MINUTES OF CROSS KEYS SURGERY PATIENTS’ PARTICIPATION GROUP (PPG) MEETING HELD VIA ZOOM ON THURSDAY 3APRIL 2025 AT 1200 NOON

In attendance: Denys Williams (Chair), Rachel Gray (Practice Manager (PM)), Ann Lucas (Practice Manager (PM), Dr Lucy Guest (Partner), Evelyn Daley, Jane Padwick, Shelley Jennings, Maggie Kaye, Alison Harrison, Deb Dobson, Judith Young, Anita Templar, Elizabeth Rouse, Stephen Reading, Sue Ashdown.

Apologies:, Sue Ashdown, Vallaine Bell, Kathy Gillman/Russell, Nick Oakley, Marian Purdy, Rose Williams, David Torrance, Paul Woodward-Court, Carol Sloots-Majumdar.

1. **Introduction**

Denys welcomed everyone to the meeting and said the next meeting would be in person.

1. **Minutes of last meeting - Agreed.**
2. **Matters Arising**

* **Newsletter:** Latest Newsletter had been distributed and patients advised via email or NHS app No reports of not getting the email or the Newsletter.
* **Touch Screen:** The touch screen is still intermittent
* **Chinnor Blood Pressure Monitor.** No progress still looking for a suitable location within the surgery.
* **Appointment Info**. The Chair had said he would provide some tips/help on booking appointments. This had been published on the Practice Facebook page. (Much of the information is already on the Practice Website).
* **Chair Deputy**. Chair thanked those who had said they would take the meeting in my absence. He is hopeful that his minimum weight bearing restriction would be changed so he can attend meetings in person. He will decide d his future as Chair when he sees how his treatment is going.

1. **Routine Practice Matters**

* Sadly, Dr Ginika Lazz-Onyenobi, has left for personal reasons and Dr Hayley Parkes has been recruited for 5 sessions starting on 23 June. She was previously a GP registrar with us, in addition, we are recruiting for a newly qualified GP, as they would qualify for the Additional Role Funding scheme. Had a good series of interviews and hope to appoint soon.
* Claire Holland will be joining us from the PCN as a Clinical Pharmacist. This role will help reduce the GP workload. Alison asked what did a Clinical Pharmacist do? Ann (PM) explained that they carry out medicine reviews, run lipid clinics, can prescribe, review and change medicines and also review discharge summaries to ensure patients medications have been prescribed. (You can see a fuller description of their role at ([www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/07/easy-read-clncl-pharm.pdf](http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/07/easy-read-clncl-pharm.pdf)).
* Anne gave breakdown of the feedback from the ‘Families and Friends’ survey sent out after each appointment (Includes GP, Nurse, Blood tests etc). each week there are about 1000 appointments. In March there were about 700 responses of which: 590 rated Very Good, 90 Good, 17 Neither Good nor Bad, 6 poor or very poor., 7 very Poor and 3 don’t know. Anne commented some of the Poor, very Poor were things like running late but they are all reviewed to see if follow action is required. Shelley asked what type of feedback did they get?
  + **Action.** **Anne to provide examples of feedback.**

1. **Appointments**

* Ask First is not proving to be as good as we had hoped. The Practice is looking to move away and we have identified another system we are keen on. It is an AI based, triage system. There is a meeting this afternoon with the Providers and we will be able to provide further information. Chair asked about the ICB system that was supposed to be coming on-line later this year. Anne said that a is now forecast for next year and they want to move on to ensure those that need appointments get them. Evelyn asked about how the transition from Ask First would happen? Ann (PM) said that the new provider would help in the transition and the Practice would have an information campaign to inform patients. As with the role out of Ask First, the Practice would arrange some training sessions to allow patients to download the App and have a go under supervision.
* Ann (PM) advised us that the Practice is trying an AI scribe system called HEIDI. This automatically records the conversation during an appointment which is then transcribed into the EMIS medical reporting system. This allows the doctor to concentrate on the patient and not be busy recording info into their computer. Patients are advised before at the start of their appointment and can decline its use. The doctor can then amend/review the info before it is put into the patient’s medical notes. HEIDI picks out the relevant information and does no transcribe the whole conversation. The recording is not stored after its has been used A Leaflet is attached explaining HEIDI
* The Chair mentioned that the latest NHS GP was the subject of recent newspaper articles. The full results for Cross Keys a can be found at <https://gp-patient.co.uk/PatientExperiences?practicecode=K82021>. The Chair expressed disappoint that only 43% of patients sent the survey responded. He gave a quick resume of the key results Most of the results were in line with the national average but the Reception and Admin teams scored highly. Ann asked when was the survey taken as some results appeared little old. Chair said the current 2025 survey has been sent out and the results will be available later in the year. So, the results are based on Jan-Apr 2024.
* Susan reminded us not to forget the elderly. Whatever system is introduced the elderly must have access to appointments. Reception is very good in supporting them. Anne said the proposed system will allow reception to carry out the same triage etc as those doing it themselves on line. Susan wanted to clarify that the proposed system is only for Cross Keys as many of her constituents are Unity Health patients. Anne confirmed that is correct. Shelley said she had computer problems and missed most of this agenda item and would catch up with the Minutes.
* Anita and Shelley commented on the problem of just getting appointments. In many cases patients may not be able to get an appointment using Ask First. Comments were made like ‘how ill do I have to be to get an appointment?’ Dr Lucy reminded us to call and speak to reception and explain the problem. Demand will always exceed what can be provided and an AI triage system could help ensure ‘sick’ can be seen in a timely manner. The duty doctor is there to pick up such cases. She also reminded us that if no appointments are available, patients can always ring 111 where they will be triaged and the patient may be referred back to the Practice and a report will be sent to ensure, where appropriate, that the patient is seen in a timely manner. She emphasised not to be scared of and taking reception advice to ring 111. Susan said the information on those unable to get an appointment would be useful to her as it helps in Chinnor Council preparing cases challenging housing development.
  + **ACTION. Chair to** **discuss with PMs if that info could be made available**
* Did not attend (DNA). Alison asked about DNA and how many cases there were. Anne said that since October they had been monitoring the situation. She didn’t have the exact figures but said that after a missed appointment patients get a text the following day. After another missed appointment, they get another text. After 3 DNAs they get a strongly worded letter or text and any further DNAs they may be removed form the Practice List. They take into account the patient’s condition, for example the very elderly or those with Altheimer’s. They are currently reviewing 2 patients for DNA. They are coming down strongly on younger patients.

1. **Chinnor Matters**

* Marion was not in attendance but left 3 questions. She noted that the MacMillan notice board had been removed but new general notice board was not up. Ann (PM) said that the new notice board had now been installed.
* Marion commented that the Chemist is good and very helpful. Sue endorsed that and said the opportunity for a quick consultation and availability of vaccinations is most welcome. They are very friendly and good.
  + **Action. The Chair will pass that on to the Chemist manager. (Done)**
* Marion asked what plans were there for a permanent doctor at Chinnor? Dr Lucy said she thought she was referring to Dr Tom Neale and herself moving towards retirement. Our recruitment process is looking into that. The Chair asked if this was an imminent change and Dr Lucy said it was some years ahead before retirement

1. **Primary Care Network Update**

* PCN new Manager, they have 4 applicants and are interviewing shortly and hope to have a new manager in post soon
* The PCN Pharmacy team is being divided up and each practice will have an allocated Pharmacy Team member. Cross Keys will have 2 pharmacists and one Pharmacy Technician. This will allow the Practice to best utilise their skills supporting our patients in the way the Practice wants.
* Tais, the PCN health and Wellbeing Coach, would be giving a talk in the Princes Risborough Library on 29 April at 1030 on ‘Nutrition and Mindful Eating’. All welcome to attend and adverts etc would be put out.

**AOB**

* Shelley asked if the COVID clinics were going ahead. Ann (PM) said info had been circulated and they were starting on Friday and Saturday. She also mentioned about volunteers. The Chair said that as only Shelley and Anita had volunteered, he had spoken with PMs and they had said they could cover the sessions from their own staff. Susan asked if there was an minimum age limit on the vaccinations. Ann (PM) said it was 75 years.
* Shelley thanked the Chair for his work and wished him well with his treatment. The Chair said he continues to enjoy the challenge of the PPG, but, like Dr Lucy he was looking forward to retirement, but not in the immediate future! He would welcome someone to be prepared to act as a full-time deputy with a view to taking over as Chair.
* Anita commented on the excellent service frorm NOVUS Pharmacy and said they made up her script without further waiting.
* Alison asked Dr Lucy if ‘My Future Health’ campaign was been driven by the Practice.? Dr Lucy said it was not been driven by GPs but was a research project and is all legit. She said that the results of the tests do not come back to the Practice so patients would need to follow up with the Practice if they were advised of any abnormal results.

1. **Provisional date of next meeting.** Thursday 3 July. (Note Rachel has organised a speaker to talk about Research projects that the Practice and patients can be involved with).

ATTACHMENT. HEDI Information Leaflet

