Patient Participation Group Meeting – University Medical Group

Thursday 11th June 2026 – 6-7pm

Agenda

- Actions from last meeting
- Berkshire West Primary Care Alliance
- Friends and family results
- Updates
- Single Patient Record
- Introduction of the digital Respect form
- Questions and AOB

Attended by Dr E Johnston (chair), Fiona Mullin – Office Manager (minutes) and 13 patients (11 in person and 2 online), attendee list taken.

Dr Johnston opened the meeting by welcoming everyone who attended in person and online.

1. **Actions from the last meeting**

- Investigate whether touch screen check in screen information can be improved.
  Answer: not possible on this current system.

- Signage to help direct patients to upstairs or downstairs –
  Action: sign has been placed under the check in screen

- PPG TOR link not working on website
  Update: currently working

Dr Johnston commented that she didn't like to have all the laminated sheets at the check in screen however, best option at the moment. PPG member commented that some of the doctors were on both the upstairs and downstairs sheets.

Action: FM to check sheets and update as some rooms have been reallocated. The sheets will only have GPs listed who usually only work on one floor.

2. Berkshire West Primary Care Alliance

What is it? Berkshire West Primary Care Alliance is an alliance of 30 practices, it is a Community Interest Company (CIC) and we pay to be a part of it. They provide 100 GP appointments per day to support the GP practices. Sounds a lot but this is shared between all of the practices. Some other projects so far have been The Women's Hub, there was a pilot which UMG was not a part of so don't have too much information but it provided HRT support and a coil service. If pilot is extended and more information becomes available, we will let the PPG know. There was also a home visiting service for housebound patients, predominantly aimed at the frail elderly. This project has now finished and there has been mixed feedback as the GP that went out to visit the patients did not know them. It was not for urgent issues, it was more for patients who were perhaps deteriorating and would benefit from a home visit to review things. There was also a CVD outreach programme involving community champions for patients who typically wouldn't access NHS health checks. This programme is coming to an end. Another service is the Urgent Care Centre at the Royal Berkshire Hospital, they have been

providing minor illness appointments for a while now for practices when they run out of appointments. The service has been extended to include simple wound care and stitch removal and weekend appointments. This has been a very helpful resource in supporting the GP practices and helping patients get seen sooner.

3. Friends and family results

We like to stay above 90% and pleasingly, the average for the last 3 months is 93.23%. Positive feedback continues to be shared with the team and negative feedback is reviewed and discussed by the relevant teams. Complaint numbers remain low.

There were no particular themes with the negative comments apart from GPs running late. Others included unhappy with online triage process, length of appointment time, lack of continuity with being unable to see the same GP and a long wait for pharmacy appointments.

PPG member commented that they were asked to book a pharmacy appointment but there were no appointments online to book and when they called, they were told no appointments left in June. Why is that? FM advised that pharmacy appointments are closely managed with some online bookable and some telephone bookable but EJ acknowledged that there can be a wait for pharmacy appointments. Patients would not be left without medication, a short supply would be issued until a review appointment was able to be booked. One of the pharmacy team will be returning from maternity leave soon and the practice may also look at recruitment. The pharmacy team are now very skilled at patient reviews so appointments are in demand. We are getting fewer negative comments about having to phone in at 8am for an appointment.

4. Updates

CGL are running outreach clinics at practices as some patients are not comfortable to go to the Oxford Road but would be happy to be seen in the surgery. Currently running 1 clinic a month. CGL staff do not have access to our clinical system and we do not have access to their system, patient confidentiality is maintained. The CGL practitioner collects patients from the waiting room.

Liver screening – RBH are running clinics at practices and at community drop-in clinics for patients who may be at higher risk of liver problems. A number of clinics running at the practice throughout June. PPG member commented on the communication, had received a text message but no appointments online and when called reception, was told to book on when more clinics loaded. Question was how would patients know? FM advised currently trying to organise another clinic day and to email her with details to add to wait list and they would be contacted to book in.

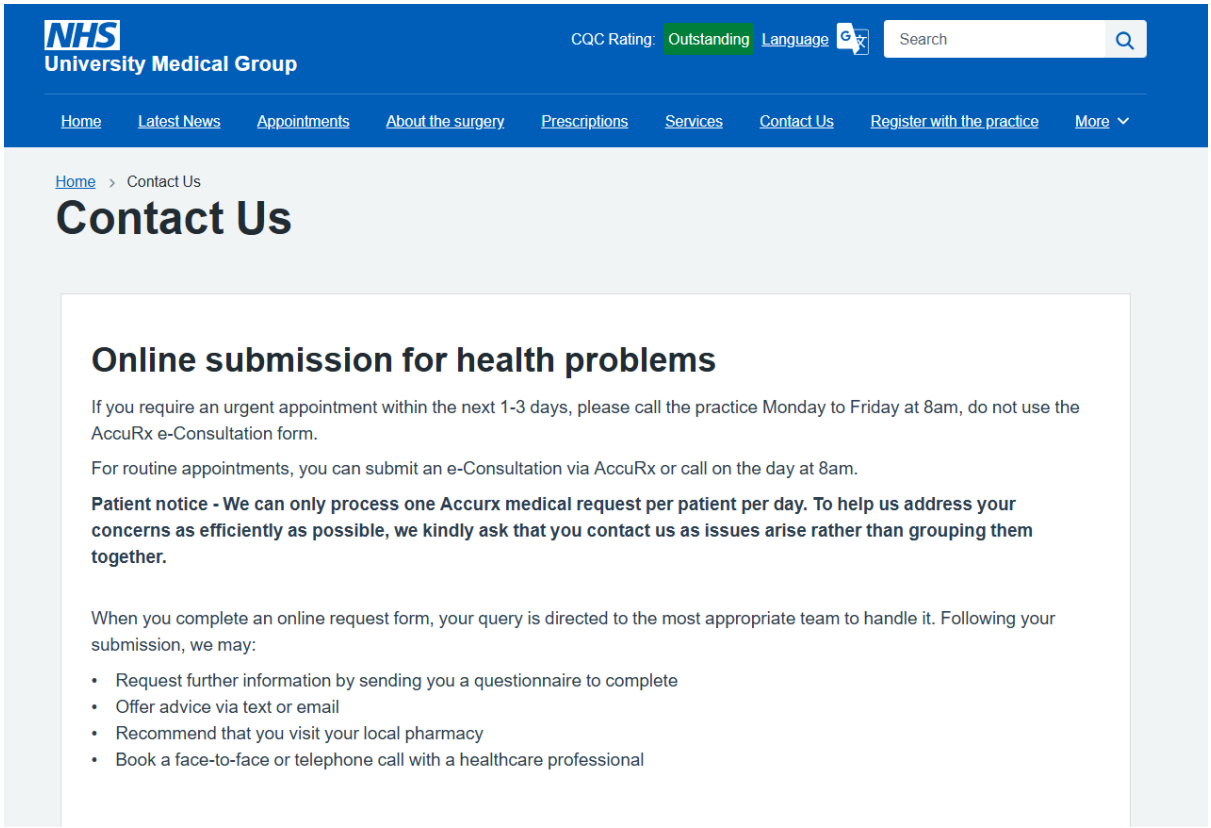
Staff updates

- 1 new phlebotomist as previous one moved away and 1 new receptionist have joined
- Dr Klemm returning on 2/7 working 3 days a week
- Job advert out for 1 GP for 6 sessions – mainly to replace GP appointments for when Dr Cheetham retires.

Online consultations

A new triage form is being implemented for patients who walk in asking for an appointment at 8am. This is to ensure equity among the 3 access methods; telephone, online triage and walk ins. Up until now, walk ins essentially jump the queue and some minor illnesses have been booked in with highly skilled GPs instead of being sent to the pharmacy or booked with a minor illness clinician as patients understandably don't always want to say at front desk what they need the appointment for. The triage forms are an abridged version of the online triage form and will enable appointment requests to be triaged appropriately and patient's privacy and confidentiality maintained. We would encourage patients to use the online triage form. This is limited to one per day for medical issues but admin type requests are not restricted as they save the phone lines being tied up with admin queries. None of the PPG members in attendance had used the online form. Screenshot of what it looks like and link to the webpage below. We realise some patients may not like this but hope they understand the reason why.

Contact Us - University Medical Group



The online triage has caused extra work as is an additional pathway into the practice. This is being monitored, there have been some teething issues with multiple requests and being used for urgent issues. Anything urgent still needs to be phoned in. Online triage is a contractual obligation brought in by Wes Streeting and practices would be in breach of their contract if they did not do this. The medical director of NHS England, Dr Claire Fuller, who is a GP, visited the practice last week and online triage was discussed. She was of the view that we would have to go to total triage. EJ advised that we did not want to do this as that meant patients would not be able to phone in at all for an appointment unless

it was for an urgent issue. Our patient satisfaction scores would be affected. It is extra work and is generating a day's worth of GP appointments each day but we are not receiving fewer phone calls. Consults are initially triaged by reception and admin with any medical issues that are unclear of action needed being referred to a GP for triage. There were some comments from the members including asking if it was safe and that patients don't always know how to fill online forms in and would have to get help from someone else which means sharing their information. EJ advised no evidence that the process isn't safe. To clarify, online consultations are reviewed, triaged and either signposted to an appropriate service eg pharmacy or booked a phone or face to face appointment with a clinician so it is a triage process only, medical problems are dealt with by a clinician directly with the patient. EJ will let the PPG know at the next meeting how it is going. A PPG member asked whether we had access to numbers of patients who had a mobile or computer. EJ advised we don't have specific numbers but it is very rare to come across a patient who does not have either a mobile or email address. Practice demographic is largely working age or young people.

AI

Practice still using AI Anima scribe, mixed feedback, not everyone wants to use it. Clear that this is the direction of travel that the NHS is supporting.

Clinical leadership

With Dr Cheetham leaving, the remaining 2 partners, Dr Johnston and Dr Rashid will need to reduce their clinical time. Other GPs are taking on sub-specialities as well as their general workload, more details in the slide on the presentaton but for example, Dr Ercole has taken over as lead for mental health. Each week, he has a phone call with the head of student welfare. We also have a practice manager and full time HR manager supporting the partners and an outsourced finance manager. The HR manager picks up other things for the management team as well as HR duties.

A PPG member noted that HR manager is a somewhat outmoded term and People Manager seems to be the current preferred name. The group agreed that this did sound much nicer and perhaps the practice could review this title.

5. Single Patient Record

EJ thanked the PPG for asking for this as an agenda item as previously had not been aware of this. The idea is to make healthcare more joined up and for patients also to be able to see eg what hospital has written about them and for healthcare professionals to see what other healthcare providers have written. Patients will view it through the NHS app. Healthcare professionals will be able to access patient information from one single place. Expected to come in 2028.

6. Introduction of Digital Respect forms

What is it?

The Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) – records preference for emergency care and treatment including whether CPR should be attempted. Integrated within Graphnet Shared Care Record. Streamlines the sharing of critical information between clinicians. GP practices using them but not quite implemented across hospital and community healthcare professionals as yet. This is viewed as a positive thing as means patients wishes are available to any healthcare professional. Patients can request changes at any time.

7. Questions

Q. Looks like the GP practice is on top of the process, how do you monitor this?

EJ. Patients are allocated a RAG status (Red Amber Green) based on various factors, not just age, could be lots of medical problems or multiple A&E visits. Red is more at-risk patients and therefore more likely to benefit from a Respect form or care plan. The doctors are also asked to discuss this with patients they are concerned about. We have been working with housebound patients, those in a care home and frail but not housebound patients. It is needs led.

PPG. Outline sounds like a great process, can be stressful for a partner or carer, sensitivity is needed when talking about it in case some patients feel they have been pressured into a decision.

EJ. If we received feedback of this nature, we would look at that.

PPG. Sometimes when patients receive this letter and it is out of the blue, it can feel like the doctor knows something the patient doesn't eg are they going to die.

EJ. That is a fair point.

Q. I was asked by my GP to do a feedback questionnaire, do you have plans to use these more frequently to get feedback?

EJ. GPs have to provide feedback from patients every 5 years so that would be why the GP asked for it. We get feedback from lots of sources, Friends and Family, Google, complaints and just general emails from patients who want to let us know that something wasn't quite right but don't want to make a complaint.

Q. Question for the room, pharmacy no longer providing a copy of prescription to save costs. Are any other members having the same issue?

General consensus was that some do and some don't but it is up to the individual pharmacy to manage this. Medication list can be printed from NHS app.

Q. X-rays now have to be done by appointment only rather than walk in. Is there a particular reason for this?

EJ. Just managing the appointments which does make sense.

EJ – Please send us any suggested items for the agenda for the next meeting and thank you to everyone for joining us today.

Actions

- FM to check sheets listing which floor GP works on and update as some rooms have been reallocated. The sheets will only have GPs listed who usually only work on one floor.

Date of next meeting: Thursday 26th November 2026 6pm-7pm