

Minutes of the KEY Patient Participation Group Meeting

Wednesday 17th April 2024 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)

AK – Patient (Y)

TS – Patient (K)

AG – Patient (K)

Dr Simon Tucker – GP Partner

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

1. Welcome and Apologies

GL welcomed everyone to the meeting.

Apologies received from KM, FL, MC, MJ, AnP.

2. Minutes from previous meeting

a) **Accuracy of minutes** - Minutes from previous meeting were agreed subject to update adding comment regarding kiosk notices by TS missed in original issue.

b) Matters arising

i) Telephone system fault causing patients to be cut-off or become stuck in queue. We were requested to log dates/timings, queue position and to report this with originating telephone number to the Practice or KM direct. AnP experienced this exact problem after the meeting and reported it. Dr Tucker to ask KM for follow-up next meeting.

ii) Finance Policy discussion – was deferred until this meeting. See item 8 below.

iii) KM advised that the handyman had forgotten to fix the sign by the Health Kiosk in Kidlington and that the wall in Yarnton is awaiting plastering and painting before the sign can be displayed. Hence photos for publication articles not yet available.

3. Chairperson's update

GL informed us that Martyn Fawcett, a former long-standing member of the KEY PPG, had passed away at Easter. The Committee send our condolences to his wife and family.

4. Secretary's update

a) Communications via public Gmail account

- i) There have been recent comments reported on social media regarding the gates to Yarnton Surgery being closed during normal opening hours. TS has also reported comments of the gates being closed in afternoons with no opening times on the gates despite the website indicating the building to be open for the usual hours every weekday.

Dr Tucker advised that this issue arises due to staffing – on some days there may only be one Practice GP on duty. The Yarnton Surgery cannot remain open if there are no clinical staff to support patients; this is for patient safety in case someone is taken ill whilst on site. In cases of staff illness, advance notice cannot be given, and priority is given to the Kidlington site with more facilities.

AG suggested a notice on the gate stating e.g. "If closed, contact Kidlington Surgery via...(details)".

GL further suggested that the website be updated to explain this potential situation.

- ii) Recent Social Media posts raised the question of should anyone be dealing with adverse and mis-informed comments on the likes of Nextdoor, Facebook etc?

It was agreed that the state of social media today makes it difficult to counter adverse comments with the truth, without abuse or inciting more 'bandwagon jumpers'; thus, it is usually best left to fizzle out. However, those with active accounts are requested to monitor and feed back issues for discussion.

b) Patient questions directly received

- i) Following the last meeting, GL asked for an update on how many GPs are still needed and now many appointment sessions are available vs number required.

Dr Tucker felt that the Practice still requires 1.5 FTE GPs giving the equivalent of 8-10 additional patient sessions. In the old days, GPs worked full-time but now this is rare, with some only working 50% part-time. With such fragmented staffing, it is more difficult to maintain a team spirit.

- ii) TS reported further recent comments received regarding lack of signage to direct patients to the Health Kiosks. KM to action.

- iii) TS also asked about the various patient feedback methods e.g. paper forms, online, Friends & Family test, text follow-ups after appointments etc. What happens to this data, where is it published, what actions are taken as a result and how does KMP compare to the national level of service published recently.

Dr Tucker explained that feedback is published monthly for staff and sent to NHS England and the CQC centrally to ensure the Practice is operating satisfactorily; any concerns could trigger an inspection. He has not had time to compare statistics with National figures.

5. Treasurer's update

No expenditure since last meeting so still just over £51,000 in the account equating to approx. half the original bequest remaining. Realistically the spending is over the more recent 6-8 years due to legal issues in the early years.

6. Practice update

Dr Tucker confirmed that Dr Manpreet Brah (originally Dr Tucker's registrar six years ago) has returned as a GP covering four sessions. Also, Dr Priyanka Schukla has committed to be a salaried GP covering six sessions, covering Dr Downes' former patients. Unlike locums, both will undertake related admin work.

Jean Fair has taken over as Phlebotomist in place of Michaela who has moved to out of hours work.

AC commented that the website gives a misleading impression about hard working GPs when it states that 'Dr X works on Mondays, Tuesdays and Fridays, Dr Y works on Wednesdays and Fridays' etc. This conveys the wrong impression and does not highlight the huge amount of patient and practice administrative work behind the scenes. AC suggests that this be revised to "Dr X holds patient sessions on..." or similar with additional sub-text describing some of the tasks conducted outside patient sessions. Dr Tucker will update with KM.

TS advised Covid vaccinations are again being given at Exeter Hall. Dr Tucker confirmed that the Practice will not be offering booster sessions because it is difficult resourcing them when they are easily booked and held 'next door'. The group agreed that this is sensible and understandable given the pressures on Practice staff.

7. Pharmacies update

Following the last meeting, the Chairman, who was unable to attend following illness, asked that it would be helpful to clarify the recommended time to wait from:

- a) Patients requesting a repeat prescription from the GP to when you receive it, and
- b) The minimum time you need to be able to fulfil that request (accepting that some meds are difficult to get and may have unusually long lead times).

The Kidlington Pharmacist provided the following answers with some valuable points to consider.

From the day of ordering, it takes **an average of 4 working days** for the medication to be ready. The GP surgeries typically ask for 2 working days and the pharmacies also ask for at least two working days (some items take slightly longer to order in, and the patients are usually aware of this). Pharmacies now need up to 2 working days because of the supply issues that have bedevilled our sector in recent times (this has been in the news a lot lately). Some do not recognise working days in the ordinary meaning of Monday to Friday - when reminded of 4 working days many count Saturdays and Sundays, when the GPs are not open and when (although Kidlington & Parade are open - not Yarnton) we do not receive deliveries from our suppliers. So, it may be important that the *working days/weekdays* element is emphasised.

Another issue that has come up is that of urgent prescriptions - someone wondered (and made reference to a previous PPG minutes) if the GP surgeries have a mechanism for notifying pharmacies that a prescription is urgent. Firstly, urgent prescription may have lost its meaning for some because we get so many "urgent" requests daily. Second, the GPs indeed notify us of urgency via a 'Message to Pharmacy' line on electronic

prescriptions but we don't see that message until we actually open the electronic prescription - each pharmacy receives 500-800 electronic prescriptions every day so we have to rely on the patients to tell us that it is an urgent prescription so we can pick theirs out and then supply immediately. For instance, for antibiotics, pain relief, etc; for these patients rarely have to wait more than 5 minutes from when they alert us. Supply will of course be subject to stock availability - if the item has to be ordered in it can take up to 2 working days.

AK expressed concerns over staff pressures on the Kidlington pharmacy as it is stretched due to having to absorb much of the two recently closed pharmacy demands, and that they are the only service operating out of hours. Also, the new space is still tight for the huge workload and staff working in it.

JH praised the service of Westlake in Yarnton. TS noted that the Islip Pharmacy only processes prescriptions from the Islip surgery.

8. Finance Policy

AC received emails from AP and MJ confirming they were happy with the draft. GL covered each section and minor amendments to the wording of some sections were agreed. AC to circulate final version to Committee members with the approved minutes.

TS suggested that a pro forma 'request for funding form' be created, to be submitted by the Practice to Committee in advance of a meeting. The group felt that to avoid additional admin work on KM we would maintain the current method for smaller requests; although a simple advance written justification may be helpful to reduce discussion time for larger requests (e.g. the recent Health Kiosks).

9. Cycle Rack signage

JH followed-up on research into stainless steel external engraved signs for the cycle racks funded by PPG. Falcon Signs seemed expensive at circa £135 ea. Brunel Engraving quoted £145.12 for two signs at 100x150mm.

Wording of "*Cycle racks funded by KEY Medical Practice Patient Participation Group 2023*" was agreed and the cost approved.

AC suggested stainless security screws should be used.

10. AOB

TS raised the issue of the disabled parking spaces outside Kidlington surgery are becoming illegible due to the markings wearing away. This leads to people parking across two spaces. Dr Tucker will ask KM to liaise with the Council to see if they can be repainted.

11. Date of next meeting

Wednesday 17th July 2024 at 7.00pm at Yarnton.