

The Muswell Hill Practice

Patient Participation Group (PPG) Meeting 8 October 2025

Online meeting (pre-meet 18:00-18:30) 18:30-19:45

Present: Dr Natasha Smeaton (NS - GP Partner), Natalie Ker Watson (NKW – Managing Partner), and 9 patients (names are logged in minutes as their initials).

Apologies: JBW, PW

No.	Agenda item
1.	<p>Welcome all</p> <p>Thanks given to all who joined for this virtual meeting.</p> <p>Actions from last meeting</p> <p><u>Consultant talks</u> – available topics have been added to a survey monkey which is on the website https://www.surveymonkey.com/r/XR7NL78</p> <p><u>Video consultations</u></p> <p>Website has been updated to include this type of appointment.</p> <p>Receptionist have been emailed about offering this and can change a telephone call to a video call.</p> <p>Query - Could an audit be done on the take up of this? Yes, but be aware may not show all, e.g. if a telephone call starts that way then GP asks to do a video.</p> <p>Note there will still be computer literate people who this will not be an option.</p> <p>AM – some concerns about overly pushing something which may not be required/wanted by many.</p> <p>Dr Smeaton said face to face appointments still viewed as gold standard. Queried if any patients wanted to do an audit of interest from patients about this.</p> <p>RP – requests minutes circulated to group before uploading to website</p> <p>Christa</p> <p>Graham</p>
2.	<p>Changes to the group</p> <p>Email from DS</p> <p>“As patients we are conscious that you are ALL always busy and working hard for patients and we are aware that the proposed national changes to the organisation of primary care may currently be adding to your workload. However, notwithstanding this, we would like to make some suggestions about the PPG which we hope you will find positive and supportive</p>

As you may remember, after a couple of Pre-PPG Meetings, many of us agreed to share emails. We then decided to get together in person to get to know each other better.

We also discussed how, as patients, we could become more engaged and supportive of the Practice, which we value highly.

We discussed how we might achieve this and agreed that, as a patient group, over the past 10 years, we have been too passive and somewhat fragmented in our approach, in spite of your own very significant and continued efforts and the commitment of the Partners. We considered a number of ways we could be more constructively engaged and supportive of the Practice, some of which you have previously suggested to us.

The following is a summary of our proposed ideas (with numbers for identification, *not* in order of importance) for consideration by the Practice:

We propose:

1. We establish the dates of PPG meetings in advance, so everyone knows when these will take place.
2. We meet on an approximately 3-monthly basis so it is easier to plan our diaries and to follow through more easily on business that came up in previous meetings, as well as generate meaningful topics for consideration. We suggest Jan, April, July, and October and that we adjust dates as necessary eg to avoid school holidays.
3. We trial a patient acting as Chair, with another acting as co-Chair who will assist the Chair in meetings and at other times as necessary. (If you are in agreement, and to prevent further delays, we agreed that Stephanie Beer would act as the Chair, and I would be the co-Chair.)
4. We extend the duration of the meetings to 1 hr and 15 mins in the first instance. This is to give more time for discussion.
5. We establish an email account for the Chair, linked to the Practice, so no matter who the Chair is, communications from patients can be sent to the same email address
6. We decide on the use of (first) names or initials or other method to identify patients in the Minutes. To be decided on in one of our meetings.
7. We put the Minutes up on the screen in Reception, and on a noticeboard, to publicise the meetings with the hope of attracting greater interest in the PPG from other patients, especially as it is important to develop broader representation of patients across different ages, ethnicity and socio-economic status.
8. We consider and establish the PPG's Terms of Reference, using the provisional ones you (Natalie) helpfully provided in July 2024 as the basis for this.
9. We maintain our 30 mins Pre-meeting slot and use this to welcome and talk with new people, as well as to prepare for the PPG Meeting itself.
10. Unfortunately, no one was confident enough to offer to take on the role of Secretary, and so we should greatly appreciate you (Natalie) continuing with the responsibility of preparing the Minutes. We would also like to agree with you on a timescale of two(?) weeks from the meeting for the draft minutes to go to the Chair and Co-Chair for formal approval and subsequent circulation to everyone (the Practice, PPG participants, the screen in the Waiting Area etc).

	<p>11. We review arrangements after a year.</p> <p>If it would be helpful for making progress with this proposal, both Stephanie Beer and I would value meeting with you and/or the Practice as a whole to talk this through. We look forward to hearing from you.</p> <p>All very best, Dimitri"</p> <p>Practice response – thank you for all your work on this, happy with all suggestions but suggest 3 times a year and the second Wednesday of February, June and October.</p> <p>Agreed.</p> <p>Two meetings remote and 1 meeting in the practice per year was suggested</p> <p>It was agreed by the partners that the face to face meeting be in the summer (June) meeting the other two to be remote and that we should not have hybrid meetings.</p> <p>Discussed about the time of day for these meetings and whether they were suitable for working people. Mixed opinions on whether later than the 6:30pm start would be better or worse . NKW to discuss with partners trialling one at a later time</p> <p>Email account for the PPG chair has been set up - PPGChair.TMHP@nhs.net Chair and vice chair will have access to this.</p> <p>Group discussed how to identify comments in the meeting – agreed initials.</p> <p>PW (via email) - I would like to offer my support for the suggested changes which look like a very positive step towards providing the practice team with more support from the PPG.</p>
3.	<p>Patient items</p> <p>DS - Which is better for the Practice? That we obtain our flu (and other 'general') jabs from the Practice or from a pharmacist, assuming speed is not an issue?</p> <p>NKW - The Practice as we buy an amount expecting it all to be used up.</p> <p>DS - Has the Practice implemented an Online Same Day Appointment Booking System? What is the Practice's view of this system?</p> <p>NKW – About 50% of practices in Haringey have moved to the total triage model of triaging all requests mainly via an online platform, but patients can call up and a receptionist will go through the form. We have not gone down this route. Hard to do a hybrid model and we believe our appointment system works for most. Patients here can book on the day or in advance via reception or online.</p> <p>RP & LH commented in favour of staying with current system.</p> <p>DS - Jess' Rule: How the Practice is addressing this. NHS England » Jess's Rule: Three strikes and we rethink</p>

	<p>NS - Had a significant event recently regarding this. It isn't possible to have a formal process around this, but all clinician's aware.</p> <p>DS – does your IT system help you identify this?</p> <p>If same problem with same code, yes. But most doctors tend to look through notes to see if there are repeating presentations, can be tricky if patient has come very often and there is nuance on seeing the story in the consultation.</p> <p>DS - The Practice's internet 'address' I noticed for the first time is https://themuswellhillpractice.co.uk/</p> <p>Is it now the practice for all GP Practices to be .co.uk rather than .nhs.uk?</p> <p>When did this change come about?</p> <p>'Who' was this instigated by? (NHS England? ICB? The Practice?)</p> <p>What benefits/disadvantages and implications does this have for the Practice? For patients?</p> <p>NKW- It's always been co.uk. GP's have to commission their own websites. Hospitals have access to nhs.uk</p> <p>NKW – one patient asked recently “Why am I getting my messages via the NHS app” and thought it was useful to give the answer here – to save costs.</p> <p>Patients to receive reminders and test results via the NHS App - GOV.UK</p> <p>AM – Healthwatch closing is like the Department of Health and Social Security marking their own homework. Worrying that public input will be lost. Talking to councillors about it.</p> <p>AM – Neighbourhood update and 10 year plan? National concerns around how to keep patient data safe and private finance initiatives to raise money to build neighborhoodlike sites.</p> <p>NKW – NKW is the joint lead for West Haringey Neighbourhood from Primary Care. Lots of meeting around this. Hornsey Central planned to be the physical venue with discussion on what services move there. Community groups have been involved in defining priorities for the area.</p> <p>10 year plan</p> <ul style="list-style-type: none"> • hospital to community • analogue to digital • sickness to prevention
4.	<p>Any other business</p> <p>Thanks to LH and LA who will be helping out on flu day 11/10.</p>
5.	<p>Date of next meeting</p> <p>Agreed to move to Teams for remote meetings.</p> <p>11 February 2026 Remote - 6pm pre meet for patients and 6:30pm for the practice.</p>