

**Partners:-**

*Dr VG Tailor* BSc MBChB MRCP DRCOG

*Dr A Chesterman* MBBS FRACGP

*Dr A Mirza* BSc, BMBS, MRCP

*Mrs V Wells* BA (Hons)

**Associates:-**

*Dr H Chu* MBBS MRCP DRCOG

*Dr K Pojak* BSc MBBS MRCP

*Dr B Alahakoon* MBBS MRCP

*Dr A Sykes* BmedSci BMBS MRCP

## Patient Participation Group Minutes

Monday 3<sup>rd</sup> March 2025

16:00 – 17.50

Attended by:

Brian – PPG Chairman

BB – Patient

SG – Patient

YN – Patient

MA – Patient

NB - Patient

CO – Patient

Dr Vijay Tailor – GP Partner

Dr Antony Chesterman – GP Partner

Dr Asad Mirza – GP Partner

Victoria Wells – Practice Manager Non-Clinical Partner

Nicola White – GP Assistant

### 1. Welcome and Introduction

Brian welcomed members of the PPG, reminded those present of the purpose of the meeting and updated everyone on his actions since we last met. As well as supporting and thanking staff he wrote to Tanya Warner to thank her for her 32 years of service as Practice Nurse at Hillcrest Surgery and to wish her a happy retirement.

### 2. New Premises Feedback

The PPG were given a tour of the whole premises and invited to give feedback. Feedback was overwhelmingly positive especially about the design and feeling of space in the building.

There are plans to put up noticeboards and pictures to make the space feel a bit more personal.

It was noted there is no outside postbox but the Practice's reasoning (security concerns) was explained.

### 3. Changes within the Surgery

The Practice has taken on an additional 2 Partners – Dr Asad Mirza (a long standing member of the clinical team) and Victoria Wells (as a non-clinical Partner).

Tanya retired in May and we have a General Practice Nurse Trainee (Nikki) with us for a year as we support her to qualify as a Practice Nurse (she is already a fully qualified Nurse but in order to work in primary care there are additional qualifications and training required).

Dr Alexander Sykes joined Hillcrest Surgery in September – he was with us as a trainee some years ago and the Practice was delighted to welcome him back.

The Surgery's commitment to GP training continues and now have 3 STGPs (Specialty Training in General Practice or Registrars as they used to be known) placed at Hillcrest and Dr Chu will soon be a Trainer (joining Dr Taylor, Dr Chesterman and Dr Pojak who are already Trainers).

The Practice list size is currently around 8500. New registrations were discussed. There is quite a turnover in the Practice population as patients leave as well as join the Practice due to a highly mobile population in London which sees up to 30% patient turnover.

#### **4. Green Agenda**

The Surgery has been discussing bicycle hoops with Ealing Council who have offered to install some near to the Surgery. The Surgery is very keen to encourage patients to cycle. Members of the PPG were encouraged to offer suggestions as to the location of the hoops to maximise the likelihood of patients choosing to use them (ie locating them close to the Surgery so they are visible from the front door).

#### **5. IT Systems and Services**

Various systems and apps available to patients eg patient knows best, the NHS app and SystmOnline were discussed and queries about various functionalities answered.

The repeat prescription process via the NHS app remains frustrating for both patients and Practice due to the removal (by the app) of any items that need reauthorising by a GP. The Practice (and many others) have fed back that this is very unhelpful. The Practice maintains an email address to make it easy for patients who need medication reauthorising to contact the practice electronically.

The PPG followed up on clamp down on auto-requesting by pharmacies that was discussed at previous PPGs. This has worked fairly well with most patients now requesting their own medication (to improve safety and reduce waste) and exceptions continue to be made on the basis of need (eg for housebound patients, those on dossets or unable to manage their medication themselves).

#### **6. Acton Primary Care Network**

Hillcrest Surgery belongs to Acton Primary Care Network which is made up of 14 local practices. Acton is one of the largest networks in NW London. The Network employs a number of shared staff which include social prescribers, clinical pharmacists, paramedics and 2 physiotherapists. One of the physiotherapists is hosted at Hillcrest on a Friday. He sees patients registered at any practice within the network.

The extended access hub continues to be hosted by Crown Street and offers evening and weekend appointments with GPs and Nurses. Hillcrest reception staff are able to book patients in to those appointments.

#### **7. National GP Patient Survey Results**

Great results this year although we do note the small sample size.

Each indicator reviewed and discussed.

Above national and local average on majority of indicators.

## **8. Patient Triage and the End of the 8am Rush**

Wes Streeting's announcements on the need to end the 8am rush fit with the planned appointment changes at Hillcrest Surgery.

The Surgery is looking to implement a system that will allow all patients an outcome from their call to the Surgery the first time. A GP will work alongside Reception to determine the best solution. The Surgery is looking to build in efficiencies for quick queries.

The ten-minute face to face consultations will continue and a degree of forward booking will be offered. At the moment the model of care is very much on the day (apart from eConsults).

The changes are hoped to improve the patient experience.

The PPG, like many patients, values continuity of care and the Surgery wants the new system to facilitate this. The limitations eg many clinical staff are part time were discussed. A few patients discussed their personal experience of care received by GPs at Hillcrest Surgery.

One patient reported that he had suffered several hospital appointment cancellations as well as being moved from one hospital to another. The delay had given him considerable anxiety as he felt his condition could worsen. He was extremely grateful to the surgery and Dr Taylor in particular for intervening.

The availability of male and female staff was discussed – at the moment the Practice has a good balance and is able to meet the requests of patients who wish to see a clinician of the same gender.

## **9. Next Meeting**

Meeting time was discussed and agreed that meeting late afternoon works quite well and that more notice is appreciated.

Previously the PPG has requested to only meet in person annually but if the meetings are now held during the day meant it was felt it may be feasible to hold meetings twice a year subject to interest.

Brian thanked everyone for attending and closed the meeting at 17.50.