

**West One (Barking and Dagenham) PCN PPG  
Patient Participation Group (PPG)**

**Meeting 23rd Feb 2024 ,4.00pm at Barking Hospital IG11 9LX  
Minutes**

**1. Welcome and introductions.**

Dr. Shanika opened the meeting and introduced the PCN team  
Dr Shanika Sharma (GP, PCN Clinical Director)  
Dr Kanika Rai (GP, Primary care lead for Barking and Dagenham, Health Inequality Lead for West One)  
Dr Adeel Ansari.(GP, Ripple Road Surgery, Education Lead for West One)  
Dr Vishal Rathore (BMPG) (GP, Chair of West One)  
Jo Cumber (Practice Manager ,Halbutt Strret Surgery)  
Naz (Operations Manager,BMGP)  
Gilda Alfuoco ( Reception Manager,The White House Surgery)  
Shazia Khan (Business Manager ,Highgrove Surgery)  
Nargis Malik (Care Coordinator West One )  
Gurpreet Singh (Care Coordinator West One )

**Chairperson**

Jacqueline Loftus – Halbutt Street Surgery

**Patient members** introduced themselves:

Suresh Vasishta – Salisbury Avenue Surgery  
Val Shaw – Highgrove Surgery  
Kenneth Humphries – Barking Medical Group Practice  
Joseph Appleyard – Halbutt Street Surgery  
Ron Wright Ripple road  
Carol Wingrove Ripple road  
John Pearce Ripple road  
Simon Anthony  
Cllr Hardial Singh Rai  
Pamela Leech BMGP  
Peter Beard Halbutt street

**2 What is the PCN and PPG:**

Dr. Shanika explained that the PCN (Primary Care Network) is a collective group of surgeries that have joined together to deliver better quality service and care to their patients. The PPG (Patient Participation Group) is a safe space for ideas and collaboration between the PCN, staff, and patients to implement positive changes throughout the GP practices. The PCN WEST ONE consists of approximately 50000 patients

- 1 Highgrove Surgery
- 2.The White/Green House Surgery
- 3 Barking Medical Group Practice /Orchards
- 4 Ripple Road Surgery
- 5 Halbutt street Surgery
- 6 Dr Chibber's/Gupta's Surgery /Salisbury .
- 7 John Smith House

### **3 Selection of Chairman:**

Jacqueline Loftus was nominated to be the Chair of the PPG at the last meeting. There were no objections and Jackie proposed to exchange her email with all PPG members, and agreed to sharing information in line with GDPR guidelines.

### **4 PCN and PPG Collaboration**

The purpose and aims of the PCN and PPG were discussed. The practices have collaborated on campaigns related to COVID and MMR and recent events such as Family health and well-being event which was host to over 7500 residents primarily parents with children under 16.

PPG Members questioned why they were not informed of the event, and it was clarified that it was primarily for children as the borough has a high rate of obesity amongst children and the focus for West One PCN were families with young children

### **5 Parking Issue:**

The issue of parking was addressed at the previous meeting. It was decided that the meeting was to be held at Barking Hospital. Everyone was happy with this arrangement. No issues were raised

### **6 Policies**

Dr Shanika apologised for the lack of success following the previous PPG meeting and that this was primarily attributed to poor communication between the PPG members and the PCN, also change in the care-coordinators. There was a lot of learning from the last meeting, in which a discussion beyond access was not achieved between PPG members and this led to the meeting not being as productive as everyone hoped. There was a disconnect in sharing timely information and planning before the meeting, which led to a breakdown in communication and hindered the effectiveness of the meeting. The PPG members Jo Appleyard and Jackie Loftus expressed their dissatisfaction with not being adequately informed about plans and not having a significant say in the implementation of those plans. Additionally, the issue of policies, which were not written by the PCN members themselves but dictated by NHS England, also contributed to the perceived lack of success. The PPG members desired to have more involvement in shaping the policies to reflect their own aims and objectives as a group and will work on this and share a revised draft with the PCN and PPG

### **7 Aims and Objectives:**

The PCN had a successful January, with good quality indicators for conditions like diabetes, high blood pressure, and lung disease. They were involved in pilot programs and the rollout of COVID and flu vaccinations. It is now aiming to target patients who are eligible for their MMR vaccine. Dr Kanika mentioned we as a PCN are leading on many patient related indicators and other PCN's looked upto them for guidance . She also said that we needed to be more positive moving forwards. The PCNswill be linked as many new projects will surface in a few months.

**8 Involvement of PPG Members:** PPG member Ron expressed the need to be better informed about plans, like future events, of the PCN and have a say in the implementation of those plans. This was seconded by Val Shaw .

**9 Future Meeting Dates:** Dr. Vishal suggested deciding on the dates for the next meeting today, at least one month in advance. They also discussed the need to plan the agenda in advance. John Pearce mentioned that they needed more timely information about the meeting so they have time to understand and relay back to the Chairperson to discuss during the next meeting. The PPG members will agree on a date and let everyone know.

**10 Addressing Abusive Behavior:** The issue of abusive behavior towards receptionists and staff was raised by Dr Shanika and Jo Cumber which includes allegations of bribery against reception staff for appointments ,abusive language and swearing not to mention intimidation and threatening behaviours. Suggestions to address this included taking patients aside for privacy, installing CCTV, raising awareness among patients, and involving counsellors andMPs. Some of these incidences were

of criminal nature but no action was taken by the authorities, it was mentioned that previously there was a lack of clinical staff but now due to these incidences there was a lack of receptionists and if not addressed, the situation is likely to get worse

**11 Respiratory Hub and Enhanced Access:** Dr Shanika informed that the respiratory hub had been set up to handle winter surge illnesses. Enhanced Access Appointments can be booked two weeks in advance at Barking Hospital or Broad Street.

## **12 Terms of Reference**

The Chairman Jackie said the need to discuss and establish terms of reference was imperative. Ron said we needed to be objective about issues. Mr Kenneth stated if they were to offer solutions would they be taken up for discussion with those on a higher level. Ron proposed Jackie be included in the PCN meetings to which Shanika agreed. These are held every 3rd Tuesday of every month.

## **Pharmacy**

Dr Shanika explained that it was possible to get antibiotics at some pharmacies from trained pharmacist and that a list would be sent out to highlight for certain conditions under a National Scheme called Pharmacy First. John Pearce said that information about this was available online (NHS patient.co.uk) and patients needed to be signposted by the surgeries. The PCN is still without a named community pharmacy lead and once we know who this is, we will invite them to the PPG meetings. Also a dentistry lead.

## **Lack of Awareness of positive changes in the community**

The scanning machines at Barking Hospital were discussed as a positive change for the community. All members agreed that there should be more literature and more information regarding the positive changes and enhancements taking place in the community for their benefit.

## **Additional roles of reimbursement Schemes**

Dr Shanika informed that they had already employed many professionals to help the PCN with their clinical demands and improve access for patients and ease off the pressure from the surgeries. At present we have 3 clinical Pharmacists Gurpreet, Viren and Mohammed, Physiotherapists Shweta, Nachiketani and Varni (employed via Surrey Physio), Childrens Mental Health Practitioner Phebe, Care Coordinators Nargis, Gurpreet and a Social Prescribing Link Worker employed by LBBD. Patients can be referred to these clinicians.

Dr Shanika said that we are awaiting the final GP contract for 2024/25 but it would be more beneficial if the PPG members indicated which professionals they feel may help meet the needs of the patients.

## **Topics for Future Discussion**

Various topics were suggested for future discussions, including waiting times, signposting, confidentiality agreements, additional roles reimbursement scheme, and planning for the PCN event in April.

Priorities on what was important on the agenda was discussed. Problems that affected the patients collectively, retaining a positive approach and looking for solutions and not individual issues against respective surgeries.

Next Meeting: The next PPG meeting was proposed for 15th March at 4pm between the PPG members only with the venue to be confirmed.

Please note that this is a condensed summary of the meeting minutes. Let me know if there is anything else you would like to add or if you need any further assistance.

**Actions**

- 1 Send all ppg member details to Jacqueline.
2. Send out terms of reference to PPG members
3. Enquire about room availability for ppg member meeting.
- 4 .Arrange for Jackie to be part of the pcn meeting held on third tuesdays
5. Terms of Reference to be discussed and amended .
6. Confidentiality agreement needs to be signed and returned.