

## Open Meeting, 21 March 2026, at Medical Centre Minutes

*Text in underscored italic is post meeting information*

**Present:** Jean Alden, Sennen Chiu, Matt Edwards (Practice Manager), Joe Hamilton, Rhian Ingram, Keith Marshall (Chairman), Noreen Marshall, Ewa Siwiec

**Apologies:** Harsha Mortemore (Vice-Chair), Phiroze Munshi, Bharti Sadhu

### 1. Minutes of the Previous Meeting

1. The minutes of the Open Meeting on 21 January 2026 were agreed and signed.

### 2. Focussed Discussion Topic

1. This was a new idea, which if successful could be repeated occasionally, for the group to discuss a set topic.
2. The topic for this first session was: ***Innovative things we'd like the Practice to do***
3. Keith asked the group to come up with new ideas, however crazy they are, as long as they are relevant to primary care. The same old gripes, items already discussed and just saying "I agree with X" were not allowed. At this stage there is no consideration of practicality or affordability; all that was wanted was the basic ideas.
4. The following ideas were suggested [discussion comments in brackets]:
  - Build another floor on the current building to increase the available clinical space  
This will also require installation of a lift  
[The disruption may mean short term portacabins on the car park]  
[We can't build an extension as the land is owned by the diocese (Barnabas own the building) who won't approve additions on their land]
  - Install automatic doors in entrance and through to the consulting rooms
  - Install an x-ray/MRI machine
  - A number of additional clinics (in the way we have a physiotherapist) were requested:
    - Musculoskeletal
    - Diabetic retinopathy screening
    - Psychiatrist [or talking therapy]
    - Dietician
    - Podiatry
  - Replace the waiting area noticeboards
  - Provide a fun rubbish bin, to encourage children to post their rubbish and not hide it under the seating  
[But there's a risk they'll go round collecting leaflets just to post them!]
  - Install a bench outside for those waiting to be picked up  
[Won't happen: see diocese above; also neighbours complain about kids using car park after hours for drinking and football]
  - Fence and gate the front boundary
  - Have a walk-in clinic, maybe once a week

- Set up an announce-only WhatsApp group for the Practice  
[What is the point when the Practice website “news” facility isn’t used?]
  - Ensure the Practice always gets timely feedback from consultants
  - Update the electronic prescription service to send alerts to the patient on progress of their prescription  
[NHS App is already slowly rolling out a facility to check via the App when a prescription is ready to collect – but we’re not yet included]
  - During flu jab season have a designated “Flu Hot Seat”: it’s walk-in and anyone eligible sitting there is collected by the next available clinician to receive their vaccination (and nothing else)  
[This should take no more than 5 minutes between scheduled appointments; but need to be careful of abuse. Some practices already do this]
  - Give a gold star to every child who has vaccination (any vaccination). When they reach a target (6 stars? 10 stars?) they get a voucher for (say) a bag of sweets – alternatively the parent gets a voucher for a Starbucks coffee (or similar)  
[Pester power works! But yes, it will take time to accumulate enough stars]
  - Earn some revenue with a coffee machine in the waiting area
5. Practice (with BPV?) to discuss the ideas when Dr Bhatoa returns in May. **Action: Matt**

### 3. 2026-2027 GP Contract

1. Keith and Matt highlighted points in the 2026-2027 GP Contract which are likely to have most effect on patients [discussion comments in brackets].
- £485m (3.6%) cash uplift for GP practices, which has to cover 2.5% pay increases  
[Given the increase in most costs this is much too little]
  - All urgent cases must be given a same day appointment  
This will be monitored with a 90% achievement target  
But the practice defines what is urgent!  
[This, plus other requirements, mean that an additional GP will be required just to triage all patient requests. But there is no space, so it may mean GPs working from home (not ideal); also possibly no funding]
  - Patients must not be asked to call back another day
  - There are refreshed targets for childhood vaccinations, diabetes, obesity management & heart failure
  - Extended eligibility for RSV vaccinations for over 80s
  - The online consultation system must be available during all core hours and the number of requests may not be capped  
[Not a concern as Barnabas have always complied with this, although apparently one-third of practices do cap requests or impose time limits]
  - Continuity of care by same GP is expected to be the norm  
Practices must identify patients who would benefit from continuity of care
  - GPs must reconfirm the patient’s choice of pharmacy for all new prescriptions (not repeat prescriptions)
  - Practice opening times must be displayed
  - All new registrations with the practice must be done online  
Patients using paper forms must have these keyed to the registration system at the time of registration
  - Extended data collection/monitoring of telephony, urgent cases, call waiting times etc.
  - Relaxed rules to make it easier to recruit GPs – not just newly qualified GPs  
[But there is concern about where they will come from!]

#### 4. Members' Feedback

1. Sennen observed that (at least for him) the phone service has improved.
2. Rhian commented that the door behind reception is sometimes closed so those inside cannot see a waiting patient.
3. Joe asked who is our registered GP; and how do we know? Many times when asked who is your GP, just saying "Barnabas Medical Centre" isn't sufficient and a name is required. Most patients are probably formally registered to one of the partners (Dr Kooner, Dr Bhatoa) although reception when arranging appointments will normally check with the patient which GP they last saw, or most often see.
4. Ewa was concerned about long queues at reception, often due to not enough receptionist cover. This has resulted in patients not getting checked in on time for their appointment. Matt is attempting to get the check-in screen replaced. **Action: Matt**

#### 5. Practice Updates

1. *Staff Updates*
  - a. Palvi (Nurse Associate) is back from maternity leave but currently working only 2 days a week.
  - b. Receptionist Sushila has retired. The Practice are trying to recruit a replacement.
  - c. Dr Bhatoa is due back from sabbatical in mid-May
  - d. There are plans (see GP Contract, above) to recruit an additional GP.
2. *Appointments System*
  - a. eConsult is definitely going to be replaced.  
The options are PATCHS, ACCURX and Blinx PACO, but it will be a central decision for the whole ICB (although practices will have input).  
Matt and Angela are getting demos in the next couple of weeks.  
The new system is scheduled to go live in July.
  - b. Online appointment booking is still not available, except by invitation.
3. *Phone System*
  - a. There is still no callback system.  
This should have been done and Matt is attempting to contact the telephony supplier but getting no response; he is at the point of threatening to change contractor.
4. *AI Notetaking*
  - a. There is a trial of Accurx Scribe, but it is available only for another week or two.
5. *Real Estate*
  - a. Everything is dependent on the availability of funding
  - b. Matt is hopeful that the NHS will be releasing major finance for building improvements, extensions etc.
6. *Measles*
  - a. There is a significant outbreak of measles in Enfield/Harringay which is spilling over across North West London
  - b. The Practice is calling in those (children) who are not up to date with their vaccinations.

#### 6. Group Updates

1. *Annual Member Validation*
  - a. This is with Matt for checking. **Action: Matt**
2. *Meet the Patients*
  - a. Keith, Rhian and Noreen ran a session in early March.
  - b. Further sessions are scheduled for 1 April and 6 May, with more sessions pencilled in for the first Wednesday afternoon each month.
  - c. Volunteers to help with this are always welcome.
3. *Book Exchange*
  - a. Noreen would like volunteers to assist with this.
  - b. Thank you to those who do tidy up the books when they're in the waiting area.

4. AGM

- a. Our next meeting, in May, is the AGM.
- b. There is no requirement this year to elect officers (they were elected last year for two years) and the governance document is not due for review until 2028.
- c. So the main AGM business will be the annual report.

7. Matters Arising & AOB

1. Matt informed the group that member Danny Boggust had died a few weeks ago as the result of a fall.
2. Ewa commented that her posts to the BPV Facebook group were not being approved. Keith was unaware of this and will investigate. **Action: Keith**  
*Done. Ewa's posts were being flagged as spam and hidden, possible as there were several posts on the same day. Keith needs to monitor this.*
3. **Next Open Meeting (the AGM):** Saturday 16 May; 10:30; at the Medical Centre.

Keith C Marshall, Chairman  
22 March 2026

---

**Scheduled 2026 Meeting Dates**

- Saturday 16 May; 10:30; at the Medical Centre
- Saturday 18 July; 10:30; at the Medical Centre
- Saturday 19 September; 10:30; at the Medical Centre
- Wednesday 18 November; 13:00; on Zoom

**Dates/times may change, particularly depending on the availability of the Practice.  
Please watch the Members' Monthly Update for confirmation of dates and venues.**

---

**Link for All Zoom Meetings**

Link: <https://us02web.zoom.us/j/7279594414?pwd=VmYwODdoWGg2eTFvTlVjVlZyRmhSQT09>

---