

## PPG Meeting 11.12.25

### Attendees:

Valerie Stanislas (VS), Diane Taylor (DT); Gaynor Lloyd (GL), Keith Perrin (KP); Brenda Baker (BB); John Carroll (JC), Ian Preskett (IP); Jo Jhally (JJ), Grace Balogun (GB)

Apologies: Gobind Grover; Elizabeth Wulff-Cochrane, Khairoonissa Asaria (KA) Anne Wade (AW)

TOPIC	INFO	COMMENTS																											
<b>Matters arising from last meeting</b>		Appointment cancellations as *referenced below.																											
<b>List Size</b>		<b>7944</b> – a decrease of 14 patients since the last meeting. Please be aware the ICB are conducting a data cleanse of the list size so this may reduce further.																											
<b>Staffing changes</b>	No changes	<p>We are still recruiting for a GP, applicants so far have not been appropriate.</p> <p>Selina has joined our reception team. She replaces Hossam who left in October.</p> <p>Fatma our Phlebotomist has finished her maternity leave and is on annual leave until she returns 30/12/25.</p> <p>Thuha the ARRS Pharmacist has left and has been replaced by Priya and Saima.</p>																											
<b>Appointments/DNA Rates (“Did Not Attend”) and telephone appointments generally</b>	Improvement	<p>The DNA rate for GP appointments has significantly decreased over the past three months whereas the nursing rate has increased. This is possibly due to it being easier to cancel an appointment following our last PPG meeting. This is a fabulous example of the power and impact the PPG and surgery working together can make.</p> <p><b>September 2025:</b></p> <table> <tr> <td>GP appointments</td> <td>26</td> <td>38</td> </tr> <tr> <td>Nursing/HCA appointments</td> <td>59</td> <td>59</td> </tr> <tr> <td><b>Total DNA appointments</b></td> <td><b>85</b></td> <td><b>97</b> <u>12.4% decrease</u></td> </tr> </table> <p><b>October 2025:</b></p> <table> <tr> <td>GP appointments</td> <td>30</td> <td>38</td> </tr> <tr> <td>Nursing/HCA appointments</td> <td>57</td> <td>6</td> </tr> <tr> <td><b>Total DNA appointments</b></td> <td><b>87</b></td> <td><b>44</b> <u>97.7% increase</u></td> </tr> </table> <p><b>November 2025:</b></p> <table> <tr> <td>GP appointments</td> <td>17</td> <td>30</td> </tr> <tr> <td>Nursing/HCA appointments</td> <td>38</td> <td>47</td> </tr> <tr> <td><b>Total DNA appointments</b></td> <td><b>55</b></td> <td><b>77</b> <u>40% decrease</u></td> </tr> </table>	GP appointments	26	38	Nursing/HCA appointments	59	59	<b>Total DNA appointments</b>	<b>85</b>	<b>97</b> <u>12.4% decrease</u>	GP appointments	30	38	Nursing/HCA appointments	57	6	<b>Total DNA appointments</b>	<b>87</b>	<b>44</b> <u>97.7% increase</u>	GP appointments	17	30	Nursing/HCA appointments	38	47	<b>Total DNA appointments</b>	<b>55</b>	<b>77</b> <u>40% decrease</u>
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<b>Complaints and Comments</b>	<p>8 Complaints since last meeting:  6 of which were from the new website; unfortunately there was a blip in the set up process and the team were not getting the notifications. Once the error was discovered all patients were contacted, advised of the error and responded to.</p> <p>Overview:</p> <p>SUD075 unhappy with registration and appointment process.  SUD076 unhappy with GP consultation re medication  SUD077 unhappy with nurse re Diabetic check  SUD078 unhappy with GP attitude.  SUD079 unhappy with receptionist attitude  SUD080 unhappy with telephone appointment time  SUD081 Complaint cancelled, made by relative but no consent by patient provided.  SUD082 Complaint re treatment (choice of medication prescribed)  The new website does make it easier to make a complaint, which takes time to respond when we could have spoken to the patient and addressed their concern at the time however, we understand some patients prefer this route.</p> <p>None of the patients affected by the website glitch complained about the website error and all complaints have been responded to.</p> <p>In total since 1/10/2016 (when our current provider took over the contract) up to date there have been 82 complaints which equates to approximately 9.1 written complaints per year. We continue to learn and improve the service from the complaints received and feel the total number is not excessive for the list size.</p> <p>We discussed the issues raised in the on-line consultation meeting with the NHS NW London Integrated Care Board (NWICB), including a reference to having called the surgery 400 times to get an appointment, and flexibility of telephone consultations to fit with patients' work patterns. VS explained that reception is instructed to ask about issues such as work constraints as a matter of course, and that the issue over failed calls could be checked from the comprehensive records available on the new phone system but only if the practice had the number from which the calls were made. DT reported the practice had had no feedback on complaints from the meeting but would chase up.*</p>	

		<p>NOTE from after the meeting – DT spoke to Fadi who was at the on-line meeting, and he explained the comments made and they were discussed briefly but there was no action for the surgery as the details were not provided by the patients concerned. The PPG also followed up and was given the same information but the PPG expressed concern that ,without details, checks to highlight any matters needing remediation could not be made at the practice, and followed up by the PPG at its next meeting.</p>
<b>Survey</b>		<p>The survey was sent to a random selection of patients in different age, gender ethnic cohorts, to the PPG (which sent out in the Mailchimp updater) and made -available (in paper form) patients who visited the surgery in June/July to ensure reaching current service users.</p> <p>101 responses were collected from patients. The report summary is best read in colour and will be circulated with the minutes. Key points raised:</p> <p>Disappointment with the length of time on hold, q.9 response 32 patients on hold 30minutes plus. However, Call back is being used and patients finding it helpful. If a patient is on Patient Access, they can check their position in the call back wait queue.</p> <p>Overall the results are better than the National Patient Survey.</p> <p>Key area of focus for action is the time on hold, and to engage our 16-34 year olds</p>
<b>Vaccinations</b>		<p>We still have poor uptake but Valerie continues to contact parents directly to invite them in.</p> <p>Updated Schedule from July 2025:  <a href="https://www.gov.uk/government/publications/changes-to-the-routine-childhood-schedule-letter/changes-to-the-routine-childhood-vaccination-schedule-from-1-july-2025-and-1-january-2026-letter">https://www.gov.uk/government/publications/changes-to-the-routine-childhood-schedule-letter/changes-to-the-routine-childhood-vaccination-schedule-from-1-july-2025-and-1-january-2026-letter</a></p>

<b>Telephones</b>	<p>Staff sickness, leave and volume continues to impact the surgery's performance when answering calls.</p> <p>As part of improving access, we have to provide the data for calls answered within 10 minutes at which we are averaging 50-60%. The target is 90%.</p> <p>Total call volumes:</p> <p>September 6,097 October 6,236 November 5,373</p> <p>IP call activity data which showed no calls were answered for approximately 15 minutes on 11/12/25. VS shared there were two on reception due to staff sickness. One of the staff is new; the other receptionist was supporting her. In addition, the surgery provides a walk in Phlebotomy clinic for the patients of Brent. First time users have to be manually registered to use the service; again this takes staff away from the phones.</p> <p><b>Action:</b> DT and VS to monitor the phone stats for IP to see if they match this data.</p> <p>VS already supports the team when they are short staffed.</p> <p>The team will be reviewing and implementing changes to reach the target of 90%.</p>
<b>e-consult</b>	<p>E-consultations are being monitored now to ensure 90% are actioned by the end of the following evening.</p> <p>Last month we achieved 97%.</p> <p>We are averaging 14 e-consults per day.</p>
<b>Next Meeting: 9<sup>th</sup> April 2026.</b>	