

Patient Participation Group – Minutes of Meeting							
Tuesday 23/06/26		Start 6.30 pm		Harefield Practice Meeting Room			
Facilitators – SR; JB; HB							
Janet Brown - Chair	Scott Ridley – audio teams Practice Manager		Holly Boone Reception Manager				
Ian Bendall - DNA	Tracey Blake		Vicky Fox (A)		Jill Gordon-Brown		
Dorothy Jacques	Kevin Kelly (A)		Michael Kurzberg		Susan Lucvas		
Jayne Mead	Lynda Nye-Rashkova		Wendy Rice -Morley		Jenny Shave		
Judith Spicer (A)	Christine Williams						
Jackie Henning – (VPPG)	Cllr Jane Palmer (VPPG)		<i>Dr. Rajivi Sanjeevi (VPPG)</i>		William Spencer (VPPG)		
Eric Hanslip (VPPG)	Linwen Hanslip (VPPG)		Jacky Metcalfe		Alan Woolf-(VPPG)		
1) 2) JB welcomed members. ALL members wore name labels. 3) Apologies received: Ferderica Leonardi (Deputy Manager- Mat cover); Vicky Fox; Kevin Kelly; Judith Spice							
4) Minutes of 28/04/26 have been received by all and agreed as accurate.							Action by
5) Practice Update a) <u>Building updates</u> - Phlebotomy room – feedback regarding limited space. Outcome; moved and reduced the size of the desk to allow more room for taking bloods b) <u>Road and parking issues</u> - Outside area – JB offered to write to the Hospital from the view of a resident and patient regarding the state of the road. SR to confer with other partners and relate decision to JB. c) <u>Staffing</u> - Staffing – 6 session GP, Dr James, will start the first week of September. - Dr Dhamendram will return from maternity leave on 1st August. d) <u>Appointment capacity audit</u> - Appointment capacity audit: March: 246, April: 119, May: 48 e) <u>DNA audit (March 351; April 347;May 341; June to date 221 2/3 nurse/blood tests</u> - statistics show it has improved, PPG members agreed that a group would brainstorm some suggestions to help reduce these numbers further. Agreed that staff cannot be expected to contact and question patients on why they didn't attend, neither can we introduce a fine f) <u>New digital system -A B Trace</u> - AB Trace – will send reminders to patients when bloods are due, however, if patients are aware bloods are due and have not yet received a reminder, they should contact the practice to get booked in. Implementation is slightly behind due to new Cardio-Renal- Metabolic project from the ICB.							SR
							JB +

6) <u>CQC – Action plan</u> • Responsive domain, improving access and patient experience -improvements in phone system; more appointments; move away from locum Drs where possible. • Patient and community engagement Support for NHS App installation and use; Stand with Partners attending St Mary's village Fayre. Rep from PPG -short interview with patients- Ref 7)	
7) <u>Result of JB's short interviews with patients at the church fete</u> • Lots of positive feedback about the practice including compliments to the reception team • Feedback about preferring the NHS app over Blinx system – agreed to review Blinx to see if we can adjust pathways and options • JB to distribute her feedback sheets with the minutes of this meeting.	JB
8) <u>Stay active scheme -SL</u> • Run by LB Hillingdon. Self-referral or referral by GP – Very few made from the Harefield Practice. • Agreed that this service would be beneficial to patients, especially during CRM reviews . SR to raise with partners	SR
9) <u>Blood test results – How long before GP contacts patient to discuss the results</u> • AG not present and could not provide a clinical opinion • HB explained that reception contact and book patients for calls/ appointments based on tasks given by GPs and follow instructions based on a timeframe • Members agreed that patients should also take responsibility of their own results and contact the practice if they feel concerned	
10) <u>DVLA forms – what is the process / policy</u> • Questions on process and policy. HB explained it depends on which particular form and what is required – in all circumstances, DVLA forms are considered private work and will be chargeable	
11) <u>Complaints procedure – timings for response.</u> • Explained by SR – written complaints will be acknowledged in 3 working days. 10 days to investigate. 28 days to respond • HB explained verbal complaints – escalated to team lead/manager. Patient will receive a call back at the earliest opportunity	
12) <u>Development of welcome pack</u> • Group of Members met, progress made and still have things to work on	VF; JS; WR-M; JG-B
13) <u>Terms of reference</u> Agreed and signed by those previously absent – signed by LN-R (last outstanding member	
Next Meeting date agreed – (25/08/26)	
Meeting closed @ 20:05	