PPG MEETING MINUTES – 26H June 2025

PRESENT
Dr M. Farrelly – Senior Practice Partner
Vernon Morgan – Chair
Nayib Ahmed – Practice Manager
Carol Taffinder – For NHS Network
Naym Ahmed – Representing Reception
Beverley Saunders
Anne Palmer
Kit Chan
Hugh Maloney
Deborah Savage
Jerome Cotton
Jetinder Lali
Samantha Melbye – For Ward Panel
Angela Abeysinghe
Mike Nulty
Shai Davies
Grenville Bingham
Caroline Crowley

APOLOGIES
Mike Smith
Daniel Kruyer
Misba Ahmed
Sally Unwin – Secretary

The Chairman welcomed all members and commenced the meeting at 18:15hrs.
He began the meeting by welcoming Dr Farrelly, back to the PPG and to the practice after her absence due to a serious injury. He wished her a very speedy recovery on behalf of the group. He also had some congratulations to announce, with Nayib our Practice Manager now a very proud father. He and his wife celebrated the birth of their baby girl earlier this month.

Apologies had been received from Sally Unwin, who was away. From Misba and Daniel who both had work commitments. Mike Smith was absent, because he has sustained a serious injury falling from his wheelchair. The Chairman sent the groups best wishes for a return to full health in the weeks ahead. The Chairman made a point of welcoming Grenville back to the group.

The minutes from the PPG meeting held on 8th May 20025, were passed unopposed and will now be published on the practice website.

1. **Wapping Group Practice Report**

Dr Farrelly's opened with the practice report, confirming that there had been no changes in the practice staff, since our meeting in May.

The reception team had received some new training on engaging with patients on incoming calls, and the practice manager congratulated the team, who had worked very well under pressure when he was on paternity leave and during Dr Farrelly's enforced absence. He was pleased to say there had been no negative impact upon our patients' seeking appointments and access to health services more generally.

Telecoms, complaints and patients communicating with the practice:

The Practice Manager responded to a question from the Chair regarding cover on the phones at peak times. The manager confirmed that if the practice suffered unexpected staff illness, from any member of the team, (who would ordinarily be charged with covering the telephones), he said that he would always move staff from other administration areas to prioritise the telephones and incoming calls. This ensures that the full quota of staff is on duty and available to maintain a good response time for our patients.

The Chair was offered management data reports from the Telecommunications provider, that record Call summary information for March & April which are remarkably consistent, with those from the previous months. The records show a slight reduction in the number of incoming calls, from the average of just over 5,000 received per month during the peak winter months; to 4400 as we move towards spring and summer when there is an understandable reduction in appointments for colds and flu associated with seasonal illness. Whilst we cannot argue with the evidence of the data, the Chair pointed out that the system calculates a mean average of between four and five minutes, queuing time before calls are answered as commendable. However, he has some patients who maintain they suffer wait times of 12-15 minutes. Dr Farrelly suggested that the figures are a mean average across nearly 5000 incoming calls, and naturally there will be rare anomalies when the wait times exceed the optimum.

Zero-Tolerance

The group were very disappointed to hear that the violence and abusive behaviour suffered by staff (as reported at the last meeting in May), has not ceased. The reception staff are continuing to sustain rude and abusive engagements form patients. Dr Farrelly made the point that these incidents may blow-up and be relatively short in duration. However, they can be utterly devastating for a member of staff, and impact upon their ability to work for the rest of the day. Following these incidents, there are disruptive protocols, and reports that have to be completed, recording the events, which further impact upon the natural flow of work staff should be undertaking. These disturbances create a level of anxiety, and one felt by other patients in the waiting area, who witness these incidents. Our doctors are also seeing a rise in profane and abusive language which cannot be tolerated. The PPG Chair offered his full support for all staff at the practice. In common with all public sector workers, all our doctors, nurses and all support staff should not have to tolerate any form of abuse in their daily engagement with the public. Under the NHS guidelines of Zero-tolerance, it was agreed that for any patients who behave in a threatening or abusive manner however so manifested, the individuals will receive a written warning and if there is any repetition of the offence, their name will be removed from our patient list and the patient will be asked to register with another practice elsewhere. In more serious cases the Metropolitan Police will be informed.

Several members of the PPG offered suggestions or methodologies for improving employee's safety from increasing CCTV coverage and installing more panic buttons, and audio alarms. Dr Farrelly countered that the practice already has these form of protections in place, and thankfully the acrylic screens offer some physical protection, but added that it is always a difficult balance for staff not to enflame the situation or make matters worse. Some patients

may suffer mental health, episodes of schizophrenia or psychosis associated with drug abuse, but the protection of staff is paramount. The Chair has warned previously that it will be a sad day when surgeries have to employ security guards to protect against such incidents. Especially when a small minority of patients wilfully enter the practice in a heightened state of hostility, intent on insult and aggression.

Because our reception staff are suffering a marked increase in verbal abuse and intolerance from patients, we have made several community announcements asking patients to be respectful and speak in a calm and measured tone. We understand that frustrations arise but that does not countenance swearing or threatening conduct. The Chairman will work with Sam Melbye on another social media awareness campaign to try to drive the message home. It was agreed that it is only a tiny minority of patients who require re-educating, and they are indeed the most difficult to reach.

GP's are going to begin a screening process for pancreatic cancer that will involve identifying these key patients from their medical history, and how Ai analysis may speed up that process and improve patient outcomes.

Hundreds of GP practices will comb patient records to offer urgent tests to people most at risk of pancreatic cancer, one of the deadliest forms of the disease.

GP teams will scour online patients records to identify people over 60, who have the key early warning signs of pancreatic cancer including being recently diagnosed with diabetes or suffer sudden weight loss. Dr Farrelly was asked if this might impact any patients who may be taking Wegovy or Mounjaro (Tirezepatide) as the new weight loss injections. We are aware that obesity is a condition often treated with these new injections and is itself a risk factor for pancreatic cancers. Dr Farrelly rightly pointed out that these injections are only newly available on NHS prescription, and the criterion for acceptance is strictly on Body Mass Index, and Fat mass calculations. The bar has been set for both men and women at a high level initially as little is known of the impacts of this form of rapid weight loss therapy. There are a number of individuals who have been using the drug on private prescription who have obtained the medication without rigorous profiling checks, and some of these individuals have suffered a variety of negative reactions, and longer lasting food rejection issues.

Around half of people diagnosed with pancreatic cancer have also had diabetes recorded in their medical notes within a fairly short period of time of the former symptom being traced. Family doctors taking part in the new pilot will then look back at records and contact patients who may be deemed vulnerable and send them for urgent blood tests and CT scans to rule out the possibility of this cancer.

Most people with pancreatic cancer only recognise symptoms when their disease is at a late stage. More than 300 GP practices across England will begin using the initiative: with dozens rolling it out immediately, and the remainder commencing in the autumn.

Local GP practices will carry out searches of patient records as part of a three-year pilot using their GP IT systems to identify patients who may have the symptoms.

The government wishes to use Ai scanning software across the NHS. As this becomes more accessible, this type of labour-intensive administration should become routine for data analysis identifying patients at risk of all manner of issues, including drug interactions, allergies and issues that may otherwise be missed on a patient's care pathway.

The initiative will test whether dedicated routine searches of patient records can lead to earlier diagnosis, and better outcomes for cancer patients. The Ai models are already being used across the hospital network to read Xray, Ultrasound and CT and MRI scans. It has proven extremely effective at analysing breast tissue images from mammography. The task for radiographers of interpreting the scans is challenging and a highly repetitive process. There is a small risk of human error particularly when trying to identify very small tumours at 8mm and smaller. Ai readers could operate 24 hours a day seven days per week, without fatigue or error. They function with a higher positive detection rate particularly of small tumours that are practically invisible to the human eye. Left undetected, depending on type these can grow rapidly and spread. This form of Ai Software has taken 6 years to build and train on millions of mammograms from women all over the world. There are other healthcare-related AI trials going on around the UK, including an AI tool by a firm called Presymptom Health which is analysing blood samples looking for signs of sepsis before symptoms emerge - but many are still in early stages without published results.

The UK Government has unilaterally decided to begin distribution of routine screening invitations and test results to all NHS patients via the NHS App.

The Chair made no secret of his concern that not all our patients are digital ready for the roll out of this type of move from analogue to digital. The government is fast tracking all communications over to a digital delivery because of the cost saving. He also announced his displeasure in the withdrawal of NHS appointment letters and consultant's outpatient reports and clinic notes, as these are no longer being sent via the postal system. Patients will receive them by email or via the NHS App downloaded to a mobile device (smart phone). There will be no physical mailings sent via Royal Mail. Patients will then have to manage hard copies themselves. He believed that this would lead to more missed and wasted appointments as patients in vulnerable groups are simply not ready for the transition. He added, there are many things wrong with the speed of this change, but the most important of which is the government's failure to advertise and communicate effectively. He said that most patients now have no alternative but to invest in some form of smart phone if they wish to exist in our modern society. A world in which the government insists on digital registration of everything, from driving licences to passports and the DWP welfare registration is now all undertaken online. That is the easy part. It is the management of these devices for elderly patients that is the challenge. Maintaining the correct operating systems, understanding security difficulties, updating Apps, remembering passwords and PIN codes for most people is not easy. Especially for patients suffering from

dementia or early onset Alzheimer's decease. Knowing where to find the App stores, (Android or Mac) is another challenge, plus educating on how to install and quit these Apps. Understanding why they are not operational, because the App has simply frozen or requires a reset. These are challenging issues for many members of society and especially those with vulnerabilities, learning disabilities and patients with physical limitations who are unable to hold or use touch screen technology. The Secretary of State for Health is fortunate that he has a government IT technician handing him a new smart device, with the latest software installed. As soon as there is an issue with it, the technician will be recalled to replace the phone, tablet or laptop at a moment's notice, all at tax payers expense. 'Ordinary People' as this government like to identify us, are not so lucky, we have to save and budget to afford the huge costs of purchasing a smart phone, insuring it, paying for broadband services associated with maintaining a reliable internet connection and any number of capitalist add-ons that are associated with owning and maintaining this technology.

The government seem short on logic in protecting the elderly and vulnerable. The Chairman believes that if you remove £300 from the winter fuel allowance from qualifying elderly patients, they have less money to spend on heating their homes and staying warm. If you then insist that each of them spend north of of £600 on a smart device and an annual broadband subscription, in order to receive NHS health information, (which was previously sent to them for free) There will be some patients for whom this is a massive problem and who simply cannot afford additional sums in their the cost of living budgets. The Secretary of State for Health then pushes these people further into debt, and marginalises them, making them feel excluded and aware of their perilous state in society. Not all of these people are elderly, many are single mothers with young children to support. Some may be single men or women who have hit hard times, some may have suffered homelessness and financial difficulty, precisely the sort of person who will require good and safe access to healthcare services. Through this Labour government, they will be denied vital services, if they have no method of accessing the NHS APP and Mr Streeting's revolutionary transition from analogue to digital services.

"This is all about putting patients first, making it easier for people to access the care they need, when they need it." He tells us.

I have lobbied The Secretary of State for Health and Social Care on behalf of our patients who struggle with this technology, he, nor any member of his office has even the good grace to acknowledge receipt of my correspondence. I understand that this Labour government have issued a wider memorandum not to engage with stakeholders, journalists or representatives of the public who wish to challenge policy.

The NHS APP – The objective.

The concept is that patients will receive screening invitations such as those for cervical cancer, blood tests and many other male and female routine testing invitations via the NHS App. Likewise, medical results of these and other routine blood tests will be accessed by the patient through the app, without the need for GP administrators to be involved, thereby increasing staff productivity. What happens if you live in a mobile caravan or trailer park that

does not receive a reliable 3G network, let alone 5G? What happens if you live in the rural Lake District the Yorkshire Dales or the lanes of Devon or Cornwall where mobile phone signals are patchy at best? If our infrastructure was such that the entire country was well served with mobile transmission coverage equally, then these NHS App initiatives would be welcomed, but that is not the case. And these broad political statements should be resisted by the British Medical Association, National PPG groups such as ours, by Age UK, and all disability charities. Patients should use their democratic voice and say: one size does not fit all.

The objection is once again not for those of us fortunate enough to understand the intellectual rigours of IT, computer software and information technology. It is in defence of those who do simply cannot afford the cost of these devices, or who suffer from physical or mental disabilities such that they cannot use touch screens, they may be young and suffer from dyslexia, anxiety or mental health issues. They may be elderly and fearful, and simply not want to be forced to hold every piece of personal, health and financial information about them on one single device in their pocket or handbag.

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

The surgery has a number of specialist healthcare clinics. In addition to these is a Wellness Programme, that incorporates a number of roles from Yoga to meditation or simply getting some individuals out of their homes who have suffered grief or anxiety or some form of social isolation. The Wellness Programme is run by a qualified practitioner, and it provides an opportunity for people to meet over a cup of coffee and enjoy conversation, if that is what they require. These types of clinics exist on a community level and nationally, but invariably it is up to the individual to seek them out. Your GP can assist you with navigating and enrolment. For further information discuss with your GP or with one of our patient assistants.

Supporters of the Assisted Dying Bill celebrated this week as legislators voted with a majority in favour, of this hard-fought change to English law. The Bill now passes to the House of Lords for further debate; some GPs are understandably concerned about their roles and commitments under the Hippocratic Oath.

The GP oath states that a doctor's ethical duty is to maintain life and not be a party to extinguishing it. Doctors have been assured that there can be no legal liability, although some still feel that the unions and Medical Council have not necessarily tested this sufficiently well as there is no existing case law in this country to act as a reliable source.

Dr Farrelly will hold her own personal view on the bill, as will many of the doctors associated with the practice, however, nationally there are many GPs who feel they will become the arbiters of this bill if it passes through the Lords and becomes law.

The Chair expressed his opinion that he hoped (as many of us do), that once a terminal diagnosis has been established by a consultant the process of referral to the panel of specialists will not involve a GP, other than perhaps at an administrative level. He said that

he felt that six months is an extremely short period of time in which to activate this process. Especially for an individual with a terminal diagnosis. The panel must meet, undergo the necessary investigations of the patient's background, observe and consider any issues of coercion that may apply and then act in support of the individual in their decision for an assisted death. Unless the government are prepared to spend considerable sums on a national board of specialists in every major city up and down the land, this bill will simply fail because it could be operationally impossible to deliver. The Chair signalled that he was old enough to have lived through the ravages of HIV in the early eighties, witnessing unimaginable suffering. He lost his brother to cancer at age 35. Many of us have been closely involved in the care and eventual demise of parents and family relatives. We have witnessed palliative care that has been woefully poor, and as a result people have rightly campaigned for a better way. We will wait to see if this bill brings us a step closer to closing that gap for those whose fight has been over more than three decades or more in the fight for a system of Assisted Dying close to that exercised by Dignitas in Switzerland and those operated in other countries such as Australia and Holland.

The Chair offered the group clarity on the Assisted Dying Bill:-

A decision will only be accepted by the panel of clinicians and legal representatives, if the patient is evidentially proven to be deemed terminally ill and have 6 months or less to live. It has nothing to do with those scaremongers trying to cause worry in the minds of vulnerable people, many of whom are severely disabled. Those opposed to the bill are manipulating conspiracy theories and using these vulnerable individuals in such a way that they could be coerced into taking pills to perpetuate their own deaths. They cannot. They will not have access to any life limiting medication unless they are accepted by the board of specialists as terminally ill and with medical evidence that they have 6 months or less to live.

Many specialists in this field believe the time frame far too short to undertake all that is necessary in such a short period of time. Considering that at this time the individual will be extremely ill, with the late stages of a terminal diagnosis. There will be an expectation and urgency, and it will be a travesty of our system if those charged with administrating this form of assisted dying cannot do so within the time frame because it has been set at an unrealistic level. Trying to schedule an appointment with three specialists and secure the correct referrals within a limited 6-month period could be a challenge for a healthy individual. Look at patients across the NHS routinely waiting 18 months or more for surgical appointments, because of cancellations, clinic setbacks, postponements, and staff illness.

Criminal gangs are targeting NHS patients with Phishing and Email scams / PPG starts a patient awareness campaign.

The PPG began a campaign of awareness alerting our patients to a number of different scams targeting older patients who might have been in receipt of the winter fuel allowance.

Several malicious text and Phishing scam emails are in circulation purporting to emanate from the DWP (Dept of Work & Pensions) offering registration for Energy Support Funding of £200-£300. The email details a URL link to registration. The scams are highly sophisticated.

DO NOT CLICK on the link within the message and do not respond to the requests made within. Any authentic text messages emanating from the Department of Work and Pensions will always direct the receiver back to the www.gov.uk official website. Whilst we appreciate, many of these scams and criminals spend huge amounts of time and effort making their websites look identical to those they are trying to impersonate. If you have concerns visit Action fraud.police.uk for further information.

https://www.actionfraud.police.uk/scam-emails

This scam is even more pernicious because of the vulnerability of those being targeted and the criminals have realised and exploited the sense of urgency because people will feel that if they do not respond as requested to do so, the individuals will lose the opportunity of the funding.

Alternative scams are circulating exploiting impending changes the government is introducing to both Universal Credit and Disability Benefits. These changes encouraging people to re-register to maintain their benefits.

Once the government and the NHS introduced communication by MMS text message the flood gates opened. Now patients are confused because on one hand the government, banking and financial institutions and large corporations offer advice to customers not to open any links within emails or text messages.

The issue is that the NHS, and the DWP and other agencies say that they will never insert a link seeking banking details or confidential information. That does not however remove the fear and anxiety people hold, from this type of crime. It is a minefield of difficulty for those confident with this type of technology, let alone those who are not.

Healthera Limited and other health service providers regarding repeat prescriptions.

There is a great deal of confusion in this market surrounding repeat prescriptions. Royal Mail are now commencing another vigorous marketing campaign whereby your regular postman will bring your repeat prescription items with your normal post to your home, if elected to do so. The Chairman said that we did not have the time to go over the details of this again, other than to remind patients, that if you have bulky items on prescription or receive controlled drugs, you will still need to go to a pharmacist to collect these. The system is far from perfect. Everyone can understand the convenience of having items delivered directly to your home, especially for our elderly patients. However, this does require a commitment from patients, and you are required to nominate and stick to one provider. That is not to say that you cannot change.

The issues we have are more with patient contact data and GDPR rulings on how that profile information is used by these companies. If you are registered with, say, Raj at Tower Pharmacy you cannot then have your medication delivered by Boots, Superdrug or Pharmacies2U acting for Royal Mail. In terms of your GDPR protection, most of these companies have a duty to protect any data they collect on you and not use this illegally. They

may however act, sell or share your information with other companies within their group and they may target you with marketing items which they may feel beneficial. Over time they will build an image of your health through the medication prescribed and types of medicine you require to live your life. This information may be read by large Ai language models and considered of value to other companies, such as insurers, and other health providers. There is no obligation to use any of these companies and that is where they have been disingenuous in their approach. If you have inadvertently signed up to one such company and you wish to continue processing your prescriptions via the NHS App, just instruct the nominated pharmacy accordingly.

Wapping Group Practice prefer that patients, where possible, use the **NHS App** to order repeat prescriptions because the system is compatible with GP primary care IT systems, and saves a huge amount of time and productivity in transferring data between the App and patient medical records at the practice. Had the designers of the NHS APP considered the national pharmacists more broadly in their software design we would not be in this Wild West free for all. Pharmacies are utterly exasperated, because their margins are so slim and they are making so little profit on prescription medications that they cannot offer the cost of administration and servicing. AS a result, it has been easier to hand the data over to large corporations to manage at scale. If in future, we find that these companies have paid a fee to the pharmacists for our patient data then we will revisit the matter under GDPR breaches.

2. Chairman's Report. - Preparing for Social Care.

This is a complex subject that faces every individual and family at some time in their lives in a myriad of ways. Because of the different challenges this subject presents, the Chair wants to offer a brief window on the current access routes to Social Care in England.

When it comes to choosing a route for an elderly family member, the decision should be made collectively. There is a lot to take-in, and the wishes of the individual must be heard. The person for whom the care is required should remain front and centre of the process.

Unfortunately, both families and individuals also require care and assistance when a member receives an emotionally devastating and unexpected terminal cancer diagnosis. Of equal complexity are victims who become the subjects of a life-threatening accidents, whom, without warning, require long term care at home or in residential specialist facilities.

Each one of these scenarios (and there are many others) is all about **awareness and knowledge.**

Most people are not equipped to deal with this situation whenever it arrives, because they have no knowledge of how the care system operates in England. The message offered here is one of planning and not having to make an immediate swift reactionary decision. If an elderly family member is being discharged back to their home from hospital and their independent living has been severely compromised by circumstances of a fall, a stroke cancer or something else, you will be asked to make important decisions. You need to be equipped with knowledge of the possible routes for those decisions to be informed.

Why Planning Ahead Matters.

Life can change suddenly due to any of the following:

Terminal illness (e.g., cancer diagnosis)

Life-changing or fatal accidents

Long-term disability of a family member

These events affect not just health, but also finances, housing, and the whole family unit. Understanding your options ahead of time reduces confusion and protects your loved ones when a family member or individual may require complex medical or nursing care that cannot be provided by the family. Thereby requiring NHS Social Care involvement.

1. Overview of Social Care in England

Unlike the NHS, adult social care in England is **not free at the point of use**. Instead, it's administered locally via local authorities and councils, based on a combination of need and means-testing. Those deemed to have **eligible needs** after what is called a **Care Needs Assessment** may receive services like home support, day care, equipment, or placement in a care home. theguardian.com+2kingsfund.org.uk+2theguardian.com+2nuffieldtrust.org.uk.

Key challenges: these include, decades of social care underfunding, workforce shortages, and fragmented systems (postcode lottery)—issues that have persisted for well over a decade and were worsened by COVID-19. Local authorities struggle with ever tightening budgets; services are inconsistent in quality; and integration with NHS care remains weak. Many individuals or families have no choice but to rely on family members as unpaid carers or self-fund.

2. Means-Testing Rules: Then and Now

There are two systems of means-testing for care in the UK, the latter of which is now in operation, but has become more complex because of changes brought in without announcement in the autumn budget of 2024 by Chancellor, Rachel Reeves. It is important to understand that social care operates totally outside the NHS, when supplied by private care companies. The exception to this rule is when responsibility is handed back to the NHS by the care provider, GP or hospital staff, and Occupational Health become involved and then all parties including the local authority, work collectively for the benefit of the patient. That does not mean that the care will be free or not require considerable financial commitment to sustain the level of care necessary.

Most people are unaware of the pattern of change over time and fundamentally a move from **community care** (this is care provided within the home from outside care providers) to nursing care, and then residential nursing care in a private nursing home. Palliative care for terminal illness, and hospice care can be organised in many areas but is regulated by the

daily availability of bed space. Some provincial hospices may only have 10-15 beds. Availability varies greatly according to geographic location and is often only augmented by a resident passing away in the hospice to permit another patient access. In some cases, this may take many weeks.

Some larger facilities in cities have a better system whereby they try to operate a two empty bay system, that negates the hideous clambering for places, like a revolving door situation, for both staff working in these units and for those desperate individuals trying to find a local hospice place for a terminally ill family member or loved one.

Pre-October 2023 System

- Upper capital limit: £23,250
- Lower limit: £14,250
    - Under £14,250 in cash or asset value: council covers cost (excluding income contribution)
    - Between £14,250–£23,250: partial means-tested support of £36 per week towards care costs
    - Above £23,250: no council support—fully self-funded
    - thetimes.co.uk+15homecare.co.uk+15thetimes.co.uk+15gov.uk+2which.co.uk+2nhs.uk+2gov.uk+2gov.uk+2which.co.uk+2

With thresholds fixed since 2010, inflation has shrunk the real value of asset protection—drawing many middle-income individuals into self-funding care homecare.co.uk.

Post-October 2023 Reforms ("Cap & Extended Means Test")
THIS IS THE CURRENT SYSTEM OPERATING IN ENGLAND IN JUNE 2025.

Capital thresholds have increased:

Upper: £100,000.00

Lower: £20,000

gov.uk+1homecare.co.uk+1en.wikipedia.org+8gov.uk+8homecare.co.uk+8

- Lifetime cap: £86,000 on personal care costs (*REMOVED Autumn statement 2024.) news.sky.com+4gov.uk+4nuffieldtrust.org.uk+4
- Sliding scale: between £20k–100k, individuals contribute via income *and* a weekly tariff (£1 per £250 capital) gov.uk
- Under £20k: no capital contribution, only income
- Above £100k: full funding until cap reached; then local authority steps in.

These changes, drawn from the Health and Care Act 2022, were due in October 2023 and aimed to reduce catastrophic costs ft.com+15en.wikipedia.org+15which.co.uk+15.

However, the lifetime cap was delayed originally until 2025—and later cancelled by Chancellor Reeves in Oct 2024, leaving the scheme partially in limbo en.wikipedia.org.

Current Situation (June 2025)

- New thresholds (£20k/£100k) and tariff are in place
- £86,000 lifetime cap has been formally scrapped
- Means-test remains complex and daunting; many still face "catastrophic costs", possibly exceeding £100k theguardian.com+2thetimes.co.uk+2publications.parliament.uk+2

Outcome: more people eligible for support, but those just above upper limit still face high bills—and without a cap, costs can erode assets rapidly.

3. Main Issues for Individuals & Families

a) Complexity and Poor Awareness

- Public confusion about assessment, thresholds, and processes kingsfund.org.uk+3gov.uk+3kingsfund.org.uk+3
- Advice services are under-resourced; many people delay seeking help until a crisis occurs. Those who are prepared are often those with financial advisers and better resources and benefit from squirrelling their assets or are effective in facing the reality before it hits and it is too late to do anything. thetimes.co.uk+6publications.parliament.uk+6theguardian.com+6
- Deep anxiety around lack of transparency: sudden care needs often hit families unexpectedly. It is a minefield of complexity, and it is something much better faced before one is also having to deal with a seriously sick relative or family member without having to try to make active decisions that may impact on lives down the line.

b) Financial Hardship

- lordslibrary.parliament.uk+7which.co.uk+7news.sky.com+7
- Middle-income families slip into self-funding: many must sell assets or reduce quality of life homecare.co.uk
- Means-tests include the value of the home if moving to a care home, often forcing a salehomecare.co.uk+1gov.uk+1.

Integration with NHS

- Hospital discharge delays (“bed blocking”) common due to limited care capacity publications.parliament.uk+2health.org.uk+2lordslibrary.parliament.uk+2
- Fragmented services hurt those with complex needs (terminal illness, brain injury)—transition between health and social care is poor.

f) Unpaid Carer Strain

- Families bear the burden—emotional, physical, and financial
- Lack of respite care often causes burnout for families and leads to divorce.

g) Impact in Crisis Situations

- Sudden terminal diagnoses or traumatic injury introduces immediate need—families may fend through bureaucracy and self-fund while navigating immediate grief.
- Delays in NHS Continuing Healthcare assessments can deny eligibility, transferring cost to families.

4. Impacts on Key Scenarios

Elderly Relatives

Balance between desire for independence, dignity, and finances. Families must navigate care home vs remaining at home with care, jointly deciding under enormous emotional stress. Fiscal erosion of life savings via top-ups is common—and council support can look scarce and punitive. Basic non-residential care costs in the UK can easily exceed £1000 - £1500.00 per week.

Terminal Cancer

Time is critical. Families may seek NHS Continuing Healthcare—entirely free if health needs predominate. But navigating entitlement is arduous, and denial forces reliance on means-tested care. The NHS is also becoming overwhelmed by patients now trying to access Continuing Healthcare because it has been the subject of specialist media broadcasts, but, has been part of their Charter for many years. Some ICB's are also better funded according to size, demographic population, ethnicity and social deprivation. This also impacts upon their ability to not only make assessments but physically administrate, with the staff they have available before the individual deteriorates, suffers further serious illness or dies. My recommendation is that you need in those situations to get your loved one's name to the front of the queue by persistence.

Life-Changing Injury

Young adults with an acquired disability or a disability from birth may encounter the same form of means-tests and capped home adaptations, funded by Disabled Facilities Grant — but their need is lifelong. Income lost due to inability to work compounds pressures. Coordination between health rehabilitation and social care is vital, yet fragmented.

NHS Continuing Healthcare (CHC)

If your loved one has what can be defined as an ongoing medical need rather than frailty and old age, then this medical disability may fall under the NHS Continuing HealthCare

requirement. This would give the individual fully funded care by the NHS for people whose primary need is deemed medical after a rigorous assessment process.

NHS Continuing HealthCare is not currently means-tested.

Requires an assessment by a multi-disciplinary team and is not a quick process.

5**. Recent & Proposed Reforms**

1. Cap & extended means-test reform (2015 Care Act)
    - Underpinned thresholds increase and tariff funding—but cap on total costs has been abandoned. kingsfund.org.uk+15publications.parliament.uk+15kingsfund.org.uk+15nuffieldtrust.org.uk+2gov.uk+2which.co.uk+2
2. Casey Commission
    - Appointed in Feb 2025 to develop national model; final recommendations due by 2028 homecare.co.uk+1theguardian.com+1
3. Better Care Fund & ICS integration
    - Pooled budgets aim to improve NHS–council coordination en.wikipedia.org+1ft.com+1
4. Labour promises
    - Possibilities include capped costs, universal free personal care—but consensus remains distant.

- Raised public awareness about burden of care costs gov.ukgov.uk+1thetimes.co.uk+1

Weaknesses

- The removal of the £86k cap means that catastrophic costs remain possible.
- System still confusing; families often lack support.
- Integration issues persist; workforce and funding shortages continue.

7. Recommendations for Families and Individuals

1. Seek expert financial advice early—Money Helper, Society of Later Life Advisers, and local authorities can help navigate the means test nuffieldtrust.org.uk+3which.co.uk+3gov.uk+3gov.uk+2publications.parliament.uk+2which.co.uk+2
2. Explore NHS Continuing Healthcare, especially in terminal conditions or complex injury
3. Consider direct payments or personal budgets—these offer control and often better outcomes nuffieldtrust.org.uk
4. Plan proactively—even with improving thresholds, sudden care needs risk depleting assets
5. Challenge assessments—families can appeal via council or Local Government and Social Care Ombudsman

8. Concluding Summary

England's social care system has seen important improvements in fairness—especially through broader access to means-tested funding. But it still feels like "the nightmare that won't go away" thetimes.co.uk. Families in crisis (terminal illness, catastrophic injury, elderly care) continue to navigate a minefield of assessments, funding cuts, and market fragility.

Despite reforms: underfunded local authorities, a fragile provider market, a vulnerable largely overseas workforce, and a complex, emotionally taxing bureaucratic process. The cancellation of the cost cap marks a profound missed opportunity. The Casey Commission may offer future hope in 2029/30 once the contents of the report have been acted upon by ministers—but without political consensus and sustained funding, the systemic upheaval families need remains out of reach.

Change will require:

- Reinstating a lifetime cost cap, fully funded by government
- Simplifying means-testing
- Ensuring consistent provision across localities
- Making a sharp investment in the care workforce
- Closing the gap between NHS and social care for seamless support, especially at sensitive times

Until then, families must keep their loved ones at the centre—coordinating collectively, planning ahead where possible, and seeking advocacy. The path through social care will always carry emotional, financial, and practical challenges—but informed, proactive engagement can help ease the burden.

The PPG has been made aware of a charitable organisation called the Carers Centre Tower Hamlets operating since 1998, offering advice to unpaid carers and support services to carers 16 years and over.

They offer advice on the following and are also supported by Citizens Advice.

- Carers Needs Assessments
- Advice & Support inc. welfare benefits
- Wellbeing Activities inc. reading group, Peer Support Groups, Health, walking group, arts & crafts, day trips and carers retreat (residential)
- Young Adult Carers Project for 16 to 25's
- Hospital Carers Support
- Emergency Respite
- Digital Resources

This could be a valuable resource for patients who wish to plan for social care and find out a little more regarding professional help. They will also advise on welfare benefits under the DWP, Attendance Allowance and Universal Credit. For elderly patients suddenly requiring care provision they offer advice on Reablement and short term care provision, as well as assisting with information on Local Authority care provision and means testing.

E-mail: enquires@ccth.org.uk

Webform: www.ccth.org.uk

Tel: 020 7790 1765

3. Information for patients.

A change to testing and screening for human papillomavirus (HPV) from next month.

From July 2025, younger women (aged 25 to 49) who test negative for HPV, (meaning that they are at very low risk of cervical cancer developing over the next 10 years), will now be invited at 5-year intervals rather than 3 years, for screening tests, in line with major clinical evidence.

Those whose sample indicates the presence of HPV or who have a recent history of HPV, (which is the cause of nearly all cervical cancers) will continue to be invited to more frequent screenings to check the HPV has cleared. And if not, if any cell changes have developed.

The move follows a recommendation by the UK National Screening Committee, and is the approach already used for women aged 50 to 64 in England.

The NHS has this week rolled-out digital invitations and reminders for cervical screening via the NHS App.

Since December 2019, all cervical screening samples taken in England have been tested for high-risk HPV, which is more accurate than the previous method of cytology testing (known as a 'smear test'). Analysis of a pilot of this approach in England, led by King's College London researchers and published in the BMJ in 2022, showed that 5-yearly screening is as safe as 3-yearly, and that the same number of cancers are found, and therefore less frequent cervical screening tests are needed.

Wapping City Dock Pharmacy opens as a great addition to our local network.

A new pharmacy has opened at London Dock. The Chair has no professional affiliation with the proprietor, Mr. Mohammad Hassan, but many patients have praised his knowledge and willingness to assist. The pharmacy is located at the top of Vaughan Way near Waitrose and has excellent access and spacious treatment rooms. They offer a comprehensive range of services that cater to both NHS and private medical needs. Services include:- health, flu and travel vaccinations and advice on visiting countries and counselling on some of the precautions necessary when travelling to unfamiliar states. Weight loss injections are available. Blood monitoring tests, including PSA testing for men concerned about early prostate cancer. (Although this might not be considered a definitive or the most accurate

assessment, it is still one method of identifying raised levels in young men). Mr Hassan, offers specialist guidance on hair loss treatments, advice on contraception products, assistance with female menstruation, male erectile dysfunction and much more. He also offers a range of cosmetic procedures including Botox injections, and dermal fillers, plus a range of consumables, including hair products, and health and vitamin supplements.

The City Dock Pharmacy also offers the NHS - EPS (Electronic Prescription Service) A free delivery service on prescription medication for patients registered with Wapping Practice. Patients just need to register here: https://citydockpharmacy.co.uk/sign-up/ or use the NHS App to order their medication and await delivery at home. This is a welcome opening for patients on the western edge of Wapping; with the expansion of the London Dock development, the community welcomes another pharmacy to the area. For further details: https://citydockpharmacy.co.uk

Wapping Dental Centre

A new dental practice called Wapping Dental Centre has recently opened, offering high-quality NHS and private dental treatments, including dental implants and Invisalign braces. It is located at 1 New Crane Place, Wapping E1W 3TS. For further details:

https://wappingdentalcentre.com

COVID UPDATE:

Figures from the 19th of June 2025, relate to week commencing 11th June.
There were 1,211 cases verified in hospital settings, with 68 recorded deaths to the 2nd June. Patients are still being admitted to hospital with a positive test but thankfully in numbers half those of the figures for June 2024. This is a massive improvement on the 3500 patients in hospital settings this time last year.

Almost 60% of patients over 65 took up their invitations to have a Covid booster vaccination by the end of January 2025. Whilst there has been some reduction in the number of people coming forward those in the most vulnerable groups remain protected. 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.

COVID-19 activity increased slightly across most indicators on the week before but remains to be recoded at baseline levels. Access to boosters closed for this spring at the end of April and will commence again in the autumn. For further details:

Vaccines can be booked via the NHS App, nhs.uk website, calling 119 free of charge.

Flu figures were markedly lower last month attributed to the dry and warm weather we experienced through May and June.

Norovirus

There is however a significant increase in norovirus activity in the UK, with cases currently at levels more than double the season average. While not officially termed an "outbreak," the increased reporting suggests a surge in infections particularly in the hospital settings. The rise in norovirus cases is putting increased pressure on the NHS, with high occupancy rates in adult hospital beds and a significant number of patients requiring hospitalization due to norovirus. Visitors have not been prevented from visiting, but recommendations from the Department of Health may change to try to minimise the risk to other patients and staff working in hospitals.

4. PPG Report from members/ news and developments.

Sam Melbye delivered a community report on behalf of St Katherines and Wapping Ward Panel. She outlined the disappointing increase in crime and anti-social behaviour in the area and particularly the rise in drug crime. Sam confirmed that Officers from the Met's Specialist Crime Command and Tower Hamlets Neighbourhood Policing Teams arrested four suspected drug dealers on 5th June, as part of ongoing work to tackle serious and organised crime in Whitechapel and surrounding areas. Whilst the issues in Wapping have escalated, there is a link to a general rise in AOB's and a noticeable rise in graffiti on our streets and particularly prevalent on the Highway going towards Limehouse. The offenders climb overhead gantries and scale buildings to achieve notoriety with the placing of their tags in seemingly inaccessible places. Sam appealed for residents to log and report all criminal activity, and it is only by reporting incidents of drug dealing, car racing, or graffiti that LBTH can allocate crews to deal with it. Tower Hamlets Enforcement Officers and London Metropolitan Police units are also more likely to attend and have a presence on our streets if the crimes are reported.

Please use these links below to report incidents. Do not place yourself or family members at risk by trying to take photographs of active crime scenes, unless you consider the situation safe to do so.

Your Police Safer Neighbourhood Team: Email the team at:

James.dove@metpolice.uk or Report an issue here on the Met's dedicated online portal:

https://www.met.police.uk/ro/report/asb/asb-v3/report-antisocial-behaviour/

For emergency crimes taking place, or to report threatening behaviour or assaults or robbery / damage to property, always ring 999

Telephone :101 can be used to report less urgent crimes.

It is important to report EACH and EVERY time you are subject to a disturbance, regardless of how trivial if we are to overcome the escalation in ASB.

Royal Mint Court.

We are still awaiting a final decision from the public enquiry concerning the proposed construction of a new Chinese Embassy on Royal Mint Court site at Tower Hill. Planning Inspectorate, Ms. Clare Searson, has now delivered her recommendation to the Secretary of State, Angela Rayner. The matter was raised again in Parliament last week (9th June) by a number of MP's, with both Dutch governments and the US Administration issuing security concerns over Chinese State surveillance and UK intelligence infrastructure. This relates to underground network cabling under the proposed site. Whilst the Minister for Housing and Planning – Mathew Pennycook was challenged for a decision, he would not be drawn saying that the Inspectorate had not delivered her verdict and when received, the department will report accordingly. This was a false statement because the inspector has delivered her report to Ms Rayner's Office. We await the outcome but understand from the Royal Mint Court Residents Association and St Katherines' Dock Business Association, who have campaigned against the proposal, that further appeals will be lodged. The substantive claims made by both sides for and against the development are significant, and I know that many feel the PRC barrister has dismissed the claims of the local residents as not of relevance to the legitimacy of planning law and has rejected many of the community claims as emotive and of no consequence.

Sainsbury's Supermarket

The number of crimes in Wapping recorded by the Metropolitan police for April was 167 cases including crimes of antisocial behavioural orders. It is difficult to know precisely how the police are recording the thefts from Sainsbury's supermarket, but the chairman's own enquiries have led to the staff feeling intimidated and in fear when these incidents occur.

The Chair is seeking an audience with senior management at Sainsbury's on behalf of the community and if we are successful in our request, we will build a case for stronger and more responsible involvement from the supermarket management with increased surveillance both internal and external areas. The Police require better imaging and an increase in the involvement from Sainsbury's management working with the police and intelligence sharing. The management should also be working with Tower Hamlets Community Crime Unit to strengthen CCTV coverage from the station. Joint operations with law enforcement, local authority, TfL and the Met Police could assist in alerting the supermarket to the presence of known criminals. In other areas of the country criminals are identified by facial recognition or suspects have been identified from CCTV footage as carrying out multiple attempts at robberies in different locations across the capital. These agencies could alert the store before the criminals reach the premises. If noted as active by LBTH surveillance teams or identified by TfL staff, as on route from the station, this could at least give Sainsbury's on-site security an opportunity to close the store temporarily or alert Metropolitan Police units to attend. It is a complex problem, but it isn't going to get solved by doing nothing.

As we have said previously, we are fearful of have-a-go heroes or residents getting caught up in a robbery and the issue escalating, with someone getting stabbed or seriously injured.

There is also the real concern that crime breeds crime, and there has been an escalation in undesirable behaviour since the store opened and the criminals have been actively targeting the store. The management have not replaced the glass in the entrance door, broken months ago now, and this also contributes to lowering the social and civic standards on Wapping Lane. This is particularly relevant in the hours of darkness when anti-social behaviour escalates, and when the supermarket is closed, and the door is boarded up with emergency timber panelling. The other small business owners make a concerted effort to maintain a strong visual aesthetic with attractive hanging baskets, well decorated and maintained shops with a vibrant village atmosphere.

We will report back in September with any further updates.

5. Any Other Business:

BMA warns ministers that any hopes held of reducing NHS waiting lists will fail without restoring the major interventions which involve investing financially in the organisation to restore confidence and ensure a solid retention of NHS staff.

The association has called on ministers to reverse years of insufficient funding resulting from cuts to public health budgets and the disruptive effect of structural reorganisations, which it says have left public health services 'gutted'. Published on 12th June, the report: Rebuilding Public Health: Restoring the Foundations of Prevention, also emphasises how diminished public health services alongside a decade of austerity and the COVID-19 pandemic, have resulted in greater levels of ill-health across society. It warns that, unless the Government takes steps to boost investment and address the sector's crisis in recruitment and retention of staff, public health services will remain *'unable to meet the exponentially growing needs of an increasingly sick and economically inactive population'*. The Report will not be met with open arms by the Secretary of State for Health, Wes Streeting, as he has long maintained that there is no more money for the NHS, and they must find new strategies to improve productivity.

The BMA has told ministers that it requires a £4.6bn of investment in the public health grant in England across five years, a move the BMA states would restore funding in real terms to 2015/16 levels and a force a review of the allocation formula used for public health spending. The report also calls for an audit to assess existing levels of funding and measures to increase transparency around spending on preventive healthcare.

Alongside funding, the report also calls for improvements to infrastructure, salaries and conditions of staff, and a commitment that public health specialists be included in workforce planning and the commissioning of services at integrated care board level. The report covers 14 areas of recommendation and is a test of the BMA's power over this Labour government.

Labour is launching its ten-year plan for the NHS on 29th June in the hope of distracting from the series of climb-downs and 'U-turns' forced upon the Prime Minister by their own back bench MP's. These have all related to injustices on the most vulnerable members of society; the elderly losing their Winter Fuel Allowance, as well as the wider impact of changes in the Chancellor's Autumn Budget. The significant role of the minimum wage increases and changes to Employers National Insurance. All rises that commenced on 5th April 2025, that consistently hurt the poorest members of society the most. These measures are creating above inflation rises and impacting upon the Cost of Living Crisis.

This government has raised costs for businesses that had previously been exempt from National Insurance. The Chair said that despite his multiple attempts at follow up on a campaign to lobby the Health Secretary and the Treasury in defence of Wapping Group Practice, and other surgeries and hospices nationally, the ministers had disappointingly failed to respond in any way. Our campaign was vociferously taken up by Apsana Begum our local MP. She reported that she had received a letter from Stephen Kinnock MP that outlined the government's intention to revisit the decision to include primary care, hospices and other clinical facilities in the Employers National Insurance review. This was disappointingly another case of political rhetoric from Kinnock, to silence our campaign. We have heard nothing further from the government since our intervention in December last year and our follow-up in January 2025.

Tower Hamlets Community Safety Initiative led to arrests of suspected drug dealers active throughout the area.

Wapping unfortunately has its own issues with drugs openly traded on the streets in daylight hours, much of which is perpetuated by young men on bicycles, and rough sleepers in and around Wapping Woods. As the weather improves so does the propensity for dealing. Thankfully, the issues are not as bad as other areas in the borough, but we ask residents to report any incidents to : James.dove@metpolice.uk or

Report an issue here on the Met's dedicated online portal:

https://www.met.police.uk/ro/report/asb/asb-v3/report-antisocial-behaviour/

Officers from the Met's Specialist Crime Command and Tower Hamlets Neighbourhood Policing Teams arrested four suspected drug dealers on 5th June, as part of ongoing work to tackle serious and organised crime in Whitechapel and surrounding areas.

The suspects were arrested as part of an investigation into drug supply in and around Aldgate East, and Stepney. Drug supply is often linked to other offences such as violent

crime and causes misery within our communities. By taking targeted action, stakeholders aim to reduce offending and tackle drug supply, improving the quality of life for residents, businesses, and visitors to the area.

Social media communication alerts and notifications from the PPG.

Currently when there are important health related announcements, I will post on Facebook, or on the Wapping Community WhatsApp Pages. Sam also reposts for me across the various groups to maximise coverage. I only do so when I consider the issue of significant importance, or we need to raise awareness to a particular logistical matter that may cause patient's inconvenience.

In the future, to make matters simpler, we are going to create a designated Wapping Practice WhatsApp Chat Group for PPG announcements. It will be read only, with important community announcements such as when the practice telephones went down in a power cut, or, when we have experienced major IT outages and cannot access computer systems as happened again last week (4th July), By contacting as many patients as possible we can try to avoid forced closures, and continue to provide a service to our patients. We will post reminders on annual flu jabs, and Covid boosters for certain qualifying groups. It will also provide an opportunity to publicise key points associated with community medicine in the borough that may not be widely available elsewhere.

The meeting concluded at 19:30 hrs.

Please note dates for your diaries. 11th September and November 6th.

We will be meeting on the second Thursday in September to assist those who may be on vacation.