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Patient Participation Group (PPG) Meeting Minutes

Date: 9 December 2024

Time: 1pm

Venue: The Practice @ 188 / MS Teams (hybrid meeting)

In attendance:

Ryan Bentley (RB) Bernard Benn (BB) Juliet Aghion (JA) Susan Duboff (SD) Raksha Savla (RS) Maxine Dewhurst (MD)

Apologies:

Sandra Newman Betty Gastwirth Kavita Hindocha Laurence Kleerekoper (Chair)

- Recruitment update

RB updated the group on the practice's current recruitment campaigns. It was noted that the practice is currently recruiting for a new front-of-house receptionist and GP. The group also noted that the practice has increased GP sessions by two per week over the last month, and this is planned to continue, utilising existing staff to match increased demand over the winter. These roles are being recruited in addition to all existing staff and the practice team is excited to welcome new staff particularly because they are not replacing any leavers, instead they are expanding the existing team. It is hoped that new starters will be in post for January 2025.

SD asked if the new GP will be replacing the practice's existing Physician Associate, who she has found to be very helpful in the past. RB confirmed this was not the case and all new staff would be in addition to existing staff at the practice.

JA noted that there is little room space for additional staff. The practice has mitigated this through increased remote working, additional Enhanced Access (evening and weekend) provision, and very tight room schedules, ensuring 100% room utilisation. Notwithstanding this, there is an imminent need for increased space which has been discussed previously and remains outstanding due to ongoing discussions with NHS England.

- Complaints review 2023-24

RB presented the annual 2023-24 complaints review for the practice. All healthcare services receive complaints and these are an important part of our learning and continuous

improvement process. We use the learning from complaints to help drive improvements across the practice and identify trends in patient dissatisfaction and address them. In addition to investigating and reviewing each complaint as it is received, the practice completes an annual complaints review (aligned to the financial year, April – March). This annual review is discussed with staff, the PPG, published on the practice's website, and reported to NHS England.

The 2023-24 complaints review can be found at https://www.thepracticeat188.nhs.uk/2025/01/10/annual-complaints-review/
There were no objections to the complaints review. BB noted that the total number of complaints was pleasingly low.

- AOB

Total Triage – There was some discussion around the practice's progress towards a total triage model, which has a final implementation date of 1 April 2025. It was noted that most find the process very streamlined and positive once an eConsult has been submitted, however some find the initial process of submitting an eConsult cumbersome. The practice has recently introduced a new method of receiving eConsults which significantly reduces the administrative burden once an online consultation is received by the practice. There is also a plan to adjust the safety buffer so that less eConsults are blocked by the system due to a 'red flag' symptom.

MSK Service – It was noted there was a recent issue with bookings into the MSK service that runs out of the practice. This resulted in a number of patients being booked incorrectly and needing to be cancelled and rearranged at short notice. The practice was already aware of this issue and the disruption it had caused. It was noted that this was the result of a change in IT software used by an external provider to the practice and the admin team had spent a lot of time rectifying the errors.

Physician Associates – Some discussion ensued about the role and scope of physician associates. The practice only has one physician associate who has extensive primary care experience and receives constant GP supervision. In addition; their consultations, alongside those of all clinical staff, are audited regularly as part of our clinical governance process. It was noted that a 'Who's Who' guide for patients would be useful – RB will create this.

Housebound Care – SD asked how the practice cares for people who are housebound. The practice has a number of housebound patients and attempts to care for them remotely wherever possible. There is a community resource which the practice uses for home visits when required and these staff liaise with the requesting GP to ensure a robust clinical management plan. It was noted that the practice recently undertook proactive home visits to particularly vulnerable patients. During this exercise, it was discovered that some patients were not housebound despite having reported to be so. The group noted the strain this has on resources if not used appropriately by people who are genuinely housebound.

Premises – The group discussed ongoing risks with the current premises. Whilst there were no material updates on the premises development project, it was noted that the practice has tried unsuccessfully to engage with local MPs on this issue. BB suggested contacting local councillors who may be in a better position to support.