

**Chair: Steve Rutledge Sands End Health Clinic PPG**

**Meeting Secretary: Sands End Health Clinic Administrator, Lais Lopes (LL)**

**Participants:**

Sands End Health Clinic (SEHC): Dr Jewels (Dr J) Lead GP/Partner  
Lais Lopes (LL) Patient Experience Coordinator

South Fulham Primary Care Network (SFPCN): Ross Lambdon (RL) Health Inequalities lead

Healthwatch

Hammersmith and Fulham (HH&F) Patricia Kouadio

SEHC Patient Participation Group (PPG): Steve Rutledge,(SR) Chair  
7 booked patients: MH, RS, MJ, CV, JW, TW, ST  
7 walk in patients.

**Note: 3 booked patients arrived too late to be admitted due to a booking system problem, now fixed. Our sincere apologies for this.**

**Agenda:**

**1. Welcome/Introductions**

**2. Update from 24/09/24 Meeting**

**(See also Annex 1)**



annex 1.pdf

**3. NWL ICB Access Initiative/SF PCN update**

**(See also Annex 2)**



annex 2.pdf

**4. NHS Pressure: Can Patients help mitigate?**

**(See also Annex 3)**



annex 3.pdf

**5. CQC Focus Area: Caring**

**(see also Annex 4)**



annex 4.pdf

## 6. Any other Business

### 6.1 Healthwatch Introduction

## 7. Date of Next Meeting

## 8. PPG Action Point Summary

Items for discussion	Summary of discussion and Action points
<b>1. Introduction</b>	<p>1.1 The Chair introduced all the attendees and thanked them for attending 2025 Practice Patient Group Meeting No1 (PPG 25/01).</p> <p>1.2 For the benefit <b>of those who had not attended a PPG meeting before or read the PPG Meeting reports or Newsletters, the Chair explained:</b></p> <ul style="list-style-type: none"> <li>• The PPG is a patient led group open to all patients.</li> <li>• CQC have determined there should be 4 PPGs per calendar year from 2025 (there were two in 2024: May, PPG 24/01; September, PPG 24/02).</li> <li>• This is the first 2025 PPG Meeting so is SECH PPG 25/01.</li> <li>• PPGs will be quarterly, January/April/June/October. Each will be subject to 2 weeks notice.</li> <li>• Each PPG will focus on one or 2 of the five Care Quality Commission (CQC) core areas: Safety; Effectiveness; Caring; Responsiveness; Well Led.</li> </ul> <p>1.3 Focus for today's PPG Meeting is <b>Caring</b></p> <p>1.4 There is a quarterly PPG Newsletter usually issued a few weeks before the PPG Meeting. The last PPG Newsletter was 19/12/25.</p> <p>1.5 All PPG Meeting Reports and Newsletters are held on the SEHC website.</p>
<b>2. Update from 2024 PPG Meeting No 2 held 24/09/24</b>  <b>See also Annex 1</b>	<p>2.1 The Chair reviewed the one outstanding Action Point from PPG 24/01 and all Action Points from the last PPG, PPG 24/02. These are summarised at Annex 1.</p> <p>2.2 The outstanding PPG 24/01 Action Point is AP1:002 relates to Reception Privacy: Improve Audio arrangements so patient details not easily overheard.  <b>Status:</b> SEHC will fund a suitable solution. A potential solution (from Richer Sounds) has been identified but a site visit has still not been arranged. <b>Chair apologised for the delay due to other priorities and is to expedite.</b>  <b>New Target completion date is PPG 25/03 (TBA, June/July 2025).</b></p>

	<p>Of the 4 Action Points from PPG 24/02, three are complete. The outstanding AP 2:008 that was to Include in Next 2 Newsletters (December 2024 and March 2025) explanations of roles/responsibilities and checkpoints for Effective treatment continuity.</p> <p><b>Status:</b> This will now be included in just the March 2025 Newsletter.</p> <p><b>Chair apologised for the lack of progress due to other priorities.</b></p>
<p><b>3. North West London Integrated Care Board (ICB) Access Initiative South Fulham PCN update</b></p> <p><b>See also South Fulham PCN Presentation (Author SFPCN/LL) at Annex 2</b></p>	<p>3.1 The Presentation was given by SFPCN/RL (Health Inequalities lead for the South Fulham Primary Care Network (PCN). <b>Note:</b> South Fulham PCN comprises 7 GP practises (including SEHC) and is part of the NW London Integrated Care Board (ICB).</p> <p>3.2 The Presentation contained an introduction to the South Fulham PCN and an outline, including progress, of the ICB Access Hub initiative.</p> <p>3.3 The initiative started with ICB September 2024 notice of an October patient online survey and November practice staff survey. These were followed by November patient focus groups (3 attended from SEHC) and PCN feedback to the ICB. In January South Fulham PCN submitted Access proposals to the ICB for funding. Decisions are expected in February and if successful Implementation will start in March 2025.</p> <p>3.4 There was disappointment and criticism expressed by meeting attendees regarding: the short notice of the initiative; invitations to participate being only by text message; only on-line responses; only in English; no arrangements for sight impaired patients e.g. large text.</p> <p>3.5 The patients attending felt this undoubtedly led to many patients being excluded from participation, particularly older demographics who are less familiar/or reluctant to use online methods yet these demographics have a known very big interest in improving Primary Care Access arrangements.</p> <p>3.6 SFPCN/RL (and indeed SEHC Dr J) assured the meeting these very concerns had been shared by them from the outset and it was SFPCN that had the pressure of undertaking and managing the exercise in those difficult circumstances. This has already been appropriately fed back to the ICB.</p> <p>3.7 SFPCN/RL assured the meeting that notwithstanding these initiative shortcomings and pressures, the overall number of responses from the various demographics was such that it was good enough for meaningful outcomes to the initiative.</p> <ul style="list-style-type: none"> <li>• Over 4200 patient responses across the PCN</li> <li>• 14% of respondents were from SEHC (c.580)</li> <li>• Circa 60% respondents female</li> </ul>

	<ul style="list-style-type: none"> <li>• 18% of <b>all respondents</b> classified as having a disability</li> <li>• 23% of <b>all respondents</b> dissatisfied with using online tools e.g. PATCHS</li> <li>• 30% of respondents who do not use PATCHS were unaware or unsure how to use it.</li> </ul> <p><b>A.P. PPG 25/01:001 to SEHC/PPG SR by 21/03/25:</b> To include NWL ICB Access initiative update in SEHC March 2025 Newsletter.</p>
<p><b>4. NHS Pressures: How can PPG help mitigate</b></p> <p><b>See also SEHC NHS Patients Mitigation presentation (Author SEHC PPG/SR) at Annex 3</b></p> <p><b>Note: contained in the presentation is an internet link to a very interesting detailed breakdown of pressures faced by practises such as SEHC.</b></p>	<p>4.1 The agenda item NHS Pressures: How can PPG <b>(that's us patients)</b> help mitigate was proposed by SEHC patients. SEHC/Dr Jewels led the discussion because of her SEHC role and 15 years experience here.</p> <p>4.2 The Presentation included outlines of:</p> <ul style="list-style-type: none"> <li>• the pressures leading to the significant strain on GP practises</li> <li>• what the NHS is trying to do about it</li> <li>• what we as patients can do to help</li> <li>• the particular difficulties arising from interaction between NHS and Private medicine.</li> </ul> <p>4.3 The discussion resulted in a better understanding of the problems by everyone present not least because all (patients and SEHC staff) experience them daily to a lesser or greater extent from their own perspective. The significant areas of discussion were:</p> <p>4.3.1 <b>Patients seeking same day appointments and/or to see the same GP every time:</b> SEHC/Dr J explained the difficulties of always seeing the same GP given the size of SEHC patient population (c12,500), GP shifts, vacation periods and the from time to time specialist requirements of some patients.  <b>Mitigation:</b> Calls and Online (PATCHES) requests for consultations are evaluated/triaged by experienced SEHC GP to determine urgency and best course of action based on the information given and patient medical record. This action is relayed back to the patient and could be one or more of:</p> <ul style="list-style-type: none"> <li>• a GP call back;</li> <li>• same day GP appointment;</li> <li>• later GP appointment;</li> <li>• direct referral to SEHC multidisciplinary team member, e.g. Pharmacist;</li> <li>• referral another clinician e.g. SEHC is the only SFPCN practice doing specialist Insulin Administration so the other 6 practices use it too whilst other SFPCN practices provide services the rest of us e.g. Menstrual Clinic (SEHC website or reception has such details);</li> <li>• direct referral to a consultant;</li> <li>• direct referral to hospital.</li> </ul>

	<p><b>A.P. PPG 25/01:002 to SEHC/PPG SR by 21/03/25:</b> To include pan SFPCN services and the providing practice, e.g. Insulin Administration by SEHC in the SEHC March 2025 Newsletter.</p> <p><b>Note:</b> SEHC/Dr J explained that where seeing the same GP was important and possible this was always done, e.g. serious or complex ongoing illness. This was born out by a meeting attendee patient who movingly relayed her personal experience of recent exemplary such care by SEHC.</p> <p><b>4.3.2 Interaction between NHS and Private medicine:</b> SEHC/Dr J explained how the impact of patients taking a private health pathway then wishing to revert to NHS caused difficulties and expense to the NHS, so leading to the <b>SEHC wills and will nots</b> in the presentation. All patients are advised to read this.</p> <p><b>A.P. PPG 25/01:003 to SEHC/PPG SR by 21/03/25:</b> To include NHS interaction with Private Health Services <b>SEHC wills and will nots</b> in SEHC March 2025 Newsletter.</p> <p><b>4.3.3</b> It was clear from some patient attendees comments and questions that some of these issues were not entirely understood so SEHC/Dr J clarified them, particularly:</p> <ul style="list-style-type: none"> <li>• <b>SEHC will not convert private prescriptions into NHS Prescriptions:</b> medications under the NHS have been through a quality test and verification process before adoption. They are subject to their own rules, guidelines and test/check processes and procedures and these are all considered in their NHS price point. If private prescriptions are for medications not available on the NHS and/or even is they are but the GP is not fully aware why they were prescribed, the NHS will not have the processes, procedures or history in place to deal. To attempt to do so will be time consuming and could be disruptive to overall treatment. This will also add to costs even before to price of the medication is considered.</li> </ul> <p><b>4.4</b> The overall outcome was more sympathy, less criticism and a sense we could all do something to help. Nonetheless, the obvious need for more efficient service remained the same. <b>Meeting attendees and those receiving this meeting report are encouraged to revisit/read the presentation at Annex 3.</b></p>
<p><b>5. CQC Focus Area Caring</b></p>	<p><b>5.1</b> SEHC/PPG SR recapped the Care Quality Commission (CQC) role. CQC is crucial for ensuring that health and social care services uphold safety and quality standards. It conducts routine</p>

<p>See also CQC Caring Presentation (Author SEHC PPG/SR) at Annex 4.</p>	<p>inspections, evaluating services based on five key areas: <i>Safety; Effectiveness; Caring; Responsiveness; Leadership.</i></p> <p>5.2 After inspections, the CQC assigns performance ratings, helping to identify strengths and areas needing improvement. At the last full inspection in 2017, SEHC was classified <b>GOOD</b> in every Key area including <b>Caring</b>. This was reviewed in 2023, again SEHC was classified <b>GOOD</b> in every key area.</p> <p>5.3 Public feedback plays a critical role, ensuring that patient perspectives are valued and could trigger an inspection. The CQC also takes enforcement actions when necessary to promote compliance and service improvement.</p> <p>5.4 SEHC/LL led the discussion on Caring. The CQC defines <b>Caring</b> as treating people with compassion, kindness, dignity, and respect. They also expect GP practices to help patients manage their health and stay independent. Here are examples of <b>Caring</b> that a CQC-regulated organization, such as SEHC, strive to demonstrate:</p> <ul style="list-style-type: none"> <li>• <b>Involving patients:</b> Patients should be involved in decisions about their care and treatment. This can include patient groups (such as PPG), surveys, and feedback sessions.</li> <li>• <b>Respecting privacy and dignity:</b> e.g. having a confidential area for patients to use.</li> <li>• <b>Emotional support:</b> Staff should help patients and their loved ones cope with their care and treatment. <b>Note:</b> a meeting attendee patient movingly relayed her personal experience of recent such care by SEHC.</li> <li>• <b>Understanding patients:</b> Staff should understand patients' personal, cultural, and social needs.</li> <li>• <b>Explaining medical conditions:</b> Patients should be able to understand details of their medical condition.</li> <li>• <b>Helping patients stay independent:</b> Staff should help patients manage their health and stay independent.</li> <li>• <b>Treating patients with empathy:</b> Patients should feel that they are treated with kindness and compassion.</li> </ul> <p>5.5 The important elements for us patients is that we feel we are:</p> <ul style="list-style-type: none"> <li>• treated with respect and dignity.</li> <li>• have care and support that enables us to live as we want to, seeing me as a unique person with skills, strengths and personal goals.</li> <li>• supported to manage my health such that makes sense to me.</li> </ul>
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	<ul style="list-style-type: none"> <li>in control of planning my care and support. If I need help with this, people who know and care about me are involved.</li> </ul> <p>If and when our treatment is not meeting expectations we should in the first instance raise it immediately with SEHC. If still not satisfied, raise further with Healthwatch (see Agenda item 6. Any Other Business) and/or CQC. <b>PPG chair also happy to assist.</b></p>
<b>6. Any other Business</b>	<p><b>6.1 Healthwatch Introduction:</b></p> <p>6.1.1 This was a late item accepted into the meeting. It was to be presented by Patricia Kouadio from Healthwatch Hammersmith and Fulham (Patient Experience manager). Unfortunately, Patricia was suddenly called away from the meeting so could not give the presentation. Attendees were given an explanatory leaflet on leaving and HH&amp;W will be invited to the next PPG meeting.</p> <p><b>A.P. PPG 25/01:004 to SEHC/PPG SR by 21/03/25:</b> To Invite Healthwatch Hammersmith &amp; Fulham to give a presentation about their role, organisation and services.</p> <p><b>6.1.2 Interim Healthwatch Summary:</b></p> <ul style="list-style-type: none"> <li>Healthwatch is the independent consumer champion created to gather and represent the views of the public. They play a role at local and national level to ensure experiences of health and social care are taken into account by service providers.</li> <li>For more information about Healthwatch H&amp;F: Tel: 0203 886 0386 Email: <a href="mailto:info@healthwatchhf.co.uk">info@healthwatchhf.co.uk</a> Healthwatch H&amp;F, 141-143 King Street, Hammersmith, W6 9JG</li> </ul> <p><b>6.2 Patient Case.</b> During the meeting a patient raised concerns about his treatment from a service he was referred to by SEHC. The patient was suffering discomfort from his condition and frustration with treatment progress.</p> <p><b>A.P. PPG 2025/1:005 to SEHC/LL by 11/10/24:</b> To review the specific patient's treatment concerns and take steps to make sure all is being done for patient satisfaction going forward.</p>
<b>7. Date of Next Meeting</b>	<p>7.1 The Next PPG meeting, PPG 25/02, will be held in March 2025, details will be advised by SEHC and included in March 2025 PPG Newsletter.</p>
<b>8. PPG Action Point Summary</b>	<p>See Table 8.1</p>

PPG 25/01 Table 8.1 PPG Action Point Summary					
PPG Meeting: Action Point	PPG Meeting Date & Section	Action Point Detail	Owner	Deadline	Comment
24/01:002	08/05/24 3.1	Reception Privacy: Improve Audio arrangements so patient details not easily overheard.	PPG Chair SR:	<b>PPG 24/01 (24/09/24) then PPG 25/03 (June/July 25)</b>	SEHC will purchase suitable equipment. <b>PPG 01/25 30/01/25 update:</b> Delayed by other PPG SR priorities, to be expedited. New completion date set. <b>07/02/25 update: Site visit to be 17/02/25</b>
24/02:008	24/09/24 4.4	To Include in Next 2 Newsletters (December 2024 and March 2025) items that explain roles/responsibilities and checkpoints for Effective treatment continuity.	SEHC PPG SR	<b>PPG 24/02 and 25/02 Newsletters (20/12/24 + 15/03/25)</b>	<b>PPG 01/25 30/01/25 update:</b> Not started due to other PPG SR priorities, to be expedited. <b>To be included in March 2025 Newsletter.</b>
25/01:001	30/01/25 3.7	To include NWL ICB Access initiative update in SEHC March 2025 Newsletter.	SEHC/PPG SR	<b>21/03/25</b>	
25/01:002	30/01/25 4.3.1	To include pan SFPCN services and the providing practice, e.g. Insulin Administration by SEHC in the SEHC March 2025 Newsletter.	SEHC/PPG SR	<b>21/03/25</b>	
25/01:003	30/01/25 4.3.2	To include NHS interaction with Private Health Services SEHC wills and will nots in SEHC March 2025 Newsletter.	SEHC/PPG SR	<b>21/03/25</b>	
25/01:004	30/01/25 6.1.1	To Invite Healthwatch Hammersmith & Fulham to give a presentation about their role, organisation and services.	SEHC/PPG SR	<b>21/03/25</b>	
25/01:005	6.2	To review the specific patient's treatment concerns and take steps to make sure all is being done for patient satisfaction going forward.	SEHC/LL	<b>11/02/25</b> <b>Completed 10/02/25</b>	Patient saw PCN practitioner to review options and referral made.