

Minutes of the KEY Patient Participation Group Meeting

Thursday 24th April 2025 at 7.00pm at Yarnton

Attendees

MC – Chair/patient (K)

JH – Vice chair/patient (Y)

CR – Treasurer/patient (K)

AC – Secretary/patient (K)

AP – Patient (K)

MJ – Patient (K)

AK – Patient (Y)

TS – Patient (K)

SL – Patient (Y)

RR – Patient (Y)

Kathryn Muddle (KM) – Practice Manager

Dr Dawn Leedham – GP Partner

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

1. Welcome and Apologies

MC welcomed everyone to the meeting.

Apologies received from AnP.

2. Minutes from previous meeting

a) Accuracy of minutes - Minutes from previous meeting were agreed.

b) Matters arising

- (i)** November 24 closure notice – after investigation by KM, this has been confirmed as a typographical error caused by copy-and-paste from a previous notice. The Practice was only closed for one afternoon for training and open the next day.
- (ii)** Disabled parking spaces line repainting. Deferred to April onwards due to weather and budget constraints. KM to check on status of quote/estimate from contractor pending consideration of financial support from PPG. Abuse of disabled spaces by able-bodied patients is causing problems for genuine users; but the lines are so badly worn that it is currently difficult to discern them from normal spaces.
- (iii)** Car park and entrance CCTV. Thanks go to AK for researching and obtaining two quotes; one from a local company (£2,649 with three cameras), the other a national (similar price but only two cameras). Both systems have a £300pa monitoring/maintenance charge. These to be circulated and considered prior to next meeting.

3. Chairperson's update

Nothing to report.

4. Secretary's update

a) Communications via public Gmail account

The only Gmail communication has been from RR, who we welcomed onto the Committee. AC noted that he has configured the Gmail account to auto-forward messages to his personal account due to the rarity of genuine messages being received and the tedious nature of having to log-in to the public Gmail account App separately.

b) Patient questions directly received

(i) A concern has been raised by a patient with sight impairment regarding the lack of external lighting approaching the Pharmacy when the Practice is closed. It appears that some of the outside lights around the building were not functioning out of hours.

KM advised that the outside lights are maintained but that they are manually switched and thus reliant on 'a person' to ensure they are turned on/off. AC suggested an automatic dawn-to-dusk switch would be preferable (AC further note: maybe with timer to save energy outside the extended operational hours of the Pharmacy; although low-energy LED lighting is probably better left on all night for increased security given the nature of the building.)

(ii) Another patient with vision impairment emailed to say they found it difficult to see the Health Kiosk sign and recognise it for what it was.

AC suggested the major issue with the Kiosks is that they are badly misnamed by the manufacturer. The term 'Kiosk' implies a booth with a curtain screen (like the photo booth in supermarkets) into which you enter to use the service. It does not immediately conjure an image of a computer with a few accessories sitting in a corridor. AC suggested it were renamed to 'Health Terminal' because those of a certain age will immediately recognise that they are looking for a computer screen and keyboard as a minimum.

Dr Leedham recommended *Patient Operated Health Terminal* as that describes what they are and removes the 'booth' image.

KM will organise better signage with the help of TE.

(iii) RR raised concerns over the availability and booking of routine appointments – patients are put on a waiting list for weeks as none are available. They used to be available online, via telephone or in-person.

It was explained that the changes to appointments has resulted from the new government NHS contract requirements requiring:

- Assessment of need at first contact.
- Patients to be able to book appointments in advance (Practice aiming for two weeks).
- Practices are not allowed to make patients 'call back later'.

(AC comment - See **Note**¹ in footer for website links to GP contract changes by year).

Under the new system, when stuck in a queue, patients can now request an automatic call-back when a receptionist is available. In doing so, they *retain their place in the queue* without needing to hang-on the phone listening to music and automated messages. The system will attempt two call-backs (should the patient be unavailable on the first attempt).

At present, call-back only works with mobiles not landlines. AC comment: This adversely affects some (particularly elderly) patients who are more likely to not have, or regularly use, a mobile.

The routine appointment waiting list is the same for all patients regardless of need, age, health conditions etc.

When being placed on the appointment waiting list, it helps if the patient can give details of any dates/times when they are not available. This helps staff to subsequently offer an appropriate appointment slot in the first instance.

Delays are sometimes longer if a patient needs to see a specific GP or if they have limited availability to attend.

Routine appointment delays have been impacted by increased demand of the new website booking capability and the loss of two GPs (see 6.a).

(iv) AC highlighted that The KEY website has changed again. KM explained that the same company is being used to manage and host the website but that it has been further updated to reflect a more standardised 'NHS' livery/branding. It is also now easier to submit updates – although AC noted the update was missing the minutes for the January 2025 PPG meeting...

AC also noted that one committee member, who has been unable to attend meetings for some time, has now moved to the *Virtual Group* as per section 2(b) in the KEY PPG Constitution.

5. Treasurer's update

No transactions so balance remains at c£51,000.

AC highlighted that we currently only have two account signatories and require a third to comply with section 8 of The KEY PPG Finance Policy. MC agreed to be third signatory – MC and CR to liaise as to required paperwork/registration.

6. Practice update

a) Surgery update

Dr Leedham attended the meeting and advised that two GPs, Dr May and Dr McVea, have left General Practice but are continuing in the NHS.

Two new GPs are due to start in May; equivalent to one full-time equivalent GP. These are:

Dr Saleh Baghdadi (Tuesdays and Fridays)

Dr Joanna Howell (Tuesdays, Thursdays and Fridays)

Funding limits mean the Practice cannot afford (or accommodate) any more GPs at this time.

Dr Mahmoud Abouzaid has joined in February for six months and is in the first of three years GP training, under the supervision of Dr Tucker, and offers longer appointment sessions of 20 minutes.

AP praised the support recently received from Dr Abouzaid.

Whilst locums have been used recently, their use is limited as there are fewer locums available.

AK commented that he often has to travel to Kidlington for an appointment despite living in Yarnton. This was explained as simply not having enough staff to offer as many appointments at both sites. (AC comment: Previously it has been noted that a much greater range of health services is available from Kidlington for the same reason).

When booking online, patients can put their preferred location on the system.

Confusion over Shingles vaccination eligibility was raised. KM explained that this is complicated as the eligibility age and dates change every year, meaning the actual qualification age/date varies.

b) Funding requests

None at this time.

7. Pharmacies update

None received.

However praise was expressed and agreed with how helpful the Pharmacists at both the Yarnton and Kidlington Pharmacies are.

8. Wheelchair accessibility at Kidlington surgery

RR raised issues of disabled accessibility at the Kidlington surgery. These include:

- Suffering injuries to hands whilst trying to wheel through the narrow doorways in corridors; by contrast, Yarnton has large double doors and wide entrance.
- Ramp at Practice entrance is too steep for manual propelled wheelchair for those with limited physical arm strength.
- Similarly the Pharmacy ramp is too steep unless physically strong; others may be able to manage.
- Has struggled to get through both the entrance doors and corridor doors.
- One Treatment Room is impossible to use due to the tight turning angle required.
- Has to use surgery chair because not possible to lift powered chair in car if brought. But it would be better if the surgery had a chair that could be wheeled by the user.

RR noted the Treatment Room access issue is mentioned in the surgery *Disability access* statement at <https://keymedicalpractice.co.uk/contact-us/> but this is buried low on the “Contact us” page – it would be more logical on the “About the surgery” page. (AC comment - although the ‘telephoning for help to access the building on arrival’ suggestion may result in late attendance given the aforementioned telephone queue and call-back delays).

The accessibility issues at Kidlington are difficult to resolve as they would involve structural changes to a building designed before current Building Regulations. Also, lengthening the ramps would create further safety issues with sloping ramps blocking the thoroughfares alongside the building.

After post-meeting email discussion, RR queries if it would be possible to widen the second entrance doors and corridor doors (AC notes: thinner framed doors in corridor? Second entrance doors are present to prevent draughts but are not automated like main door so difficult to push in wheelchair.)

However the group were keen to support additional wheelchair provision and RR offered to research appropriate chair(s) for discussion at the next meeting in respect of PPG funding.

9. Recruitment to PPG

TS highlighted that the PPG needs to be more diverse and to achieve that we need to increase the awareness of the PPG. One suggestion is to try to link with *Healthwatch Oxfordshire* at the Kidlington Gala Day on 19th July; if they are running a stand. MC to contact and discuss. Several members including TS, JH and MJ offered to assist on the stand. AC is involved with the DraughtBusters (KEG) stand.

RR suggested advertising on the local Facebook group and other suggestions. Other suggestions included posters in Pharmacies.

JH has contacted the PTA at William Fletcher Primary School in Yarnton and the PPG is to be mentioned at a future meeting.

10. AOB

AC noted the comment in the latest Parish Council newsletter that ANPR cameras are being considered for Exeter Hall car park and that this may affect patients accessing the rear car park when visiting the Practice or Pharmacy. KM has been approached on this but until plans are put forward the implications/actions cannot be progressed.

11. Date of next meeting

Thursday 3rd July 2025 at 7.00pm at Yarnton.

Thursday 9th October **AGM** at 7.00pm at Yarnton. (Advance date to allow for publicity circulation.)

Note¹: References for further reading - recent GP contract changes by year:

<https://www.england.nhs.uk/long-read/changes-to-the-gp-contract-in-2023-24/>

<https://www.england.nhs.uk/long-read/arrangements-for-the-gp-contract-in-2024-25/>

<https://www.england.nhs.uk/long-read/changes-to-the-gp-contract-in-2025-26/>