Minutes of the KEY Patient Participation Group Meeting

Thursday 26th March 2026 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)
Kathryn Muddle (KM) – Practice Manager
Dr Simon Tucker – GP Partner
George Thomas - PML (K) – Kidlington Surgery (Y) – Yarnton Surgery

1. **Welcome and Apologies**
   MC welcomed everyone to the meeting
   Apologies received from RR.

2. **Minutes from previous meeting**
   a) **Accuracy of minutes** - Minutes from previous meeting were agreed.
   b) **Matters arising**
      (i) Process improvements for coding hospital letters received and improving required prescription changes accurately and in appropriate timescales. (KM/RR)
      KM has requested that any future occurrence be reported direct to the Practice Manager with specific details, to enable a full investigation into the cause and ways to resolve.
      (ii) Appointing MC as 3rd signatory on PPG account.
      This process is now complete.

3. **Chairperson's update**
   Nothing to report except concerns over communications; covered later.

4. **Secretary's update**
   a) **Communications via email**
      (i) AnP forwarded a link to the KEY patient feedback survey that shows favourable results https://www.gp-patient.co.uk/patientexperience/results?code=K84082 .
      (ii) The email sent to patients on 22nd February, advising of the closure of routine appointments for one month, created immediate concerns and considerable email discussion within PPG patient members; it coming so soon after the January PPG meeting at which no mention was made.

One PPG member reported negative comments about the Practice on social media; that could have been avoided had patients been given more information in advance.
Subsequently, an email on behalf of PPG members was sent by AC to GT briefly expressing concerns (MC was abroad on holiday during this period). GT responded saying it had initiated a review of messaging and the web-site front page and admitting that the email could have better explained what was happening. See further comments in PML and Practice Updates below.
GT welcomed constructive criticism as it helps to improve the Practice-patient experience, whilst stressing that The Practice may not always agree with comments or suggestions.

b) Patient questions directly received

(i) Is there a Covid Spring Booster?
KM advised clinics are arranged in mid-April and the Saturday clinic is already fully booked. Most patients have been contacted. Volunteer stewards are not required.

5. Treasurer's update

No transactions and 3rd signatory complete. Confirmed GL has been removed as signatory.

6. PML (Principal Medical Ltd) Partnership Update

GT explained everyone is involved in the final legalities of the partnership takeover, due to conclude in the next week.

AP suggested that more information would be welcome to let patients know what is going on and also to put a contact name to general emails rather than simply from 'The KEY Medical Practice'.
GT felt there has to be a balance of giving information necessary vs creating concern (as occurred during Covid).

TS suggested keeping it straightforward and simple. Also that the communications feel like they put business first and they need to be worded more towards putting the patient first.

AC suggested a further email once the legalities are complete e.g. explaining that PML is a not for profit group and that the purpose of the reorganisation is to relieve GPs of the business management pressures, allowing them to devote their full attention to patient care.

GT wants to maintain a local identity i.e. The KEY Medical Practice and not use PML branding; as with other practices PML run.

7. Practice update

a) Surgery update

Dr Tucker stated he is now enjoying being a GP again having come close to giving up. The changes now make The KEY MP sustainable.
(AC note: This demonstrates one of the welcome advantages of PML taking over the 'business burden' of running the practice.)

KM noted it has been a roller-coaster journey but is now generally having a better day. Previously, spending a lot of time meeting contractual obligations resulted in long patient waiting times.

GT commented that previously, a five week wait for routine appointments and five GPs at burnout, meant a high medical risk for patients.

KM explained that the new online triage system has freed the equivalent of one GP by asking for symptoms and prioritising appointment need as urgent/semi-urgent for same day, or routine for a wait of a few days.

RR was unable to attend but had emailed her detailed experiences of the triage tool - especially in that it will not allow existing conditions to be entered. Some patients suffer recurring issues as a result of a condition and know that they need a certain medication or to see a GP to resolve – but the triage tool does not allow comments until the end of the process. GT thanked RR for her comments and will feed back to the software developers. It is only by understanding the patient experiences and issues that the tool can be improved.

Similarly TS highlighted a related scenario where a patient has a recurring condition that requires urgent treatment; without which, A&E is a consequence. In not considering existing medical conditions, the triage tool is lacking and could miss the necessity for urgent assessment.

AK commented that it is difficult to enter DOB on a tablet due to the way the data field is scrolled.

TS noted a discrepancy between the times of an appointment stated in *Patient Access* compared to the *NHS App*. Also there are no appointment reminders SMS for Clinical Pharmacist appointments (AC note nor Phlebotomy appointments) that would be helpful in modern lives with so much going on.

GT reported that from initial data on the new system, of 1,370 appointments, there have only been five assorted complaints; the irony being that one was of an appointment offered too quickly!

The Reception Team have had a tough time recently; especially in the first couple of weeks. However their hard work implementing the new appointment system has resulted in a reduction in the Monday morning rush of telephone calls.

Patients must appreciate that by giving the receptionists enough detail about the nature of an illness/condition, they can be directed to the most appropriate clinical professional – which may not be a GP.

The Reception Team were complimented by several PPG members who have needed to experience the new system; especially on the rapid improvements they have been instrumental in bringing. Much shorter call waiting times were reported (three minutes) for an answer and only being number three in the queue instead of number 30 under the old system. GT noted the national average being around seven minutes with approx. 1m 43s being achieved at the Alchester Medical Group (owned by GT).

JH praised the reception staff on a very helpful recent experience.

AC raised the concern that elderly patients he knows, without internet or smartphones, cannot use the on-line triage system. GT gave the assurance that there will always be the opportunity to either telephone or in-person at reception to make appointments.

JH asked if patients could 'game the system' by over-egging their symptoms. GT noted that this would be clear when the patient attended their appointment and hoped that they would be firmly advised that this was not acceptable by the GP…

MJ asked what happens if a patient telephones late in the day near to closing time? Would they get cut-off if in the queue? KM responded saying that the phones are quieter in the afternoons and reception staff can keep up with the calls until closing time when the lines shut down.

Call-back is still available should the queue be longer.

Staff news: one GP is on maternity leave but may not return, so actively recruiting another GP and another nurse has just been recruited. There are now three Clinical Pharmacists (AC note – saving GP time by covering things like medication reviews).

b) Funding requests

KM has ordered two specialist baby-weighing scales, one for each surgery, and requested consideration of funding at c£300 each. The group unanimously agreed that these meet the patient benefit criteria for funding. KM to send CR the invoice on receipt.

8. Publication Working Group

JH noted the willingness for *Yarnton Village News* to publish further articles to promote the Practice and also that the standard regular 'advert' was basic and could do with a facelift. GT agreed that PML would look at future publications, noting publication deadlines of second Friday in the month **at the latest** for both *Kidlington News* and *Yarnton Village News*.

9. Pharmacies update

AC complimented Kidlington Pharmacy on their new system having placed a repeat request one morning and receiving a 'ready to collect' text the same evening; nor was there any queue on collection. This also highlights how The KEY's system is improving, with a GP being able to approve a routine repeat request promptly the same day.

Following a comment received from an elderly patient, a concern was that they no longer receive a repeat paper slip. This causes problems for those not online as they cannot drop the repeat slip in the surgery request box. Dr Tucker advised that patients should be able to request a repeat slip from the pharmacy at the time of collection.

AK noted that occasionally patients find they are collecting several large or multiple items that are difficult to carry separately as people tend not to arrive with a shopping bag. It is understood the pharmacy is addressing this.

10. AOB

TS commented that the 'Triage' poster in the waiting rooms is awful and difficult to read; it being a stock NHS example and not generated by the practice. TS offered to produce an improved version.

11. Date of next meeting

Thursday 25th June 2026 at 7.00pm at Yarnton.