

## PPG MEETING MINUTES – 8<sup>TH</sup> MAY 2025

### PRESENT

Vernon Morgan – Chair  
Sally Unwin – Secretary  
Nayib Ahmed – Practice Manager  
Jenet Desa - Reception Manager  
Beverley Saunders  
Anne Palmer  
Kit Chan  
Hugh Maloney  
Deborah Savage  
Angela Orphanou  
Samantha Melbye  
Angela Abeysinghe

### APOLOGIES

Dr M. Farrelly – Senior Practice Partner  
Carol Taffinder – For NHS Network  
Mike Nulty  
Mike Smith  
Daniel Kruyer  
Misba Ahmed  
Shai Davies

The Chairman welcomed members. The meeting date coincided with the nation celebrating 80 years since the end of the Second World War. After a day of military parades, and pageantry, the VE day commemorations culminated that evening in a televised concert. The chairman thanked all those in attendance and said that he would endeavour to close the meeting promptly, affording everyone an opportunity not to miss out on the national broadcast.

Before convening the meeting, Vernon announced that Dr Farrelly, would not be in attendance as she had suffered an injury and has been off work for some weeks. He wished her a very speedy recovery on behalf of all members of the PPG and hoped that she will return to her post as soon as is practicable. Apologies were also received from Mike Nulty, Mike Smith, Carol Taffinder, Daniel Kruyer, Misba Ahmed and Shai Davies.

The minutes from the PPG meeting held on 6<sup>th</sup> March 20025, were passed unopposed and will now be published on the practice website.

The Chairman was asked to reinforce to the group that PPG membership is a voluntary calling, and we give our time without preference or favour. He emphatically stated that the role does not provide additional benefit, or perks such as access to appointments. He warned that no one is permitted to use their PPG status to seek preferential advantage when trying to access any patient services, and that any such action would place our reception staff in an invidious position.

### 1. Wapping Group Practice Report

In Dr Farrelly's absence, the practice report was delivered by the practice manager.

He stated that there have been no significant changes to doctors or other health professionals at the practice since we last met. The planned changes to the reception team had now taken place, and the new employees had assimilated into the administration team very well; bolstering the strength of the Patient Assistant team to sixteen. The manager allayed any concerns arising from Dr Farrelly's absence and the subsequent loss of her

session appointments and the impact upon our patients. He was pleased to announce that the other doctors at the practice have agreed in the short-term, to share the additional workload, confirming there should be no disruption or change in those seeking appointments.

**Telecoms, complaints and patients communicating with the practice:** The practice manager had felt that it would be helpful if the Chairman could explain the protocol on how the practice deals with complaints and communication in general.

He started by firstly acknowledging that we can all suffer minor frustrations when seeking appointments. Especially when they may not be readily available or coincide with a patient's expectation. Specifically, when one must call back again, to obtain on the day appointments, which are understandably very limited.

Wapping Practice has an exceptional record on access to appointments. New technology now permits several different ways of accessing GP services, such as booking appointments via the NHS App, via Econsult as well as online access via the practice website. The chairman said that he understands that when patients are unwell, their normal behaviour and their respect for staff can change. Resentment and disappointment can quickly become an issue leading to verbal abuse. Our reception staff are suffering a marked increase in levels of verbal intolerance and therefore, are not routinely receiving the respect they deserve.

The Chairman explained that the NHS has a Patient Charter, this outlines the rights and responsibilities of patients within the National Health Service in the UK. It details the standards of service patients can expect and the NHS's commitments to them, along with the responsibilities patients have to ensure a smooth and effective service. The charter covers areas like waiting times, information about services, privacy, and the right to be treated with dignity and respect. A copy of the Charter is available online and forms part of the NHS Constitution.

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitutionforengland#:~:text=Respect%2C%20consent%20and%20confidentiality&text=You%20have%20the%20right%20to%20be%20treated%20with%20dignity%20and,reasons%20including%20the%20legal%20basis.>

The NHS also has a formal method of registering a serious complaint, and our reception staff will assist with the form necessary to begin that process, should it arise. A protocol for investigation exists and a methodology indicates how that complaint is followed through to a conclusion. If a resolution cannot be found there is always the option for a patient to refer the matter to the Parliamentary and Health Service Ombudsman Service.

<https://www.ombudsman.org.uk>

The practice manager will undertake to commence a response to all serious complaints within a statutory period of 28 days. This may involve a protocol of investigation, collecting evidence, interviewing staff and discussing the matter with partners or other professional advisors. Patients will understand that to deliver an informed opinion and professional resolution to any dispute, the process will not involve an immediate response.

New data available through our telecommunication provider indicates the average call wait time is generally below 5 minutes, which is a huge improvement for our patients waiting to access appointments or speak with a patient representative. However, the practice accepts that it is not perfect and that when errors are made, they make every effort to acknowledge those mistakes, learn from them and where possible rectify them.

When a patient has a minor issue or wishes to comment upon some type of experience, they should leave a comment on the feedback form on the website. The practice manager cannot engage in direct personal email correspondence. They simply do not have the resources to answer or engage in personal communication other than with serious malpractice complaints.

Our patient complaints are very often proven to emanate from a misunderstanding or at worst disappointment in expectation. Top of the list is when an individual does not secure an appointment, and this may result in umbrage against individual staff members. When patients choose to leave feedback via the message board form on the practice website, there will be no official response to these narratives. This is not unlike marketplace feedback, or a Google review. It is equally important to leave good reviews (as many of our patients have done so) when they feel the service they have experienced is of a high standard.

<https://www.wappinggrouppractice.nhs.uk/contact-us/complaints/>

The chairman raised the issue that the practice has previously sent patients MMS text messages in which there has been a link or URL on which they are asked to click and follow the on-screen instruction. It was pointed out that this has raised some anxiety with patients because it is precisely this action that the public are instructed not to undertake, to avoid cybercrime and phishing scams. The practice manager agreed to investigate and discuss the issue with IT personnel and see if there is a better method of design.

It was also stated by the practice that they are in a slightly difficult transition period as the NHS are moving away from text messages and whenever possible now corresponding by email.

The Chairman stated it was important that if patients have not yet gifted their contact details to the reception staff, then, the practice website is also a place where you can give consent for communication. Specifically, how you wish to be contacted by the practice, as they begin to move over to build digital profiles of patients and store contact information, email addresses and collect a huge database on all patients in the catchment.

It is important that healthcare centres have up to date mobile numbers and email contact addresses. The link to this is here: <https://www.wappinggrouppractice.nhs.uk/contact-us/communication-consent/>

Without wishing to sound like a broken record, the chair raised his long-held concerns for those patients who are excluded from digital access. This might be for reasons of economic or intellectual discrimination, or purely circumstances of vulnerability, disability or poor internet coverage. He accepts that in 10-15 years' time this will no longer be relevant.

However, the government are marching at such a pace to move the NHS access from analogue to digital that many patients are struggling to maintain the types of devices and competent technological expertise necessary to ensure the services are available to them.

### **Registering with a GP via the NHS App.**

Millions of patients can now register with a new GP at the touch of a button via the NHS App and online via their practice website as part of a major health service drive to make care more convenient and to free up staff time. Six thousand practices are now supporting registration through the NHS App, [NHS.uk](https://www.nhs.uk). The move is one of several new features being rolled out on the NHS App to help patients access care when and where they need it.

New NHS data shows the latest innovations within the App have enabled patients to order nearly 5 million repeat prescriptions each month and access over 6 million test results. This has equated to almost 3 million hours of time that would otherwise have been answered by reception staff and patient assistants. One can see that unless there were to be a fundamental breach, and loss in public confidence, these new technologies drive a huge collective improvement in staff productivity and are here to stay.

### **Discussion on confusing patient information, NHS press statements and a decline in trust.**

It was suggested that there is a new directive emanating from Downing Street that the NHS is no longer broken, and that general practice is going to play a major part in correcting the wrongs of the past. On 7<sup>th</sup> May, the Secretary of State for Health announced that he has sanctioned a £102 million budget to improve 1000 GP premises and as a result has said that this modernisation plan will create access to 8.3 million more appointments annually. Unless the government has a miraculous scheme to train and recruit thousands more Gp's into the sector, this is the equivalent of every practice in England offering 1400 more appointments. If it refers to the 1,000 newly renovated surgeries only, each practice must generate 8,300 additional appointments. It's a big political numbers game. It all sounds like improvement on the part of the Secretary of State for Health. 1400 appointments, equates to less than six additional appointments per day per practice, for the 6000 practices in England. To achieve anywhere near 8.3 million new appointments, this requires each of the 1,000 renovated practices to be given two or more additional Gp's, undertaking two sessions per day and covering a minimum of 42 appointments jointly per day.

If you tell patients about improvement and efficiencies, they will expect a better level of service, and the NHS is not delivering that through the hospital sector currently.

The chairman read out the following statements from a spokesperson for the NHS:

“The NHS is working closely with the government to develop the 10-year Health Plan and create a blueprint for the move from analogue to digital healthcare so that even more patients will benefit from innovations and technologies like this for generations to come.”

“This is all about putting patients first, making it easier for people to access the care they need, when they need it.”

“As part of our Plan for Change, this government is transforming the NHS from analogue to digital, and getting it back on its feet, so that we have a healthcare system that’s fit for the future.”

The reality is that many patients have no method of online registration, or they cannot navigate and move forward in the digital format suggested. The assumption that every member of society has equality in digital access is fanciful. Patients are not equally proficient in their levels of digital knowledge, in understanding software upgrades, browser platforms, and in making the transition from ‘analogue to digital’ services. If the government is determined to utilise the benefits of modern technologies it must provide both hardware and software training to vulnerable groups and assistance to families who cannot afford broadband subscriptions, and digital connectivity.

### **Reports on specialist healthcare services inc, addiction clinics, podiatry, physiotherapy etc.**

The chairman said that he was not aware of any changes in the practice services offered. He reminded the group about the new Welfare Service and discussed that it must be booked via reception and is supported by Citizens Advice. He added that the specialist addiction clinics, such as giving up smoking, alcohol and drug dependency are referral clinics accessed via your Gp. Chiropody and podiatry remain a service offered to our patients by a private provider, and a fee is charged for this treatment. Nayib added that the practice no longer has any practical administration of this service, and all diary bookings must be made directly with the provider:- Blue Green, and not with our reception staff. Patients can however book sessions with the physiotherapists via the reception team without discussing the need first with a Gp.

<https://www.bluegreenwellbeing.co.uk/contact-us>

Telephone: 07832 383884

### **Checking yourself – Cancer Aware**

The NHS’s top cancer doctor has urged the public to check for changes in their body and for cancer symptoms, as a new survey found people were nearly twice as likely to check the weather forecast or their bank balance regularly than check themselves for potential signs of cancer. A new NHS survey of 2,000 patients found that only 39% look for changes to their bodies on a monthly basis – despite this being vital in spotting potential signs of cancer.

We are encouraged to regularly check for any new lumps or unexpected changes in the body to help identify any possible symptoms of cancer. Finding a tumour early means it’s easier to treat. This is a major government initiative to recognise cancers early as they are far less expensive to treat and have better outcomes. It also hopes to bring the statistics up to the levels of identification seen in European hospitals, where a greater percentage of early cancers are identified.

The NHS has also announced that thousands of cancer patients will start to benefit from a new form of immunotherapy delivered swiftly as an injection under the skin. The NHS are the first health service in Europe to offer this new type of injection. The drug is called *Nivolumab*, the benefit means patients can receive their fortnightly or monthly chemotherapy treatment in 5-10 minutes, instead of up to an hour or longer time taken via the normal IV drip. The roll-out will save over a year's worth of treatment time for patients and NHS teams annually – enabling patients to spend less time in hospital while freeing up staff capacity to deliver more appointments and treatments elsewhere.

The new jab can be used to treat 15 cancer types, including skin cancer, bladder, and oesophagus, and it is estimated that around 1,200 patients in England per month could benefit in the initial roll-out.

The chairman also announced that the UK Government is stepping up the philosophy of holistic preventative medicine. The initiative involves fitness and exercise regimes implemented via community medicine programmes. Locally, these classes will be organised by Tower Hamlets. Further details for patients wishing to join the various community run events from yoga to sauna, from running clubs, to dance, and gym fitness as well as the spa facilities under the Be-Well banner. There are also children's clubs run through the Ideas Stores across the borough and through Bethnal Green Library. Full details below.

<https://www.ideastore.co.uk/learning/fitness-health-and-wellbeing/fitness-health-and-wellbeing-facilities>

<https://be-well.org.uk>

<https://www.ideastore.co.uk/visit-us/bethnal-green-library>

Tower Hamlets are also running Get Online - Go Digital workshops at the following locations.

**Tuesdays, 2.15 - 3.45pm**

[Idea Store Chrisp Street](#)

**Wednesdays, 2.15 - 3.45pm**

[Idea Store Whitechapel](#)

**Thursdays, 2.15 - 3.45pm**

[Idea Store Bow](#)

### **Healthera Limited and the NHS App and administrating repeat prescriptions.**

The chairman updated the group on his meeting with the proprietor of Tower Pharmacy and his senior pharmacist who also attended. The discussion involved their involvement with Healthera Limited to implement patient's repeat prescriptions. Vernon reminded them of the potential GDPR breaches, and the possibility for hefty fines from a regulator if patient's personal contact details have been knowingly disseminated to third parties without their knowledge. The pharmacy owner maintains they have never signed anyone up to the Healthera software without their permission and express instruction. The consensus was

that the staff in the pharmacy have casually asked patients if they want to allow Tower to carry on sourcing and supplying their repeat prescriptions, (including for many patients, delivering the medication to them at home) In accepting the invitation, they have unwittingly given permission for their details to be transferred to Healthera Limited, as they are the company that Tower are now using to populate and administrate the repeat prescriptions.

The NHS App, whilst compatible with GP databases is not designed to work well for pharmacies. The reason that most pharmacies have chosen to use one of the many healthcare software providers is that (for a monthly fee) the pharmacy has access to a raft of software and in many cases generates automated messages to give the patient updates on the progress and status of their prescription and medication, when it will be delivered and any items that might be out of stock. Tower Pharmacy made clear to the chairman that it is still able to process the NHS App should patients wish to continue using this method of ordering repeat medication. It is clearly unfortunate that those involved in developing the NHS App designed it to be fully integrated with the GP's NHS systems but absurdly did not consider the compatibility with the software systems used by pharmacies nationally.

Dr Farelly has previously asked that patients continue to use the NHS App, rather than other providers, such as: Emiss Health, Pharmacy2U, Healthera Limited, Royal Mail, Boots, or the popular Superdrug Online Pharmacy. The Gp's software is designed to migrate information across seamlessly between the surgery records and the NHS App without having to waste valuable time retyping complex medicines, dosages and rates of titration as well as patients contact details.

The chairman stated that the pharmacies should be doing far more to protect patient's data rather than just allowing these companies access to sensitive profile data. It was felt that organised crime will exploit this area of our lives in much the same way as they have moved to create phishing scams or trick people to hand over sensitive information from other areas of commerce. (Many individuals will be trusting of health companies, or companies that bare the NHS logo.) The criminals will create false websites, posing as legitimate providers and patients will be encouraged to click on links or respond to telephone contact with individuals, posing as agents working for these pharmacy delivery companies. There is also the issue of how the postal staff deliver, bulky items, or controlled drugs through the Royal Mail postal system, if patients elect this provider. The consensus is that patients will regularly find they have missing items, if their repeat prescriptions have controlled drugs, opiates, stimulants, depressants, or certain steroids, catheters or chronic illness medication.

The government should be doing more to combat exploitation of patient data, and it damages the months of advertising and promotion undertaken by the NHS, encouraging and training patients to use the national NHS App.

### **Frontline NHS staff facing rise in physical violence.**

The NHS is suffering a rise in physical violence in the workplace. A&E Departments face the highest number of assaults, but GP surgeries are increasingly experiencing assaults when patients do not get their way. At Wapping Group Practice, we operate a zero policy on all

forms of abuse. Patients will be removed from the list if they demonstrate any form of violent or aggressive behaviour towards our reception, staff, nurses, pharmacists or doctors. Please treat all staff as you would wish to be treated yourself, with dignity and respect.

### **The Practice Website.**

Wapping Group Practice website continues to be a good one-stop resource for news, tips, local events, community medicine and much more. As patients are being directed to book appointments via the website, it was suggested that the eConsult service is not very easy to navigate since the site has been updated. A suggestion was made as to whether the practice manager could organise with the IT engineer, for a simple (eConsult) button or a link could be put on the home page for those patients who are in a rush and do not perhaps have the luxury of several minutes to navigate the various layers and different areas of the site trying to find links to the eConsult and online request service. The Chairman said that he spent more than 15 minutes, and he could not find the eConsult link anywhere on the website, nor was it searchable in the search menu, or shortcut pull-down menus.

Request an appointment:

<https://www.wappinggrouppractice.nhs.uk/services/appointments/>

To contact the practice: <https://accurx.nhs.uk/patient-initiated/f84079>

The practice has been gifted a Bronze Pride in Practice award, received for excellence in supporting LGBTQ+ patients with their healthcare needs. The PPG would like to congratulate the partners and their team on this prize.

The website has a new signpost map for Women's sexual health and reproductive services. This web portal hosted by LBTH Community Medicine directs families to the different women's health services in the borough.

<https://www.figma.com/proto/fkSyG3KfKWynH2G0df9YEM/Tower-Hamlets-Women-s-Health-Services-Ecosystem-Map?page-id=4%3A16523&node-id=12-17039&p=f&viewport=-510%2C158%2C0.09&t=BrPlizSKMzs1l7rg-1&scaling=scale-down&content-scaling=fixed&starting-point-node-id=12%3A17039>

### **Chairman's Review**

In recent weeks the practice manager confided in the chairman regarding a marked increase in the number of DNA's.

**DO NOT ATTEND** (DNA) is an idiom used to identify patients who fail to turn up for appointments. There has been an alarming rise in patients abusing the GP appointment system. This is a matter of concern across all healthcare disciplines, from our doctors, nurses, or other specialist healthcare facilities. Failing to attend for a scheduled appointment either in person or on the telephone is unacceptable. (DNA's) have always existed at a low level and have proved contentious and a costly issue for NHS administrators. The impact on Wapping Practice is now considerable.

The Dept of Health and Social Care wish to introduce a system of punitive fines for patients who make no attempt at cancellation. We are some ways away from that happening, but it has long been an issue for hospitals with patients not turning up for out-patient appointments now calculated as costing upwards of £200 in lost productivity per session missed. Some imaging and scanning costs, such as CT, Ultrasound and MRI would far exceed this sum in terms of productivity costs for these type of scanning appointments to be wasted.

This issue has now spread to primary care and Gp practices. Analysis of data for two practice nurses working over two days at the beginning of May showed six no shows or DO NOT ATTENDS and this equated to 6 – 30 minutes appointments lost. Precisely the same thing is happening with GP's who are finding that appointments are not being politely or routinely cancelled when they are no longer required. The patients simply do not turn up. This is unacceptable when many patients with legitimate health needs are unable to make appointments. Specifically, when other patients are squandering theirs. The practice manager added that the most galling of this abuse is, when patients have been granted urgent on the day appointments and then they do not attend or fail to cancel in advance. Persistent offenders will in future be logged, sent warning letters and if they re-offend, they will be asked to leave the practice list.

### **3. Information for patients.**

#### **Root and branch reorganisation of the NHS.**

From our last meeting you will recall the announcement on the reorganisation of the NHS to bring new people to key roles and to centralise decision making coming back to government and the Department of Health and Social Care.

The NHS has named Sir Jim Mackey as CEO. He will step in on a secondment basis, with a remit to radically reshape the organisation and the management that has been accused of complacency.

The incoming team will help lead the organisation's transition into the Department of Health and Social Care. The new members – called the **NHS Transformation Executive Team** – will replace the current, NHS England Executive Group and will support ongoing business priorities, statutory functions and day to day delivery. The new team – drawn from the existing executive and the wider NHS on secondment – has been appointed following discussion with the Secretary of State, Department of Health and Social Care senior officials, and incoming chair: **Dr Penny Dash**, as well as the NHS England's main Board. Permanent recruitment and appointments will be made when the future form and structure is clearer.

The roles of chief operating officer and chief delivery officer will no longer exist in the transformation structure, and under the new team there will be two co-medical directors, alongside new posts – a financial reset and accountability director and elective care, cancer and diagnostics director.

**Professor Stephen Powis will remain in post as national medical director** until early July and will work with Meghana Pandit and Claire Fuller over the coming weeks to finalise

arrangements for the medical directorate. Chief Financial Officer responsibility falls to Elisabeth O'Mahony. **Dr Amanda Doyle continues in the lead role as National Director of Primary Care, Gp's and Community Services.**

Many of the new team have been gifted rather grand employment titles and publicly defined expectations. Such as: Financial Reset and Accountability Director. A role falling to a gentleman, whom one suspects will spend much of the next two years learning how to craft apologetic statements. Or the Clinical Improvement Getting It Right First Time Programme. (GIRFT) under the auspices of NHS Impact. A new area of data driven analysis and assessment of patient management, which aims to bring about higher-quality care delivery in hospitals, at lower cost, by reducing unwanted variations in services and practices. In plain English. Trying to improve the patient experience and save money.

A full breakdown of the new team can be found below, with an appraisal on the various areas of clinical employment and responsibility. The Kings Trust has warned of the disruption from major government intervention and the time required to reset a command structure with senior management and directors responsible for such a complex organisation. According to the Nuffield Trust for the financial year 2024/25, the NHS employs approximately 1.7 million staff (1.5M full time) with substantial annual funding from the UK government of just under £200 billion.

<https://www.england.nhs.uk/2025/03/nhs-england-names-new-executive-team-to-lead-transition/>

### **Covid Update.**

- **The first spring Covid-19 vaccines have been delivered by NHS staff. More than a million appointments were booked in the last two weeks of April.**
- Access opened on the 25 March for 7.5 million eligible people. The NHS are once again encouraging the most vulnerable to book their appointment.
- Individuals that need extra protection this year include those aged 75 and over, older adult care home residents, and immunosuppressed individuals aged six months and over.
- Vaccines can be booked via the NHS App, [nhs.uk website](https://www.nhs.uk), calling 119 free of charge. Wapping Group Practice is not involved in the spring roll-out and patients should contact: Tower Pharmacy or Goodman's Fields Health Centre for appointments. (<https://goodmansfieldgp.co.uk>)
- The Practice has a roving team of domiciliary nurses who will attend bed bound patients in the community. Relatives or carers need to contact the reception team.

As well as booked appointments at GP practices and pharmacies, there are thousands of walk-in appointments available every day, with a full list of local locations available on the [NHS walk-in finder](#).

Latest weekly figures show more than 1,100 Covid-19 patients are in hospital on average every day in England, (week ending 31<sup>st</sup> March 2025) and that this continues to be a serious illness for certain groups, particularly those over 70. Cases in Birmingham and the Midlands are rising with approx. 900 cases per 100,000. Children aged 5-11 years have been encouraged to receive vaccinations to try to halt the spread of the virus in families.

The Covid-19 vaccine provides vital protection against several different variants of the virus and helps to reduce the risk of catching and spreading it as well as helping avoid hospitalisation. Surveillance data from the UK Health Security Agency (UKHSA) on last year's spring Covid-19 vaccination programme showed that those who received a vaccine were more than 40% less likely to be admitted to hospital with Covid-19 for up to 2 months after vaccination, compared to those who did not receive one.

#### **Norovirus.**

Norovirus activity has remained high but has thankfully started to decrease in recent weeks to a manageable level. From week 10 to 13 of 2025, reporting decreased across all age groups, but the highest number of reports remains in adults aged 65 years and over.

<https://www.gov.uk/government/statistics/national-norovirus-and-rotavirus-surveillance-reports-2024-to-2025-season/national-norovirus-and-rotavirus-report-week-15-report-data-to-week-13-data-up-to-30-march-2025>

#### **4. PPG Report from members/ news and developments.**

##### **15, Chandler Street.**

For those of you who may not be aware – the Wapping community and St Katherine's & Wapping Ward Panel campaigned to challenge the Tower Hamlet's Planning Application to locate a substance misuse clinic in Chandler Street. The Application sought to locate the centre within the same premises as an existing business which has been trading as an infant nursery. The Application has now been cancelled by the LBTH Council. We understand the council are seeking alternative premises throughout Tower Hamlets. We would like to stress that we recognise a need to assist those members of our community who suffer with alcohol and drug dependency. Specialist dependency clinics have been running for many years under our Gp's supervision at Wapping Practice. It was the LBTH's council decision to locate the new unit above a children's nursery that the public believed was ill conceived and posed potential dangers to parents and hazards to those wishing to use the proposed facility.

##### **Royal Mint Court, Tower Hill.**

The chairman reported that we are still awaiting a final decision from Clare Searson, following the public enquiry concerning the proposed construction of a new Chinese Embassy on Royal Mint Court site at Tower Hill. The Planning Inspectorate lead has yet to make her recommendation to Secretary of State Angela Rayner.

The UK government has made the unusual but lawful decision to call in the Application, meaning the final planning decision no longer lies with LBTH at a local level. A rally on March 15<sup>th</sup> and another on 3<sup>rd</sup> May saw thousands of objectors assemble on the site, many of whom were Chinese Hong Kong nationals, Tibetans, Taiwanese and members in support of

the Uyghur people whom they believe are persecuted as a race by the Chinese state as well as residents whose homes and lives may be blighted by this proposed development.

Despite having dropped its official objection to the proposals, (and this forming a substantive part of the evidence on which the planning Inspectorate heard testimony), the Met “maintains concerns” that [large protests of more than 500 people](#) outside the embassy would impede traffic and “require additional police resource”, said the Deputy Assistant Commissioner, Jon Savell.

In a letter sent to the former Conservative leader Iain Duncan Smith and to the Home Office earlier this month, Savell said the Met continued to have concerns about the impact the embassy would have on the area near Tower Bridge. Estimates suggest there have been crowds of 3-5000 demonstrators at the events, another of which was held on 3<sup>rd</sup> May 2025.

The substantive claims made by both sides for and against the development are significant, and many feel the PRC barrister has dismissed the claims of the residents as not of relevance to the legitimacy of planning law and has rejected many of local community claims as emotive and of no consequence. Ian Duncan Smith MP spoke eloquently against the Application at the rally alongside other dignitaries and those in opposition to the structure.

Political involvement is evident at every turn and despite the lobbying of high profile Tory MP’s and some positive journalistic investigations, I have to say that with the Applicant’s KC revealing that the UK wish to open a British overseas Embassy in Beijing, and that there has been legal use of both International reciprocal law and specifically, articles under the Vienna Convention that permit Agreements between Sovereign States. The chairman fears that the arguments may be lost to legal bureaucracy.

It is further complicated by Section 106 Agreements gifted by the People’s Republic of China to Tower Hamlets as part of the financial package. The details of these have not been fully disclosed into the public realm as they are deemed sensitive, and breaching national security guidelines, or posing a threat to the Embassy or members of their staff. Tower Hamlets will benefit substantially from Chinese investment in local infrastructure, highways improvement and heritage protection. Counsel for the PRC and LBTH could not agree the Conditions in relation to the 106 Notices during the hearing. As so much time and legal time is being given over to agreeing these Conditions, it seems that this is a lever that is doubtless being used by the Applicant as a form of investment incentive, and will involve benefits in improving employment locally both during the period of construction and in future with financial and service industries associated with the Embassy and its considerable collective of residential and non-residential Chinese staff, estimated to be approximately 5000 in number. It was pointed out during the hearing that International law permits the PRC to use its own nationals to construct the Embassy to protect State security, just as Britain would be permitted to use British nationals in Beijing to build an embassy in China. This would certainly minimise the UK’s ability to know what form of surveillance and listening equipment is being installed both internally and externally.

In recent weeks reporters have tried to draw attention to the location of our own digital network of cables that are located topographically below the site and are used by our intelligence agencies for national surveillance and to monitor anti-terrorist activity across the capital. There is an obvious vulnerability to this data if monitoring systems belonging to

foreign powers could be used to intercept messages or eavesdrop on highly sensitive government information, national security services, and the intelligence sources of the Metropolitan Police also using this cabling.

The situation remains fluid, and the outcome is yet to be determined.

#### **Sainsbury's Supermarket Wapping Lane, Anti-Social Behaviour.**

There has been considerable community concern regarding the repeated thefts of alcohol and stock from the new Sainsburys supermarket, and the impact this is having on our resident's health and well-being. These incidents are highly distressing for residents and staff in the shop at the time of the thefts. The glass in the entrance door has been smashed for almost three months. It is unsightly, and there is a consensus that the anti-social behaviour in this area can attract negative criminal activity. It was suggested that a social media group be actioned to collect public opinion. Stakeholders will lobby the supermarket management and the local authority, as well as the Metropolitan Police via the Ward Panel for further an action plan.

#### **Tower Hamlets has approved a new Public Spaces Protection Order which will see new rules for dog owners and walkers within the borough.**

**From the Autumn LBTH officers will enforce the following for public safety:**

- Banning dogs from certain areas such as gated children's play areas and sports areas.
- Limiting the number of dogs a person can walk at a time to a maximum of four - unless they have a professional dog walker licence issued by the council.
- Ensuring dogs are kept on leads on or near roads, pavements and communal estate areas.
- Complying with an authorised officer's [such as a Tower Hamlets Enforcement Officer] instruction to put dogs on leads when asked to do so - including when the walker is unable to control the dog properly.
- Introducing Fixed Penalty Notices (FPNs) for dog fouling as well as enforcing all the new rules outlined herein.

#### **5. Any Other Business:**

#### **BMA considers the High Court ruling 'disappointing' over its case against the GMC for blurring the lines between doctors and physician associates. (PA's).**

- The BMA is considering its next steps after what it called a "disappointing" [ruling from the High Court](#) over its [case](#) against the General Medical Council ( for blurring the lines between doctors and physician associates (PAs).

Professor Phil Banfield, chair of BMA council, said:

"This is a disappointing ruling from the High Court. Physician associates do not study medicine at an equitable level and are trained to a very different standard to doctors. By labelling both doctors and PAs as 'medical professionals' the public are being misled to think they are similarly or equally qualified. They are not. Having ruled on the legal technicalities the Court has ignored common sense, and the effect will be to perpetuate the patient safety issues caused by this confusion.

He added: “The potential for patient harm in equating the two roles has been shown in the [testimony](#) of doctors recently published by the BMA, which includes hundreds of examples of patients put at risk. This has been recognised by an increasing number of coroners urging the GMC to clearly differentiate between doctors and physician associates following avoidable patient deaths. The danger is even acknowledged by the Health Secretary who agrees that the concerns of patients and doctors have been ignored for too long, concerns which must be properly addressed by the Leng Review due to report later this summer.

During the hearing the GMC was at pains to stress that it had no enforceable statutory duty to protect patient safety: a risible statement from the medical regulator, although in keeping with its determination to ignore the alarm bells sounded by doctors, coroners and patients on this matter.

The BMA stated that: “As doctors, we do have a duty to uphold patient safety and to speak out when it is compromised.” The BMA is considering its next steps in relation to this regrettable ruling.”

Patients at Wapping Group Practice are not impacted by the wider PA initiative as the partners made a unilateral decision from the outset in 2022, not to permit physician associates to undertake independent face to face consultations without supervision from a qualified GP. Furthermore, because of the national issues arising and concerns raised by the BMA, Dr Farrelly announced that after an initial graduate recruitment experiment that began in May 2022, a decision was made not to continue with the initiative. (see PPG Minutes, 5<sup>th</sup> May 2022). There was considerable pressure from central government at the time to reduce patient waiting times and improve access to appointments in primary care, many of which had escalated because of national issues surrounding hospitals and lockdowns during the Covid-19 pandemic. The practice continues to support medical trainees from UCLH and graduates attaining registrar level of medical qualification and status.

### **A new survey aims to understand the scale of sexual harassment at medical schools and in hospital settings or placements.**

A new survey makes an alarming claim that a third of NHS female surgical staff [have been sexually assaulted by colleagues in the past five years](#) including medical students and placement trainees. This is an appalling figure, highlighting the true extent of sexual misconduct women face in the NHS.

A survey has been designed collecting testimony from medical students and those across the profession, it is still running and is led by: <https://www.survivinginscrubs.co.uk/about/> and many of the accounts on the website are shocking to read.

There are a number of organisations both inside and outside the NHS that offer guidance support and assistance to staff who have experienced sexual harassment in the workplace or who may wish to report an ongoing situation.

<https://www.england.nhs.uk/ourwork/freedom-to-speak-up/>

If you are a member of the BMA and would like support, you can get it by [contacting an adviser](#). Or contact their 24/7 counselling and peer support services regardless of your

membership status – call: 0330 123 1245 or [contact the service online](#). All responses will be anonymised, and there is an opt-out option if you wish to just share an experience with the BMA privately but do not want it to be publicised.

Other services that are there to offer support include: [The Survivors Trust](#), [Rape Crisis England and Wales](#), [Rape Crisis Northern Ireland](#) and [Rape Crisis Scotland](#).

***Be Well. Tower Hamlets promotes Spa Treatments at very reasonable subsidised prices to encourage well-being and fitness. York House, Bethnal Green.***

Tower Hamlets Council officially reopened London’s oldest spa at the historic York Hall on 3rd April. It is one of the last remaining traditional Turkish baths in London following a half a million-pound renovation by the council.

Newly branded [Be Well the Spa](#), it’s one of the only council-operated spas in the country, and offers some of the most affordable prices in London. Executive Mayor Lutfur Rahman is calling this “The People’s Spa”. From just £32.50, non-member guests can enjoy the thermal spa experience at which includes three hot rooms, two aroma steam rooms, a traditional sauna, infrared sauna, ice fountain, monsoon shower, plunge pool, hammam, and a relaxation lounge.

Treatments start at £30, with options like Theragun muscle relief, stress relief massages, paraffin therapy, a full-body scrub, a Dead Sea mineral mud cocoon for £35, Elemis pro-radiance facials for £45.

Be Well The Spa offers a far wider range of concession rates, lower than other London spas, including discounts for public sector workers, older adults, those with disabilities, students and corporates. The spa was closed for renovations after the seven leisure centres in the borough, including York Hall, were brought in-house following the end of Tower Hamlets Council’s contract with GLL in May 2024.

**The chairman thanked all those in attendance for their support and brought the meeting to a close at 19:25 hrs.**

The next PPG meeting will be at the slightly unorthodox date of 26<sup>th</sup> June. We are trying to host the meeting early before the children break up for the summer. The meetings hosted in July are often poorly attended because many members are abroad or holidaying out of London, so it was felt this was a possible alternative.

**Please note dates for your diaries. Forthcoming PPG meetings to be held on: 26<sup>th</sup> June and 11<sup>th</sup> September 2025.**