

MEETING MINUTES FOR PPG

Friday 23 Jan 26 @17.30 in house

Attendees:

Sangeeta Kathuria (chair)
Moira Black
Robert Gurd
David Jenkins
Jean Rowe
Roisin Holden
Owen Grainger

Apologies

Sarah Evander
Robin Carlyle
Ann Smith
Jill Morris

CARE COORDINATOR

SK has confirmed that after meeting with the PPG in Aug 25, one of the areas they supported was having a Care Coordinator in place for the surgery who will be a direct person to deal with patient related issues eg referrals, documents etc as well as helping in triaging appointments for patients and ensuring that they are being seen or booked into the correct clinician's slots.

We have provided the relevant course for our inhouse reception supervisor who has cleared her Care Coordination certificate and she is now in the new role.

We will update this on our website. The named Care Coordinator is Anisa.

NEIGHBOURHOOD TEAMS PROJECT

SK spoke to the team about the direction of care for patients and how we are being asked to take part in the "INT Neighbourhood Teams Project" whereby, the PCN will be working with their locality practices, and looking at projects to set up. These projects will involve looking at community care for patients with inequality groups eg patients who are homeless, alcohol abusers, obesity patients etc. We need to look at a cohort in Acton to tackle and then look at how we wish to support them with the funding that we hope to be provided with. This can be via centers where patients can come in for support, health talks, support by clinical team members. This is a 10 year project where we are in the very early phases. SK will discuss this more with the team as we move along and will look at their support for ideas or groups of patients that we can look to target.

More information about this scheme can be found on the link below with a video:

[INT Neighbourhood Team](#)

ICB CHANGES

SK explained the changes to the NWL ICB (Integrated Care Board) where the majority of the ICB members are going through a redundancy process and we will merge with the NCL ICB to create one of the largest ICBs in London. Our PCN will be working with a new team from April 2026.

More can be read in the link below:

MERGER INFORMATION

CONTINUITY OF CARE FOR PATIENTS

The Surgery has reviewed our patients for continuity of care looking at our top 2% of most high risk and vulnerable patients, who have co morbidities, multiple chronic disease or high frailty. This cohort of patients are going to be managed by a dual member team made up of Dr Hornibrook as the GP and Noko as the Practice Nurse, and patients in this cohort will always be offered an appointment with one of these clinicians when they need to be seen. This aims to look at providing good continuity of care and in particular, for this cohort of patients, this is needed as they have many longstanding health issues. The option to continue to see the same nurse or GP will ensure that their care is managed optimally. We hope to see how this works in the favour of this cohort of patients to support them.

AI CONSULTATION HEIDI

SK explained that the Surgery are looking into using AI consultation system called Heidi, to transcribe patient consultations when a patient is being reviewed by the GP. Heidi AI is a digital assistant that helps clinicians by analysing consultation details and supporting decision-making. It does not replace the clinician—their expertise and knowledge guide every decision. We are completing our IG and governance before we start to use this.

The link below shows the site for Heidi Health and below that is a youtube video to show a demo.

<https://www.heidihealth.com/en-gb>

DEMO ON YOUTUBE

CALL BACK FOR PATIENTS

SK explained that the surgery phones have a call waiting option for patients who can request a callback if they don't wish to stay in the queue for long.

Mr Owen Grainger kindly checked this for us to see how it works, and unfortunately it wasn't working. He advised me of this and on reporting this to the IT team; the callback option is now functioning again. The only issue that Mr Grainger related to me is that there is a longwinded verbal message before the patient is informed about the callback. SK is going to look into changing this message so that the call back option is given first before going into the long message, so the patient can press 1 and request it. Once the patient presses 1 to request a callback, the reception team get a phone call that connects them to the patient as soon as the phone lines are free.

Next meeting – Friday 7 Aug at 17.30 in person