

# Kingsmead Healthcare



## KINGSMEAD HEALTHCARE PATIENT PARTICIPATION GROUP Agenda & Minutes 12 March 2025 @ 13:00

### Agenda

1. Present & Apologies For Absence
2. Minutes of the Last Meeting & Matters Arising
3. Updates on Ongoing Work Strands
4. New Work Strands – Patient Driven Initiatives
5. Patient Suggestions
6. News from the Practice
  - City & Hackney Practice Network
  - City & Hackney CCG & GP Confederation
  - Department of Health & NHS England
7. Out of Hours Service
8. Staff Updates
9. Pharmacy Updates
10. Any Other Business
11. Date of Next Meeting

### Minutes

1. **Present:** DS / MGM / FOA / BM / SK / SH

**Apologies for Absence:** CM

MGM Chair for today's meeting

2. **Minutes of the Last Meeting & Matters Arising**

The chairperson welcomed all members of the Kingsmead PPG Meeting. The minutes of the last meeting were approved and sign off by the chair. There were no matters arising.

3. **Updates on Ongoing Work Strands**

Nil to report.

4. **New Work Strands – Patient Driven Initiatives**

Update on Carol's Garden:

Luke Newcombe of Grown N22 has been advised that discussion on planting should be initiated as the weather improves with the imminent arrival of spring.

The issue of having mural(s) for the garden wall were discussed and it was decided that it should be left in abeyance for now, until such time that the planting is completed and the garden begins to settle down.

## 5. Patient Suggestions

The Practice PPG has been allocated £ 4560.63 by the local health economy to be spent in accordance with the guidance which had been previously handed over to members of the PPG (appended at end of the minutes)

Much discussions followed, with the basis in both, the emphasis in part was on introducing green ideas and sustainability as well as upgrading some of the basic equipment for patient care and safety.

Apart from the items finally selected, there were a plethora of ideas, which included:

- a. More PPG noticeboards to keep patients updated. Dedicated ones for carers
- b. New chairs in the waiting area
- c. BP or health check machine for patients to use, located in the waiting area
- d. Replacement of toilet seat covers
- e. Repair of the front and side door access
- f. Patient education programme to improve uptake of immunisations
- g. Music in the waiting area
- h. New coat of paint

The final list selected was as follows:

1. Green Recycling Bins 360L as part of the green sustainability agenda to enable the Practice to recycle through the Hackney Council, which will be mandatory from April 2025
2. Green Composting Bin 900 Litre is another green initiative, with the waste better used to generate food for the plants in the pollinator garden being developed at the Practice as part of Hackney Buzzline project.
3. Ozone Generators for all rooms as another step towards green initiative to help have better air quality within the Practice
4. Dementia Friendly Practice. There is significant amount of guidance available in the public arena and the Practice aims to have them in place by end of June 2025.
5. Snap Poster Frames for PPG messages spread through the two waiting areas
6. Dedicated Storage Cabinet x 2 for Emergency Drugs & Defibrillator. These are kept in unlocked cabinets at this time and members felt that this was a basic step the Practice should take to ensure patient safety and ease of access respectively.
7. Contribution to the Waiting Area Upgrade of Flooring. It has been suggested that the slate flooring in the waiting area being uneven, the Practice should have it polished and sealed to prevent patients from slipping on it. It was agreed that the grouting will be cleaned first, followed by an application of an Eco sealant (solvent-free) in line with the green sustainability agenda.

The meeting was advised that the list having been agreed, it will be costed and submitted for approval.

## 6. News from the Practice

Nil to report.

## 7. Out of Hours Service

Nil to report

## 8. Staff Updates

Nil to report

## 9. Pharmacy Updates

Nil to report

## 10. Any Other Business

DS suggested additional recruitment from the patient diaspora. BM said that she tries to do this all the time, but trying to get people who can spare the time is difficult. At this time, the list is full but fresh faces are always welcome to attend meetings and share their ideas.

Caucasian – 3	SK, SH, SJ
Afro-Caribbean – 2	FOA, Vacancy
Turkish – 1	CM (Chair)
Asian – 2	BM, SM
Practice Team	DS, MM

### **How to advertise for work experience for those wishing to take up a career in medicine? Website? Poster on noticeboard?**

DS informed the meeting that every year, potential candidates approach the surgery for a two-week stint on advice from their A level tutors. Additionally, there are trainee pharmacists who need to do 90 hours of training as part of their qualification. As the Practice receives them 3-4x a year, the numbers can be sufficiently managed. Any more would potentially put a strain on the clinical team. In essence, the Practice will not advertise this opportunity as a service but nevertheless provide the chance to all those who wish to obtain clinical exposure through General Practice.

### **Increase the uptake of NHS health checks, national screening programmes and child vaccinations through persistent advertising and calls from Practice staff?**

DS advised the members that the Practice was more than meeting its annual quota of NHS health checks. It was also doing well in the cervical cytology national screening programme but uptake could be much better with bowel cancer screening and child vaccinations. The uptake on both has been poor since for child immunisations, more and more parents of various ethnicities (mainly Caribbean and Middle Eastern at the Practice) are refusing them despite direct intervention and support from nurses and GPs.

The local health economy has decided to invest in increasing the uptake of bowel cancer screening by appointing teams which will work from various surgeries to contact patients whose screening is still due.

Some members of the team suggested a number of names for the pollinator garden:

1. Green Thumb
2. Butterflies, Bees & Bloom Corner
3. The Humming Retreat
4. Kingsmead Grove
5. Roots & Shoots
6. Nature's Nectar
7. Buzzing Blooms
8. Garden Buzz
9. Wildflower Corner
10. **Bees & Blooms**
11. Buzzing Garden
12. The Humming Corner
13. Patchwork Corner
14. The Quiet Flutterby
15. Secret Bee Retreat

#### **11. Dates of Next Meetings**

11.06.2025

**PPG AGENDA 2024-25**  
**Kingsmead Healthcare**

1. National Association for Patient Participation **ONGOING**  
<https://napp.org.uk>

All PPG members should visit this website before our quarterly meetings to help create and develop an agenda of work going forwards. This link should also be made available to all patients via the PPG page of the Practice website.

2. Patient Survey results Feb-March 2024:P computation of results and any actions / recommendations to follow-up – **DISCUSSED & CLOSED 19.06.2024**
3. Naming of Garden: timeline – **TO BE DECIDED**  
Discussion on opening days of the year, which activities
4. PPG dedicated noticeboard.? best location (the two waiting areas) – **DISCUSSED & CLOSED 12.03.2025**
5. How to advertise for work experience for those wishing to take up a career in medicine? Website? Poster on noticeboard? **DISCUSSED & CLOSED 11.12.2024**
6. A dedicated newsletter page on the website the link for which should be sent once a quarter. Is there a 'Latest News' page on the website? **UNDER DISCUSSION / DONE 19.06.2024**
7. Face-to-face patient survey by PPG members (no staff members) of 20 *patients of different age groups from a questionnaire as part of a new demand-access programme* **UNDER DISCUSSION**
8. Development of the range of Practice services: Recent introduction of 'Healthier Together Hackney' and proposed introduction of a 'community clinic'. What else? More community clinics / services if space allows. **ONGOING**
9. Raise the profile of Kingsmead and Kingsmead patients by publishing interviews of any 'famous' residents / patients.? Suggestion of names? **ONGOING**
10. What can PPG do for carers at the Practice? Carer's package? **ONGOING**
11. How can the PPG help the Practice in being designated a 'Dementia Friendly Practice'? **ONGOING – TO BE COMPLETED by 30.06.2025**
12. How can the Practice reduce its carbon footprint in 2023-24? Can there be a plan in place for future years? Plan proposed via the NHS and Practices have to sign up and complete toolkit by end of the year - **ONGOING**
13. Increase the uptake of NHS health checks, national screening programmes and child vaccinations through persistent advertising and calls from Practice staff - **DISCUSSED & CLOSED 11.12.2024**
14. GPIIP – General Practice Improvement Programme for managing demand and access: PPG briefing at every meeting. COMPLETED 18.03.2024. Meeting briefed on how the GPIIP programme uses demand and capacity data in conjunction with appointment data analysed through a programme called APEX Edenbridge and EMIS

Workload tool to improve access with better dealing with patient requests for access at the first point of contact, including tools such as signposting. **DONE 19.06.2024**

15. Cancer patient packs to have PPG approval. **DONE. Cancer package being sent to all patients diagnosed with cancer.**

16. Dates of the quarterly meetings

11.06.2025

10.09.2025

10.12.2025

11.03.2026

## Guidance for CCE Contract Domain 16c: PPG Improvement Budgets

The following guidance is intended to support practices to meet requirements under Domain 16c of the CCE contract, relating to consultation with the practice PPG to determine expenditure of a small improvement budget – please see appended text from the CCE tracker for the exact wording. It aims to set out a clear process for accessing payment of the allocated budget and broad parameters for permissible use. The guidance is being issued in response to variation in the quality of evidence to demonstrate compliant delivery of this domain of the contract in previous years.

### Process

In previous years, practices have received payment of their PPG Improvement Budget in advance. However, obtaining evidence to demonstrate consultation with their PPG and itemised expenditure has proven difficult, delaying year-end payments following tracker submission.

For 24/25, practices will be required to submit evidence of PPG consultation and a costed plan in order to initiate payment. If a practice is unable to consult or agree a plan for expenditure with their PPG during the contract year, no payment will be made.

The recommended process is as follows:

1. Practice to consult with their PPG on potential use of the allocation. Practices can contact either Howard ([yoohyun.chae@nhs.net](mailto:yoohyun.chae@nhs.net)) or Teresa ([teresia.ngirarwema1@nhs.net](mailto:teresia.ngirarwema1@nhs.net)) to confirm how much their allocation is. We would expect this to take place at a PPG meeting but are also happy for practices to obtain ideas through a suggestions box or online survey providing they can evidence the process.
2. The practice should seek quotes or estimate costs for the items or works agreed with their PPG.
3. Submit evidence of the PPG consultation and a plan for the proposed expenditure, including evidence of the expected costs to either Howard ([yoohyun.chae@nhs.net](mailto:yoohyun.chae@nhs.net)) or Teresa ([teresia.ngirarwema1@nhs.net](mailto:teresia.ngirarwema1@nhs.net)).
4. The PC delivery team will confirm payment timescales. The value of the payment will be based on planned expenditure outlined in the plan and may not equate to the entire allocation. Only one payment based on planned expenditure will be made.
5. Practice to proceed with planned expenditure, collating evidence as they go.
6. Practice submit evidence of expenditure, aligned to their plan, with their yearend tracker submission. This should take the form of an itemised list with supporting invoices.

### Guidelines for expenditure

The primary care team do not wish to be too prescriptive on potential use of the improvement budget. However, use of the budget should align to the objectives of

the scheme, which are to incentivise regular engagement with the practice PPG in relation to a small budget that can be used to make service improvements that will benefit the practice's patients.

This could include:

- Small premises adjustments such as works to address compliance with Infection Prevention and Control (IPC) regulations, DDE compliance, efforts to make the practice premises greener and more sustainable etc. [London Improvement Grant eligibility](#) is a reasonable rule of thumb.
- Investment to support service improvement such as training or organisational development (where this does not duplicate other available funding, such as Transitional Support and Transformation Funding, PCN Capacity and Access Support Payments or Resilience Funding that the practice has successfully applied for).
- Purchase of equipment or software to support service delivery. This could include subsidiary IT systems or equipment not funded by the ICB, such as self-check in units or diagnostic pods.
- Investment to support development of the PPG as a productive forum for patient engagement or other forms of patient engagement and participation, such as volunteer groups.

This list is not exhaustive and consultation with your PPG/patients may identify other innovative use of the allocation that is acceptable. However, the following are some general principles on what should be avoided:

- Practices should avoid investments requiring use of multiple year's PPG improvement budget allocations. As previously stated, the objective is to incentivise regular engagement with the PPG over expenditure of the budget and consulting once over an investment equal to the value of three year's allocation defeats the purpose.
- Use of the funding should not be duplicative, i.e. used for the same purpose that practices receive specified funds through a different route. For the avoidance of doubt this includes costs that would ordinarily be covered through the global sum or other core contract financial entitlements, e.g. staffing/locum cover, monthly telephony charges, other costs of patient communications etc.



16c	<b>PPG improvement budgets</b>
	<p>In 24/25 the practice will receive a further practice improvement budget to be spent on items agreed with their PPG. The aim of making these budgets available is to encourage practices to develop their PPGs sufficiently to produce an annual practice improvement plan.</p> <p>This can include small premises adjustment, investment to support service improvement, or development of the PPG as a productive forum for patient engagement, for example through training for PPG chairs or implementation of best practice guidance such as those produced by the National Association for Patient Participation (<a href="https://www.napp.org.uk/">https://www.napp.org.uk/</a>).</p> <p>Where appropriate, practice improvement plans should take account of CQC inspections, infection control reports, Healthwatch enter and view reports and disability access reports.</p> <p><i>As in previous years, practices should consult their PPGs on best use of the available funding. This should include potential measures to make the practice greener and more sustainable, contributing to NHS net zero, linked to domain 14: GIFH toolkit</i></p> <p>For the purposes of the CCE tracker, practices should include an itemised list of expenditure and evidence of consultation with their PPG such as minutes of meetings or a summary of feedback/suggestions made by their PPG and/or wider patient population.</p>