action: Phyllis**

Patient Activation Measures (PAMs)

1. Lindsay also talked about PAMs (Patient Activation Measures) forms; this is a paper-based system and not online.
2. The forms contain 18 questions for the patient to complete to help assess their level of confidence with managing their long-term condition. There are four levels of "patient competence"; 1 is lowest, 4 highest.
3. This is intended to help clinicians understand how well the patient is managing any long-term condition and avoid giving the patient more information than they can cope with.
4. Lyn asked if it was worth GPs giving PAMs forms to newly-diagnosed patients. It was agreed PAMs might be better first done at an early review.
5. Lyn, Lindsay and Keith all agreed that there could be issues of confidentiality; the completed forms reside with the Practice not the patient.

4. Practice Survey 2018

1. Copies of the draft Annual Patient Survey were circulated, along with proposed dates for the Survey sessions.
2. Keith asked PPG members which of the Practice's surgery hours we should aim to cover: all hours open or just core hours of 0900-1200, 1400-1700. It was agreed to cover just core hours as some members have indicated they are no longer able to do this work, or are likely to be available only at random at short notice.
3. Rhiannon asked what was involved, which Keith explained.
4. Keith also asked about the wording of the question about missed appointments. He had included the question partly to raise public awareness, but also in the hope of an innovative solution. It was agreed to use the word "penalise" rather

- than "charge" which Matt felt was too emotive. Keith will update the questionnaire. **Action: Keith Done**
5. A suggestion was made that we should include a question on Clinical Pharmacy. Matt agreed this would be useful but in 2019 when the role is better established. **Action: Keith/Matt**
 6. Sheila asked how late "too late" was in terms of notifying the Practice that a patient could not keep an appointment. Matt replied that it was best if this could be the afternoon of the day before, but even short notice was helpful.
 7. Phiroze asked about changes to the number of registered patients. Matt indicated that it remained fairly constant.

5. PPG Activity Updates

1. Keith proposed to have no discussion on this subject this time, but he and Matt would review the PPG Action Log at their next meeting and there would be a fuller discussion in a PPG meeting at a later date. Meanwhile the updated document(s) would be circulated. **Action: Keith**

6. Practice Updates

1. Matt reported that recently-appointed Dr Bihoreau was leaving, as she had been hired by another Practice where she is able pursue her interest in medical training, which we cannot offer her. This means that that there are now two GP vacancies to fill, since a replacement for Dr Vijayadeva has not yet been found.
3. Keith asked why the Practice seemed to have a high turnover of GPs, citing the fact that Dr Dhinsa and Dr Hui had left in addition to the recent departures. Matt responded that it was not actually a high turnover, since Drs Dhinsa and Hui had left around three years and six years ago respectively.
4. Phiroze asked if it was normal for new doctors to start as locums. Matt replied that it was not. Locums are usually self-employed (and so subject to HMRC regulations on contractors) so have responsibility for paying their own tax and National Insurance contributions and negotiating their own hours. By contrast salaried GPs have paid sick leave and annual leave, and their tax and National Insurance contributions are deducted by their employer (their Practice). For a newly-qualified doctor it can be easier and more flexible to initially find a self-employed position such as locum work.

7. Other PPG Updates, Matters Arising and AOB

1. Matt is in the process of building the Practice's new website and he hoped to have it available in the next week or two. Keith proposed to put the past editions of *Barnabas Bulletin* on the new website. These will be packaged in annual PDF files. **Action: Keith Done**
2. Keith also asked about NHS wi-fi being available at the Practice. This has been installed but improvements are needed before it is reliably usable.
3. Keith reiterated his comment that when wi-fi and the website were available, the PPG could demonstrate the online system to patients in the waiting area. This is seen by the Practice as a key piece of work the PPG can do to help.
4. Keith had revised the PPG membership form in preparation for the General Data Protection Regulations (GDPR) which become law on 25 May. This basically requires organisations to explain much more clearly why they want someone's

personal details and how they store them, as well as having their explicit consent to the keeping of that information.

5. Keith was still working on sourcing some free dot-to-dot puzzles for the waiting area – Ewa has suggested a good online source. **Action: Keith**
The drawing pads kindly donated by Jean Alden had been introduced, and were seen being used by four children during the most recent (March) “Meet the Patients” session.
6. At the recent “Meet the Patients” Noreen received appreciative feedback on the cookery books in the Book Exchange
Noreen had also comments about older patients having trouble getting to grips with the online system.
7. Referring to the suggestion that patients might write down information rather than speak it to reception in public, Keith asked Matt about the team’s reaction. Matt replied that it was being discussed but there were concerns there would still be a confidentiality problem; he wished it were possible to have a separate room for this. Noreen commented that the original suggestion to use pen and paper was made with the idea of it being a simple option if a patient was really shy or embarrassed.
8. Matt reported that the waiting area screens were now being used to notify patients if a doctor or nurse was running late or was delayed arriving. Sheila commented that it was good to see the screen calling a patient to their appointment was displayed for longer, making it easier to catch the details.
9. Phyllis expressed concern at the NHS money being wasted on medical equipment (eg. crutches, walking frames) being thrown away rather than re-used. This is mainly a health & safety concern: it is difficult to guarantee items such as elbow crutches are safe for use by subsequent patients; medical utensils are often cheaper to replace than to have adequately sterilised.
10. **Next Meeting.** Tuesday 5 June in St Barnabas Church Hall.
1400-1500: Open Forum with a speaker from London’s Air Ambulance.
1500-1600: PPG meeting.

Keith C Marshall
Chairman
19 April 2018

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

Text in underlined italic is post-meeting updates.

2018 Meeting Dates

- **Tuesday 5 June;** Open Forum 1400 hrs; PPG meeting 1500 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
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Open Forum & PPG Meeting – 5 June 2018 – Minutes

Open Forum Session

Present: Florence Barnes (Hillview PPG), Tim Beesley (London Air Ambulance Volunteer), Danny Boggust, Jean Corey, Malcolm Corey, Lyn Duffus, Matt Edwards (Practice Manager), Jean Little, Keith Marshall (PPG Chairman), Noreen Marshall, Phiroze Munshi
Apologies: Jean Alden, Janet Bettaccini, Sennen Chiu, Rhiannon Ingram, Jacqui Piper, Ewa Siwiec, Phyllis Stubbings

[This is a summary of key points from the session.]

Keith introduced Tim Beesley (London Air Ambulance Volunteer) to talk about the organisation's work and answer the audience's questions.

Tim also introduced himself. He is not a medic, but a volunteer with London's Air Ambulance (LAA). One of his roles is to give talks to the community about the LAA's work.

Tim began by emphasising that the LAA is a charity which provides innovative **pre-hospital** care to the seriously injured *in situ*. The Royal College of Surgeons had found that patients were dying unnecessarily for lack of immediate treatment: this is made worse by traffic conditions in major urban centres like London (where the average speed of traffic is just 9 miles per hour). Even when using its blue lights and siren a road ambulance still only does an average of 20 mph. The use of the air ambulance has sufficiently improved outcomes that only 20% of their patients go on to hospital by air, while the remaining 80% can be taken by a road ambulance. LAA deals only with the most serious cases that are time-critical.

The LAA advanced trauma team is made up of a doctor and a paramedic: the doctor will have a specialisation in critical care plus special training; the paramedic is similarly specially trained. The paramedics are provided on secondment from the London Ambulance Service (LAS); the doctors come from many areas (including outside the UK) as LAA is seen as a premier development opportunity. The air ambulances carry almost all the equipment for critical care which would be found in a major A&E centre.

Tim showed a video about LAA's work. Five people a day need the LAA's help and there is what is known as 'the golden hour' within which emergency treatment can make a big difference to the chance of survival. Their mission map shows that in 2017 LAA attended 1797 patients, plus three major incidents. This broke down into 560 stabbings/shootings; 533 road traffic accidents; 412 falls from a height; 292 other causes (including rail incidents, industrial incidents and drownings). Almost four times as many men as women make up the patient numbers. Hackney (107), Newham (103) and Westminster (99) are the London Boroughs with the most Air Ambulance callouts in 2017; Ealing had 70 callouts; the lowest was Hounslow with 17.

Until recently LAA had only one helicopter, but a second was bought in 2016 following a major fundraising campaign. The second helicopter ensures there is always cover for maintenance etc. Each LAA helicopter costs £6million: both are kept overnight at Northolt, but the one in use operates during the day from the helipad at the Royal London Hospital in Whitechapel. As a rule there is only one helicopter in service at any time. Daytime availability is at least 97%; the helicopter can be airborne within 4 minutes, and can reach anywhere within the M25 within 11 minutes.

Although it can land in a space the size of a tennis court, for health and safety reasons the helicopters can't fly at night or in bad weather, so LAA also uses Rapid Response Cars. In fact 58% of cases are dealt with by cars and 42% by the helicopters. In theory the cars can go almost as fast as the helicopters (but not necessarily in practice because of the low average speed of London traffic mentioned earlier); the cars carry all the same equipment as the helicopters, but can only carry two personnel (the doctor and the paramedic) whereas the helicopter can take a pilot plus three (navigator, doctor and paramedic); there are also two ground-based crew at the helipad to ensure that health & safety requirements are met.

The LAA can call on a team of 25 doctors and 30 paramedics and there are currently a number of consultants in training to improve the response still further. The medical personnel come from all over the world and are keen to work with LAA, whose innovations include being the first air ambulance to always carry a doctor on board; the first to carry out blood transfusions; and the first to carry out open heart surgery at the roadside.

LAA personnel are present in the LAS control room at Waterloo, and are able to instantly take on any of the average 4,700 calls LAS receive each day. Some of those have been major incidents such as the 7/7 bombings in 2005 (for which the coroner thanked them personally) and last year's Grenfell Tower fire.

Additionally there is a car-based Physician Response Unit, which is for lesser emergencies, is intended to reduce numbers of patients attending A&E by taking the service to the patients, and in the case of some of the more vulnerable, arranging social care for them. It operates seven days a week between 8am and 8pm in London Borough of Tower Hamlets and the City of London with plans for expansion.

In round terms, London Air Ambulance costs about £10million a year to run with each mission costing about £1,700. Some of the staffing costs are met by the LAA's partners: LAS and Barts [Hospital] Health NHS Trust. Corporate donors make up the largest element of donations to the charity, notably the London Freemasons, Foxtons, and Aberdeen Standard Investments, but LAA emphasises the importance of every donation, however small – for instance, each collecting tin raises an average of £200 per year.

Those present at the meeting raised £120 which has been sent to LAA.

PPG Meeting

Present: Danny Boggust, Jean Corey, Malcolm Corey, Lyn Duffus, Matt Edwards (Practice Manager), Jean Little, Keith Marshall (Chairman), Noreen Marshall, Phiroze Munshi

Apologies: Jean Alden, Janet Bettaccini, Sennen Chiu, Rhiannon Ingram, Jacqui Piper, Ewa Siwiec, Phyllis Stubbings

1. Minutes of the Previous Meeting

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

2. Review Outstanding Activity and Priorities

1. Keith referred everyone to the document *Action/Issue/Development Log* which tracks all the open discussion items with the Practice. The meeting discussed this document in detail and added updates.
 - Item 1 (the British Lions' Blood Glucose Testing scheme) and Item 2 (the Rotary Club/Stroke Association 'Know Your Blood Pressure' event) needed more work and thinking through. Janet Bettaccini is to discuss with Matt. **Action: Janet Done**
 - Item 9 (Patient Experiences): Keith would still like more input from people on their experiences of medical procedures in the last five years. Matt to check he has the current document and add it to the website. **Action: Matt**
 - Item 10 (Helping the Practice in setting Patient Expectations): work is ongoing.
 - Item 17 (Monitoring the service offered by Boots Oldfield Circus): Keith was getting more favourable feedback about this, and Malcolm and Jean Corey both commented that they find the staff kind and helpful. It was agreed to close this item. **Action: Keith Done**
 - Item 19 (Correlation between DNAs and patients who do/don't get text reminders): further work is waiting on a new app update to the Practice's IT system.
 - Item 24 (Expanding the distribution of the Barnabas Bulletin): Phiroze asked whether it would be possible to get North Greenford Residents' Association to deliver it with their Newsletter. This may be possible but it would target people who are not Barnabas patients. Posting copies to patients would cost around £1 per copy.
 - Item 27 (leaflet racks for the bases of the notice boards in the waiting area): Matt has agreed to this in principle. Danny wondered whether they would be child-proof, although as Lyn commented, there is the same problem with the current ones. Jean suggested that each unit be labelled in large print saying what the contents were, although it was agreed that the labels should be easily removed to adapt to changes in information. Noreen commented that the out of date flu jab leaflets and posters had tended to linger in the waiting area. Noreen also commented that current prescription counterfoils still carried a reminder about the flu jab programme in 2016.
 - Item 29 (talk from a representative of the London Air Ambulance) had taken place that afternoon. Given the poor attendance, Keith felt disinclined to organise any more Open Forums with outside speakers. This was agreed.
 - Item 30 (a session for Carers): Matt is working on this.
 - Keith asked for volunteers for the Annual Patient Survey sessions on Wednesday 13, Tuesday 19 and Monday 25 June; also for Meet the Patients on Thursday 28 June and Thursday 26 July.
 - Items 33 & 34 (monthly tracking/reporting of FFT data; monthly tracking/reporting of website usage): these are both waiting for more data to build up following the installation of the new website.

- Item 36 (identify a new Barnabas Bulletin co-ordinator): nobody has volunteered, so the work has currently with Keith.
 - Item 37 (patients needing more knowledge to self care): Danny wondered if this wasn't largely a matter of common sense, but as Keith replied, people still feel that they need more information. Jean suggested that Item 74 (setting up support groups) might be a way forward.
 - Item 39 ('Message in a Bottle' scheme, run by British Lions): This helps those with a long term condition keep a bottle containing a paper with their medical details in their fridge. Keith has asked Janet to discuss this with Matt. **Action: Janet**
 - Item 52 (Confidentiality at Reception): the Practice is aware of this and is looking at possible ways forward.
 - Item 54 (Reformatting the answerphone message to deal with opening time inconsistencies): Matt had reported that this was on the cards for July when the Practice's extended opening hours are implemented.
 - Item 57 (fit mesh panels beneath the seats in the waiting area): this is seen by the practice as low priority.
 - Item 59 (setting up waiting area demonstrations of the new practice website and the online facilities): Keith has tried to test this but failed as the Wi-Fi facility is inadequate. Progress is on hold until the Wi-Fi is improved.
 - Item 60 (discuss ways of making services more available to those who have no internet access and/or smartphones): Keith commented that he had no good ideas for this. Danny felt that the services were sufficiently good that no action need be taken.
 - Item 61 (champion and demonstrate new Health Help Now app when it becomes available): pending app availability.
 - Item 63 (using text messaging to advertise Open Forum sessions): Keith felt that there was no reason why this couldn't be done. Now not very relevant
 - Item 64 (using text messaging to entice 18-30s to get involved with the PPG): Danny felt that there was a fine line here between encouraging and being intrusive.
 - Item 70 (include question on Clinical Pharmacy in Annual Survey): noted to be included in the 2019 survey.
 - Item 71 (reorganise noticeboards and book exchange during lunchtime closure): Keith to agree a date with Matt **Action: Keith**
 - Item 72 (add screen message about reception needing to do basic triage): needs discussion with the Practice.
 - Item 73 (refresh waiting area): there were several volunteers to help repaint the area over a weekend.
 - Item 74 (investigate setting up support groups for various conditions): Keith felt that this was fine if enough people could be found to run them. Lyn and Noreen both considered that trying to start by establishing more than one group in a practice was unrealistic. Danny was sceptical about the issue, feeling that people prefer complaining to trying to improve things.
2. Keith also referred everybody to the document *PPG Priorities & Actions 2017-18*, which had been circulated. The items with a green background had been done; those with a pink background have been cancelled; a lot of the items are projects where we're doing what we can so far. Lyn asked if there had been anything in the CCG report that we could draw on: Keith replied that he had checked and there wasn't. Lyn also asked if we could advertise the PPG in the Wood End Residents' Association Newsletter: a while ago Jacqui had written a piece of text suitable for use in such publications but we don't know if it was ever used by WERA. Lyn was going to the Wood End AGM and volunteered to mention it there. **Action: Lyn**

3. New Member Recruitment

1. Keith commented that the group needs more members. Jean suggested it was almost impossible to run a PPG (even if required by Government) if it is not supported by the practice. Danny pointed out there is a fine line between helping the Practice and interfering in its management. Keith, while agreeing with the latter remark, pointed out that we do have conversations with, and support from, the Practice.
2. It was suggested that this might be best discussed informally at the August social meeting.

4. Practice Updates

1. Matt reported that Dr Elizabeth Fong would be replacing Dr Bihoreau from early August.
2. The new website is up and running and Matt commented that feedback on it so far was favourable.
3. The new Wi-Fi is not satisfactory, as reception is poor. Keith commented that he had found it possible to connect with the network but not get access out to the internet. This is apparently being experienced by many practices. Matt is in contact with the IT support team.

5. Other PPG Updates, Matters Arising and AOB

1. Keith had found some free dot-to-dot puzzles for the waiting area and the drawing pads kindly donated by Jean Alden continued in use.
2. Noreen continues to receive donations of books for the Book Exchange, for which she was grateful.
3. **Next Meeting.** Summer Social on Monday 6 August at the Greenwood Pub from 1800 hrs.
The next ordinary PPG meeting is on Tuesday 2 October in St Barnabas Church Hall at 1400 hrs. Details to follow.

Keith C Marshall
Chairman
8 July 2018

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

2018 Meeting Dates

- **Monday 6 August;** 1800 hrs; Greenwood Pub; Summer Social
 - **Tuesday 2 October;** 1400 hrs; St Barnabas Church Hall
 - **Monday 3 December;** 1800 hrs; St Barnabas Church Hall (Link); AGM
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PPG Meeting – 2 October 2018 – Minutes

Present: Jean Alden, Sennen Chiu, Jean Corey, Malcolm Corey, Lyn Duffus, Theresa Fitzgerald (Deputy Practice Manager), Sheila Hayles, Keith Marshall (Chairman), Noreen Marshall, Boba Rangelov (Patient & Public Engagement, Ealing CCG), Phyllis Stubbings

Apologies: Janet Bettaccini, Danny Boggust, Matt Edwards (Practice Manager), Rhiannon Ingram, Tony Johnson, Harsha Mortemore, Phiroze Munshi, Jacqui Piper

1. Minutes of the Previous Meeting

1. There were no minutes from the August social meeting.
2. The minutes of the June meeting were circulated and unanimously agreed. Keith signed them.

2. Updates from Ealing CCG

1. Keith welcomed Boba Rangelov, of Ealing CCG.
2. Boba talked about the NHS smartphone app Health Help Now, which is now available for Ealing patients; it is a free download from iPhone App Store or Google Play. The app contains searchable information on local health resources. Publicity material was provided for the Practice to use.
3. Boba also highlighted, and provided poster about, the fact that the Alexandra Avenue Health Centre would be available for use only by patients registered with a Harrow GP. Although Ealing patients have been able to use the Alexandra Avenue Centre in the past, Theresa pointed out that they have been refusing to treat Barnabas patients for over a year now.
4. 12-18 November is Self Care Week. The CCG are preparing an information pack for use by Practices and PPGs. This should be available in early November. Keith suggested that the Health Help Now app was the key thing we should be telling people about. Theresa commented that demonstrating it to patients at the surgery would be a good idea. **Action: Keith**
5. Ealing CCG continue to build their Patient Group Engagement Forum, to include representatives from community groups, carers, mental health groups, Healthwatch and PPGs. There is a meeting on 4 December (1700-1900) which Phyllis volunteered to attend.
6. Boba suggested that procurement of NHS services and treatments was a good way for PPG members to get involved, as it's important to have input from patients. Training on procurement should be available for patient reps. Keith commented that in his experience such work takes a lot of time, but Boba felt that this depended on what the involvement was. The provision of translator services to patients is shortly to be re-contracted (hopefully to a single supplier) and Boba asked that anyone interested in helping with this work to contact her.

3. 2018 Practice Patient Survey Feedback

1. Keith reported that there had been a really good response to this year's patient survey and thanked all those who had helped. The total response had been 3.3% of the Practice's registered patients.
2. To provide continuity and a year-on-year comparison the first question is always the "Friends & Family" one about recommending the Practice (or not).
This year's score of 91% is essentially the same as for the last few years.
3. Keith commented that for him five things stood out:
 - GPs' timekeeping. All agreed that this is a difficult issue as patients' needs vary and some problems need more time to sort out than others.
 - The difficulty of getting an appointment (although always counter-balanced by those who say this is not an issue for them).
 - Waiting Area Seating. Theresa reassured the meeting that this was not forgotten and that various changes were planned as soon as finance is available.
Malcolm asked if it were not a Health & Safety issue. Keith replied that it is, and has been reported as such.
Theresa pointed out that the seats had been replaced about three years ago, and it was an expensive process. Which is not a get out to a H&S issue
 - The waiting area needs refurbishing, which is also planned when finance is available.
 - Missed appointments (DNAs). Patients were still suggesting that there should be a charge for missing your appointment; the NHS does not allow this. The next most popular suggestion was to text people. Theresa felt that the team were doing the most they could with the problem.
4. Lyn commented, and others agreed, that conducting the survey had been much easier this year for being spread over a month, rather than contained within PPG week.
5. Anyone wishing to read Keith's full data analysis report of the survey should contact him for a copy.
6. Sennen proposed a vote of thanks to all members of the Practice team, who are always friendly and helpful. All agreed.

4. MORI GP Survey Data

1. Each year (usually January to March) MORI conduct a survey for NHS England to assess the performance of GP practices. The results of this year's survey had recently been released.
2. The group looked (in confidence) at the analysis (done by Keith) of the results for Barnabas, and comparing Barnabas with other local practices, Ealing as a whole and England.
3. This year Barnabas is rated as the best practice in the Ealing North North area by quite a distance, having scored best in 7 out of the 19 criteria listed.
4. Barnabas are also scoring better than either Ealing or England as a whole.
5. Two areas stood out where Barnabas was below par:
 - GPs' timekeeping (see above)
 - Attention paid by clinicians to potential mental health issues.

5. Meeting Schedule for 2019

1. Keith would like to find a time that is better for both patients and GPs, and had requested input from all PPG members. This showed that Wednesday daytime was preferred by members and that evenings are universally unpopular.

2. Theresa added that there was unlikely to be any wish for changes from the doctors, as Mondays and Tuesdays are the only days when they would be free to attend, and that Wednesdays would be a particular problem.
3. Noreen suggested that maybe the April and June meetings could be evening ones (as well as the August Social) as sunset is later then and people are less reluctant to venture out. February, October and December could then be afternoons.
4. Lyn commented that when neither Matt/Theresa nor a GP can get to a meeting, information tends to be a bit thin.
5. We are also dependent on the availability of the church hall.
6. Keith to discuss the options with Matt when they next meet and bring proposed dates to the next meeting. **Action: Keith**
7. Some dissatisfaction was expressed with the Link area of the church hall as being too cold, but the church meeting places are still the best value and the most convenient. Other venues such as The Greenwood have been considered but are much more expensive or felt to be too far from the Practice.

6. PPG and Practice Updates

1. The date for the next "Meet the Patients" session was discussed.
It was agreed to run sessions on Tuesday 13 November (morning) and Wednesday 14 November (afternoon) as these are in Self Care Week.
Phyllis agreed to help with these sessions.
Theresa added that this would be a good opportunity to talk about the Health Help Now app, 111 online, and that as the wifi system now seems to be working to possibly demonstrate GP online services.
2. Theresa commented that the Practice was particularly busy at present with the flu jabs to administer and several members of the team being absent.
3. The Practice has a clinical process inspection at the end of October.

7. Review Outstanding Activity and Priorities

1. This was deferred until the next meeting and, apart from the formal AGM business, will be the core of the meeting.
2. Keith is intending to send all PPG members a questionnaire to get input on our priorities for 2019-21.

8. Matters Arising and AOB

1. Malcolm mentioned recent media coverage of apparent conflicts between prescription drugs (notably those for high blood pressure) and over-the-counter supplements such as vitamins. Keith asked Malcolm if he would send him the information. **Action: Malcolm**
However it is not within the PPG's role to advise the GPs on medical treatment etc.
2. **Next meeting.** AGM on Monday 3 December, 1800 hrs in St Barnabas Church Hall (Link area).

Keith C Marshall
Chairman
22 October 2018

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

Text in underlined italic is post-meeting updates.

PPG Annual General Meeting – 12 December 2018 – Minutes

Present: Jean Alden, Danny Boggust, Sennen Chiu, Jean Corey, Malcolm Corey, Matt Edwards (Practice Manager), Keith Marshall (Chairman), Noreen Marshall, Ewa Siwiec, Phyllis Stubbings (Vice-Chairman)

Apologies: Janet Bettaccini, Lyn Duffus, Sheila Hayles, Rhiannon Ingram, Harsha Mortemore, Phiroze Munshi

1. Introductions

1. Keith welcomed everyone to the AGM and thanked them for coming to the meeting.

2. Minutes of the Previous Meeting

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

AGM Items

3. Chairman's Annual Report

1. Keith gave a summary of the Annual Report, which had been circulated in advance, including thanks to a number of members for their especially active roles.
2. PPG has 40 patient members, but more active members are needed if we are to do more.
Jean Corey commented that it had always tended to attract retired people and those used to attending meetings and flagged the need for recently retired and younger people to get involved.
Ewa felt that we were losing members because nothing changes (eg. the waiting area seats). Keith commented that, conversely, without active members things won't change.
3. It is disappointing that it was now unusual for any of the GP Partners to attend meetings. Danny commented that he felt the group was not working well: the PPG gives feedback to the Practice, but the Practice does not give feedback to, or sufficiently involve, the PPG. He felt that PPGs were a way of Government keeping patients quiet; Keith added that they could also be something of a stick for Government to beat the Practices. Danny underlined the fact that he didn't want a smarter waiting room, but a quicker one, in which patients spent less time; likewise, his opinion was that the books were a social thing and didn't matter.
Matt responded that he understood the frustration, but that there was only so much that the Practice could do without the extra funding they'd applied for; he had to be careful not to raise expectations that he could not fulfil.
While recognising there are things which cannot be shared, Keith felt the Practice and the PPG could work more closely.
Sennen felt that if we were good enough to employ in this way, then we were good enough to be trusted, but that the PPG can only do what it's allowed to.

Ewa returned to the issue of the unsafe seat-cushions. Matt responded that the cushions were changed 2½ years ago, and the seats will be changing again when the waiting area is overhauled next year. Ewa was concerned how the Practice would keep running during a rebuild. Matt commented that there would need to be a temporary reception area and the Practice would need the PPG to help patients navigate their way about.

Danny suggested that if more problems were shared, the PPG might be able to help more.

4. Keith asked for ideas on how to take any of this forward: Danny suggested that maybe a few PPG members should meet with the GPs and Matt socially, to build trust; several others agreed.

Matt said it had to be kept in mind the primary relationship was that of patients and doctors, and pointed out some people would feel uncomfortable with socialising; again several others agreed.

Keith made the point that the doctor-patient relationship is a formal one, even when both are part of another group, and people need to be able to keep virtual walls between their various different relationships.

Danny conceded that such contact might need to be professional rather than social.

5. Everyone agreed the Annual Report as a record of events.

4. Chairman / Vice Chairman Election (if required)

1. As Keith and Phyllis had been elected for two years at the 2017 AGM, and there was still a year left to run, there was no need for any further action.

Other Items

5. 2019 Meeting Dates

1. Keith recapped that the option with the greatest backing was for PPG meetings on Wednesday lunchtime or afternoon.
2. In discussion with Matt it has been agreed to hold meetings on Wednesdays between 1300 and 1430 hrs. This is a better time for one of the GPs to be present.
Ewa protested that this would exclude many who worked or had daytime childcare commitments, but was reminded by Keith that this was the majority position of those responding to his request of input, and as such we should try it but be prepared to change if it is unworkable.
3. Phyllis had suggested Harrow Cricket Club as a possible PPG meeting venue. However it is felt important to keep the meetings as close as possible to the Practice.
4. Meeting dates for 2019 are Wednesdays 13 February, 24 April, 12 June, 16 October, 11 December; all at 1300 hrs in St Barnabas Church Hall. Also the annual summer social meeting on Wednesday 14 August; from 1800 hrs in the Greenwood pub.

6. Current PG Activities & Priorities Review

1. An updated version of the documents listing the activities and priorities were circulated. Quite a number of items had been completed; others had been closed as no longer required or not having agreement from all concerned; some activities are ones that will by their nature be ongoing.
2. Sennen raised the matter of DNAs again, asking whether the Practice takes action with patients who are a problem in this respect. Matt assured him that action was taken, and that one patient has recently been removed for repeatedly missing appointments.

Jean Corey commented that Ealing Hospital Audiology Clinic has a rule of not seeing patients who are 7 minutes late for appointments. Matt replied that the Practice allows 10 minutes and the appointment may be still granted at the Practice's discretion.

3. The problem with the waiting area seats is included in the logs as a health & safety issue; the PPG has fulfilled its legal obligation in highlighting this.
4. Keith needs to follow up with the CCG about arranging a session for patients on self-care.

Action: Keith

5. Wifi now seems to be working in the waiting area and Keith will re-test connectivity on his laptop. If this is OK then he will organise sessions to demonstrate to patients the various online services. Ewa volunteered to help with this. It is hoped this will increase usage and help patients with self-care. **Action: Keith** 22/01/2019: There seem to be problems with wifi again, so this will be kept under review.
6. Updated documents will be circulated separately. **Action: Keith**

7. Priorities for 2019-21

1. It is time to start considering the PPG's priorities and activities for the two years beginning April 2019.
2. Keith has created and circulated a quick survey to ascertain members' views. Please will those who have not done so complete this before early January. **Action: All Members**
Ewa was concerned the survey was not friendly to complete online. However it has been built quickly using the free facilities of Survey Monkey which are quite basic (the paid versions are not economic for us), but noted the concern.
3. Keith also asked for input from the Practice. **Action: Matt**

8. PPG and Practice Updates

1. The next "Meet the Patients" session will be held on 18 December: Keith commented that volunteers would be appreciated.
2. Kalyan Goli, the Practice's Health Care Assistant, is leaving at the end of December to work on requalifying as a doctor.
3. Receptionist Rani Chana is retiring, and the Practice is advertising for a new member of the team.
4. The Practice also hopes to fill the vacant Salaried GP position from February.
5. Sennen asked whether GPs check on the outcome when they refer a patient to a specialist. Matt replied that they normally would. Sennen explained that he had still not had the results from one such appointment two years ago.
6. Noreen asked about the Infection Control Inspection that had taken place at the Practice in late October. Matt replied that the Inspection Team had been delighted, especially with the minor surgery activity. The Practice had done really well, being one of the first practices in Ealing to have completed all the recommendations of the previous report three years ago. In 2019 there are new regulations about fridges to comply with, and work is underway on this. The Practice had done everything it could to achieve a good result, even clearing the books and magazines from the waiting area. Noreen congratulated the Practice on its success but expressed disappointment that no-one had sent her a message so that the books and magazines could be put back afterwards. Matt apologised, saying that communication would be better another time.
7. Matt suggested that our next CQC inspection was likely in 2019-20.
8. There was a general discussion of the problems concerning the poor provision of flu jabs for 2018-19, even for over-65s in other "at-risk" categories.

9. Matt thanked everyone for the work done on improving the Practice's relationship with Boots in Oldfield Circus, although as Noreen pointed out, the role played by Paresh Virji as the Practice's Clinical Pharmacist, has been crucial in this respect.
10. The December edition of *Barnabas Bulletin* had been delayed a few days in order to include a brief report of this meeting.

9. Matters Arising and AOB

1. Ewa made the point that it could be really difficult to contact the Practice to cancel an appointment, especially as it did not seem possible to send an email. Noreen thought that the Practice's email address was included in Barnabas Bulletin, and Keith undertook to check. **Action: Keith** The email address wasn't in Barnabas Bulletin, but has now been included
2. **Next Meeting:** Wednesday 13 February; St Barnabas Church Hall; 1300 hrs when the agenda will include discussion of the 2019-21 priorities.

Keith C Marshall
Chairman
23 January 2019

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

Text in underlined italic is post-meeting updates.

2019 Schedule

PPG Meetings

Wednesday 13 February
Wednesday 24 April
Wednesday 12 June
Wednesday 14 August
Wednesday 16 October
Wednesday 11 December

All 1300 hrs in St Barnabas Church Hall, except the August social which is 1800 hrs in the Greenwood Pub

Meet the Patients

Thursday 31 January AM
Wednesday 27 February PM
Thursday 28 March AM
Tuesday 30 April PM
Wednesday 29 May AM
Thursday 13 June AM
Wednesday 26 June PM
Tuesday 30 July AM
Wednesday 28 August PM
Tuesday 24 September AM
Tuesday 29 October PM
Wednesday 27 November AM
Thursday 19 December PM

Dates subject to change depending on available volunteers

Annual Survey

Monday 3 June
Tuesday 11 June
Wednesday 19 June
Thursday 27 June
Friday 5 July

Dates to be confirmed with the Practice

PPG Awareness Week

10-15 June