Patient Participation Group Meeting – University Medical Group

Thursday 5th March 2026 – 6-7pm

Agenda

1. Actions from last meeting
2. Friends and family results
3. Updates
4. Aim for 2026/2027
5. Questions and AOB

Attended by Dr E Johnston (chair), Fiona Mullin – Office Manager (minutes) and 16 patients (12 in person and 4 online), attendee list taken.

Transcript of meeting taken by AI Anima with the consent of the group.

1. Actions from the last meeting

Neurodiversity – information has been removed from the mental health page of the website and put on its own page to make it more visible.

Update on neurodiversity training (not discussed during the meeting). All non-clinical staff have completed an interactive training session provided by the ICB. Clinical staff 1 day training courses are starting from the middle of March with 7 staff booked on so far. This training will take some time to get all clinical staff through due to the availability of course dates.

2 Friends and Family results

Friends and Family Test scores remain high at 93.4% with positive comments about staff and care, though patient list growth had led to temporary closure to new registrations. Registrations re-opened after the New Year. A large number of patients were registering from other local practices which is not ideal, it would be better if patients were happy with their existing practice however it is personal preference.

Negative feedback is circulated to respective line managers for review and any actions and discussed at monthly GP meetings. Positive feedback shared monthly with the practice team.

No change to common themes but low numbers.

- Inability to book GP appointments in advance or online
- 8am phone scrum
- GPs running late

Dr Johnston asked the group if they found the message on the check in screen useful as had had instances where patients have checked in, seen a clinician was running late and then left the building. The clinician then subsequently caught up and was on time for that patient but they had left eg gone to get a coffee. System constraints, checked before and couldn't be personalised. Catch up clinical admin slots and breaks etc mean wait time is not always accurate. General consensus was that it was more useful to have the message. FM advised that there is a poster on the waiting room screens to advise patients if they have been waiting for 20 minutes, to check with reception how late the clinician is running. Reinstall poster in waiting room for doctors who don't change rooms to say whether

upstairs or downstairs. Calling screen does tell patients but when called, they need to go to the correct floor which can take longer and delay the appointment start.

3. Updates

- Positive feedback about car park changes
- HCA rooms have had refurb
- Physician Assistant has been trained in contraceptive implant insertion
- Paramedic being trained to do minor ops

Staff updates

- 2 new pharmacists employed and started - Mazeda and Paniz
- Dr Devesh Persaud started in November
- Dr Klemm returning on 02/07/2026 working Monday, Thursday and Friday
- Dr Cheetham leaving 31/07/2026
- 2 new receptionists started due to leavers.
- Recruited new Phlebotomist starting 16/03/2026 to replace one who moved away

4. Aim for 2026/27

- High-quality care
- Financial stability
- Strong workforce
- Learning culture

Priority 1 – online consultations – Online consultations are accessible via the practice website but are not heavily advertised; they are intended for non-urgent issues and allow booking of appointments up to four weeks in advance. Response times for online forms are generally within the same working day if submitted before 18:30; no replies at weekends. Saturday morning clinics and early morning/evening appointments are used to accommodate appointments generated from online forms. There is concern that increasing online consultations may reduce Friends and Family satisfaction scores due to changes in appointment availability. Patients are not currently able to book appointments with a GP in advance by phone.

Online consultation has been advertised on local radio. Patients who call once we have run out of on the day appointments are told can either call back at 8am another day, come in at 8am or use the online consultation for non-urgent issues. Numbers are increasing, averaging 17 a day which is more than half a day of GP appointments and we are seeing an increase in DNAs because they are advance booked. We now have 4 access points to manage including NHS 111 who can book into our appointment diary.

Priority 2 – AI – AI scribe for notes, improved coding process, software for non-NHS work – all means more clinical time for patients.

Priority 3 – Clinical Leadership – We want to empower the GPs and are developing new leads for learning disabilities, mental health, diabetes, ADHD, B12 (patients being trained to give their own injections if appropriate) and frail elderly. Each team is usually made up of a GP, a pharmacist and a member of the nursing team.

Priority 4 – Partner transition – Dr Cheetham retiring at the end of July, working towards a stable transition from 3 partners to 2 (Dr Johnston and Dr Rashid). Aim is continuity of care and clear communication.

Feedback

Change in partners will usually trigger a CQC inspection. Dr EJ asked the group if they had any feedback where they thought we could do better. A couple of issues commented on were no soap in dispenser on last visit a couple of months ago (soap was available in a hand pump container on sink but not in the wall mounted dispenser). FM advised changeover of consumables and dispensers recently which would have been the reason for that but to double check all now done. Also noted the building by the side of the surgery (garage) had a flat roof and seemed to be gathering a lot of water during wet weather. Any other feedback, please email FM.

PPG terms of reference on the website doesn't work – FM to check

Question was asked regarding dissatisfaction from patients and why they are moving from other surgeries locally to UMG. Are there any support processes in place to review patterns of movement and any opportunity for things to be done differently. It was commented that choice of practice was very personal and could depend on expertise of practice and conditions of the individual patient. We do not get any information about patients who leave our practice unless they tell us.

Question was asked about Friends and family surveys - Surveys are triggered by appointment reminders, any patient who has an appointment reminder, will get a post appointment message asking them to complete a survey. Patients can also fill out a paper version if they wish which are available at the check in screen and can be obtained from reception.

Question – hospital letters are sometimes generated by AI, do these get checked?

EJ – the hospital are responsible for checking their letters. Every letter that gets sent to us gets read by a clinical coder.

Question – reducing from 3 to 2 partners, not necessarily good practice. Are you looking to recruit another partner?

EJ – As far as BOB is concerned, no issues. Drs Rashid and Johnston have been at the practice for many years and were previously employed by the university. The practice is going to have a year of consolidation and will review in a year.

Question – What improvements are you making? Some practices have reached an agreement with RBH to see their patients as outpatients, mainly dealing with children. Have you thought of any initiatives?

EJ – Brookside have that, they are working with a paediatrician at the RBH. We are working with CAMHS and have a practitioner based at the practice 2 days a week. Other things include an initiative with CGL about having an outreach clinic at the practice which we are very interested in. We are restricted as short of space. Anni (HCA) is moving back to her refurbished G01 room and her room might be used for another doctor. CGL will have to use whatever room is free.

Question – what about the property next door and proposed building/extension. No funding available for extension and business case for car park was turned down as no funding and viewed as a low

priority. We did get the funding for the second disabled parking space and thanked the members of the PPG who lobbied for this. Dr EJ noted that we could not accommodate growing much larger as we would need another GP and don't have the space.

Dr EJ commented that the next initiative is neighbourhood working. This is sitting with the council who will decide who we are aligned with. Not an easy task as we are South but also fall into Central Reading. Our largest group of patients is working age people.

Question – leadership training is good, will this improve methods or diagnostics?

Dr EJ – take ADHD, a lot of private providers have sprung up which can be problematic and cause chaos for patients due to differing level of service as well as shortage of medication. Consistency of care is better and having practice leads of a GP and pharmacist provides this.

Actions

- Investigate potential improvements to the touchscreen check-in system to better communicate approximate GP delays and location of appointments - FM
- Signage to help patients know whether to wait upstairs or downstairs for their appointment - FM
- Provide more detailed information to patients about the local PCN alliance, its objectives, and benefits at a future meeting - EJ
- PPG terms of reference link on website not working - FM

Date of next meeting – Thursday 11th June 6-7pm