



PAN WESTMINSTER PPG MEETING MINUTES

DATE:	27 January 2026	TIME:	17:30 – 19:00
VENUE:	Hybrid meeting: Via Microsoft Teams and In person at Grand Junction at St Mary Magdalene Church, Rowington Close, London W2 5TF		
CHAIR:	Dr Afsana Safa		

PRESENT:	
Hannah Wrathall (HW)	Head of Communications and Engagement
Matthew Bolton (MB)	Head of Research
Lebert Dwyer (LD)	Head of Service Delivery
Maria Tanko (MT)	Patient Engagement Coordinator
Abdullahi Dayah (AD)	IT Support
Rose Denise-Girard	Practice Manager, Crawford Street Surgery
Jeanette Creaser	Practice Manager, Marylebone Health Centre
Marouane Adir	Assistant Practice Manager, Cavendish Health Centre
Marina Silask	Operations Manager, Lisson Grove Health Centre
Kuhima Rahman	Interim Practice Manager, Randolph Surgery
HCL PPG Members	
Attendees (patients)	6
Chairs welcome, Introduction	Dr Afsana Safa welcomed and opened the meeting announcing those who sent their apologies.
Declaration of Interest	No declarations of interest declared.
Minutes of the last meeting – 12 June 2025	Minutes were approved prior to the meeting

ITEM	
1	<i>Review of Action Log</i>
	<ul style="list-style-type: none"> • Healthcare Central London (HCL) Patient Participation Group (PPG) to look into collating feedback on Healthshare • Complaint about Healthshare to be forwarded to Chair once received <p>Attendees added that there have been several other complaints regarding CoraHealth and as it is a system-wide issue, NWL should be informed. This was done by Dr Saul Kaufman and the ICB responded that the complaint had to be processed by CoraHealth.</p> <p>A query was raised on how long they were contracted for. These contracts are usually given for 5 years and it has only been a year and some months. There is a provision for monitoring the contract at some point and a part of this will be the number of complaints received by the provider.</p>
2	Research: understanding how it works in Primary Care
	<p>The Head of Clinical Research at HCL presented an overview of health research, explaining that research underpins all healthcare by building the evidence needed to better understand conditions, improve diagnosis, develop new or improved treatments and enhance the delivery of care.</p> <p>It was highlighted that research is not limited to medication trials and is governed by strict safety guidelines, with much activity taking place in Primary Care settings such as GP practices and clinics. HCL works in partnership with 30 General Practices, serving a diverse patient population of over 275,000 and is currently running multiple studies and clinical trials across areas including respiratory, cardiac, genetics, leg ulcers and pancreatic cancer screening in people with Type 2 diabetes.</p> <p>The presentation outlined HCL's dedicated research facilities at the South Westminster Centre for Health and described innovative engagement approaches, including the Octopus model which has successfully supported recruitment to the NIHR ELSA Type 1 diabetes study through community-based child health check clinics. This approach has resulted in HCL contributing the highest number of ELSA recruits nationally. The process for patient involvement in research was explained, emphasising voluntary participation, clear communication, screening and eligibility checks and opportunities for questions and attendees were encouraged to promote research participation within their communities.</p>

Questions and comments:

- Is there any feedback on the use of FeNo in respiratory diagnosis?

There was limited feedback on the use of FeNO in respiratory diagnosis and its availability across PCNs is unclear. FeNO is currently used alongside spirometry at the South Westminster hub, where patients referred for asthma or COPD diagnostic assessment typically receive FeNO testing as part of the spirometry process. However, FeNO is not routinely used in standard primary care respiratory assessments. For paediatric asthma diagnosis, FeNO testing is only commissioned at two sites in North West London, with the nearest being Willesden Green, making access limited and challenging, particularly for children.

- If you are invited for screening, are you told if it's part of a study?

Yes, absolutely. If someone is invited for screening as part of a research study, this is made clear to them. Patients are usually contacted first for a discussion by phone, where it is explained that the screening is part of a study. No one should be invited under false pretences and this would not be permitted.

- Academic institutions have been researching pancreatic cancer in relation to diabetes. Has HCL been involved in this work and are there any reports forthcoming?

HCL is currently involved in a study screening for pancreatic cancer, initially focused on patients with newly diagnosed Type 2 diabetes, as pancreatic cancer risk is known to be higher in this group and there is no existing screening programme. The study has since been amended and now also includes individuals who have had a raised HbA1c or blood sugar result within the last six months, even without a formal Type 2 diabetes diagnosis. The rationale includes unexplained rapid rises in HbA1c which may indicate underlying pancreatic pathology. Data will be collected and analysed at the end of the study, with findings written up and published however, reports are not expected for at least one to two years as the study is still ongoing.

- Does HCL get credit for this research?

HCL does not receive much direct recognition for this work. Most of the credit goes to the sponsors and the Participant Identification Centre at the site may be acknowledged on the paper or even invited to help run the study which carries some professional recognition. We also had a research conference at HCL and invited key stakeholders which was successful.

- Do the neurodivergent community participate in co-producing or collaborating on research to improve inclusion?

Probably not enough. It's certainly an important idea and while we currently just run the studies as designed, inclusivity for neurodivergent and other underserved communities is part of ongoing

	<p><i>discussions. In the future, when we design and sponsor our own research, ideas like this will be welcomed and could help improve participation and interpretation of results.</i></p> <ul style="list-style-type: none"> • Do you run your own research projects or is your work solely conducted on behalf of other organisations? <p><i>At present, we do not initiate our own research projects. Our current work is carried out on behalf of external organisations which generally fall into two categories: commercial research, often sponsored by pharmaceutical companies and academic research, typically funded by universities. While we play a crucial role in running these studies, particularly in recruiting patients and providing access to primary care participants, we do not yet have the infrastructure, expertise or regulatory capacity to independently design, run and sponsor our own studies. This is a long-term goal and over the next few years, we hope to build the capabilities needed to initiate our own research. For now, the funding, oversight and responsibility for the studies remain with the sponsoring organisations.</i></p>
<p>3.1</p>	<p>Access</p> <ul style="list-style-type: none"> • Additional Access (AA) Update
	<p>Head of Service Delivery provided an update on the additional access service. This service allowed GP practices to offer same-day appointments at multiple hubs, including Covent Garden, Marylebone, Paddington Green, St. John’s Woods, South Westminster Centre and Lanark Medical Centre. Over the past two years, the service has been highly utilised and popular, particularly for GP appointments.</p> <p>However, from 1st April, the additional access service will cease. The decision was made internally in light of the evolving NHS landscape, pending contracts for the new financial year and the government’s 10-year NHS plan which emphasises a neighbourhood-based primary care model. Despite the service ending, patient access will continue through GP practices and the enhanced access service which provides face-to-face or remote appointments on weekdays from 6:30 pm and Saturdays from 8:30 am.</p> <p>A discussion was held regarding the cessation of the additional access service and the implications for GP practices. It was noted that clinics could be set up quickly but this depended on incoming funding. There was no formal government assessment before the funding decision; the expectation was that primary care would absorb the service, which has led to dissatisfaction among practices.</p>

	<p>It was confirmed that there is no direct replacement for the service. Current efforts are focused on maximising efficiency and appointments within the existing additional access framework. Looking ahead, with the introduction of new neighbourhood-based contracts, primary care access will be a key focus for all partners, including hospitals and community providers. The hope is that some form of replacement service will be implemented quickly once funding decisions are made.</p> <p>A Practice Manager highlighted that funding cuts to access schemes have been an ongoing issue for GP practices since before COVID. New funding initiatives are often time-limited, leaving practices to absorb patients into their existing systems. Some practices, such as those affected by closures in St John’s Wood, relied on the service during periods of maximum capacity, particularly during winter pressures but the overall impact was manageable.</p> <p>It was also noted that each Primary Care Network (PCN) has submitted proposals which may have been for a portion of NWL’s funding £6.7 million with variations in approach across different PCNs. The proposals for St John’s Wood had been reviewed and a Freedom of Information request was made to obtain all 28 PCN proposals to assess how the funding is being allocated.</p> <p>Following on, the group considered the impact on inequalities. It was highlighted that analysing hospital and A&E data at street level can reveal disparities and that socioeconomic factors mean responses need to be tailored rather than one-size-fits-all. Strong primary care networks were emphasised as key to supporting local populations and reducing tertiary care pressures.</p> <p>Action: HCL to present figures for AA service utilisation</p>
<p>3.2</p>	<p>Access</p> <ul style="list-style-type: none"> • Patient Access Survey
	<p>An update was presented by the Head of Communications and Engagement on the patient access survey as part of the GP contract. The contract includes specific ‘Access’-related targets, with a key aim this year being a 4% survey return rate per Primary Care Network (PCN).</p> <p>To develop the survey, patients were engaged through workshops and feedback sessions, alongside consultation with voluntary sector groups. The survey has been launched, using consistent questions across all four PCNs, though responses may vary and will be addressed individually.</p>

The update also highlighted that well-attended, representative patient engagement events were run in each PCN. The data collected will inform future briefings on access and support decision-making under the GP contract.

The survey closes at the end of March and we plan on having a final push before then. We will run a session on what the findings are and by demographics and explore ways we can help our population

Discussion points:

- How are patients invited to participate in this survey? As we are in a digital age, not everyone goes in to Practices
Promotion of the survey is determined by each practice. Some practices are sending text messages, others are using email and some have posters displayed in reception. Ultimately, it is up to each practice to decide how best to share it with their patients. Patients were able to complete the survey using tablets in reception, paper copies in multiple languages and through workshops with local community and voluntary groups. Outreach also included visits to community events and sessions with community champions. Despite these efforts, some patients may not have been reached, particularly as virtual consultations reduce in-person visits. How patients are reached depends on each practice's approach. SMS messaging is available but budgets have been reduced, so practices use their allocations carefully to avoid extra costs.
- Can't the NHS App and emails be used to increase reach in the population?
There was interest in exploring whether the survey could be shared via the NHS app but it is not possible. Some practices have emailed it, though email is often reserved for specific communications, so using it for the survey can create extra management challenges. Wellington Practice sent the survey to their patients via email.
- What about people with no internet access?
Paper copies were provided
- So many surveys have come out recently and it is overwhelming
This specific survey was commissioned by the ICB
- If the NHS app is going to be central to healthcare in the coming years, why have we not adopted it yet? There is currently very limited functionality on there and that is probably reducing the want to use it by patients
Patients cannot book an appointment on there because the appointments would have to be triaged to avoid wasting them. Currently, most of our practices use Patchs to communicate to patients digitally.
 - *As part of the new GP contract (You and Your GP), patients can no longer be turned away with no appointment or resolution of their query. Has this been published on the Practice websites?*
Yes, it has been uploaded on all our websites and will be moved to the front page (note, post PPG the wording was reviewed and it was not specified where the information needs to sit on websites)

	<p>The Head of Communications and Engagement led the reflection of progression of the PPG as this financial year closes.</p> <p>The session was an opportunity to discuss how the PPG has functioned over the past year and to gather views from members. Feedback was invited from both regular and new attendees on what they have gained from the PPG so far, what they would like to get from it in the future and what they believe the role of the HCL PPG should be.</p> <p>The original purpose of the PPG was also restated. HCL is a GP federation that supports over 30 member practices, runs several community services (including cardiology and dermatology) and manages the eHub on behalf of practices. The PPG serves as a platform to better understand HCL's role and to discuss healthcare issues at a wider, federated level across Westminster, rather than individual practice-level concerns. The engagement team has been supporting some practices reestablish their PPGs and practices should be in contact if of interest.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • The Capital House venue was easier to get to and we should revert to that • People will only come for value so this needs to be communicated and for people to understand who HCL is • Is your organisation affected by the ICB change? <i>We will be affected along with other partners</i> • Patients have a wealth of experience in these practices and would be very helpful if we could get them to join • There are many acronyms in the NHS which adds to the confusion and lack of interest from patients. Why can't patients attend the PCN board meetings? ICBs allow this. <i>We need to consider this. The meetings tend to be packed which doesn't allow for time for explanations. It is a statutory requirement for ICBs. We can look into sharing in this PPG what is discussed there.</i> • The Code of conduct should be used to help patients understand what our obligations are, what you want to hear from us and how do we bridge the gaps between issues at practice level and at the federation level. Also include what will this forum also bring to patients <p>Action: Change venue for PPG in the 2026/27 financial year Action: Share the questions for reflection and discuss at next meeting Action: Discussion about patient representative at PCN and HCL board meetings</p>
5	AOB
	Nil
<p>Upcoming Meeting dates:</p> <ul style="list-style-type: none"> • Wednesday 20th May 2026 • Wednesday 23rd September 2026 • Wednesday 27th January 2027 <p>Time: 17:30 – 19:00 Location: Microsoft Teams (see calendar invite to access) and physical location</p>	



ITEM	ACTIONS	RESPONSIBLE
1	ACTION 1	
	HCL to present figures for AA service utilisation	LD
2	ACTION 2	
	Change venue for PPG in the 2026/27 financial year	HW
3	ACTION 3	
	Share the questions for reflection and discuss at next meeting	MT
4	ACTION 4	
	Discussion about patient representative at PCN and HCL board meetings	ALL