

GP Partners:



Dr Petroula Tsagkaraki MRCGP DFRH PGCE
Dr Adeela Qureshi MRCGP MBBS

Minutes from
PPG Meeting
Wednesday 10th Dec 2025

Attendance

Staff Lorna Davitt, Jane Ellis, Dr Tsagkaraki, Dr Adeela Qureshi, Maria Horn.
Patients: GA, GN, VN, SS, AA, GL,

	Action
<p>1. Greeting and welcome:</p> <p>Introduction of everyone present at the meeting.</p> <p>Apologies from CR & JM</p> <p>GA opened the meeting giving thanks to Lorna and good wishes for a well-deserved retirement as from 1st Jan 2026.</p> <p>Highlighted first discussions in setting up PPG at Medici was with Dr Sahdev in 2013, holding the first meeting in 2014, and apart from a break during the Covid pandemic having meetings since then.</p> <p>PCN has been in touch with GA to advise of a proposed joint PPG meeting with all GP practices in the area to discuss improvements in GP practices, suggested by Health Watch.</p> <p>Meeting arranged for GA and Dr Barhey to discuss this further in January.</p>	
<p>2. Previous meeting minutes:</p> <p>Discussed previous meeting minutes from 10th Sept 2025.</p> <p>Highlighted – SS previous visit to the surgery to hand out new PPG leaflets in the waiting room, happy along with other members to hand out leaflets in the new year and any new interest, (with their consent) will arrange with SS and GA to meet prior to next PPG meeting as an introduction.</p>	

<p>3. Conflicts of interest:</p> <p>Group in agreement no personal interest to be discussed only interest of the general practice/patient.</p>	
<p>4. Practice updates:</p> <p>Newly qualified GP Dr Edgal who is now a salary GP with the practice will be going on maternity leave in the new year. There are currently arrangements being made for locum GP to cover, 6mnths costs covered by ICB (26weeks) and then the remainder to be covered by the practice.</p> <p>LD advised the medical secretary position has now been filled, Diana, who will be starting on Monday 12th January and working full time hours to replace MH who is moving up to Deputy PM.</p> <p>GN highlighted an interesting article he came across from The Guardian, (Why thousands of GP are cutting their hours) which he brought to the meeting, copy given to MH who will save and send out with the minutes.</p>	
<p>5. Accurx and appointments</p> <p>From 1 October, changes were implemented to the online Accurx in line with government requirements for online forms to be available throughout the day. Both medical and administrative routine requests are open throughout the day. Patients can request same-day appointments via the practice website, with requests limited by practice availability.</p> <p>Patients who are unsure how to use the online forms can contact the surgery where the reception team can help talk them through the process or send out instructions.</p> <p>Links can be sent out to patients who request routine Nurses appointments to book them online.</p> <p>Patients who are unable to access or use the internet can contact the surgery by telephone.</p> <p>Recent ICB visit, happy with how this is being done.</p> <p>It was discussed having healthcare providers on the same software system would make communication between services easier and allow a shared view of patient records.</p> <p>Unfortunately, this is not currently the case.</p>	

While most GP surgeries in the area use SystmOne, hospitals operate across several different software systems.

As a result, we currently receive hospital correspondence both via courier and by downloading electronic letters. Which then are individually saved into patient records.

6. Immunisations and Vaccinations

JE spoke about the childhood vaccination programme and highlighted the low uptake, particularly for preschool vaccinations due at the age of 3yrs and 4mnths.

JE sends three invites to parents, advising that their child's immunisations are due and providing a booking link for an appointment with the practice nurse. However, not all parents respond, and not all children are booked for these vaccinations.

Some children who have moved from European countries to the UK do not follow the UK childhood immunisation schedule, contributing to the gaps in vaccinations.

When a child does not attend or fails to respond to all three invitations, the 0-19 team (Health Visiting and School Nursing) are informed.

Flu vaccination – Flu vaccination uptake across Luton is generally low; however, uptake at the practice has been particularly low this year. Messages are sent out to patients who qualify for the flu vaccine, to book their appt with the Nurse.

More and more patients are having the vaccine via their local pharmacy, leading to over stock at the surgery. Flu vaccines are ordered one year in advance. Next year's winter season order completed, 600 for under 65yrs and 900 for over 65yrs.

Communication between the pharmacies and the surgery could be improved.

Housebound patients are contacted and visit dates booked by the practice for the Nurses to go out to administer the flu vaccination.

Covid boosters are arranged only with the pharmacies to those patients who qualify.

RSV/Shingle vaccinations – invite messages/letters are sent out to patients who fit the criteria to invite them to book their appointment with the nurse.

RSV/Whooping cough – this is given to pregnant women, via the practice nurse or midwife.

<p>Certain travel vaccinations can be given at the surgery (ones covered by the NHS). A travel form is completed by the patient who hands it into the surgery, which is passed to PL the nurse, who will contact the patient with information of which vaccinations they require, and which ones need to be done at the pharmacy.</p>	
<p>7. AOB:</p> <p>GA asked how the process works for patient home visits.</p> <p>JE advised all home visit requests are assigned to (AM or PM) duty GP who will triage the request and arrange home visit if needed by the GP reg and inform patient. GP registrars have a maximum of 4 visits per day each, due to travel and home visit time along with their surgery clinics.</p> <p>Date for next meeting: Wednesday 11th March 10:00am</p>	