

**Minutes of the KEY Patient Participation Group**  
**AGM followed by Regular Meeting**  
**Wednesday 12<sup>th</sup> July 2023 at 7:00pm at Yarnton**

**Attendees**

JH – Vice Chair (Y)

CR – Treasurer/patient (K)

AC – Secretary/patient (K)

TS – Patient (K)

AG – Patient (K)

Kathryn Muddle (KM) – Practice Manager

Dr Elamathi Prabhakaran (EP) – GP Partner (K) – Kidlington Surgery (Y) – Yarnton Surgery

**Part 1 – Annual General Meeting**

**1. Welcome and Apologies**

JH welcomed everyone to the meeting.

Apologies received from PM, FL, MC, GL, AK and MJ.

**2. Election of Officers**

Current officers were elected to serve a three-year term in July 2021 following a change to the Constitution in 2020. With no officers wishing to stand down, further elections were not required this year.

**3. Election of Committee Members (if number exceeds 15)**

Not required. Current committee membership stands at 14, plus Practice Manager and GP representatives.

**4. Statement of Accounts**

CR presented the accounts; the current Balance being £58,867.14, and the Independent examiners report completed with no concerns. These were seconded by TS and passed.

## **Part 2 – Committee Meeting**

### **5. Minutes from previous meeting**

Minutes from previous meeting were agreed with no matters arising.

### **6. Chairperson's update**

Nothing to report.

### **7. Secretary's update**

i) We now have our first *Virtual member*.

ii) A patient contacted PPG via gmail to express concern over the new telephone system still cutting off calls after long waits at, for example, number three in the queue. This was forwarded to KM at the time. The same patient has recently reported the problem is ongoing.

KM advised that investigation has ruled out staff training and operation of the new system as the cause (as had previously been suspected). The problem appears to be a technical one within the system and the supplier has been asked to investigate, using this specific case as an example as part of a 13 week assessment and improvement program (see **10a. Surgery update**).

iii) AC has updated the current master file for the PPG screen display page in the waiting rooms to reflect the new website changes; especially as the web address quoted is now incorrect. TS suggested a bullet point style and offered to draft an alternative option.

iv) It was noted that we forgot to advertise the AGM in *Kidlington News* and *Yarnton Village News* this year. AC will diarise this for action at an appropriate lead time for publication - subject to any change as per **16. AOB** below.

v) It was also agreed that it may be timely for another update article to publicise the work of the PPG preferably with a photo to catch the eye. KM may be able to provide a photo of one of the recently purchased manikins being used.

### **8. Treasurer's update**

Nothing further to report, see **4. Statement of Accounts above**.

### **9. Talk by Phillipa Read**

Phillipa Read, a link worker employed by *Citizens Advice*, kindly attended to give us an insight into Social Prescribing.

- The objective is to relieve the load on GPs by providing assistance to patients that, although unwell, don't need *medical* help and to help them to live as independently as possible. Non-medical could mean symptoms or feelings of anxiety, stress or isolation.
- Social Prescribers may attend patients in their own home to enable them to rebuild their lives; for example post-op, after being diagnosed with an incurable but managed illness, or after bereavement.
- Reception staff are being trained in the triage of patients to identify best route for support.
- Social Prescribers work with the mental health team and can act as a stepping stone after treatment.

- Social Prescribers are part of the Practice and will be available across the KIWI group; for KEY, TS is trained, six others are ready and another dozen will be trained soon. Phillipa is conducting face-to-face training with another 100 or so volunteers.
- Digital services will be offered e.g. help with Zoom calls to keep in touch with family, offer book talks, recipe exchange etc.
- Volunteers are needed to help put on coffee mornings, fundraising events etc.
- Social Prescribers will try to involve patients in the community with interests such as gardening, wildlife, walks etc. Some resources are available depending on interest.
- Ultimately it is about volunteers befriending patients and offering the social and mental support they need to restore or maintain their lives as independently as possible.
- Phillipa can be contacted via email [phillipa.read@nhs.net](mailto:phillipa.read@nhs.net)

AG noted that there is some overlap with regard to community assistance with *Cherwell Collective* and the work being done by Emily Connally.

AC note: Further information is also available at:

<https://livewell.oxfordshire.gov.uk/Information/SocialPrescribing>

## 10. Practice update

### a. Surgery update

Dr Prabhakaran explained that attempts to recruit GPs are ongoing. There is a need for two FTE GPs to cover 16 sessions. One locum is currently trying a 45-50 minute commute, with a view to taking up a permanent salaried GP post if feasible long-term. One KMP trainee has expressed an interest in becoming a GP here, so fingers crossed... If both happen, that would fill GP eight sessions. Also:

- There will be different locums assisting over the summer due to school holiday commitments
- After a search since November, a new Clinical Pharmacist, Monica Jhoots, has been appointed having previously worked in the Oxfordshire PCN. She specialises in conditions such as asthma and blood pressure management.
- Retaining Virtual Pharmacists for two months.
- A second Clinical Pharmacist is due to join the Practice on 1<sup>st</sup> August.
- The Practice is undertaking a 13-week assessment program to help ensure resources are used to best advantage. This will include this such as fixing back-office issues and working out how to relieve the workload off GPs.
- A pilot project mid-August will try Artificial Intelligence (AI) Coding to read letters and code them onto the system (they will then be checked by a GP).
- Dr Finnigan is still seeing patients on two days plus remains PCN and CQC lead, in addition to other responsibilities.
- Dr Simon Tucker is now the Senior Partner.

KM advised that on 1<sup>st</sup> April the Practice PCN contract changed and they are now not allowed to ask patients to call back for appointments; therefore appointments have to be held back to allow for this. The result is on-line appointments are no longer available until the end of the day – by

which time most have already been taken. The only way to obtain an appointment is to telephone or come into reception.

Thus the new directive does not work as well for patients with waits for 'any GP' of two days and for a specific GP it is longer i.e. whenever they have an available slot.

**b. Funding requests**

None

**11. Update to website wording**

The new website included PPG pages that to some extent were built on generic contents common to other local Practices, using the same templates. There are currently a number of errors in the text that do not match the way the KEY PPG operates, plus some basic errors and inaccuracies e.g. the frequency of meetings contradicts on the same web page. Also the separate PPG Registration page had caused some problems for KM with patients using it to register with the Practice not PPG.

AC and GL had drafted wording to reduce the two web pages to a single page, remove the registration page and simply request interested patients email the PPG gmail account.

It was felt that the wording needed to emphasise the good things the PPG does e.g. funding items and facilities benefiting patients. AC to modify wording in conjunction with GL.

**12. Constitution Amendments (Annex A)**

The suggested changes reflect the simplified structure in combination with the website wording. Instead of the Constitution categorising *Committee* and *General* members and the website *Committee* and *Virtual* members, these have now been combined into *Committee members* and *Virtual members* (who receive the same information and have the right to propose agenda items but do not attend committee meetings).

Also added was the option to ask any Committee member not able to attend regular meetings to step-down to *Virtual member status in cases of over-subscription for committee applicants*. The justification being that a non-attending committee member is, by default, a Virtual member anyway and that it improves the democratic committee process with higher attendance; especially where voting is involved.

The changes were accepted and agreed. AC to finalise.

**13. Yarnnton cycle racks**

JH presented the estimate from Greenwood Builders to install the new cycle racks outside the Yarnnton surgery. Greenwood made a good job of the Kidlington installation and this was considered good value and was passed. JH to instruct Greenwood to proceed with the advisory of reduced access hours to site due to the security gate. Invoice when complete to CR for payment.

**14. Pharmacy queues and lack of seating for the infirm**

GL had raised the question of pharmacy queues and problems faced by the infirm when standing a long time. KM advised that the current building works around the main entrance are to allow the

Pharmacy to relocate to the left side of the entrance – formerly the outside Covid Reception window. This will have a separate external entrance and provide some cover during inclement weather. Currently unknown if this will include any seating. The current Pharmacy room will become a new consulting room for the Practice.

**15. Proxy users of Patient Access/NHS App**

TS advised that the database issue affecting proxy user access to patient records has been resolved prior to the meeting.

**16. AOB**

AC noted that the relatively low attendance at July meetings is perfectly understandable given it is in peak holiday season. However, with it also being the AGM, this could affect the democratic process; especially next year with all officers up for re-election. Therefore AC suggested that future AGMs be moved to the October meetings annually, which historically, have the highest attendance. Whilst no objections were raised, AC will place on the agenda for the next meeting to give the opportunity for wider comment/discussion before a final decision.

**17. Date of next meeting**

Wednesday 18<sup>th</sup> October 2023 at 7.00pm at Yarnton