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## Patient Participation Group (PPG) Meeting Minutes

**Date:** 8 September 2025

**Time:** 1-2pm

**Venue:** MS Teams

### In attendance:

Ryan Bentley (RB)

Juliet Aghion (JA)

Laurence Kleerekoper (LK)

Susan Duboff (SD)

Betty Gastwirth (BG)

Raksha Savla (RS)

Maxine Dewhurst (MD)

Sandra Newman (SN)

### Apologies:

Kavita Hindocha

#### - Introductions

RB welcomed the group and thanked them for their flexibility in joining a remote meeting.

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

The group approved the minutes of the June 2025 meeting.

#### - NHS changes

RB summarised the ongoing changes in the NHS, including the merger of the North Central and North West London Integrated Care Boards (ICBs), the requirement for ICBs to reduce their running and programme costs by 50% by December 2025, and the closure of NHS England and Healthwatch.

The group noted that engagement through the PPG will become even more important as Healthwatch closes.

SD noted there is the potential for PPG members to act as secret shoppers to support with improvements across the practice.

BG reminded the group that, through lived experience, they can already feedback on the service and discussed an incident of asking to see a GP instead of a Physician Associate (PA) and this being recorded as declining an appointment.

RB noted that it would be helpful for someone within the PPG to support the maintenance of an action log to ensure matters raised are addressed in the practice and then fed back on at the next meeting.

JA stated her experience with reception staff has been positive overall and noted it is difficult for staff to handle multiple patients given the space constraints.

Some discussion ensued around the availability of blood tests at different hospitals, requesting to see a specific clinician, and ensuring staff are appropriately supported and trained.

SD asked why GPs no longer book appointments directly. RB explained the process for follow-up and how this differed on a case-by-case basis depending on the needs of the patient but that it is not an efficient use of resources to automatically book all patients for follow-up within a set timeframe.

- **2024-25 complaints review**

RB presented the 2024-25 annual complaints review for the group to note. This is also available on the practice website at <https://www.thepracticeat188.nhs.uk/policies/complaints/>.

- **AOB**

JA noted that SMS text message questionnaires which ask for seven days of readings (e.g. blood pressure) start on the day the message is sent rather than when the patient start to provide readings. RB to raise this as feedback with the provider (Accurx).

RB updated the group on plans to convert an admin office in the practice into clinical space to provide additional capacity for in-person appointments.

RB informed the group about various staff changes – Renata Maniak leaving the organisation and the hiring of new reception and administrative staff, in addition to the introduction of additional clinical sessions with Dr Zurawel (who has worked with the practice for several months already but will be increasing his hours).

SD asked about how many issues can be addressed in a 10-minute appointment and it was noted that there is no clear-cut rule as medical problems are often complicated and may be linked to one another. It was also noted that clinicians are generally given 10 minutes to complete all their work with a patient, which includes the administration before and after the direct contact with the patient.

MD asked for clarity around eConsult timeframes and the practice's ability to adhere to these, as well as when to call 111 instead of 999 as information posted in the waiting room may be misleading.

MD also asked whether the practice has considered use of the Brazilian model of community health outreach – for discussion at the next meeting.