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Patient Participation Group (PPG) Meeting Agenda

Date: 8 December 2025

Time: 1-2pm

Venue: MS Teams (https://teams.microsoft.com/join/19%3ameeting_NjdmZTkzYjAtYmY5OC00ZjRhLTljOGMtMDUzMDUzNGI4NjQ1%40thread.v2/0?context=%7b%22Tid%22%3a%2237c354b2-85b0-47f5-b222-07b48d774ee3%22%2c%22Oid%22%3a%22f14d6940-6e88-4643-b595-b1bd1f9e5ca3%22%7d)

In attendance:

Laurence Kleerekoper (LK) - Chair

Ryan Bentley (RB)

Maxine Dewhurst (MD)

Bernard Benn (BB)

Juliet Aghion (JA)

Susan Duboff (SD)

Apologies:

Betty Gastwirth

Raksha Savla

- Introductions

RB opened the meeting, explained the recording and transcription process for creating minutes.

LK noted the agenda includes introductions, which is new.

RB confirmed apologies from Raksha Savla and mentioned there are 10 people on the invite list, with 5 present and 1 apology.

RB proposed removing one person from the invite list who has never attended or responded; all in attendance at the time (SD, JA and LK) agreed.

- Approval of minutes from the previous meeting

LK asked for approval of September meeting minutes.

BB requested a correction: he had given apologies for the September meeting.

RB agreed to add that correction.

No other objections; minutes approved.

- Community/neighbourhood health models

LK introduced the item, asking if it relates to NHS changes.

RB explained the Brazilian model discussed previously: proactive, prevention-focused care with multidisciplinary teams and home visits.

RB noted such large-scale changes cannot be implemented by individual practices but are discussed at borough and regional forums.

MD stated the Brazilian model is already in use in some NHS areas and suggested mental health support during climate emergencies (e.g., regular calls to vulnerable patients). LK raised concerns about profiling patients and sharing data with third parties. SD agreed with Laurence's concerns. MD countered that some profiling already occurs (e.g., vaccination eligibility) and stressed considering less privileged patients. RB acknowledged complexity and explained NHS plans for "Neighbourhood Health":

Formation of integrated neighbourhood teams including GP practices, hospitals, mental health trusts, community services, and voluntary sector.
Initial focus on patients with serious mental illness (SMI).
Future aim: proactive, multi-agency care for all patients.
Pilot sites across England accelerating this model; Camden confirmed as one.
Local work starting with mental health and hypertension projects.
Discussion of risk stratification tools (e.g., Johns Hopkins model) and frailty scoring.

LK asked who leads these projects; RB said locally it's a collaboration between Barnet GP Federation and CLCH.
RB noted upcoming merger of North Central and North West London ICBs, redundancies, and possible commissioning changes.
LK suggested these changes may eventually align with Maxine's ideas; RB agreed that is the government's aim.

- **General updates**

○ **Premises**

RB updated that his former office has been converted into a clinical room; works completed, awaiting furniture.
First clinical sessions expected in the next couple of weeks, increasing face-to-face capacity.
SD asked where RB is now based; RB explained he works remotely or in a shared office.
JA raised concern about lack of downstairs rooms for patients unable to use stairs; suggested converting large rooms into two smaller ones.
RB explained structural changes are restricted as the building is rented; alerts are added to patient records when mobility issues are identified.

○ **Violent incidents**

RB reported two recent incidents requiring police:

1. Patient demanding medication became violent, damaged reception screen, injured staff; patient arrested, removed from practice, placed on NHS special allocation scheme.
2. Intoxicated patient fought with another; meeting planned with known patient before considering removal.

RB highlighted impact on staff and measures being taken:

- Personal safety training planned.
- Panic alarms in place (silent and siren), but not linked to police.

JA asked about signage warning against aggressive behaviour; RB said it was removed after patient feedback.

BB asked about alarms and door locks; RB confirmed some doors lock, others don't.

SD stressed keeping exit doors open for evacuation.

LK advised seeking professional security advice.

RB noted NHS guidance discourages locked-door models to maintain accessibility.

- **AOB**

SD asked about enhanced access appointments (Mon–Fri evenings, weekends); RB confirmed availability via triage system.

SD asked about eConsult; RB said evaluation is underway, results expected by next meeting.

SD raised patient concerns about contacting the practice manager; RB explained current limitations and suggested discussing options (e.g., manager “surgery”) at next meeting.

Next meeting date agreed: Monday 9 March 2026, 1:00–2:00 PM, remote option available.