



# The Practice @ 188

188 GOLDERS GREEN ROAD | LONDON | NW11 9AY

Tel: 0203 474 6498

Online: [thepracticeat188.webgp.com](https://thepracticeat188.webgp.com)

Web: [www.thepracticeat188.nhs.uk](https://www.thepracticeat188.nhs.uk)

## Patient Participation Group (PPG) Meeting Minutes

**Date:** 10 March 2025

**Time:** 1pm

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

### In attendance:

Ryan Bentley (RB)

Bernard Benn (BB)

Susan Duboff (SD)

Maxine Dewhurst (MD)

Lawrence Kleerokoper (LK)

### Apologies:

Sandra Newman

Betty Gastwirth

Raksha Savla

Juliet Aghion

Kavita Hindocha

#### - **Approval of minutes from the previous meeting**

The group approved the minutes of the December 2024 meeting.

#### - **Recruitment update**

RB updated the group on the recruitment of a new receptionist and two new GPs to the practice. It was noted that these are additional roles to complement the existing staff and match increasing patient numbers and demand, rather than to replace anyone leaving.

The group also noted both new GPs are recently qualified. SD asked if patients are entitled to ask for second opinions if they are unhappy with the advice given by a more junior (due to less experience) clinician. RB confirmed that patients are entitled to ask for a second opinion if they are unhappy with the advice given by any clinician (regardless of grade or experience). The group noted that this second opinion would not always be immediately available so the patient may have to wait reasonably for another suitable clinician to support with the case.

#### - **Total triage update**

RB updated the group about the move to total triage. The practice triages the vast majority of patient requests but still has on-the-day appointments bookable from 8am each day. From 1 April 2025, no appointments will be directly bookable – instead all patient requests will be triaged by one of three senior GPs. This system is being encouraged across all

practices nationally by NHS England and is a more equitable and safe way for patients to access care (rather than the legacy system of calling at 8am with no guarantee of an appointment).

Discussion ensued around the details of total triage, which is summarised below.

- Patients will not be offered an appointment by reception staff. The details of their request will be sent to the triaging GP who will decide the most appropriate course of action (which may be an appointment on the same day).
- Sick notes can often (but not always) be issued without seeing the patient face-to-face and are then emailed to the patient.
- If a patient is unable to submit an eConsult, reception staff will complete this on their behalf but patients will not be able to bypass the triage system.
- Staff handling phone calls are located off-site which boosts confidentiality (calls cannot be overheard by patients in the building).
- If the issue is of a personal nature and the patient does not wish to disclose this to reception (who are not clinical), this hampers the triage process but should not prevent the patient accessing care. In such an instance, the patient would likely be offered a routine appointment with a GP but their case would not be marked as urgent for a sooner appointment as there is no triage information to justify such a decision.
- The practice uses IT software to support triaging which ensures 'red flags' are raised and patients are signposted to 999/A&E when appropriate for emergency situations.
- The official timeframe for callbacks following triage is 'by the end of the next working day'. This generally happens much faster and, whilst it was noted patients would prefer an exact timeframe, this is not always possible due to changes in staff capacity on a daily basis (sometimes due to unplanned changes such as sickness).

- **Delegated clinical leadership**

RB informed the group about a new initiative being run in the practice. This will see the implementation of a delegated clinical leadership model to enhance business continuity and ensure balanced leadership across three senior GPs, rather than just one.

It was noted this will enhance retention of GPs as the practice is now able to offer portfolio roles which involve safety and leadership work, rather than pure clinical sessions. Dr Hussain and Dr Gandhi have already begun mentoring junior clinical staff and running audits to ensure safety (such as cross-checking junior clinicians' consultations and monitoring the appropriateness of DNACPR orders).

LK noted that the practice has two clinical pharmacists (1.6 WTE) who also support with safety audits, largely around medicines and ensuring appropriate prescribing.

- **AOB**

MD noted that eConsult is only open during practice opening hours (8am-6.30pm Mon-Fri) and this should be made more clear to patients accessing the service.

SD noted rhetoric in the media that patients should have a choice of GP when accessing care and asked if (and how) this would be implemented at 188. RB responded that continuity of care with the same clinician is important for the practice as well as patients. It ensures better outcomes and more streamlined care. Patients at 188 can request a specific

clinician (and are encouraged to do so when submitting an eConsult) but must note that this could lead to a longer wait time due to varying staff schedules.

BB had attended the recent North Central London (NCL) PPG session and did not find this too insightful. LK was unable to attend but had seen the materials circulated and will follow-up with the organisers.

There was some discussion around the practice website which the group was complimentary about. It was noted this should be promoted further to patients as a resource for information about the practice. Some ideas circulated were to promote this using QR codes on leaflets/in the practice, on the eConsult landing page, and to new patients by SMS text message.