

## **Patient Participation Group Meeting – University Medical Group**

**Thursday 19<sup>th</sup> of June 2025 – 6-7pm**

### **Agenda**

1. Actions from last meeting
2. Proposed restructure of PPG
3. Friends and family results
4. Healthwatch update
5. AOB

Attended by Dr E Johnston (chair), Fiona Mullin – Office Manager (minutes) and 15 patients (11 in person and 4 online).

Dr Johnston welcomed the new members of the group who had joined the meeting.

### **Actions from the last meeting held 27<sup>th</sup> February 2025**

- Terms of reference to be circulated to PPG for feedback – very little feedback received on the TOR. TOR to be published on the PPG page on the website – completed.
- Data to be obtained for percentage of DNAs – completed – data on attached presentation slides. DNAs data is quite low but there is a seasonable element eg flu season has higher DNAs as we have a large number of flu appointments which are only 5 minutes.
- Data on cohort of patients eligible for NHS health checks – 6594 patients eligible for NHS health check. In 2024, 846 invites were sent out with a 22% uptake at Health and Wellbeing outreach hubs. Since April 2025, we have invited a further 547 patients to book for NHS health check.

### **Proposed Restructure of the PPG**

Very little feedback has been received on the proposal, positive or negative and no feedback that the PPG isn't working in its current form. For the time being, the PPG will continue in its current form and we hope that the PPG members will continue to work with us. Changes we are making – terms of reference to be published on the website and where possible, we will provide the date of the next meeting well in advance and publish this on the PPG page on the website.

Terms of reference and a draft newsletter (which was suggested at a previous meeting) was circulated. PPG asked for comments.

### **Friends and Family results**

Since last meeting in February, 92.6% of responses received rated their experience good or very good. We have a Google rating of 4.4/5 stars. Negative feedback received is circulated to relevant line managers for review and any action. Negative feedback for GPs is discussed monthly at a GP meeting.

Examples of negative comments which resulted in actions include a patient who came for a PSA blood test and travelled by bike. The nurse advised him that he should not have done that but the patient had not been informed of this by the doctor who arranged the test. After discussion at a doctors meeting, it was shared that there is a text message set up that can be sent to patients to advise them of what to avoid before coming for a PSA test.

Another example is a patient querying why it said in their notes they had been asked if they wanted a chaperone when they say they weren't asked. Comments are anonymous so we are unable to identify the patient or the clinician but it was discussed at a doctors meeting and the importance of accurate recording. This prompted further discussion around chaperones and the practice now has a male chaperone trained up as a result.

Question was asked whether it would be possible to have text messages eg tell patients if a blood test is fasting.

Answer obtained following meeting – Text messages eg for annual reviews already say if test is fasting. Any adhoc messages sent by clinicians should say if fasting.

Most common negative themes for friends and family feedback:

- Inability to book GP appointments online or in advance – likely to come in Autumn but operational plan not yet confirmed.
- Having to phone at 8am for a GP appointment – as above
- GPs running late – GPs are reducing their clinics from 16 to 14 appointments to help them keep to time and manage workload. 2 new doctors have been recruited to mitigate loss of appointments.
- DNA process – less than one patient a month is deducted and some are kept on under 'probation' if their appeal is successful.

#### **Quality Improvement Projects 2025**

- The practice has been awarded the Gold Pride in Practice Award
- 21 patients who have had bariatric surgery have now been trained to give their own B12 injections

#### **AI (Artificial Intelligence)**

The benefits of AI in general practice - can save time for clinicians, improves patient safety by catching errors or risks, helps manage increasing patient demand, supports remote and digital care. Examples, clinical safety system called Eclipse which flags abnormal results or overdue safety bloods. Practice pharmacist has time allocated to review this. Jiff Jaff looks at and files certain normal test results. There can be issues with AI and need to mitigate risks. Jiff Jaff was brought in to take away easy work from the clinicians. Originally Jiff Jaff was to be loaded onto a laptop but the NHS said no and it needed a separate server. They insisted on an extra layer of security but when the server had a routine update, it changed the configuration of the screen and miscoded some results. We found this out in 3 ways; patient told us – they received a message to say normal urine result when it was a blood test, another doctor noticed it Dr EJ also noticed it. We do have checks in place and a sample is checked every week. Jiff Jaff is programmed to only look at normal results. It is not a risk to patients as will not be looking at abnormal results but it did give the wrong message. The extra layer had caused the issue so there has been learning on this. We are the first practice in the area to have this in place and were granted funding for this. We can feed back to other practices.

Document reading AI – we don't think we are going to use this, have no plans to at the moment.

Speech recognition – we are considering options on this where AI records consultation on medical record. Other areas use it with very positive feedback. Will feedback to the PPG on this. It would be a specialist AI system to ensure compliant with data protection rules.

Currently phone calls are all recorded (recordings are kept for 3 years).

### **Healthwatch update – Simon Shaw**

Annual report 16/7. Can register on the website. Spaces limited, booking required.

### **Questions submitted in advance of the meeting**

- What was the result of the disabled parking review from August 2024?

At the time of the last meeting in February, the practice were in discussions with the landlord (Reading University) to see if we can get another disabled parking space. Update from June – planning permission has been approved for an extra disabled space which is valid for 3 years. Now awaiting costings.

- Is it possible to mark the records of wheelchair users when they need to attend the phlebotomy sessions so they can use a larger room? The tiny rooms off the waiting area are not very suitable to get a wheelchair patient in.

Answer – yes, we have an additional room where blood tests can be booked in along the main corridor, room G13. Patients who are not able to access G01 or G02 can have an alert added to their notes so reception can see this when booking blood test appointments for wheelchair users

- How do you obtain the weight of a person in a wheelchair?

There are several wheelchair accessible scales on the market but they are expensive. Another option is: Mid-Arm Circumference (MAC) in cm. MAC can be used with a simplified formula:  $\text{Weight in kg} = (4 \times \text{MAC}) - 50$  to estimate weight in adults. [MUACCOMPETANCYselfassessmentSept21LND5035.pdf](#)

### **AOB/Any other questions**

PPG member – AI can reinforce stereotypes particularly around gender eg the ways people speak. What training do you provide on neurodiversity for clinicians and administrators?

EJ – would like to come back on that. Practice is getting slightly better. There are quite a lot of aspects. Example given, patient provided us with a neurodiversity passport so we could help/understand needs better and offer acceptable solutions eg this particular patient did not like bright lights so clinician was prepared, met patient outside and took straight through to room with lights off.

PPG member – Do you offer translation services?

Answer – Yes. ICB contract is with a company called DALs. Mostly phone translation but face to face can be provided with 2 weeks notice eg for BLS.

PPG comment – reference to the newsletter, would be informative to set out some background about the practice eg how long in existence, number of patients etc.

PPG question – neurodiversity passport, news to me. Does this get shared on the system eg get shared with the RBH and how can awareness be raised?

Answer – Documents get scanned to patient medical record at the practice and can add alerts to patient records eg patient prefers to receive communication by email rather than verbally. There is a system called Connected Care where the hospital can see the GP summary or whether district nurses have been to see a patient unless a patient has opted out of sharing summary care record. We can see some of the RBH appointments. Connected Care is meant to improve communication between medical professionals.

Comment - Draft newsletter – comment received might be worth running it through an accessibility checker first.

Comment - Patient access – more complicated to get into and lots of adverts.

EJ – NHS app seems to have caught up with patient access and seems to be better and easier to access and use. Libraries offer sessions to help people get on the apps.

### **Actions**

- Review draft newsletter and publish on website. Patients can ask for a paper copy at reception if needed once available.
- Neurodiversity – provide update on training at the practice at next meeting