

Date	17 January 2026
Time	10:00 am
Venue	White Lodge Medical Practice
Chair	Maciej Karas — Practice Manager
Members present	John, Christine, Ania (first meeting), Sandra (x2), Sue
Apologies	
Next meeting	Saturday 11 April 2026 (date agreed at close)

1. Welcome and Introductions

The Practice Manager opened the meeting and welcomed members for the new year. A roll call was conducted; Anya was welcomed as a new member attending for the first time. A note of thanks was given to Sandra for her positive representation of the practice when speaking about GP access on LBC Radio.

2. Practice Performance Update

2.1 Winter pressures

The practice experienced a difficult quarter following a mid-November flu epidemic. Demand increased significantly, but the principal challenge was internal — staffing was severely affected, with clinical and administrative staff absent at various points. As a result, non-urgent administrative tasks (correspondence, reports, complaint responses) were deferred whilst patient safety and clinical continuity were prioritised. A small backlog remains and is being worked through.

2.2 Appointment activity

Approximately 17,000 appointments were delivered in Q3 (October–December), against a target of around 19,000. Despite this, the annual total for 2025 was over 8,000 appointments more than in 2024 — a significant result given the stable list size of approximately 15,000 patients since June.

Nearly 7,500 appointments were face-to-face. The practice is considering rebalancing the proportion of same-day appointments in favour of next-1-3 day bookings, in response to analysis showing that same-day slots have sometimes been over-supplied relative to clinical need.

2.3 DNA (Did Not Attend)

There were 669 DNAs in the quarter, representing an estimated £25,000 in lost appointment value. Members discussed the difficulty of cancelling appointments, particularly by telephone, and noted that the IVR menu options are not always intuitive.

The Practice Manager confirmed that all appointment confirmation texts include a reply-to-cancel function that remains active up to the appointment time. He acknowledged the feedback and noted that the incoming AI telephony system will include a dedicated cancellation flow.

A review of patients with six or more DNAs identified approximately 143 individuals; of these, only 12 fell into recognised vulnerable categories (pregnancy, chronic disease, cancer, end-of-life care). The remaining pattern was attributed mainly to lifestyle factors and, in a proportion of cases, mental health difficulties.

2.4 Telephone performance

In Q4 2024 (comparative): 62% of calls answered within one minute; 88.6% within five minutes; approximately 11% waited over five minutes; 342 calls exceeded ten minutes — largely attributable to staffing shortages during the epidemic period. The practice was ranked second among the five North London boroughs for telephone performance in October 2025.

2.5 Immunisation

Flu vaccination: 46% of two-to-three-year-olds vaccinated (a challenging cohort); the 18–64 vulnerable group achieved approximately 48%, placing the practice fourth in the borough; the over-65 group achieved 70%, placing it second. RSV vaccination uptake was 64% in eligible cohorts, which was considered good.

Staff flu vaccination was noted at approximately 60%. Members observed that this aligns with or exceeds rates in secondary care settings, though the ethical and legal constraints on mandating staff vaccination were discussed. The practice encourages vaccination and requires symptomatic staff to stay home, but cannot make vaccination a condition of employment.

3. Technology and Innovation

3.1 Anima — document filing AI

The practice has adopted Anima, an AI-powered document triage and classification system. Previously, administrative staff manually classified every incoming letter (estimated 650–1,000 staff hours per year). Anima automatically identifies document type, sender, and priority, freeing reception staff for patient-facing tasks. The system was due to go live the following Thursday (22 January 2026).

3.2 AccuRx Navigator — online triage add-on

An optional add-on to the existing AccuRx online triage system is available and will be activated in mid-to-late February. The Navigator guides patients towards appropriate services — such as community pharmacy for minor or self-limiting conditions — before they enter the GP triage pathway. Members were assured that it is advisory only;

patients can bypass the guidance and submit a request directly to the practice. It does not alter the clinical triage process.

3.3 AI telephony receptionist

The practice is evaluating AI telephone reception agents, specifically those designed for general practice. The system would handle the structured triage questions currently asked by human receptionists, transcribe patient responses into a digital form, and route complex or escalating calls to a live operator. Approximately 30% of calls are expected to transfer to a human. The AI does not make clinical decisions; all submissions continue to be reviewed by the duty clinician each morning.

Members asked about elderly or less confident callers; it was confirmed that the system is designed to detect difficulty and transfer automatically. Members were asked to volunteer to test the system on a dedicated trial number prior to roll-out, including simulating calls on behalf of less confident relatives. Feedback was welcomed.

Members raised the mixed experience of AI telephony in other sectors. The Practice Manager acknowledged this and confirmed the practice will only proceed with solutions specifically designed for healthcare and general practice, and only after satisfactory trial results.

4. Clinical Team Update

Dr Avramova has joined the practice, replacing Dr Harrington. Current registrars are Dr Pahuja (until June 2026), Dr Knott and Dr Iqbal (both until August 2026). Foundation Year doctor Dr Akepeki is in post until April 2026. ANP Julia is recovering from surgery and is expected to return in late February or early March. Two healthcare assistants are in training — Antonia (promoted from reception) and an external volunteer who joined via shadowing.

5. Clinical Priorities — Q4 Focus

The principal QOF focus for the current quarter is blood pressure management. Over 1,000 patients with a recorded hypertension diagnosis remain above target despite being on medication. The practice is running an intensive recall programme, asking patients to resubmit readings over seven days. Where averages remain high, patients are reviewed by a clinical pharmacist (via telephone appointment), who adjusts medication and discusses lifestyle factors. Cases requiring GP involvement are escalated. The practice noted that raised blood pressure is prevalent across multiple disease registers (e.g. diabetes), creating a high volume of recall activity.

A member raised the concern that high volumes of blood pressure checks are being handled by the lead pharmacist at a nearby pharmacy rather than by trainees, which is creating delays for patients collecting repeat prescriptions. The Practice Manager offered to pass this feedback on.

6. Prescribing Safety — Member Concern

A member raised a concern about an incident in which a new medication was prescribed without prior discussion, and which turned out to be contraindicated given another medication they were already taking. The member also noted that they had not received a proactive medication review for a number of years, and that when they had reported the issue back to the practice, they had not received a follow-up response.

The Practice Manager acknowledged the concern and confirmed this is not in line with practice policy, which requires patient involvement in decisions about new or significantly changed medication. He noted that the prescribing safety system includes alerts for drug interactions and that he will review this individual case. He committed to calling the member the following week after reviewing the record. He noted that while the annual prescribing audit cycle is rigorous, he would not extrapolate from one case to a systemic failure without investigation, but agreed it merited individual follow-up.

The member clarified they were raising it in a group setting because they believed other patients might be in a similar position regarding medication reviews.

Actions arising:

- **Practice Manager to review member's individual record and telephone them the following week regarding the prescribing concern and medication review history.**
- **Practice Manager to investigate whether the prescribing safety alert system was bypassed in this case and report back.**

7. Check-In Screens Update

The waiting room check-in screens were temporarily taken offline following problems with synchronisation between the screens and the clinical system, which resulted in patients checking in but not being called. A new supplier has been engaged; one screen has been operational since 21 December without incident. The remaining screen will be replaced, and the main waiting room display reconnected, by the end of January.

8. Secondary Care — Member Observations

Members briefly shared experiences of secondary care. One member with a recent melanoma diagnosis described the clinical care as excellent once seen, but noted serious failures in administrative communication — including a same-day appointment letter arriving after the appointment time. The Practice Manager noted that the practice receives frequent critical incident notifications from local hospitals and that systemic communication failures in secondary care are a known issue. He noted that the

practice's primary care role is to ensure appropriate and timely referral; operational failures within hospital systems are beyond its direct control.

9. Any Other Business

A member reported that a family member had been called for a second shingles vaccination despite having received both doses, with the second recorded on 14 June 2025. The Practice Manager noted that the shingles programme is administered at the national level. He suggested the family member attend if in doubt, as clinical staff would check prior records before administering. He noted a separate prescription delay was more likely attributable to the dispensing pharmacy than to the practice.

10. Next Meeting

The next meeting was agreed for Saturday 11 April 2026. The Practice Manager will circulate a calendar invitation and agenda approximately three weeks in advance. Members were encouraged to contact him directly in the interim with any questions or to report feedback on the AI telephony trial once it is ready.

— *End of Minutes* —