

PPG MEETING MINUTES – 11^H September 2025

PRESENT

Dr M. Farrelly – Senior Practice Partner
Vernon Morgan – Chair
Nayib Ahmed – Practice Manager
Naym Ahmed – Representing Reception
Beverley Saunders
Daniel Kruyer
Anne Palmer
Caroline Crowley
Hugh Maloney
Deborah Savage
Jerome Cotter
Angela Abeysinghe - by remote access

APOLOGIES

Carol Taffinder – For NHS Network
Misba Ahmed
Kit Chan
Shai Davies
Paul King
Jetinder Lali
Samantha Melbye – For Ward Panel
Sally Unwin – Secretary

The Chairman welcomed all members and commenced the meeting at 18:15hrs. He was aware that several members were unable to attend the PPG as a diary clash had occurred involving a community meeting between Wapping & St Katherine's Ward Panel and members of the Metropolitan Police.

On matters arising from the PPG held on 26th June; the chair recognised that there had been considerable interest and feedback from the handout that was circulating for patients, offering guidance on how to access adult NHS Community Care. Whilst the reaction is clear patients require a clear and objective route, often at a time of maximum stress; they have no knowledge of how the system of care in this country operates. Vernon advised that because the UK government has scheduled a financial budget for 26th November it is perfectly possible that the government may implement critical changes to means testing in this budget. Any changes to how assets are held, will impact upon the way the NHS delivers elderly care. Importantly, the criteria for assessing assets values, (such as property and income) and whether any legislative reassessment on the ownership of property one is living-in, may change how we receive and plan for NHS care. Assessing who is liable to pay for adult social care is a complex area for families to navigate. We recognise that the government must introduce cost cutting measures, (as Labour has pledged not to raise income directly from taxation) economists suggest that indirect measures such as raising means-tested thresholds are potential targets for the Chancellor to balance her books. Until such time as we have news on these government reforms clearly defined in legislation and dates when these will be implemented, there is no purpose in trying to issue a new set of information to our patients.

Apologies for absence were received from: Carol Taffinder – For the NHS Network, Misba Ahmed, Kit Chan, Shai Davies, Paul King, Jetinder Lali, Samantha Melbye and Sally Unwin – PPG Secretary.

The minutes from the PPG meeting held on 26th June 20025, were passed unopposed and will be publicly available on the practice website.

1. Wapping Group Practice Report.

Dr Farrelly opened the discussion with the practice report, confirming that there had been only one change to the practice staff, since our last meeting. We welcome a new Personal Assistant, - Robert who has now joined the reception team. Zhanade has left the surgery after a dedicated period of employment. She was very popular with our patients, and we wish her every success for her future career.

Telecoms, complaints and patients communicating with the practice:

The practice manager had kindly provided the chair with contemporaneous data from the IT company hosting the practice switchboard and telecommunications software. The manager was insistent that it is important to understand that the statistics offer only an **average** set of figures on how quickly calls are picked up. They are an indicative window on the times patients wait when calling-in to to speak with a member of staff. The data is assimilated into an average, across approximately 5000 inbound calls every month. What it does not do is highlight the unfortunate patients whom, from time to time, are at the mercy of a bad day when staffing levels are under severe pressure, or the system has failed in some way causing wait times to escalate. This dissemination of data followed a small rise in the number of complaints made to the PPG chair connected with some unusually lengthy wait times escalating once again. The manager confirmed that if the practice suffered unexpected employee illness, he would always try to move staff from other administration areas to cover the phones as a priority. We recognise that we have been through two months of unusually hot weather, that has placed a number of different pressures on our practice resources over the summer months, including difficulty maintaining staff cover due to absenteeism.

The most relevant of these difficulties was a major technical error caused by the Comms provider involving the main landline number for the practice becoming inoperative. This fault occurred without notice and was not due to the practice or its staff. Tracing the reason for the sudden loss of service was equally challenging. Initially, the line fault pointed to utility companies who were working in the locality. That assumption was eventually dismissed as all the surgeries incoming calls were being diverted to an entirely different business customer, who reported that they were now receiving all our inbound traffic. Unfortunately, for a short period they were the recipients of disgruntled patients and members of the public trying unsuccessfully to contact their doctor's surgery. The manager worked assiduously to secure a temporary telephone line, which we then promoted through PPG social media channels, and the NHS App for our patients to use until the original line could be restored. After long periods of disruption, the provider brought the original line and number back into service. This involved considerable work once again, informing our patients of the reversion back to the original contact number. Google redirects and changes to the website news board were also undertaken. It cannot be overstated the reputational importance in restoring trust and credibility with our patients and the apologies delivered for the disruption in service, only for this misfortune to be repeated three more times over the summer as the provider's position became increasingly untenable.

By early September, the issue was remedied but reputational damage had occurred and confidence in the IT provider was under threat. The chairman worked closely with the practice over this period to minimise the impact on patients. The majority of our patients were generally gracious, accepting that no blame rested with the practice and that it was an external network fault, that was entirely beyond the control of our staff. It did not however, repair the understandable frustrations of a small minority of patients who were trying to telephone the surgery to raise an awareness for the health concerns of a child or family member, when the service was found to be down yet again, and frustrations boiled over.

Fraudulent medication.

The chairman warned patients of fake pharmaceuticals, being marketed on the internet. With the success of slimming injections such as: Mounjaro and Wegovy, and as the cost of these products is now escalating because of trade tariffs, an opportunity has arisen for organized crime to benefit from counterfeit meds. The American company Lilly has announced that is due to launch an oral slimming tablet early next year for those who have anxieties over daily injections is marketed as having all the benefits of the injectables without the negative side-effects. (Dr Farelly noted that there are already some oral tablets of Wegovy (Semaglutide) in the market but that these have more side-effects than injections and give less weight loss compared to injections. It is hard to know who the winner in this economic battle for supremacy will be. The giants of the pharmaceutical industry who want to sell their new methods of suppressing human appetite, or the multinational food conglomerates who increasingly tempt populations away from eating healthily to the convenience of highly processed foods high in fats, sugar and salt.

News of a fraudulent website posing as the NHS App online has been offering patients repeat prescriptions operating as an online chat using the device's camera, the website looks very authentic and displays the correct NHS logo and appears as if the NHS App. It is important to remember that the NHS will never ask patients for credit or debit card details or personal information and patients should never disclose these to anyone asking for it. The greater the number of issues with PHISHING and fraudulent internet websites, suggests there is a growing public issue of confidence with online transactions. Whether trust is beginning to seep away from new technology, will be demonstrated in the months ahead.

Busiest July on record for general practice.

General practice teams have delivered [a record](#) 33.6 million appointments in July 2025, up 4.3% on the year before and up nearly a quarter on the same period pre-pandemic (Almost 25% increase since 2019).

In the UK, Primary Care indirectly receives performance related funding, and it is vital that general practice has a method of recording and measuring efficiency and delivery to patients. It is a difficult sector from which to extract performance figures, as patient care varies tremendously. Some patients may have little or no contact with their GP, whilst others might have complex needs and require considerable time management. As a result, appointment numbers have been used as a marker, becoming pivotal in assessing volumes of care delivered. It is an inaccurate science as it does not consider the complexity of individual cases.

However, the latest ONS survey shows that almost 3 in 4 people found it easy to contact their GP practice – up from six in ten less than a year ago – it's clear that general practice is starting to turn a corner regarding patient access to appointments.

As we head into the colder months, it's crucial that people come forward to get vaccinated. The autumn vaccination campaigns are set to launch from 1st October, so whether you get an invite directly from your GP practice or find out about your entitlement through the [NHS website](#), it's crucial that you get vaccinated to ensure that primary care remains effective.

Politicians maintain that their reforms to bulldoze bureaucracy and cut red tape are boosting productivity and creating efficiency, ensuring more availability of appointments for patients. If the government chooses to load more and more work on GP's by shifting care normally undertaken in the hospital settings, back under a community banner, and over to the responsibility of GP's, something must give. Of course, primary care can diversify as it has done so well in the past 20 years. We have seen health centres emerging as the first point of call for patients. These medical centres provide specialist services, from doctors, and nurse practitioners, to physiotherapists, podiatrists, social prescribers, mental health specialists and the provision for all manner of expert opinion. Modern general practice has brought together professional clinicians, who work collaboratively to meet community requirements such as specialist addiction clinics, diabetes control, wellness programmes, and much more. None of this is possible if the funding is not there to support the valuable work they do.

Labour insists that they have boosted the GP workforce to deliver on patient care closer to home, having recruited more than 2,000 new doctors since October last year. These figures are not what they seem. A more specific breakdown shows that by 31 March 2025, - 1,503 GPs had been recruited through the **Additional Roles Reimbursement Scheme (ARRS)** What it does not show is that the full-time equivalent number translates to: just 616. Because many on the ARRS go into alternative sectors, pharmacies, associated healthcare facilities, or some members do not complete their training, some move abroad after training seeking better financial prospects. Many females choose only part time positions, whilst some of the ARRS recruits move to other healthcare positions other than working as a GP. So, the claim is *technically true*, but it is framed in a way that overstates the real improvement in frontline patient care capacity.

There is no doubt that general practice is changing, and most patients are now accepting that face to face appointments are not always required. More than 50% of appointments, are manageable as call-back only consultations and most patients are more than satisfied with this method of contact. Meaning they do not have to journey to the surgery unnecessarily. The geographic location and age demographic has an impact on the operational functionality of many GP's and the services they offer.

Parents seeking information on wasp stings cause NHS website to crash this summer.

The NHS Website almost crashed under the weight of traffic with patients searching for advice on wasp stings and insect bites in general. With Asian Hornets the subject of broadcast hysteria, the yellow legged or Asian Hornets are only slightly larger than a wasp

and people have become understandably anxious when they are unsure whether children have been stung, and what action is required. The NHS site saw half a million hits, at the peak week of July 14, when England experienced a heat wave. This equated to one enquiry every 9 seconds. Insect bites or stings are not usually serious and get better after a few days, but in rare cases, they can cause infection or serious allergic reaction.

This summer has also seen a spike in visits to guidance on [Lyme disease](#), a bacterial infection that can be spread to humans if they are bitten by an infected tick. An insect often found in grass or on moorland having fallen off their hosts: - grazing sheep, from whom they suck blood, swell and drop off, awaiting another host on which to gorge.

The NHS website [insect bites and stings page](#) includes general advice on how to relieve symptoms, such as bringing down swelling using ice packs or reducing itching with antihistamines, as well as pain relief – all of which are available from a pharmacist.

The one thing that the data shows is that the NHS website is another valuable source of medical information that is accessible and increasingly being used by the public.

Millions of children and pregnant women are set to book their flu vaccinations from this week as the NHS kicks off its vital autumn vaccine roll out to protect people ahead of winter.

Vaccine teams across the country are ramping up efforts to make it as easy as possible for those eligible to get their jabs, including family drop-in clinics in the community. Carol Taffinder acting for the NHS will once again be undertaking walk-in clinics at various locations across the network. I suspect these will include the East London Mosque, Goodman's Fields and The Idea Store Watney Market. We will promote these events once we have confirmation of the dates.

For the first time as part of the national drive to get more children protected, school immunisation teams in some areas will be offering flu vaccines to 2- to 3-year-olds in nurseries with this expected to roll out more widely nationally. Expectant mums and all children aged two to 16 years are now eligible for the flu vaccine, with this expanding to those aged six months to 18 years in clinical risk groups. Most school-aged children will receive their flu vaccinations at school, but younger children and those who miss their school or nursery session can also get the vaccine at their GP practice or at a community clinic.

The practice will begin the first flu vaccinations by appointment on Saturday 4th October. For those patients eligible for the seasonal jab, you should have received a text message from the practice as an invite via the NHS App. Click on the link, then follow the steps to book a timed appointment.

**Patients registered with the practice are urged to have the flu jab at the practice rather than with a private provider, as the surgery orders a volume of vaccine to cover their eligible patients. There is a significant cost to the practice, if they have unused stock because patients have not responded to their invitation, or have unwittingly replied to a pharmacy invite.*

The practice will not be supplying any Covid-19 boosters this year, so, patients over 75 or those with recognised vulnerabilities will need to contact a pharmacy locally. **The NHS National Booking System** is now open for all eligible individuals to book COVID-19 vaccinations, with appointments starting from Wednesday 1 October.

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

The surgery has several specialist healthcare clinics. In addition to these is a Wellness Programme, that incorporates a number of roles from Yoga to meditation or simply advice on improving patients mental health. Isolation is a major contributor to loneliness and in turn, - depression. We see this frequently in older patients after the loss of a partner, but we are now seeing isolation and depression rising in GenZ adults. This might be attributed to a major lifestyle change with increased home working and people are simply not interacting and communicating as they once did. They are also an age group from 13-28 who have grown up with the internet as their main communication tool.

Getting some individuals out of their homes to socialise over a cup of coffee and enjoy collective conversation may seem simple, but it is becoming important therapy. Your GP can assist you with navigating and enrolment.

Likewise, our Patient Assistants will advise on all the specialist clinics, addiction sessions and clinical services such as physiotherapy that patients can now book directly through on the telephone via our patient assistants.

The Kings Fund - A think tank group advises on expectations for the NHS this winter.

Each year as winter approaches, we hear the familiar warnings. But this year, The King's Fund has reminded us with stark clarity: the NHS enters winter already at breaking point. Bed occupancy is already running close to ninety-five per cent, A&E departments are overwhelmed, and ambulance handovers stretch into hours. What was once described as a seasonal challenge has now become a permanent state of crisis.

The latest figures are sobering. Only sixty-one per cent of patients in A&E are seen within four hours—far below the ninety-five per cent target. Waiting lists for routine care still hover around eight million, with too many patients waiting months or even years for treatment. Meanwhile, public satisfaction with the NHS has fallen to the lowest level in forty years. That tells us something fundamental: the public's confidence in the system is eroding.

The truth is this: the NHS does not lack dedication, it lacks capacity. This year, NHS systems are expected to deliver over nine billion pounds in efficiency savings. That is on top of last year's savings, and it comes at a time when costs are rising, workforce gaps are widening, and staff morale is fragile.

Unison vows to fight Labour on outsourcing workers for NHS hospitals via subsidiary companies.

Christina McAnea UNISON General Secretary announced at the annual Trades Union Congress in Brighton last Sunday that the union will begin industrial action against any NHS

trust that outsources staff to private companies.

* SubCos are companies owned by NHS trusts but set up at arms-length as non-NHS bodies. This option permits trusts to outsource support services and their staff, like those in facilities or administration, catering, cleaning, portering, maintenance, asset management, estates and capital projects, and increasingly administration and nursing roles.

The full UNISON motion can be found [here](#).

When Secretary of State for Health and Social Care, - Wes Streeting brought in Sir Jim Mackey as NHS chief executive, in April 2025, it was he that encouraged trusts to implement outsourcing as a means of cost savings. His appointment as Transition Chief Executive aligns with the NHS's restructuring and integration with the Department for Health and Social Care, and he is tasked with steering the service through this transitional period.

Conclusion.

The introduction of SubCos in the NHS represents a balancing act between financial pragmatism and workforce fairness. From a management and government perspective, they offer valuable cost savings and operational freedoms at a time of unprecedented financial pressure on the NHS. However, for staff, the creation of a two-tier workforce raises serious concerns about fairness, identity, and long-term sustainability.

The debate around SubCos is therefore highly political: framed by NHS leaders as necessary modernisation and efficiency, and by unions and campaigners as an erosion of the NHS's founding principles. Any serious evaluation must weigh short-term financial benefits against potential long-term costs in staff morale, recruitment, and public trust.

NHS England reportedly sees SubCos as a quick fix for financial administrators within NHS trusts to slash VAT costs and make savings to reduce their deficits. It is a most extraordinary way of working when the government is the arbiter of HM Customs & Revenue and taxation in this country, and also the controller of the National Health Service. Ministers are encouraging methods of reducing their own VAT incomes (however legitimately) and in doing so, reducing the contractual rights of healthcare workers employed by the trusts.

In its [New deal for working people](#), Labour promised to “bring about the biggest wave of insourcing of public services in a generation.” The [Labour manifesto](#) said the new deal would be implemented in full. The unions see these measures as just another electoral promise that has not been fulfilled by Starmer. UNISON has [written](#) to all NHS trusts highlighting the dangers of setting up SubCos and reminding senior managers of [campaigns](#) fought and won by unions the last time these companies were being used by desperate healthcare organisations.

Staff employed by Dorset HealthCare NHS Trust, Dorset County Hospital NHS Trust and University Hospitals Dorset NHS are currently being balloted for industrial action over plans to shift hundreds of their lowest paid health workers to a SubCo. That vote closes on 24 September, 2025.

GDPR breaches relating to Repeat Prescriptions at pharmacies.

Many patients have been concerned about repeat prescription administration, and my inbox is full with enquiries regarding patient confidentiality.

In short: The growth of digital pharmacy services is undeniable, but their reliance on patient data is their greatest vulnerability. Consent, compliance, and transparency will determine who thrives — and who fails — in this sector.

The **Information Commissioner's Office (ICO)** has warned that health data is deemed as “special category data” under GDPR and therefore attracts the **highest level of protection**. Even a minor breach can trigger: Enforcement notices, fines running into millions, and Serious reputational damage for the providers.

The threat of prosecution or financial penalties has led some providers, including **Healthera Limited**, to scale back certain outreach practices or halt aggressive marketing campaigns.

Pharmacies **do not** have open access to a patient's full GP medical record. Instead, access is governed by specific NHS digital services:

NHS Summary Care Record (SCR):

This is a condensed version of the GP record.

It typically contains current medications, allergies, adverse reactions, and sometimes additional information if the patient has consented (“SCR with additional information”).

Pharmacists can access the SCR when providing care *only with patient consent at the point of care*.

Electronic Prescription Service (EPS):

Pharmacies linked to EPS can view prescription requests authorised by the GP.

They see what is prescribed, when it's due, and any repeats, but not wider clinical details.

NHS Spine (the central database):

Connects GP systems, hospitals, pharmacies, and other providers.

Pharmacies use it to pull down prescription data and sometimes vaccination records (for example, COVID or flu vaccines logged nationally).

The Grey Zone: Contact Details

When a patient nominates a pharmacy (under EPS), their **contact details and prescription history** can flow to that provider.

The pharmacy therefore has a legitimate pathway to communicate with the patient *about prescriptions*. Once appointed, those details remain with the provider unless explicitly requested to be removed. This is the reason why patients receive unsolicited marketing from pharmacies they have not had contact with for many months. This is particularly relevant when families relocate or use larger groups such as Boots or Superdrug or Pharmacies2U. Pharmacies **reuse those contact details for marketing** (“switch to us” texts, reminders for non-pharmacy services). Patients do not recall ever giving permission for this — particularly if nomination was set up without clear explanation.

This is where GDPR concerns bite: consent must be **freely given, informed, and specific**, not bundled into a wider service.

Why Patients Feel Misled

Patients often don't understand that by **nominating a pharmacy**, they are effectively granting it ongoing access to their prescription data.

Some pharmacies push this boundary by using the data to cold call, upsell, or attract further business.

To the patient, it looks as if the pharmacy has had "backdoor access" to their GP record, when in reality they are seeing a narrow dataset — but enough to feel intrusive.

In Conclusion. - **Pharmacies don't see the full GP medical record**, but they do gain access to prescription and vaccination data via the Spine and SCR, including reasons why a medication has been prescribed.

The core issue isn't the existence of that access (which is clinically justified) — it's how some providers repurpose the data for marketing or recruitment, often without clear or explicit consent. This leaves both patients and GPs uneasy and puts pharmacies at risk of breaching GDPR.

2. Chairman's Report.

The national rollout of **Martha's Rule** across all acute hospitals in England marks an important milestone in patient safety. It gives patients, families, and staff a clear right to escalate concerns when they believe care is not progressing as it should be.

The NHS has announced that Martha's Rule is now available in every acute hospital in England, with data indicating that hundreds of patients have benefitted from potentially life-saving changes to their care thanks to the scheme. It is important to understand that this is not only a patient led initiative, but one in which staff, nurses, doctors and any member of a clinical team may act to escalate any concerns held regarding the care or deterioration of a patient.

Data from September 2024 to June 2025 shows 4,906 Martha's Rule interceptions were initiated, with the highest proportion of calls (71.9%) made via the family escalation process. 43% related to acute deterioration. Of those, 241 calls resulted in potentially life-saving escalations of care, including:

- 93 urgent admissions to high dependency or intensive care units
- 49 resulting in transfers to another enhanced level of care or to a specialist health care centre.

Martha Mills died in 2021 aged 13 after developing sepsis in hospital, where she had been admitted with a pancreatic injury after falling off her bike. Martha's family's concerns about her deteriorating condition were not responded to, and in 2023 a coroner ruled that Martha would probably have survived had she been moved to intensive care earlier.

Yet, while the intention is beyond dispute, we must also acknowledge the **practical challenges** facing clinicians on the ground. Chief among these is **consistency**. Larger, well-resourced hospitals are able to embed outreach teams, manage calls quickly, and ensure families feel heard. Smaller trusts, however, often lack the same depth of staffing or

intensive care capacity. The result is a postcode lottery, where patient and staff experiences of Martha's Rule can vary significantly between hospitals.

The second concern is the growth of defensive medical practice. Doctors and consultants, already under intense pressure, now face an additional escalation route. Some worry that fear of missing an intervention may encourage overly cautious decisions: unnecessary investigations, premature ICU transfers, or treatments offered "just in case." While these decisions are understandable and necessary, senior clinicians may harbour feelings of being constantly at risk of professional retribution. This could lead to strain resources further, add to workloads, and, paradoxically, reduce confidence in clinical judgement.

For staff, the impact is complex. Many welcome Martha's Rule as empowering, giving both professionals and families a safety net. But others express concern that it adds to an already unsustainable workload and raises expectations the system cannot consistently meet.

The challenge before us is not whether Martha's Rule is right—it surely is—but how we ensure consistent delivery across hospitals, adequate resourcing, and support for staff so that the policy improves safety without fuelling defensive practice or undermining morale.

There are concerns being raised by staff and by patients surrounding consistency of implementation. The challenges of empowering the public to question the direction of a particular medical team has obvious implications on morale and difficulties in seniority.

In short: even in resource-limited hospitals, an escalation request under Martha's Rule must trigger a clear process— via outreach teams, on-call consultants, or regional networks. The system is designed to ensure concerns are always heard, even if the clinical plan does not ultimately change. Roving teams may be brought in with on call consultants opinion sought to escalate care where required.

To conclude: The objective has been brought in with the best of intention and whilst it offers assurances on responsibility no longer resting with one individual, there are obviously going to be cases where clinicians feel their decisions have been challenged, and that this will lead to a change in how clinicians choose to operate, impacting the care pathway. In time we will see that they are likely to operate within a tighter more risk-averse workflow, which will inevitably have increased cost implications to the NHS.

3. Information for patients.

NHS rolls out new generation 'artificial pancreas' to help pregnant diabetic women.

Thousands of mums-to-be in England living with type 1 diabetes may receive a pregnancy-specific, 'artificial pancreas' from the NHS to protect mothers and babies' health. The scheme is not new, and so far, more than 600 pregnant women with type 1 diabetes have already been given the life-changing technology, by specialist NHS diabetes midwives, under the initiative's first phase.

Around 2,000 women in England living with type 1 diabetes become pregnant each year and pregnancy hormones can make it harder for them to regulate their blood glucose levels. If

diabetes isn't controlled during pregnancy it can lead to stillbirth, miscarriage, birth injuries and increased need for neonatal care.

The revolutionary technology consists of an insulin pump, a glucose sensor, and an advanced algorithm that runs 24/7 on a mobile phone app, which calculates and delivers the precise insulin dosages a woman requires before and during pregnancy.

Shingles Vaccine.

Around 300,000 more people will become eligible for a potentially lifesaving shingles vaccination from September 2025, as GP practices roll out the jab to protect all severely immunosuppressed adults.

People newly eligible for the shingles vaccination, Shingrix[®], are those aged 18 to 49 who have a severely weakened immune system. This includes people with conditions such as leukaemia or lymphoma or those who are undergoing chemotherapy, which puts them at greater risk of becoming seriously unwell if they contract shingles. The NHS has previously expanded the shingles vaccination programme to include all over 50s with a severely weakened immune system.

PPG's across the country welcome the latest expansion that will see thousands more at risk people protected. Shingles is caused by the reactivation of the varicella zoster virus (which causes chickenpox) and usually occurs decades after initial infection. The condition causes a painful rash and typically lasts between 2 and 4 weeks.

1 in 5 people will go on to develop shingles in their lifetime and although most people make a full recovery, it can cause serious problems including persistent pain known as post-herpetic neuralgia, eye problems, and even lead to pneumonia, hepatitis and inflammation of the brain.

NHS supporting record numbers of people living with dementia.

A record half a million people have received a dementia diagnosis on the NHS, as the health service increases support for the country's biggest killer.

New NHS figures published this week show 506,549 people have received a dementia diagnosis, compared to a similar number recorded last year. NHS hospitals are using the latest technology to help keep people living with dementia safe in their homes, as the health service delivers on the 10 Year Health Plan by offering care close to home.

Imperial College Healthcare NHS Trust has launched a new at-home monitoring service, called MinderCare, to spot signs of changes in health needs and assist those who may be living alone, and are vulnerable to leaving their homes without care and support. The monitoring could reduce hospital admissions. The devices, which include sensors on bed mattresses, household appliances and doorways, mean clinical teams can track whether a patient is still managing their daily routine, responding well to medication and even signs of potential infection. (With the correct permission and careful issues surrounding personal liberty being observed) the system could track the individual to positions in the home, and obviously were they to roam out of the property in a confused state the monitor could contact a nominated family member or healthcare worker and locate the individual to pin point accuracy using sat-nav technology until assistance can be established.

The pilot will continue in NW London and if deemed successful will hopefully rolled out across the country in the coming years.

The new legislation surrounding the Medical Examiner when registering a death in the UK has changed.

<https://www.gov.uk/government/publications/changes-to-the-death-certification-process/an-overview-of-the-death-certification-reforms>

The new system was introduced to improve consistency, safeguard against errors, and provide families with greater confidence in how deaths are recorded.

However, in practice we are seeing some unintended consequences. The process of certification and scrutiny is now taking longer, and this has delayed the release of loved ones back to undertakers. For many families this is distressing, but for some ethnic and cultural groups — where religious tradition requires a burial within 24 hours — it causes particular anguish.

The Medical Examiner – Changes to the system.

“With the new death certification reforms, every death in England and Wales must now be independently reviewed by a Medical Examiner (ME). Medical Examiners are senior doctors, usually from outside the team who were charged with caring for the patient.

Their role is to:

- Check the cause of death proposed by the treating doctor.
- Speak with the family to answer questions and explain the process.
- Ensure there are no concerns that would require referral to the coroner.

The key change is that the cause of death must be agreed by the two doctors: the treating doctor who knew the patient, and the Medical Examiner. Only once both are satisfied can the paperwork be completed.

The Process for Patients.

- The hospital doctor/GP prepares a report setting out the suggested cause of death. This is then sent electronically to the Medical Examiner Service (MES).
- A doctor at the MES reviews the report to satisfy him/herself with the proposed cause of death. They may need to go back to the doctor/GP to discuss their concerns or seek further medical evidence/information or simply suggest different wording.
- Once the MES doctor has decided on the cause of death, he/she will telephone the next of kin and advise them of this. The next of kin can ask questions about the proposed cause of death and, if necessary, can challenge this interpretation. If this gives the MES doctor new concerns they might have to go back to the doctor/GP before coming back to the next of kin.
- Once the next of kin has indicated they are content with the proposed cause of death the MES will formally record the cause of death.
- The details of the deceased and the cause of death are then sent electronically to the local Registrar’s Office.

- Only once the Register Office has confirmed receipt of these details can the next of kin book an appointment to register the death with the Registrar. The undertaker cannot collect the body from the mortuary before these details have been officially received. Some undertakers will not agree to collect the body until the death has been formally registered by the next of kin with the Registrar at the local Registration Service.

The MES aim to complete their review within 72 hours of receiving the report from the doctor/GP and then they ring the next of kin. The suggested time frame for the entire process is about 5 working days but it can easily be 7-10 days. The MES will try to prioritise cases involving cultural or religious issues.

This scrutiny is designed to increase accuracy on the cause of death and greater transparency — preventing errors and providing reassurance to families. However, it has also introduced delays. Until the Medical Examiner's review is finished, the death cannot be registered with the local authority, and the body cannot be released to the undertaker.

For many patients, especially those with cancer or complex illness, it is the consultant who has the most recent and relevant knowledge of their condition. Yet these consultants are often difficult to reach. They may be on leave, away at conferences, or fully committed to clinical duties. Locating the doctor who has direct knowledge of the patient can be a significant challenge for the Medical Examiner.

General Practitioners, while technically the responsible doctor on record, may not have been directly involved in the patient's most recent care, particularly where treatment has been managed entirely in a hospital setting. Their input may therefore be limited or delayed.

We must recognise the impact this has for all families; it prolongs distress, and for some cultural and faith groups — where burial within 24 hours is a sacred requirement — it causes profound additional harm.

The chairman said that he had written a letter of complaint to the Secretary of State for Health and Social Care outlining the concerns raised by patients.

Covid-19 Update.

From 1st September the NHS National Booking System opens for all eligible individuals to book their COVID-19 vaccinations, with appointments starting from Wednesday 1 October-31st January 2026

Launched in June for this coming winter, **The Urgent & NHS Emergency Care Plan 2025/26** puts vaccination squarely at the centre of the government's prevention plans to relieve pressure on hospitals, ambulances and ultimately patient care.

Whether welcomed by patients or not, there will be a greater push on children's and adult immunisation this year. The plan is an encouragement to vaccinate against seasonal illness as well as measles, whooping cough, RSV etc, as well as ensuring those eligible have their Covid-19 boosters. All these illnesses are seen as highly contagious but preventable. The

government is keen to vaccinate as many individuals and children as possible to minimise the pressure on community infection. The aim is to halt the circular spread of illness in families and schools that places particularly winter pressure on hospital beds and admissions.

Eligible groups from October 1, 2025

- adults aged 75 years and over.
- residents in a care home for older adults.
- individuals aged 6 months and over who are immunosuppressed, as defined in tables 3 and 4 of the [COVID-19 chapter of the Green Book](#), the UK Health Security Agency's information on immunisation against infectious disease.

In line with JCVI advice, frontline health and social care workers (HSCWs) and staff working in care homes for older adults will not be eligible for COVID-19 vaccination under the national programme for autumn 2025.

Changes from previous years.

The autumn 2024 program offered the booster to a broader group, including all adults aged 65 and over and other clinical risk groups. The 2025 program reflects a shift towards more targeted vaccination for those at the highest risk of severe illness only, with a belief in herd immunity now protecting those less vulnerable groups.

If you are over 75, we urge you are fully protected.

The figures for Influenza, Covid-19, and RSV were all stable at baseline levels for July & August.

4. PPG Report from members/ news and developments.

The Chairman was aware that a Ward Panel meeting was being held simultaneously and that more in depth information on neighbourhood policing issues should flow from that in the coming days, details of which will be posted on the Ward Panel website.

He added that the Ward Panel has worked closely with the Police and Tower Hamlets Neighbourhood Officers to investigate and halt trafficking on our streets. In the interim, there has been some success with minimising drugs distribution, but it would be naive to suggest that it has been eradicated in Wapping. There has been a rise in criminal activity associated with drugs, with dealing more visible in some areas, and on certain streets.

The number of members of the community supporting the Metropolitan Police Open Day in the Rose Gardens was indicative of how much they value our specialist police teams to fight crime and keep us safe. It was an excellent demonstration by the Police officers opening a window to the public on combating all areas of modern criminal

Updates on the Chinese Embassy Application:

We are still awaiting the final decision from the public enquiry concerning the proposed construction of a new Chinese Embassy on Royal Mint Court site at Tower Hill. The Planning Inspectorate,, made her recommendation to Sec of State Angela Rayner which was believed

to be positive, and we understand that this is now being taken over by Steve Reed MP as the new Planning and Housing Minister.

The chairman added that President Trump is said to be lobbying Keir Starmer on his concerns over security objections to the scheme going ahead, President Trump has warned of his opposition and that of America's Intelligence and Security Department - The U.S. House China Committee has sounded the alarm—warning that the proposed mega-embassy in London could “raise significant security concerns ... from interference and surveillance to risks for sensitive infrastructure like London's financial services” [Financial Times](#).

A senior U.S. official expressed deep concern that approving such a facility might grant China access to sensitive communications of one of the U.S.'s closest allies [CSIS](#).

If the UK goes ahead without sufficient security safeguards—or if redacted plans obscure potential vulnerabilities, the U.S. may reconsider the depth of its intelligence sharing, potentially weakening not only U.S.- UK ties but also cohesion across the Five Eyes Alliance.

The opinion, from Lord Banner KC, was submitted to the government early in September just ahead of the final deadline for those opposed to the scheme to have their say. Lord Banner KC has delivered a scathing report suggesting that if the government permits the PRC Application to proceed in a quid-pro-quo, (regarding the proposal to open a British embassy in Beijing) the Chinese Application is fundamentally unlawful. His submission also highlights that, no matter what assurances are given, the People's Republic of China (PRC) would "benefit from diplomatic immunity" for any activities occurring on that territory, giving "carte blanche" in relation to what goes on in the rooms".

He called on the new Housing Secretary Steve Reed, to be provided with unredacted plans, as planning permission "cannot lawfully be granted on the basis of the existing redacted plans".

Residents of flats forming part of the Royal Mint estate commissioned the legal document in a bid to derail the scheme, as they fear China, (which is now their landlord) will ultimately force them to leave their homes. Despite Rayner's sudden departure, the Ministry of Housing, Communities and Local Government (MHCLG) has indicated her replacement, is still expected to make a final decision on or before 21 October, 2025.

Before her, resignation Ms Rayner had asked the Counsel for the PRC to explain the use of the rooms which are greyed-out areas on the plans. They refused to do so, suggesting that the American Embassy at Nine Elms did not offer disclosure of every part of its Embassy building to planners.

We believe that despite Lord Banner's submission Keir Starmer's legal team persuaded the Inspector to find no appreciable 'planning reasons', why the development should not proceed. The Metropolitan Police's objections regarding crowd control have also resurfaced. They were initially denounced under cross examination, from the erudite and tenacious KC instructed by the Chinese government. Since the public enquiry closed, new senior Police officers have come forward with the assistance of Conservative MP. Ian Duncan Smith and his involvement to flag their concerns regarding the issues of traffic and pedestrian control at this major arterial junction. There are concerns that the deal is influenced by a £600

million investment pledge given to Chancellor Rachel Reeves during her trip to Beijing, when she gave assurances to senior Chinese diplomats. The British are also wishing to build a new embassy in the Chinese capital.

Sainsbury's Supermarket - Wapping Lane.

The number of crimes recorded by the Metropolitan police for June was up to 187 cases including crimes logged as anti-social behaviour orders. It is difficult to know precisely how the police are recording the thefts from the supermarket, but my own enquiries have led to the staff feeling intimidated and in fear when these incidents occur. The figure for May was 175 cases. In a meeting with staff, they have reported a fall in the number of assaults on the store, this may be linked to the increased police patrols.

I wrote to the senior management at Sainsbury's on behalf of the community but have so far not received any response from the CEO's office. We have asked for improved management on the site and increased surveillance both internal and external areas and with better imaging and an increase in their involvement 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 Police could assist in alerting the supermarket to the presence of known criminals in what is a complex problem.

I remain fearful of residents getting caught up in these thefts and the issue escalating. Injury in a larger supermarket site would be of concern, but in these small 7-11, premises, the customers are by default in such close proximity to the possible assailants.

The chair will update at future meetings.

5. Any Other Business:

The BMA is urging doctors to participate in an upcoming extraordinary meeting to consider and respond to the Government's 10 Year Health Plan for the NHS.

The association is set to hold a special representative meeting this Sunday 14th September as part of its response to in the Health Plan, which it says poses potential risks to the medical profession and to patients.

The plan, which centres around three large-scale 'shifts' in the structure and delivery of healthcare, was published by the Department of Health following the BMA annual representative meeting in June. Under the proposals, the Government has said that it intends to implement fundamental reform to the health service over the next decade. These proposals include measures to shift the NHS's model of care **from a responsive to preventive model**, delivering more care in communities rather than in hospitals and significantly enhancing the role of AI and other digital technologies in delivering healthcare.

The SRM is a virtual event and a livestream will be available for BMA members wishing to watch.

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 fear is that soon both the GMC (General Medical Council, the British Medical Association and the unions will all in a very short term be at loggerheads with government over the continuous political decisions to reduce spending on the NHS and recoup savings of £10 billion this year on top of those made last year.

The report covers 14 areas of recommendation and is a test of the BMA's power over this Labour government.

Medical Council Review.

Earlier in the year the PPG reported that the BMA was supporting a legal case against the Medical Council for not providing guidance on the overwhelming consensus of doctors who were demanding that there should be a clear scope of practice, that sets safe limits on what physician assistants can and cannot do. That consensus is still correct in its rationale, even though the court has ruled that, who sets the scope for PA's is not a matter for a court of law.

Senior doctors prepare to strike.

Consultants and Speciality or Associate Specialist doctors have sadly backed the prospect of resorting to industrial action to secure pay restoration, the results of two polls have revealed, the latest being on 1st September.

The BMA is urging the Government to work with it to restore senior doctors' pay, value and professionalism after indicative ballots of senior doctors in England showed a strong willingness to take future strike action.

The ballots, which were conducted between 21 July and 1 September, revealed that 67 per cent of consultants and 82 per cent of specialist, associate specialist and specialty doctors were willing to strike as part of continuing efforts to tackle pay erosion and poor working conditions.

Association leaders are urging health secretary, Wes Streeting to meet and find a way forward on restoring pay, which in the case of consultants and SAS doctors has diminished in real terms by 26 per cent and 24 per cent respectively since 2008/09.

The impact of strike action will only further erode public confidence in the NHS and patients awaiting elective surgery will undoubtedly have to wait longer or be forced to use their savings and choose private medical routes.

Tower Hamlets New library upgrade at the Idea Store Canary Wharf.

Deputy Mayor of Tower Hamlets said: They were pleased to work in partnership with Canary Wharf Group to give the Idea Store Canary Wharf a makeover and expand services to better serve our community. The re-furbished Idea Store will boost learning opportunities in a brighter, more sustainable space. Councillors said It was great to join young visitors in the

brand-new children's library which now has its own entrance and is more spacious and comfortable for everyone.

During the school summer holidays, Tower Hamlets Council hosted hundreds of free activities for children and young people across the borough as part of its Summer of Fun programme, including a host of Idea Store events and activities.

- [Idea Stores](#) are more than just a library or a place for learning. As well as library services, they offer a wide range of adult learning courses and an extensive activities and events programme.
- Refurbishment works at Idea Store Canary Wharf are due to be completed fully by December 2025.
- <https://www.ideastore.co.uk/our-services>

School Uniform Grants.

Further to my PPG announcement earlier in the year, the funding grants for assisting families does not close until 30th September.

Tower Hamlets is leading the way by providing school clothing grants for new school starters, from families with household incomes of up to £50,350.

Applications are still open (until 30 September) for the grant for children who have started primary and secondary school this September, to support families dealing with ongoing cost-of-living pressures. The council's new £1m-a-year fund for school clothing grants allow families with household incomes of up to £50,350 to claim £50 per child entering primary school at reception year, and £150 per child entering secondary school at year 7. The new funding is expected to provide up to 7,000 children each year with extra support to buy their school clothing and uniforms, supporting more than 21,000 children over the next three years.

Parents can make an application from when they are notified of their child's school placement up to the 30 September, that year, for a child aged 4 and starting reception, or a child aged 11 and transferring from primary to secondary school.

Full details are available here.

https://www.towerhamlets.gov.uk/lgnl/advice_and_benefits/benefits/School-clothing-grants.aspx

NEW PPG WhatsApp Chat Group.

Sam is going to help me create a designated WhatsApp post for PPG announcements, which we believe is a good idea. When there are issues of public interest, such as when the practice telephones go down in a power cut, or, we have major outages and cannot access diary systems or appointments as occurred last year. It will also provide an opportunity to publicise key points, events, health updates, and items associated with community medicine

in the borough that may not be widely available elsewhere. Patients will have the opportunity to respond to the invitation to **follow** the Chat, and it will mean that I am not posting into the ether, competing with other Wapping Group messages. People are also more likely to see these health centre messages as they are delivered personally if notifications are turned on - and do not involve scrolling through 100 other posts about lost parcels and cats!

When we go live, please join the group. I will not send a deluge of news. It will be only matters of significance that are impacting upon administration or access at the practice. We can only accommodate 1,024 in the first group, but if quickly oversubscribed we will start additional groups to respond to demand across our 12,000 + catchment of patients.

Please note dates for your diaries:

The next meeting will be on the November 6th at 18:15hrs.

The first Thursday in January is the 1st and New Year's Day. So, we will convene on the 8th January instead. Thereafter, the meetings will be held on the first Thursday as is customary.

The chairman thanked all members for their kindness in attending.

*The meeting closed at 19:40hrs.