

PPG Meeting – Monday 7th September 2026

Attendees: David Green (Chair) Yvonne Kyriakides (Deputy Chair), E.P Daniels, Jessica Buck, Myra Farnworth, Galatea Kamenova, Dr Sarah Morgan, Dr Sacha Dhanjal, Dr Stuart Mackay-Thomas and Claire O’Sullivan,

Welcome

Welcome to new partner Dr Sacha Dhanjal.

Comments and reviews book.

A number of comments were received regarding how hot the rooms became and whether there were enough fans available within the practice.

The practice explained that fans were available in every consulting room. However, as the day progressed and the temperature increased, the consulting rooms also became increasingly warm.

The practice did everything possible to keep the practice and consulting rooms as cool and comfortable as possible throughout the day for staff and patients.

A comment was made regarding a missed skin lesion. The practice explained that the concern had been addressed and resolved directly with the patient.

Two negative reviews were posted online. The practice responded to both reviews promptly, inviting the patients to contact the Practice Manager directly to discuss their concerns. Neither patient subsequently contacted the practice.

The practice also explained that, even when patients leave negative reviews, they often choose to remain registered with the practice.

CQC Inspection and rating.

The practice had its CQC inspection on 2 July 2026, with five days’ notice as part of the return to Good /Outstanding Practice assessments. The inspection was extremely thorough, and the practice felt that there were a number of areas where it had demonstrated an outstanding level of service and care.

At the end of the inspection, the inspector provided initial feedback to the Senior Partner and Practice Manager. The inspector explained that he would be speaking with patients and PPG members as part of the inspection process to identify any areas of concern or potential gaps.

The practice felt that there was a strong focus on trying to identify areas that could be improved-“looking for any cracks”. The inspector also requested further information following the inspection, which the practice provided.

Some patients and PPG members who were contacted as part of the inspection felt that their interviews were more of a tick-box exercise and that they did not feel they had sufficient opportunity to fully express their views and experiences of the practice.

Despite this, the practice worked extremely hard throughout the inspection process and is delighted to have received an overall rating of **Good**. The PPG noted it too was pleased but also said that many patients would feel “Outstanding” was warranted and that the report referred to patients saying to the inspectors that the practice was exceptional

The practice discussed the ongoing low uptake of immunisations raised in the inspection. The practice does not feel there is much more that can reasonably be done to improve uptake, having already undertaken a number of initiatives. These have included contacting patients directly to explain the importance of vaccination and holding an immunisation event, where staff made additional efforts to encourage uptake. Unfortunately, these measures have not resulted in a significant improvement. The practice also noted that, even during the recent measles outbreak, some parents continued to decline vaccinations for their children. The practice is however looking to see if there are ideas from elsewhere that we haven’t yet tried.

The practice is currently still not using the Roy Shaw building. The PPG was informed that, should the practice begin using the building, this may potentially trigger a further CQC inspection.

The practice also shared that one of the Partners had attended a CQC meeting where it was explained that further clarification around what constitutes an **Outstanding** rating will be provided. It was acknowledged that there are still some areas and domains where the criteria for achieving an Outstanding rating are not entirely clear.

Overall, the practice remains very pleased with its **Good** CQC rating and is proud of the hard work undertaken by the whole practice team.

[Health Fair](#)

The practice discussed an upcoming community event, which will be one of the first events of this type organised by the practice. The event will also be open to patients who are not currently registered with the practice.

The event has been widely advertised through leaflet drops to local businesses and posters displayed both within and outside the practice. The practice is hoping for a good turnout and is keen to use the event as an opportunity to engage with the local community.

There will be talks and information provided by Age UK, the practice and Diabetes UK. Maggie’s will also be attending the event.

A registration area and NHS App support area will be available to help visitors who wish to register with the practice or receive assistance with accessing the NHS App.

The practice is also hoping that the event will help raise awareness of the services available and encourage eligible people to register with the practice, with the aim of increasing the practice list size.

Open Meeting Feedback

The practice to include “**You said, we did**” from the open evening in this month’s patient newsletter.

It was noted that there had been some issues with sound during the previous meeting, particularly for those joining via Teams. Patients attending remotely were also unable to clearly see the Partners who were speaking.

If future meetings are held at RFH, the practice would need to consider investing in its own audio-visual equipment, including a moveable microphone, to improve the experience for both those attending in person and remotely. This remains a work in progress.

The PPG also suggested that previous meetings held at the practice had worked better. However, as attendance numbers have now increased, it may be necessary to introduce an RSVP system for patients wishing to attend in person, in order to manage capacity if it were to revert to the practice. If possible continuing to use the Royal Free atrium was preferred. The practice will continue to explore ways of improving future events and ensuring that they are accessible to all patients.

The PPG confirmed that the next Open Meeting does not require full minutes to be recorded; instead, key discussion points and outcomes will be captured.

Action: Yvonne to share the key points from the Open Evening with the practice for the patient newsletter.

PPG Scheduling and Minutes.

The PPG confirmed that they would like the practice to continue taking the meeting minutes, as they feel this is a more efficient way of managing the process.

It was agreed that the minutes will be circulated to PPG members within **two weeks** of each meeting.

The practice will inform PPG members if there are likely to be any delays in circulating the minutes going forward.

Staff Charity run/walk

This September, 18 members of HGP staff are taking on a challenge — each person will run or walk 100 miles throughout the month to raise money and awareness for a neuroblastoma charity.

Since September last year, a further 100 children and their families will have heard the words, *"It's neuroblastoma."*

To show our support, participating HGP staff will each run or walk 1 mile for every child diagnosed with neuroblastoma over the past 12 months. By taking on this 100-mile challenge, we hope to raise awareness of neuroblastoma and highlight the difficult journey faced by children and their families.

We would be incredibly grateful if our patients could support us by sponsoring this important cause. Every donation, no matter how small, can make a difference.

The challenge will be promoted through our social media channels, website, in the practice waiting room and in our patient newsletter.

Thank you to everyone who supports our team and this very worthwhile cause.

Link to charity page: <https://neuroblastoma.enthuse.com/pf/hampstead-group-practice>

Camden New Journal Article

The practice was very pleased to read the article written by the PPG and thanked the PPG for their contribution. It was hoped that the article would help raise awareness of the practice and our approach to supporting access to appointments within the local community and, in turn, help to increase the practice patient list size.

The practice would also like to explore advertising the article on additional local platforms, such as Nextdoor, to reach a wider audience. The PPG offered to investigate this.

The practice shared that the CNJ may be interested in conducting an interview about the practice and its recent CQC inspection. However, nothing has been confirmed at this stage. Concerns were shared re the potential for fall out/unintended consequences.

Action – PPG to look at posting their letter on other platforms eg Nextdoor

HGP Lease Update

There has been no change to the lease arrangements which expired in May. The practice has appointed a surveyor to act on its behalf, and discussions with the Royal Free, our landlord, are making progress.

There is currently no further update regarding the use of the Roy Shaw building. The practice is awaiting further information regarding the costs associated with using the building before making any decisions.

Children and young people with Mental Health – Feedback

Following a request for feedback from the previous meeting regarding mental health support for children and young people in Camden, the practice discussed this with their Physician Assistant, Chaima Hale, who is a Camden Children and Young Persons lead and who subsequently met with the lead service provider responsible for this area.

It was discussed that further work is needed to make information about available mental health support more accessible to children, young people and their families in addition to local health care professionals as there here appears to be limited awareness of how and where to access support. The provider is going to address this.

The practice will look into ways of making information more readily available, including displaying additional posters and increasing advertising and signposting to relevant support services.

Missingness

The practice recognises that there are a number of reasons why some patients may not attend their appointments, including difficulties experienced by patients with mental health needs, addictions and other personal circumstances and that those that miss appointments often have worse health. If there is a high level of concern regarding someone who has missed an appointment the practice will often actively reach out.

Overall, the practice's DNA (Did Not Attend) rate is not particularly high. However, it was noted that the DNA rate for nursing appointments is higher.

The practice will continue to monitor DNA rates but does not intend to place a significant focus on this area at present.

Primary Care Hidden Workload.

The practice discussed the current workload of GPs, which is at an all-time high and is becoming increasingly difficult to sustain.

The practice feels that patients may have a greater understanding of the pressures faced by GPs if they have more insight into the full range of work involved in a GP's role, much of which takes place behind the scenes.

It was agreed that this will be highlighted in the patient newsletter using the **GP workload "iceberg" diagram**, which clearly illustrates the significant amount of work and pressure that GPs manage beyond the face-to-face appointments patients see.

The aim is to improve patient understanding and awareness of the demands placed on GPs and the wider practice team.

Website Update.

Our existing provider contract will end in March. The practice is moving to a new website provider, **GenPra**. The practice is currently not satisfied with the existing website and feels that it is not sufficiently user-friendly or accessible for patients.

The aim of the new website is to create a more modern, eye-catching and easy-to-navigate platform, making it simpler for patients to find information and access the services they need. The practice would also like to encourage more patients to use the website, as current usage is felt to be low. The website also received a low rating in the recent patient survey.

The practice is also planning to update its practice logo and colour scheme as part of the wider improvements to the practice's branding and patient-facing communications.

The PPG will be kept updated as these changes progress.

ICB Developments

The ICB is the biggest in the country, bigger than Wales, and is still finding its feet after all the changes. They're now looking at a 10-year strategy for the future.

There are still a lot of staff changes happening, and as the biggest ICB, it's also under a lot of scrutiny from the Government.

Katie Fisher has been appointed as the permanent Chief Executive Officer, which gives some stability, although there are still a lot of changes taking place.

We interact with Steve Durbin- the ICB information governance officer, who will sadly be leaving in December, and at the moment we haven't heard anything about who will replace him.

David Green (Chair) mentioned the ICB online annual meeting on 23 September.

Neighbourhoods – Local Federation.

There will be further changes to the GP contract, with the Government keen to move practices towards a neighbourhood way of working.

The proposed model is out for consultation which involves **Multi-Professional Neighbourhoods (MNP) at a borough level and Single Neighbourhood Partnerships (SNPs)** at a more local level working closer with system partners.

Work could potentially come through the existing PCN, which may provide a more practical and effective arrangement for our practice.

We have previously highlighted the geographical challenges faced by our practice, with patients living across both the current North and East neighbourhood geographical areas. This could potentially create difficulties for us. The practice has raised this concern without much response.

Action: The PPG to draft a letter to our MP outlining these concerns.

Update on secondary referral experience.

From a patient perspective, the current experience of secondary care referrals is extremely concerning. Some referrals appear not to be reviewed and triaged for over a year and are then rejected, which can leave patients waiting for prolonged periods without appropriate care or clarity about what will happen next.

There are also concerns that hospital demand is not being adequately matched by capacity. From a patient safety perspective, this situation feels increasingly unsafe.

If referrals are going to be subject to triage, there needs to be a clear, effective and timely triage process in place so that referrals are assessed promptly and patients are not left waiting indefinitely.

The PPG shared concerns about this issue and agreed that they would consider writing to **Richard Dale** again to raise the ongoing problems and seek clarification on what action is being taken.

Action: PPG to draft a letter to Richard Dale.

Education Evenings.

We have several education evenings planned for the months ahead:

- **Fatty Liver** – presented by **Dr Claire Boothman** on **30 November**.
- **Emergencies in Older People** – presented by **Dr Stuart Mackay-Thomas** and **Dr Sacha Dhangal**. Date to be confirmed.
- **Kidneys** – presented by **Dr Sarah Morgan**. Date to be confirmed.

The confirmed dates will be added to the **patient newsletter** as soon as they are available.

Patient Survey.

We were pleased with the overall results of the patient survey and were happy with the feedback received.

We noted that feedback about our website was not as high. We are already aware of this and are hopeful that this will improve with our new website provider and the work we are doing with them. The new website will be designed to be more eye-catching, user-friendly and simple to navigate.

AOB

NHS England's list cleansing was briefly discussed, particularly in relation to the practice list size decreasing. Patients who have not attended the practice for a significant period and are considered to be 'ghost patients' may be deregistered following the appropriate process.

The non-clinical team will contact these patients initially to confirm whether they are still registered with and using the practice before any action is taken.

There is some concern regarding the reduction in list size, as a lower number of registered patients has an impact on practice funding and may ultimately result in a reduced number of doctors being available.

The PPG suggested attending the upcoming Health Fair to engage with members of the local community who are not currently registered with the practice. The aim would be to provide information about what it is like being a patient at HGP and to encourage local residents to consider registering with the practice.

The suggestion was welcomed by the practice, and PPG attendance at the Health Fair was confirmed.

Next PPG Meeting – 11TH January 2027