Patient Participation Group (PPG) Network meeting 15

Monday 13 October 2025, 6:30pm

We received 30 registrations for this event on Eventbrite and 24 people attended.

The 30 event registrations came mainly from patients registered at 13 Haringey Practices. 23 registrations for the event were from Haringey patients, and of those, 17 were PPG members. There were 7 registrations from Haringey practice staff, Haringey GP Federation and Healthwatch Haringey. One registration was from a PPG member who lived out of the Borough.

Agenda

APOLOGIES: Adrienne Banks, Ingrid Babcock, Michael Sinclair

1. Introduction to the new Healthwatch Haringey Chair, and proposed abolition of Healthwatch – Sophie Woodhead, Chair Healthwatch Haringey

2. Shortages of medicines and substitutions in Haringey / Pharmaceutical Needs Assessment - Isaac Quarm - Community Pharmacy Lead, North Central London ICB

3. Blue Badge applications: clarifying the process – Tanya Murat, Healthwatch Haringey

4. Restructure of North Central London Integrated Care Board and changes to NHS - David Winskill PPG member The Vale surgery (background) and Tim Miller North Central London ICB

5. Data and targets on Whittington's central appointment making service in relation to 1) call waiting times 2) dropped calls / Weighing machines in surgeries - Tim Miller, NCL ICB

6. New GP Charter - Michael Fox, Haringey GP Federation

7. Physician Associates in Haringey and NHS England guidance after Leng Review - has anything changed with the patient's relationship with PAs? - Michael Fox, Haringey GP Federation

Announcements /AOB

- GP patient Survey 2025 - Tanya Murat, Healthwatch Haringey

All presentations for this meeting are available on the Healthwatch Haringey website: https://www.healthwatchharingey.org.uk/haringey-ppg-network-meetings

Actions from this meeting

- Action – Abolition of Healthwatch: PPG Network members urged to sign the petition against the abolition of Healthwatch

- Action - Blue Badge: Tanya Murat, Healthwatch Haringey to contact Cllr Lucia das Neves to suggest a conversation about PZ's case.

- Action – ICB Merger: PPG Network members to contact Tanya Murat if you have any comments on the merger of the ICBs and the role of patient voice in the new structure. Contact tanya@healthwatchharingey.org

- Action – ICB Merger: Michael Fox, Haringey GP Federation to speak at the next PPG Network meeting on the new neighbourhood health model development and the role of patient engagement within it.

- Action – GP Charter: David Winskill will speak to Tanya Murat (Healthwatch Haringey) about putting in a request to the ICB to seek information on how GP surgeries are being monitored to implement the GP Charter.

- Action – Physician Associates: Michael Fox, Haringey GP Federation to request breakdown of posts allocated to St Ann's Road surgery.

- Action – Physician Associates: Healthwatch staff to put progress with St Ann's Road surgery procurement process on the next PPG Network agenda.

1. **Introduction to the new Healthwatch Haringey Chair, and proposed abolition of Healthwatch – Sophie Woodhead, Chair Healthwatch Haringey**

Sophie Woodhead told the meeting that she is a Haringey resident and has a professional background in public health. She has been working with the Board and Healthwatch Haringey Board on how to move forward in light of the recent, announcements from the NHS regarding the future of Healthwatch – abolishing Healthwatch and absorbing its functions into the health system and local authority social care teams. This is a concern for local independent voice. Local Healthwatch services must continue to be commissioned until any legislation is passed – going into the next financial year.

Healthwatch Haringey will continue to operate in the next 18 months. We are seeking clarity on the transition process, from Department of Health and Social Care, the ICB, local authority and key stakeholders, on what their vision for the transition is. There are key discussions with local MPs.

Healthwatch Haringey will challenge the decision to abolish Heleathwatch. Most importantly, we remain committed to resident voice and shared decision making and want to be working with decision makers and commissioners to ensure that.

BA asked what was being done to challenge the abolition of Healthwatch across the country. And what PPG members and patients can do.

Paul Addae, Healthwatch Haringey Manager responded that a letter had been written by many Healthwatch to the government. Bambos Charalambous MP will be meeting with Healthwatch Haringey. He has raised concerns after being contacted by BA.

Sophie Woodhead said we're coordinating regionally and nationally, and all of the Healthwatch across London are collaborating to share a joint note. There is a petition on the Healthwatch Haringey website residents can sign.

Petition: https://www.healthwatchharingey.org.uk/news/2025-09-17/healthwatch-gives-public-voice-our-independent-services-are-needed-now-more-ever

Sophie also mentioned the local government Ombudsman review, which recently reported inadequacies in the service delivery in Haringey social care, including over a thousand unread emails in the social work inbox. Healthwatch Haringey is very concerned about this, and about how the Council will respond. The Council has publicly apologised.

Healthwatch would like to see the details of the action plan to address the issues, and we are meeting cabinet members in order to arrive at some clarity around what led to this, and what steps the local authority is going to be taking in order to respond to, to this specific issue. Some very serious, safeguarding, points have potentially been missed as well. The Board will be sharing information as they go along.

BA commented that on adult social care presumably, one of the responses is going to be that the Council is understaffed because of government underfunding. Sophie agreed

that there are resource issues but the gravity of the case does highlight concerns in the way the resources have been managed and overseen.

Action: PPG Network members urged to sign the petition against the abolition of Healthwatch

2. Shortages of medicines and substitutions in Haringey / Pharmaceutical Needs Assessment (PNA)- Isaac Quarm - Community Pharmacy Lead, North Central London ICB

Pharmaceutical Needs Assessment (PNA)
Isaac Quarm shared a presentation. The PNA takes the health needs of the local population into consideration then assesses the availability, accessibility of pharmaceutical services within the borough. It identifies where there may be a lack of services or unmet needs. So, this document plays an important part in the public health and healthcare planning and commissioning of services. It has a lifespan of three years, so the current one has just been published on the 1 October, to run to 1 October 2028. The PNA examines the current provision of pharmacy services in Haringey and evaluates potential gaps in the service delivery.

There was a consultation, with the public, and then stakeholders. The feedback that was received was integrated into the final document.

Haringey has 53 community pharmacies as of July 2025, for a population of around 262,000. There are no current gaps in the current provision of these services in Haringey, both during working hours and out of hours.

The PNA can be viewed here:
https://www.healthwatchharingey.org.uk/advice-and-information/2025-10-06/pharmaceutical-needs-assessment-haringey-published

Medication shortages
Over the last few years, we have seen increasing concern about medicine shortages. GPs spend time rewriting prescriptions for alternative medicine where the original cannot be supplied. And then this can be very distressing for patients and professionally frustrating for pharmacies who want to see patients get the best care they can. In terms of the major drivers of these shortages, most pharmaceutical firms are global in nature. The problems could be manufacturing, or as a result of problems with the supply chain. But most important could also be because of changes in prescribing practices. So sometimes, maybe a medication that was mandated. For example treatments that were originally manufactured for treating diabetes but are now being used to lose weight - the demand has gone up, causing a supply issue.

Usually where there is an anticipated shortage, the owners of the products are obliged to inform the Department of Health and Social Care, and usually they'll share this information. The ICB then informs the GPs and pharmacists through a newsletter, emails, etc, then they try to assist the GPs to easily identify which patients may be affected by

this. Usually the Department of Health will identify alternatives and suggest these to the system, including pharmacies and GPs. The Community Pharmacy Team in the ICB will continue to monitor to see what impact it is having on the community.

PZ asked, in terms of the provision of pharmacy services, the PNA identified no particular concerns for the future, or that things are going okay. But there are a couple of things, locally.

PZ mentioned that near him they have mostly independent pharmacies, rather than pharmacies which are branches of very large chains and there has been some concern amongst them recently, that sometimes it was fairly difficult to get the medication, because their suppliers were supplying to their own in-house pharmacies rather than the independents. Also the independents might feel what the NHS pays them to dispense prescriptions is not sufficient so they are concerned about their long-term ability to continue trading. But the PNA doesn't seem to reflect that.

Isaac Quarm responded, the PNA, the functional risk assessment, only assesses the availability of the services within the community to see if there are adequate services. Pharmacists are usually independent businesses; they set up where they think they are able to make the most business.

On the issue about supply of medication, Isaac Quarm responded, the wholesalers are also independent and they will supply to any pharmacy who approaches them and then wants to buy medication from them. Perhaps, maybe, for if the larger organisations have a larger purchasing power, they probably buy more stock. Maybe that is the problem, not necessarily that the wholesalers would not want to supply the smaller chains, or independent pharmacies.

DS asked how monitoring of medicine shortages are carried out. Those who have had serious health episodes as a result of shortages - who monitors that?

Isaac Quarm confirmed that there had been shortages in diabetes medication, ADHD medication, the menopausal treatments, HRT. He stated that for the vast majority of medications, there may be alternatives. So, when there's a shortage, the system will identify what alternatives are.

3. **Blue Badge applications: clarifying the process – Tanya Murat, Healthwatch Haringey**

Tanya Murat, Healthwatch Haringey noted that PZ came and raised a question about, not being able to get a blue badge, after several months of trying, not being able to renew because he couldn't access the right medical professional to provide proof. Now, as Healthwatch Haringey and as the PPG network, we've been talking and, collaborating with the Council's concessionary travel team, and with, Councillor das Neves. We suggested one thing that should happen to make it easier for people to get a blue badge - for the Council to change the wording on their website that it's their advice

on what proof you need to apply for a blue badge, You can now provide a medical summary or brief summary from your GP, which is free of charge. This is different from what they were saying before, and it all comes down to this terminology of a medical summary or brief summary.
So you can ask for a medical summary from your GP, they'll know what you're talking about, and you can supply that as one form of proof, which may make easier for you to get your blue badge.

The other thing that they are committed to changing, what David Winskill asked them to do, Which is to put some kind of a markup on people's blue badge applications where they have previously applied and they're just applying to renew it but they have got a long-term condition which is, not going to change, and therefore they'll be perpetually eligible. Tanya Murat received an email from the concessionary travel team on which said, they are working towards marking applications that will not need to prove ongoing entitlement. They said, "This will require an update to our software, which has been commissioned." So there will be a more streamlined application process. So, it looks like at least a subset of applicants for a blue badge who have long-term conditions, will be, facilitated to apply for a blue badge in a much more streamlined way than they currently do.

PZ said the concessionary travel team did tell him that in future he would need to reapply but provided he reapplies that it would be issued. However, the delays
in renewing his blue badge were significant. The council placed impossible demands on him, not least that they would only accept something from a hospital consultant on headed notepaper, rather than anything from his GP's records, or anything by email. (This was not the concessionary travel team itself who have been extremely helpful.)

PZ said the delay in receiving his blue badge means he is left with scar tissue at the base of his spine, and his balance is wrecked. PZ stated that it has devastated his life. He has had to spend a lot of time in hospital and have procedures, see many doctors and consultants. PZ would like to be able to have a discussion or see the lead councillor and take it from there.

Action: Tanya Murat, Healthwatch Haringey to contact Cllr Lucia das Neves to suggest a conversation about PZ's case.

4. **Restructure of North Central London Integrated Care Board and changes to NHS - David Winskill PPG member The Vale surgery (background)**

Tim Miller North Central London ICB was unable to attend but has provided a presentation: **ICB update_Merger_WhittAppts_WeighingScales_T Miller**

David Winskill Healthwatch Haringey Board Member and Vale surgery PPG introduced the topic. He noted that in March 2025, there were two announcements from, West Streeting, the, Health Secretary, and from the Prime Minister. The first one was that the DHSC and NHS England (NHSE) were to merge. They were going to lose 50% of the staff. The second big announcement was that the ICBs would have to lose 50% of their running costs to

mirror what was going on, nationally. That basically meant they were going to lose 50% of their staff. Last year, the ICBs lost 30% of their staff, so to lose another 50% was going to cause a lot of challenges and problems that many felt they really couldn't cope with. There are 42 ICBs in England, and they all started talking to each other, and since then, there's been a steady trickle of announcements, of collaborations, of mergers, of clustering, and so on. Our ICB, which is North Central London, went into talks with North West London ICB and quite shortly afterwards, they announced, there was to be a merger. The newly created organisation will be enormous. It's going to be the biggest ICB in the country. It's going to cover about 4 million people, it will cover 13 local authorities, compared to the five that North Central London covers now.

But more recently, it's emerged that, at national level, there is no money set aside for the redundancies. David Winskill stated that the process has really slowed down an awful lot. It gives us much more time to think very carefully about how this is going to pan out, about how we get accountability, about how the relationship with the regions is going to be mediated. But they're still carrying on with the recruitment freeze, which means that as people leave, and people are starting to leave in quite considerable numbers, as people go sick, as people die, those people can't be replaced. David Winskill understands that for the time being, they're going to carry on behaving as two separate organisations.

Michael Fox, Acting CEO, Haringey GP Federation said he would talk through what he is aware of, in Tim Miller (ICB)'s absence. Michael Fox stated the Department of Health and Social Care Managers of England have approved a merger for the two ICBs from 1 April 2026. It will be called West and North London ICB. They have been through a recruitment process to appoint a new Chair, Mike Bell. They appointed a new Accountable Officer and Chief Executive. That will be Francis O'Callaghan, that's already the NCL Accountable Officer. After the rest of the leadership team are recruited the intention is to commence a consultation with the rest of the impacted staff across both ICBs. Because there isn't certainty around how any costs of redundancy would be offset, it seems likely that might spill into, the financial year 26 - 27, so from April 2026 onwards.

David Winskill added that of the big shifts in the NHS 10-year plan is trying to get services developed and delivered much more locally, the neighbourhood concept of service delivery, which he believes is a good thing. But the decision-making is getting more and more remote. Right at the top of the meeting, we heard that Healthwatch is getting abolished, which is one of the big voices, and provides this, for example, forums for people to get together and articulate what their concerns are, what their aspirations are for how services should develop. DW asked if there any discussions going on at ICB level? How they're going to ensure that patient voice is heard?

MF responded, saying there is new, NHS England published Model ICB Operating Guidance. That was about how they need to operate in the new world with a reduced 50% financial envelope. It talked through some of the functions of the ICB, and what might need to be undertaken by local provider organisations. So there is a question about where the patient voice is actually really bedded in on this. There is some reference in the NHS long-term plan about empowering patient voice at a local level through hospital trust boards.

David Winskill mentioned that the Healthwatch Haringey Board will be meeting to discuss this and if anyone wants to get in touch with Tanya Murat or Paul Addae, or Sophie Woodhead, with their comments and thoughts on this, please do.
Contact tanya@healthwatchharingey.org

RW commented that he noticed DW said that he is on the community advisory group? Is this what the ICB talks about as the patient voice, which they've got various people from, different community organisations which they've chosen, and that's what covers the five boroughs? Are the minutes of it available? RW also stated that the ICB set up a borough partnership executive that is making quite a few decisions and he had to work out exactly what the Borough Partnership Executive is. RW stated that decisions are being made on the restructuring, on neighbourhood health but he can't find minutes of any meetings. How is this evolving system, on neighbourhoods being decided, because the public don't know what is happening about something that's quite major, a major shift.

Michael Fox responded that as acting CEO of the GP Federation, he is now a member of the Haringey Borough Partnership Executive. It comprises the ICB, the Local Authority, North Middlesex, Whittington, North London Mental Health Trust, the GP Federation, and a rotation between VCS partners, between Bridge Renewal Trust, Healthwatch, through Public Voice and Mind and Haringey.

MF went on to say that there aren't full minutes of the meetings, but action notes are kept, so he can update on those. The Borough Partnership Executive is not making decisions about the restructure of the ICB. It is a collaboration of health and care partners in the borough thinking about how they could work better together to improve health outcomes and collaborate across statutory organisations. Within that, there was an ask around following the long-term plan and the ambition to embed neighbourhood health. He believed they were not doing enough on resident engagement and co-design on some of that work. He is aware some people on this call were invited to a workshop in July on this, but they need to do more. There will be an integrated collaboration between the Whittington Health Trust, Haringey Council, and the GP Federation, to come together as local providers to support and implement this agenda and the next steps. And part of the plans are to think through ongoing resident engagement.

Michael Fox offered to bring back an item to this group in the future.

PZ commented that MF had said possibly patient voice would be heard through the hospital trusts. Whilst on the face of it, that sounds very encouraging, how much stability is there is within the hospital trusts? For example, the Whittington Chief Exec has changed a few times recently and there seems to be lots of churn within staff. He believed that absolutely nothing happens without resource. Therefore, Is there going to be resource within the NHS Hospital Trusts Ideally, specifically ring-fenced resource, to actually finance this patient voice? If there's to be meaningful patient voice, there has to be resource to service or provide that.

David Winskill responded that in a world where we're losing half of staff that resource is going to be very thin on the ground. He suggested the real magic ingredient to making Patient Voice happen is leadership. A good example is NHS Dorset. David Winskill expressed sympathy with Michael Fox, and his colleagues in the NHS, at the ICB level, who are having a hard time at the moment. The uncertainty about what the futures are for many, many hundreds of people, and just to say that this group, I'm sure, understands how difficult it must be for colleagues.

Action: PPG Network members to contact Tanya Murat if you have any comments on the merger of the ICBs and the role of patient voice in the new structure. Contact tanya@healthwatchharingey.org

Action: Michael Fox, Haringey GP Federation to speak at the next PPG Network meeting on the new neighbourhood health model development and the role of patient engagement within it.

5. **Data and targets on Whittington's central appointment making service in relation to 1) call waiting times 2) dropped calls / Weighing machines in surgeries – NB Tim Miller, NCL ICB**

Tim Miller North Central London ICB was unable to attend but has provided a presentation: **ICB update_Merger_WhittAppts_WeighingScales_T Miller**

6. **New GP Charter - Michael Fox, Haringey GP Federation**

Michael Fox, Acting CEO, Haringey GP Federation started with the context of the new GP Charter. Each year, the Department of Health and Social Care enters negotiations with the General Practitioner Committee of the British Medical Association to update the GP contract. That's the terms and conditions of what services GP practices need to provide each year. Last year, one of the changes that was agreed was that from 1 October 2025, all GP practices on their homepage would publish a link to an NHS England website called You and Your General Practice. It's available in English and other languages.

The Charter sets out what patients can expect from their general practice, and some expectations about how patients should expect to interact with their general practice. It covers themes around they can expect to be able to contact the practice in person, over the telephone, or through their website or the NHS app, Monday to Friday from 8am to 6.30pm.

It sets out how patients can access services if the GP is closed, whether that's through 111, online, or through Emergency services in a life-threatening emergency.

It says that within one working day of contacting the practice, every patient should have an expectation about how their request has been handled. So that's not to say necessarily that a patient would have a telephone or face-to-face consultation with a clinician, but at least a triage and assessment about what's the most suitable way in which to handle that particular query.

It also states that you don't need proof of address to register at a practice. MF stated there are some ongoing training needs - working with the Council and the ICB to make sure that all practices implement that policy, because we've had some experience, that some residents are trying to register and have been asked for proof of address when they don't need that.

The charter also says to patients, when they're contacting their practice, be prepared, be on time, cancel if they're not able to make the appointment, and to make sure that they order their prescriptions on time, and encouragingly invites them to get involved in the patient participation group as well, which is really important for highlighting patient voice. If any patient doesn't feel that they're getting what should be available through those mandated requirements through the practice, it explains how that they can contact the local practice manager or the local ICB or Healthwatch.

MF stated that he understands the ICB is auditing the practice websites to make sure the Charter is there and following it up with those practices that haven't put it on their website.

David Winskill asked is anybody going to be monitoring? Because if patients put complaints into the practice manager some will be answered, some won't. Then if you escalate it up, you only get to the ICB level. As opposed to a more holistic view of how well and how wholeheartedly, GP practices are embracing the Charter.

MF responded saying that's broadly right. So, in the first instance, patients were invited to report any concerns to the practice manager. All practices as part of their assurance process with the Care Quality Commission, need to demonstrate how they're capturing and collating feedback, and so it would be usual practice to meet the compliance requirements of any CQC audit. The practice would need to demonstrate their processes and their audits and how they're responding to that feedback.

Where a patient does not feel that they get any necessary response, they can go through to their local ICB team, and where there's a central complaint service within the ICB that will follow up and make requests of the practice where they do have concerns. They will also speak to the contracting team within the ICB that manages the primary care contract if there's a series of ongoing concerns.

David Winskill asked, will the ICB be going to all the practices and saying "When was the last time your PPG met? How many times a year does it meet? Can we look at the minutes, please?"

MF said he would need to check. The ICB have asked for a self-declaration process at this stage about how can practices confirm they've implemented the new GP Charter and met the requirements since the implementation date, 1 October 2025. Healthwatch might have more information.

Action: David Winskill will speak to Tanya Murat (Healthwatch Haringey) about putting in a request to the ICB to seek information on how GP surgeries are being monitored to implement the GP Charter.

7. **Physician Associates in Haringey and NHS England guidance after Leng Review - has anything changed with the patient's relationship with PAs? - Michael Fox, Haringey GP Federation**

Michael Fox noted that PAs were now called Physician Assistants. Following NHS England's response to the Leng Review is there any local intelligence around how PAs are working in Haringey and have we seen any significant change over the last few months?

By way of a recap, on 24 July, the independent Leng review was published for physician associates, and anaesthetic associates. It made a series of recommendations to do with name changes, to be called assistants rather than associates; To ensure that they weren't making, undifferentiated diagnoses; that there should be very clear lanyards and labelling and communication in any consultation with a patient about their profession and their scope of practice; that there should be very clear supervision and arrangements around a named clinical supervisor that was accessible each day in case there were any supervision needs or queries in terms of clinical consultations.

The Leng review stated it is important PAs are part of a wider team structure, and that there's very clear, development opportunities made available for them, through the Academy of Medical Royal Colleges, and registration by the GMC.

Since then, on 15 August, NHS England published a frequently asked questions in a response to employing organisations across the NHS about what it should do about implementing that guidance. In the context of primary care and GP practices, each GP practice is its own legal entity, and it's got its own contracts for staff, with employees. So any changes in job description, job titles, roles and responsibilities have to go through an HR process with that independent organisation. The FAQ clarifies the responsibilities of each employer to work that through. It also encourages all employers immediately to review to make sure, that, PAs are not seeing undifferentiated patients, making undifferentiated diagnoses. That there's a very clear named, clinical supervisor, and the lanyards and the naming are clearly communicated.

On 27 August, the NCL Training Hub, which is an entity hosted by Haringey GP Federation. providing education and training and workforce development services to practices across NCL, ran an employer webinar for GP practices in collaboration with the ICB to provide information to employers about what they need to do, and how they work through those processes. It also highlighted some of the wellbeing support the Federation are making available for those PAs.

Over the last couple of years, there have been about 200 PAs working in NCL. About40 employees across NCL attended that webinar.

Haringey GP Federation has employed some PAs on behalf of the primary care networks. Within each of those, the Fed has been having conversations to make sure that the guidance from the FAQ has been implemented. A number of primary care networks have made the decision that they want to go through a consultation process with those roles, because they're looking at the staffing mix of what's needed within a local practice, and sadly, they've got a fixed financial budget, and they're looking at the scope of practice of what different professional roles could be done, and what capacity is needed in each practice.

We are seeing a downward trend of roles being made redundant. We're seeing some PAs looking at taking less senior roles, such as healthcare assistants and others and there is not much growth of new PAs being recruited into primary care. Noting the new guidance recommends that PAs have at least 2 years' experience working in a hospital trust before entering into primary care.

DS asked, based on anecdotal evidence from various people are there some GP practices that are choosing not to change the name from Physician Associates to Physician Assistants? Is that permissible? Or is this just part of the transition process?

Michael Fox responded that he might need to check the answer on this but in terms of the FAQ to employers, he doesn't know if those FAQs are legally enforceable. Each practice has a contract for services, with NHS England through the ICB. He is not aware that there's a contractual obligation on general practice that they have to implement the change in name title. He is also not aware that any practice has chosen not to.

DS stated that a clear steer is needed, otherwise, we're just adding uncertainty to uncertainty.

DP stated she is from St Ann's Road Practice and she understands from the last PPG meeting there, which was only recently, that the practice has recruited six PAs

Michael Fox responded that he wasn't aware of that. He is aware the current provider has had notice served, and it's under live procurement.

DP said she is interested in knowing the actual numbers of staff and who they are.

Michael Fox responded, saying it is complicated because Operose provide services across a number of practices in NCL that are all up for re-procurement.
Their TUPE list has a set of roles that notionally work across a number of practices, so it's quite difficult to delineate, how much what's called whole time equivalent, how much of somebody's job is allocated to any one particular site. But it might be something the Fed could request of the ICB if it's appropriate for that to be shared within this forum.

DP asked if St Ann's Road could go on the next PPG Network agenda. She would be interested to know what's happening with the contract. There is a lot to speak about on the St Ann's PPG as well.

Michael Fox said there's a live procurement for provision of services at the practice from April 2026. That process went live in March to April. The procurement is published through a procurement website. The timescale for that is that they would look to announce an appointed provider in December 2025, and have a transition phase in Q4, so January to March 2026. So, in the procurement pack that went out, and was published for any interested provider, it did have an information pack with a summary of some patient feedback that was collected by the ICB.

In relation to complaints to the ICB (item 6 GP Charter) DP stated she has had a complaint in with the ICB since June 2024 and that hasn't been resolved yet and her view is the delay is because the ICB won't exist anymore.

Action: Michael Fox, Haringey GP Federation to request breakdown of posts allocated to St Ann's Road surgery.

Action: Healthwatch staff to put progress with St Ann's Road surgery procurement process on the next PPG Network agenda.

Announcements /AOB

- **GP Patient Survey 2025 - Tanya Murat, Healthwatch Haringey**

The annual GP patient survey results came out in July, and we've got an article on the Healthwatch Haringey website. The key findings that Tanya extracted: The results are broadly similar to the national picture, as they were last year. 92% of respondents had confidence and trust in the healthcare professional they spoke to. Just under three quarters reported a good overall experience of their GP practice.

The areas of issue were similar to last year. 34% of respondents found booking over the phone was difficult. There was no improvement this year in people's overall experience of services when their GP practice is closed, so that's the out-of-hours service. Only 54% rated that service as good.

In terms of the variation within Haringey, you'll be able to find this out in more detail if you go to the GP Patient Survey website. So you'll be able to look both at the primary care networks that your GP surgery is in, other primary care networks, your GP surgery and other GP surgeries, and there's a facility to make, comparisons there. But what it showed was that some PCNs are performing extremely well, others not so well. So at the top end, over 80% of patients in one Haringey Primary Care Network said their experience was good, but only 63% of patients in another PCN said the same.

If you go to the GP Patient Survey, website, you can search by practice, code, practice name, postcode. It's fairly easy to do that, it's quite intuitive.

GP Patient Survey: https://www.healthwatchharingey.org.uk/news/2025-07-23/gp-patient-survey-2025-results-north-central-london

- **Healthwatch abolition**

David Winskill noted the range of topics covered in the meeting and echoed Healthwatch Chair Sophie Woodhead's suggestion to sign the petition against the abolition of Healthwatch. David stated that if Healthwatch did not exist, the PPG Network would not exist and we would lose the opportunity to come together as engaged patients. He further urged people to write to your MP.

Petition: https://www.healthwatchharingey.org.uk/news/2025-09-17/healthwatch-gives-public-voice-our-independent-services-are-needed-now-more-ever

Next PPG Network meeting: Monday 16 February 2026 at 6:30pm.