306 Medical Centre

Minutes of PPG Meeting held on Thu 11 June 2026

Present:
Staff: Mo Dawood (MD-PM), Patricia G (PG), Dr M Chawdhery (MC)
Patients: Tina Thorpe (TT), Kwame Ocloo (KO), Sandra Floyd (SF), David Barlow (DB), Roger Beckett (RB), Khurshid Qureshi (KQ), Jacqueline Pick (JP), Clive Cockram (CC), Phillip Lipsidge (PL), Kathleen Lipsidge (KL), Vajira Wignarajah (VW)

Guests: **Rt Hon. Helen Hayes MP (HHMP)**
Apologies: Richard Cooke (RC)

	Agenda Item	Timings
1	Welcome and introductions – meet, greet and eat **Practice/PPG Slot – Rt Hon. Helen Hayes MP** MD extended a warm welcome on behalf of the PPG and the practice to Helen Hayes and her team, thanking them for taking time out of their busy schedules to join the meeting and learn more about the services provided to patients, as well as the challenges and opportunities facing primary care. **The floor was opened to questions and discussion:** 1. **Practice issues, including access and patient satisfaction** • TT gave a history of her experience of changes in GP services and said this was the best GP practice in Southwark, as appointments and responses were provided promptly. Her concern was with the recent changes, with most services moving online, and she recommended that this practice be recognised as a beacon practice and not be hindered by the new changes. • HHMP confirmed that she had read the practice's letter and was very interested in the concerns raised. She said no one had contacted her previously about any concerns at this practice, which she felt reflected the high level of service provided. • Appointments were a key concern for her, and she felt practices should be allowed to manage appointments in the way that worked best for them. She said she usually received complaints about prescription problems, lack of appointments, and the 8:00 am rush for booking. She was aware of the Government-imposed criteria, which she felt were well intentioned and related to urgency of need. • HHMP was interested to hear about the problems the practice was experiencing. • MD said that the practice had resisted some of the changes for the right reasons,	

as historically access was not a problem, with a patient-centred approach that offered patients a choice in how they accessed appointments. He explained that the average wait for a routine practice appointment was 4.5 days. The practice model gave patients choice and did not force one mode of access, but instead focused on what suited the patient, being mindful of all patient cohorts and striving to deliver an inclusive model of access so that technology did not disadvantage some patients.

- RB said the practice had 100% support and shared that, before joining 306, he had been with a GP who often advised him to go to A&E because of language barriers and prescribed inappropriate drugs. He said he was proud to be here because he respected the practice's efficient and thoughtful model of service delivery.

- MD described the appointment system as layered and explained that the practice offered triage as a choice, not the only means of access. The practice had enhanced appointment capacity, with staggered appointment release built in, which worked well.

- HHMP said the practice appeared to have a system that worked for it and for its patients.

- MD explained that there were concerns about how data would be monitored and whether performance measures might eventually force the practice to close some access routes and focus only on those that formed part of the monitoring measures. CC said patients did not want the practice to be penalised despite receiving a great service because of the monitoring criteria.

- HHMP said she would seek clarity and come back to the group.

- MD shared data on telephony queue wait times, which were under one minute, and patient satisfaction data, where the practice came top in Southwark in the GP National Survey results.

- TT said she was always first in line, was called personally for her annual checks, and did not need to phone regarding medication changes from hospital, nor experience long waits for prescriptions.

- KO thought the introduction of new approaches was a good thing, but if new policies did not deliver, then something needed to be reviewed. He expressed concerns regarding Synnovis and the cyberattack. He felt health was an important issue and that the population would not mind paying more for good services. He thought the Government should critically review the services mentioned and noted that NHS properties were being used to host services provided by private providers. He emphasised the need to ensure that the elderly and those who were less confident with technology were not disadvantaged by the push towards digitalisation.

- RB agreed regarding blood tests at Tessa Jowell Health Centre and said he had previously had tests easily until the rules changed and he now had to make an appointment online before he could have the tests. He thought HHMP should take the previous system to the Government as an example of a working system. He gave examples of friends and neighbours not being able to get appointments at other practices.

- JP commented on the data but also felt it was important to highlight the way patients were treated, and she felt the reception staff were patient and flexible. She said the reception staff knew the patients and offered a quality service, which led to confidence and wellbeing.

- TT said the practice was now a training practice and that trainees had said they wanted to come back.

- MD elaborated that the practice had good staff retention, which helped build strong relationships with patients and continuity of care, and added value to its holistic care approach. He said the practice had a village-like feel and strong rapport with its patients.

- MD explained that the practice reviewed all feedback, including any online reviews it became aware of, and reached out to patients who could be identified from posts to understand feedback in detail and glean learning where practicable. However, the practice did not reply to Google reviews for confidentiality reasons and had a statement posted on the site directing patients to the complaints process, which would be mutually beneficial.

- RB felt that receptionists were at the forefront of patient contact and that this was key and fundamental.

- HHMP enquired about the list size, and MD said it was 7,000+.

- MC said the ethos of the practice was to be caring, with patient focus and experience first and foremost, and that the team was always happy to listen to patients. She explained that the practice had, at one point, been the second fastest-growing practice in Southwark and that its list had since doubled.

- HHMP thought it was reasonable for the practice to be concerned about the changes, although she also felt it was right for the Government to step in because of how some other practices were working.

- TT spoke about recognising good practices with beacon status, as she felt this practice deserved such recognition based on her experience as a PPG Chair at a neighbouring practice.

- SF expressed concern that if the GP service had to adopt new contractual requirements, the process might compromise some of the qualities that made it a beacon practice and a good example for others to consider when improving patient access and services.

- There was a consensus among patients that the practice's patient access was exceptional, with routine appointments usually available within five days and a very responsive telephony service, and they requested that this be maintained for as long as feasibly possible.

- TT raised how well the practice had performed during Covid.

- KO thought the practice should be an example for other practices.

- MD explained how the team had operated during Covid, working safely at the practice to support patients and each other during that time.

- HHMP said it was encouraging to see such a high level of support and confidence in the practice.

- SF asked whether there was funding to build services at surgeries, especially for practices that were over-performing.

- MD said the practice wanted to expand and had approached the SEL ICB, but very little, if any, support was forthcoming due to local funding constraints. The practice had managed to purchase the building next door but needed funding to expand the surgery.

- HHMP asked whether plans had been drawn up.

- MD explained that this had not yet been explored because of cost pressures following the initial purchase. He added that rooms had been converted using the practice's own funds during Covid, when remote consultations were more common, and even then, funding streams were limited and there was a perception that remote working would continue in the future, which had fortunately not been the case. The extra capacity had helped with access and allowed the practice to become a training practice.

- HHMP understood the challenges and said she was aware that improvement grants were available but limited. She gave an example of how difficult it had been for another surgery to expand and said she had supported its application for funding.

- RB highlighted how much the practice had grown and felt that if the building next door were put to good use, it would be filled quite easily because people spoke highly of 306 locally. He asked whether HHMP could see if funding might be

available for the neighbouring building.

- MD shared how quickly the practice had grown and why, noting that the main reason for growth was that the team kept its ears to the ground, listened to patients and local population needs, and adjusted accordingly.

- TT said the Government wanted to train more GPs and that if the practice had more rooms it could help.

- HHMP said she was unable to help directly with funding but could work with the practice and support applications once plans had been drawn up.

- MD gave a short historical background to 306 Medical Centre, known locally as the Lordship Lane Surgery for over 130 years, beginning at Pellatt Road, moving to the corner of Townley Road before relocating to the current site in the 1980s. He explained that the practice had started its transition to automation some time ago, made use of information technology in patient care, and promoted apps, and now the NHS App, particularly in line with Southwark's relatively young local population. He added that the practice was recognised as a high-performing practice, compliant with all NHS targets and directives, with very high patient satisfaction, reflected in monthly patient feedback reports and GP National Survey results, where the practice came top in Southwark.

  HHMP asked whether there were any other issues the group wished to raise while she was present.

Other non-practice NHS issues, including NHS 111, data and pathology

- RB discussed his experience with NHS 111, including exceptionally long waits and service failures. He said that in his neighbourhood and local community NHS 111 was often avoided.

- VW raised issues with the NHS App and problems logging in. TT said there was no one in person they could speak to when experiencing problems.

- MD said the challenge was that the practice could only facilitate access, while technical glitches were beyond its expertise.

- KO raised concerns regarding data use and felt this was a major issue. He wondered what safeguards were in place and gave an example of being called by an external company that referenced his medication details.

- MD explained that there had previously been issues, possibly involving the Patient Access app, where there were occasional incidents of patients being contacted using their details to promote medication. He added that this was not, however, directly related to NHS data, which was generally considered quite secure.

- HHMP said that the company with the relevant expertise was a US company running this platform, which she had explored in detail, and she felt questions were warranted. She expected some changes in policy. She said that data sharing was necessary for research and that data had to be anonymised. She understood there were concerns and challenges for the NHS because the company in question was US-owned and, in her view, the only one with these tools. She felt this reflected the lack of investment in the UK, which did not leave much choice, but also believed there were benefits if robust checks and balances were in place.

- SF asked for the name of the company in question.

- HHMP said she had been advised that safeguards were in place to protect data. MD said he felt there were risks, as the company was US-owned, particularly considering recent politics, and being under US jurisdiction could ultimately reduce control. HHMP said she did not believe this would be the case and had been assured that the agreements would ensure data security.

- RB referred to his experience of diabetic research as a twin and the related data challenges. He said the work had been funded by the NHS but had been called off after a dispute between professors. He felt more research was needed.

- KO felt that there should be complete control over data so that it was secure from abuse or theft.

- HHMP said this was complicated and would need to be debated further by Ministers and the Government.

- The group discussed procurement, particularly the Synnovis cyberattack. TT raised concerns and questioned its training and recruitment practices. She alleged staff had come to the UK on visas and had to undergo training with Synnovis, for which they were required to pay and undertake 90 hours of unpaid practice, despite having paid for the course.

- HHMP said she understood there had been many challenges around procurement and that, arguably, Synnovis should have been more thoroughly investigated, and its data security arrangements scrutinised at the outset to help mitigate the cyberattack.

- TT also raised concerns about the accuracy of results and said she had provided two samples on the same day and received very different results.

- The group also discussed the introduction of new urine bottles and noted that patients had not been consulted before decisions were made.

- MD said he had met with the Synnovis practice lead the previous month. They had

acknowledged the issues and were slowly working through them. He said they had not fully realised the challenges when they took over, particularly those relating to the integration of older pathology systems at GSTT, where it had been difficult to find people with the necessary technical knowledge because the systems were so old and needed to move to newer platforms. He said progress was being made gradually and matters were slowly improving. However, consultation with stakeholders in general practice had not been given the same importance as in secondary care, and this was now being recognised. He gave the example of the introduction of new urine bottles for MSU, where insufficient consideration had been given to the practicalities of using syringe-type bottles, the time needed to decant samples for MSU, and the associated infection control challenges.

- MD briefly explained the challenges of the new contract and the move towards advice and guidance to reduce referrals. He said this meant additional work for general practice and potentially longer waits for specialist outcomes for patients.

- The group discussed the challenge of patient expectations, particularly where patients wished to see a specialist for reassurance. MD explained the difficulties patients experienced in exercising their rights under the NHS Constitution when practices were unable to refer due to local constraints at some trusts or limited specialist appointment availability.

- It was noted that, on many occasions in general practice, there was no choice but to refer patients to A&E for an expedited review because hospital waiting times were long and it was difficult to reach anyone to expedite appointments, as referrals were processed through the national electronic referral service.

- Patient education was also considered important in helping patients understand how to use the NHS responsibly and in managing expectations, particularly where some patients did not understand NHS access or came from countries without a GP model.

- MC highlighted the challenge of transferring unfunded work from secondary care into general practice, including tasks beyond the practice's expertise, which made managing patient expectations more difficult. She said the practice was experiencing progressively more work and tasks being transferred into general practice, adding to workload pressures.

MC presented flowers to Helen Hayes as a gesture of appreciation for her visit to 306 Medical Centre and for taking the time from her busy schedule to attend the PPG meeting. Group photos were taken for the website and to share with her.

These can be found: https://306medicalcentre.nhs.uk/wp-content/uploads/2026/06/Rt-Hon.-Helen-Hayes-Visits-306-Medical-Centre-at-the-Invitation-of-the-Patient-

	Participation-Group-webversion.pdf	
2	**Minutes of the last meeting and any matters arising** The minutes of the last meeting (12 March 2026) were agreed with minor corrections **No matters arising**	
3	**AOB** **The meeting agreed to defer some matters to the next meeting because of time constraints.** a. Patient Report 2025, giving an overview of the practice, to be discussed at the next meeting under the practice slot. b. MD provided an update on the acquisition of the neighbouring property. The practice will rent it out in the meantime until funds are secured to expand. He gave an overview of the current plans. MD said the PPG would be consulted at every stage when the expansion process begins.	
	Date of next meeting agreed: 10 Sept 2026 at 12.30pm The meeting was brought to a close at 1.40pm.	

Tentative 2026 Meeting dates for the diary: 10 Sep, 10 Dec