

Minutes of the KEY Patient Participation Group Meeting

Wednesday 18th October 2023 at 7.00pm at Yarnton

Attendees

GL – Chair/patient (K)

JH – Vice chair/patient (Y)

CR – Treasurer/patient (K)

AC – Secretary/patient (K)

AP – Patient (K)

FL – Patient (K)

MC – Patient (K)

MJ – Patient (K)

AK – Patient (Y)

TS – Patient (K)

AG – Patient (K)

AnP – Patient (K)

ET – Patient (K)

Dr Tucker – GP Partner

(K) – Kidlington Surgery (Y) – Yarnton Surgery

1. Welcome and Apologies

GL welcomed everyone to the meeting

Apologies received from KM.

2. Minutes from previous meeting

Minutes from previous meeting were agreed.

3. Chairperson's update

GL recently met Jaz Kundi, who has taken over as Community Involvement Officer, Patient Engagement, at Healthwatch Oxfordshire. May be invited to a future meeting.

4. Secretary's update

No emails received via Gmail account. Other direct email and verbally received Issues raised are included within agenda items.

5. Treasurer's update

Yarnton cycle rack invoice is paid. Barclays Bank was pressing for updated anti money laundering forms from account signatories that we had already provided. They seem to have resolved their issue.

6. Practice update

a) Dr Tucker advised that the 13-week assessment program has not been as helpful as expected. The new PCN contract *imposed* has created more pressure, requiring every patient to receive an appointment within two weeks, or an assessment if an appointment has to be greater than two weeks ahead. Currently patients are being allocated two-week slots as they occur. The expectation is to navigate patients towards community pharmacists but the system is broken and needs urgent reform to move forward. An emergency meeting was to be held on Thursday 19th October to discuss the issue. *Patients are encouraged to write to their local MP to complain about the unworkable newly imposed PCN contracts.*

Updates to GP and support Team

- Dr Daniele Savile-Tucker (no relation to Dr Simon Tucker although she was his registrar) has completed training and is now working two days per week in the Practice.
- It is hoped that Dr Manpreet Brar will become a salaried GP in future.
- Dr Priyanka Shukla is a new locum working three days per week for six months; as such will be able to follow-up with patients more easily than ad hock locums.
- There are currently difficulties due to illness in the nursing team.
- A new nurse Cathy is starting at the beginning of November and Gillian has retired.
- A new HCA, Michaela, is replacing Ashley who has left.
- One new receptionist and Rachel has moved to a GP Admin role.
- Two Clinical Pharmacists Sheue and Monica; they are able to conduct medication reviews.

It was noted that whilst locums are welcomed to take some of the load off the salaried GPs, it is far more costly to the Practice to buy-in locum time.

In response to a question from AK regarding e-Consult, Dr Tucker advised that this is to be phased out as it has too many problems and is not fit for purpose. It will be replaced by a new system more appropriate to patient and Practice needs.

AG commented that planning applications are being received for the first of the potential 4,000 new homes around Yarnton and that will create more patient load. Dr Tucker felt that solution may be for the Yarnton Practice building to be upgraded and expanded to cope.

b) There was one funding request.

The Practice is intending to purchase two *Self-Screening Health Kiosks*; one for each surgery. These will enable patients to self-check factors such as blood pressure, height and weight and oxygen levels. Patients will log-into the kiosk e.g. with name & DOB (verified against patient records) and the measurements taken will then be automatically uploaded back to their patient record. This will save considerable GP and HCA time taking these measurements, often vital to monitoring and diagnosis.

The total cost for two off packages is £13,104 including installation and the Practice was requesting a contribution to this cost.

Questions were raised about the accessibility of the system for those not confident with IT, and the infirm, wheelchair-bound or sight impaired but this information was not known at the time of the meeting.

After some discussion, the group agreed to offer 50% from the legacy fund towards the equipment. It was also suggested that some form of plaque be placed on the equipment to indicate that it was part funded by PPG using legacy funds as a means to encourage possible future donations.

7. Pharmacy update

The new enlarged Pharmacy space (twice the size of the original) is welcomed and the Pharmacy team has settled. The old room will become a new Practice consulting room.

Following a query from TS, Dr Tucker advised that the Pharmacist can process batch prescriptions on a 12-month supply for certain regular medications to allow the patient to simply pick-up the item without repeat prescriptions. However, this option can be problematic if there are changes to the prescription/dosage during the term. Three-month options are available as an alternative.

Two comments/concerns had been received by AC regarding the new Pharmacy space:

- a) Lack of weather protection whilst queuing outside compared to the old room – it was suggested that forming the queue alongside the building (rather than in-line with the door) might provide some protection under the porch roof added (with PPG funds) during Covid.
- b) Lack of seating for those queuing who are unable to stand for any length of time.

As the Pharmacy is an independent business these concerns cannot be addressed by the Practice. AC to liaise with Akin to see if any improvement is possible.

8. NHS App

TS raised concerns over the variability of records viewable in the NHS App and on Patient Access e.g. some hospital appointments appear and others don't; similarly with test results. AC added that hospital blood tests never appear on his record – even though supposed to be 'shared'.

Dr Tucker advised this is more an IT issue with systems that are not specific to the Practice, which only uses the software and databases 'as provided'. KM may be able to advise further.

9. Consideration of moving AGM to October in future years

Following historic low attendance at the July meetings/AGMs, understandable as this is a prime holiday period, AC proposed that from 2024, we move the AGM to the October meeting annually – which has the best attendance. This was unanimously agreed. Current Officers will serve an extra three month term to October 2024. Noted that AGM publicity needs to be submitted to Kidlington News and Yarnton Village News by first week of September each year.

10. Update on cycle racks

This is complete and a good job was again done by the Greenwood Builders. Thanks to JH for organising this project.

11. UK Biobank

AP explained how the UK Biobank research program works, collating data from patients in hospitals and GP Practices – see <https://www.ukbiobank.ac.uk/using-gp-data-of-uk-biobank-participants>

Only patients who have consented and signed-up to share their data are included. AP asked if KEY is participating in the program. Dr Tucker informed us that they have not yet been approached by the project team to take part but would be happy to participate when asked; if the workload is not significant. Patients would need to be encouraged to sign-up if they have not yet done so.

12. Missing letters on Yarnton surgery frontage

It was noted that the missing letters create a poor first impression of the building. Dr Tucker advised that KM will look into replacing them.

13. AOB

None.

14. Date of next meeting

Wednesday 10th January 2024 at 7.00pm at Yarnton.