

## Patient Participation Group — Meeting Minutes

Date	Saturday, 25 April 2026
Time	10:00 AM – 11:45 AM
Location	Conference Room – 2nd Floor – White Lodge Medical Practice
Chair	Mr Maciej Karas, Practice Manager
Members present	Regine; Ania; Sandra; Stephanie; Sue; John
Apologies	Sandra, Christine, Lynn

### 1. Welcome and Introductions

The Practice Manager opened the meeting and welcomed members. A roll call was conducted. Ania was welcomed as a new member attending for the second time. Long-standing members reflected briefly on their history with the practice. Stephanie attended for the first time.

The Practice Manager noted that, in response to feedback from previous meetings, the briefing format would include fewer statistics and allow more time for discussion.

### 2. New GP Contract — What It Means for Patients

The Practice Manager explained that the new GP contract for 2026/27 came into force on 1 April 2026. The contract introduces three principal changes that affect patients directly:

- Same-day urgent care: patients identified as having a clinically urgent need will be seen or contacted on the same day. The online contact form (AccuRx) is now open throughout core hours, from 8:00 AM to 6:30 PM, Monday to Friday, and no longer closes once daily capacity is reached.
- Response within one working day: for non-urgent matters, patients will receive a response by the end of the next working day, confirming the next steps.
- Additional GP capacity: the practice is providing additional GP appointments, currently delivered through locum sessions, while permanent recruitment continues.

The Practice Manager noted that, while the changes are beneficial for patients, the practice has had to absorb additional logistical and resource pressures during the transition period. The first weeks of April were challenging, but the position has now stabilised.

Members asked whether patients could indicate on the form that a request was non-urgent. The Practice Manager confirmed that adding detail to the form is helpful, although the clinical triage decision rests with the duty clinician, who reviews each submission alongside the patient's medical record.

A member asked whether the booking form remained available throughout the day. This was confirmed. Members were advised that, where a request is genuinely urgent, it is preferable to submit it earlier in the day so that more options remain available for same-day allocation. The duty clinician retains a small number of emergency slots in the afternoon for late submissions.

Members welcomed the change, noting that the previous practice of the form closing once daily capacity was reached had been a source of frustration. It was also confirmed that, for nurse appointments, direct booking by telephone or at reception remains in place as before.

### **3. Measles Outbreak in Enfield**

The Practice Manager provided an update on the measles outbreak affecting Enfield. As of the end of March 2026, there were 258 confirmed cases across London and 95 in Enfield — the highest number reported in any local authority in England. The outbreak began in the eastern part of the borough and has since affected other areas, including a recent cluster of cases.

The principal driver is low MMR / MMRV vaccination uptake among children, which remains well below the level required for herd immunity. The Practice Manager noted that this is a London-wide issue rather than one specific to White Lodge or to Enfield.

Members raised the broader question of public awareness, observing that the absence of measles in recent decades may have contributed to a perception that the disease is not serious. The Practice Manager agreed that public communication, including through schools, the local authority and the media, is an important part of the response.

The Practice Manager outlined the steps the practice has taken:

- Proactive recall of children whose MMR records are incomplete, with information sent in the patient's first language where this is recorded.
- A structured questionnaire and conversation process, including signposting to NHS information, for parents who have declined vaccination, to ensure they have full and balanced information.
- Additional nurse-led vaccination sessions; approximately 300 doses have been administered as part of the outbreak response.

- Continued engagement with families on a respectful, non-judgemental basis, recognising that some parents have specific concerns that need to be addressed individually.

Members discussed the language and accessibility of vaccination information. The Practice Manager noted that the outbreak is likely to continue for some weeks. The practice will continue to prioritise its response and will keep members informed.

#### **4. Performance Update**

The Practice Manager presented headline performance figures for the period 12 January to 12 April 2026:

- Total appointments delivered: just over 19,000.
- GP appointments: 14,500.
- Face-to-face consultations: more than 8,000.
- Same-day appointments: more than 10,000.
- Did Not Attend (DNA): 759 appointments, with an estimated cost of approximately £42,000 to the NHS.

On telephone performance, the Practice Manager reported that the migration of routine requests to online channels had improved telephone handling. The majority of calls are now answered within one minute, and most of the remainder within five minutes. A small number of calls — typically those received at the very start or very end of the working day — wait longer than ten minutes.

A member raised difficulty navigating the telephone system for general (non-clinical) enquiries. The Practice Manager confirmed that the general enquiries line is open from 10:30 AM each day, with the morning reserved for appointment requests. He acknowledged that the voice prompts could be made clearer and undertook to review the messaging.

On AI-supported telephony, the Practice Manager confirmed that the practice has decided to defer adoption for the time being, pending further evidence and feedback from other practices. The current focus is on stabilising access following the contract changes.

#### **5. Staff Update**

The Practice Manager introduced new colleagues and outlined recent staffing developments:

- Dr Qenami has joined as the practice's Foundation Year doctor and will remain in post until the end of July 2026.

- Dr Samra is providing additional capacity on Thursdays as a long-term locum.
- Antonia and Sinem are healthcare assistants and phlebotomists; in addition to blood tests, they will support long-term condition health checks.
- Locum GPs continue to provide additional capacity in response to the increase in demand following the contract changes.
- The practice currently has eleven GPs, with three GP registrars in training (Dr Knott, Dr Iqbal and Dr Pahuja). The registrars will be replaced by a new cohort in August 2026; the overall number of training places will be maintained.
- Recruitment of an additional permanent GP is well advanced, with the aim of welcoming the new colleague in July or August 2026.

Members asked about the structure of the partnership and the role of the senior partners. The Practice Manager explained that Dr Patel (the most senior partner) and Dr Grewal hold leadership roles, with Dr Patel also leading on training. Partners are predominantly engaged in oversight of triage, long-term conditions, prescribing safety and clinical governance.

## **6. The Wider Clinical Team — Clinical Pharmacists and PCN Roles**

A member raised that they had received a telephone call from a clinical pharmacist without a clear introduction or explanation of the role. The member suggested that better communication would be helpful — both at the point of contact and through the practice's wider patient information channels.

The Practice Manager acknowledged the feedback and explained the structure of the wider team. Clinical pharmacists are employed at Primary Care Network (PCN) level rather than directly by the practice. They have full access to patient records and act on behalf of the practice in managing long-term conditions, particularly hypertension, diabetes, chronic kidney disease and related medication reviews. Their role complements that of GPs, who continue to oversee overall clinical care.

The Practice Manager noted that some clinical pharmacists are in training while others are senior practitioners with significant experience. The practice will work with PCN colleagues to ensure that callers always introduce themselves clearly, explain the purpose of the call, and follow up promptly where a further action — for example, a medication review — has been arranged.

Members supported the suggestion that the practice website be updated to set out the roles within the wider clinical team, including clinical pharmacists, and where possible to introduce individual team members. The use of the waiting-room screen for similar information was also discussed; the Practice Manager noted that the new screen

system requires content in video format, which is more time-consuming to produce, but undertook to add information progressively.

**ACTION: Practice Manager to add clear information to the practice website explaining the roles of clinical pharmacists and other PCN-employed colleagues, and to liaise with the PCN to improve introductions and follow-up at the point of patient contact — Practice Manager — by next meeting.**

**ACTION: Practice Manager to explore adding short informational content to the waiting-room screen on team roles and the NHS App — Practice Manager — ongoing.**

## **7. Patient Experience — Reception, Check-In and Wayfinding**

Members raised several practical points relating to the waiting area and reception. The Practice Manager welcomed the feedback and confirmed actions where possible.

- Wayfinding: members noted that consultation room signage can be difficult to follow, particularly when patients have not visited the practice recently. A simple printed map or board in the waiting area was suggested as a helpful aid.
- Check-in: a member reported a single occasion on which an automated check-in did not appear to register correctly. The Practice Manager will look into the specific case and reminded members that, where a patient does not respond when called on the screen, clinicians are expected to come out to the waiting area to greet the patient personally — particularly in support of patients who may have hearing or sight difficulties.
- Reception flow at the front desk: members commented that the layout of the front-desk area could be improved. The Practice Manager noted that the layout reflects commissioning arrangements that the practice is required to host, and that the practice would share members' feedback with the relevant commissioner.

**ACTION: Practice Manager to consider the introduction of a simple map and signage aid in the upstairs waiting area — Practice Manager — by next meeting.**

**ACTION: Practice Manager to remind clinicians of the protocol for greeting patients in person where there is no response to the on-screen call — Practice Manager — within two weeks.**

**ACTION: Practice Manager to share members' feedback on the reception layout with the relevant commissioner — Practice Manager — within four weeks.**

## **8. Patient Feedback**

Members and the Practice Manager discussed the value of patient feedback. A member suggested that members and patients could be encouraged to leave online reviews, both to recognise positive experiences and to provide constructive observations. The Practice Manager confirmed that all feedback received through the Friends and Family Test, Google reviews and the NHS website is reviewed and shared with the relevant member of the team.

The Practice Manager noted that the GP Patient Survey for 2026 is now closed, with results expected in June 2026. The results will be reviewed at the next meeting.

**ACTION: Practice Manager to present GP Patient Survey results at the next meeting — Practice Manager — July 2026.**

## **9. Any Other Business**

### **Test Results and Communication**

A member raised that they had not received feedback following an X-ray, and learned of the findings only through a subsequent appointment with another service. The Practice Manager explained the practice's standard approach:

- Patients are contacted where a result requires a follow-up action by the practice. Where no action is required, no contact is made.
- For investigations such as X-rays commissioned to support onward referral (for example, to a musculoskeletal service), the report is sent to the receiving service rather than back to the practice for action.
- Patients can view many of their results, including blood tests with reference ranges, through the NHS App.

Members observed that, where a patient is awaiting results that relate to ongoing care, a brief reassurance message would be welcome. The Practice Manager acknowledged the point and noted that the volume of results processed each week — in the order of 1,000 — makes it difficult to deliver individual reassurance messages consistently. Patients are nonetheless encouraged to contact the practice if they are concerned about a specific result.

Members also raised concern about delays in receiving reports from secondary care. The Practice Manager acknowledged that this is a recognised issue and that the practice continues to liaise with hospital trusts where backlogs affect patient care, particularly for discharge summaries and medication continuity.

### **NHS App Open Day**

The Practice Manager announced that the practice will host an NHS App open day in the next quarter. Two NHS App ambassadors within the practice team, supported by a

member of the PPG, will be available to help patients explore the App's functionality, including viewing test results, ordering repeat prescriptions and managing appointments.

**ACTION: Practice Manager to circulate details of the NHS App open day to members and to the wider patient population — Practice Manager — within four weeks.**

### **10. Date of Next Meeting**

The next meeting was agreed for Saturday, 11 July 2026 at 10:00 AM, in the Conference Room on the 2nd Floor.

An invitation, agenda and registration details will be circulated approximately three weeks in advance. Members were reminded that minutes from previous meetings are available on the practice website, and may also be sent by email on request.

— End of Minutes —

Meeting closed at 11:45 AM.