

Patient Participation Group Meeting
Monday 8th June 2026

Patient Participation Group members in attendance: 12

Minet Green Health Practice staff in attendance:

Joe Qiu (Practice Operations Manager), Dr Naa Okantey (Salaried GP), Rachel Crane (Patient Services Officer)

We began with some introductions and an activity to get to know one another a bit. One PPG member asked what the reason for organising the meeting was and why we had restarted after so many years.

Joe explained that the PPG's role is to ensure patients' views are considered when the practice makes decisions about its future running and direction. The practice might sometimes assume what patients' preferences and opinions are, but it is crucial to hear directly from you so that we can shape our services in way which suits our patients. The reason for reconvening our PPG after so many years (the meeting before our last one in December 2025 seems to have been in 2017) was that there hasn't been anyone at the practice to drive it forward, and the covid-19 pandemic made it impossible to meet in person. We are really happy to see so many patients engaging with the PPG this time, so we are hoping to build the momentum and build something which works really well.

Seeing the same GP for all of your appointments - Continuity of care

One of the key issues which was raised in the previous PPG meeting was a strong preference amongst the PPG to be able to see the same GP for all (or most) of their appointments at the practice. This is known as continuity of care. Minet Green Health Practice has a significantly higher ratio of GPs to patients compared to both national and local averages. However, due to most GPs working part time alongside other teaching and research roles, many of the clinicians at the practice are only seeing patients at the practice 2 or 3 days a week. This makes it more of a challenge to offer appointments with the same GP. We asked the PPG for their thoughts on a few questions:

1. What are the benefits of seeing the same GP for all of your appointments?

You don't have to repeat yourself at each appointment, the GP can focus on the root causes.

It can be harder for the GP to diagnose a complex condition when they don't know you well.

It's easier to express yourself with someone you know.

I'd be happy to wait to see my GP of choice.

2. Would it be beneficial to only see two, three, or four GPs for all of your appointments?

This worked well at the practice before the merger, I was only ever seen by 2 GPs.

This could be OK if they are all up to date with my care.

I was given the choice to wait to speak to my usual GP but I actually had a really good experience speaking to another GP sooner.

3. Given that the wait will often be longer if you are being booked with a specific GP, how do you think we could encourage patients to wait?

It would be helpful to be reassured that a clinician has reviewed your symptoms and that they feel it is appropriate for you to wait a few weeks to be seen.

Could reception always offer a choice of GPs even for on the day/urgent appointments?

It would be helpful to have lots of information about the GPs at the practice so we can make a decision eg specialisms, interests, location and year of qualification.

The messaging around whether the problem is considered urgent or routine is really important.

There was a lack of clarity amongst the PPG about how the “Usual GP” on our systems is allocated, how it affects their care, and whether they can choose who their Usual GP is. We explained that a Usual GP is allocated to patients when they register but that this is an administrative function and does not have any meaningful effect on the care provided.

Where a patient expresses a preference for a particular GP, their Usual GP can be easily changed at any time. We will usually also place a flag on a patients record at this point indicating their preference of GP. The PPG agreed that the practice should find a way to communicate this better to the patients. One member expressed concern that they might be allocated a regular GP that they did not choose. Joe reassured them that we would always aim to offer patients appointments with their preferred clinicians.

Why do I have to explain my whole story to the GP every time?

One PPG member asked the reason that patients are often asked to tell their whole story to the GP every time. Another expressed frustration that they felt that the GPs could read through their notes and hospital letters before the appointment in order to build their understanding, so that patient does not have to explain everything.

Dr Okantey explained the reasons for usually asking the patient to explain their situation at the start of the consultation. The first is that often the initial reason given for the booking and the issue the patient actually wants to discuss with the GP are not the same, either because the problem has changed, or because of miscommunication during the booking process. If the GP spent time reading up on one area of a patients care, but they then came to the appointment asking about something different, there is a real risk of a significant amount of time wasted.

The second reason is that it is important for the GP to be able to look at the case with fresh eyes. You can only piece together so much from medical notes and letters, but usually the patient is the only person who can really explain what is happening and what their concerns are. It is also crucial to ask for the most recent update from the patient as it is likely there have been significant recent changes which may not have been documented. Dr Okantey asked if maybe clinicians need to consider how they ask these questions so that it is clear to the patient why they are being asked the same questions again?

Dr Okantey also explained the limitations of our IT systems and that it is not always straightforward to view all of the relevant/up to date letters regarding hospital care.

Why can't reception always fill out the triage form for us over the phone?

One PPG member asked why they are always asked to fill out the form themselves rather than the practice staff completing it on their behalf over the phone. Joe explained that it is our preference for patients to complete this form in as much of detail as possible in their own time and in their own words, if they are able to, so that the triage GPs have plenty of information to go off, and so that our phone lines and reception staff can be kept available for patients who are not able to complete the form themselves.

Dr Okantey highlighted that it is incredibly helpful for the triaging clinicians where the triage form has been filled out with lots of detail in the patients' own words. It can save so much practice time and ensures that a safe and appropriate triage decision can be made quickly. She also highlighted that it can be helpful for patients when they forget things in the consultation. When patients fill out the form in their own time at home, they are more likely to consider details that are important to them than if they are rushing to tell practice staff on the phone. This means that clinicians can get a full picture of what matters to them. This is particularly helpful, within the consultation when patients may forget details of the issue and a clinician can remind them of what they wrote.

Information for new patients

At the last meeting the PPG asked about the [link to a page](#) on our website sent to newly registered patients welcoming to the practice. We agreed to review that information at this meeting. The feedback was that the information was generally good, but:

- A website page is only useful for patients with internet access, so the practice should also send a welcome letter by post to patients who have completed a paper registration form
- There should be an explanation of what the extra 'local form' is
- Information on how to cancel/rebook appointments would be useful
- Information about who the different GPs at the practice are, their specialties and the days they work
- Some unclear sentences and duplicate booking links

Joe will edit the page in the next few weeks with this in mind and get back in touch with you all for further feedback.

Key topics for the PPG going forward

We touched on a number of topics which PPG members would like to explore in future:

Phonecall queue – callback option

One PPG member told us about the callback system at their previous practice. When you were waiting in the call queue you were given the option to be given a call back rather than having to wait in the queue. The practice actually has this in place, but it was only set to kick in when there were 6 or more patients waiting in the queue (which rarely happens these days).

We have just changed the settings so the callback option will now be offered when there are 4 or more patients waiting in the queue, or when the longest call queue time is 5 minutes or more. It would be great to get the PPGs feedback on whether this has been a positive change at the next meeting!

Communication of test results

We had a discussion about the flow of test results, particularly between hospital departments and the practice. There was a desire to better understand where patient data sits, what central databases there are, and whose responsibility it is to explain test results to patients and why. This is clearly a topic which warrants some more in-depth discussion in the future so the practice can ensure it is communicating effectively.

Provision for patients with visual impairments

The PPG should explore what support the practice should be providing to patients and carers interacting with the practice who have visual impairments. This could include specifically formatted letters and understanding and recording of patients' needs. What should the practice do proactively to reach out to patients to ensure we are communicating in an appropriate way?

Asthma reviews

One PPG member raised that they would like to discuss these at a PPG meeting.

Actions:

- Update website and notice board with doctors and clinicians' information
- Change the settings so the callback option will now be offered when there are 4 or more patients waiting in the queue, or when the longest call queue time is 5 minutes or more
- Edit newly registered patient page on website with PPG feedback
- Organise the next PPG in 3 months
- Consider how we communicate regarding triage decisions for routine appointments
- Joe to follow up directly with PPG member regarding adjustments for visually impaired patients

Future plans

Minet Green Health Practice

1st floor, Akerman Health Centre, 60 Patmos Road, London SW9 6AF

020 3930 3533 | selicb.mghp@nhs.net | www.minetgreenhealthpractice.co.uk

Dr James Eastaway Dr Louise Medforth Mr Sanjay Mistry Dr Anya Kabakova Ms Naomi McCulloch

Joe announced that he is leaving the practice in mid-July so this will be his last PPG meeting. Dr Okantey and Rachel will continue to be involved so you are in very good hands!

To all of our PPG members,

Thank you everyone for your time, your contributions, and your open mindedness. I have really enjoyed getting our PPG off the ground and I am really looking forward to hearing about how the group continues to flourish going forwards. I am moving to a new role but staying within Lambeth so hopefully I will see some of you again in a different capacity. Wishing you all the very best for the future!

Joe