

PATIENT VOICE GROUP MEETING NOTES

10th January 2024 at 7pm held in the waiting room

1. Welcome. Sally Mackie, Practice Manager welcomed everyone to the meeting. She advised that it would be a slightly different format to previous meetings. A text message was sent out to our patient adult population inviting them to attend. We asked for confirmation of attendance as we only have limited capacity in our waiting room. We also asked that if patients had a question that they submit them prior to the meeting.
2. Attendees were asked to sign in and append their email addresses if they would like to be added to the Patient Voice contact list to receive both notes from the meeting and newsletters. 54 patients attended the meeting.
3. Change of group lead. As Dr Stewart has now left the practice Dr Wallace and Dr Wallard will be sharing the lead of this group and will alternate attending any face to face meetings.
4. Changes in practice staffing:
 - Dr Stewart left the practice at the end of September
 - Dr Aitken has reduced her sessions from 6 to 4 and is now a salaried GP from 1 Jan
 - Dr Irene Steinbrecher, a very experienced GP will be joining the team as our new salaried GP from 2 Feb
 - Chloe Constance Physician Associate will be joining our team on 30 Jan, she has previously been working at the Urgent Care Centre at Northampton Hospital
 - Two new Foundation Year 2 Drs have joined the practice for their 4-month attachment, Dr Lulu Kharas and Dr Laura Wilkins
 - Dr Priya Rai joined the practice in August as a new salaried GP working 5 sessions a week
5. Internal changes.
 - Feba Gregory our pharmacist is currently undertaking a Masters in Advanced Clinical Practice
 - Emily Moss has now taken on the role of GP Admin Assistant supporting our GPs with administrative tasks
6. Primary Care Network – update
 - We form part of a network of practices locally with The KEY, Woodstock Surgery and Islip Medical Practice that are working closely together to provide NHS services to patients. The network is called Kidlington, Islip, Woodstock & Yarnton (KIWY)
 - KIWY PCN has now formed a Limited Company to cover the administrative functions of the network and will be able to employ staff directly in the next 6 months that can work across all four practices
 - A number of staff are currently employed indirectly by KIWY PCN. This includes pharmacists, paramedics, physios, MIND workers, social prescribers and a Mental Health nurse

7. NHS app. All patients were encouraged to download the NHS app to enable them to view their medical records, order repeat prescriptions, book appointments, view lab results etc

8. National Cancer screening services – a plea to take up the offer of cancer screening

Through regular screening, these programmes aim to diagnose cancers at an earlier stage, increasing the chances of successful treatment and survival. We encourage all of our patients to take up these opportunities and to encourage their friends and families to take part in these screening programmes.

Bowel screening

The NHS has extended this screening to patients aged 54-74. They will now automatically receive a home test kit every two years by post when they become eligible. The kit, known as the faecal immunochemical test (FIT) checks for blood in a small stool sample which can be a sign of bowel cancer. If you are aged 75 and over you can request a kit by phoning the NHS bowel cancer screening helpline on 0800 707 60 60.

Cervical cytology (smears)

The NHS cervical screening programme invites women from age 25 to 64 for cervical screening. You get an invite every 3 to 5 years depending on where you live and your age. You need to be registered with a GP to get your screening invitations.

Breast screening (mammograms)

The NHS Breast Screening Programme invites all women from the age of 50 to 70 registered with a GP for screening every 3 years. This means that some people may not have their first screening mammogram until they are 52 or 53 years.

The AgeX research trial has been looking at the effectiveness of offering some women one extra screen between the ages of 47 and 49, and one between the ages of 71 and 73.

9. We anticipate our next face to face meeting will be in the summer (date to be confirmed)

We would very much like to thank everyone that attended and contributed to the meeting. We also appreciate the many kind compliments we received about the service that is offered by the practice which we will pass on to our staff.

Patient questions themes:

Because of the number of questions we received we were unable to answer all questions individually so we identified the major themes. Dr Wallace and Sally Mackie provided responses to the themes and gave patients the opportunity at the end of the meeting to ask further questions arising from the responses .

1. **Medicine shortages.** Dr Wallace explained that this is a UK wide problem which we have no control over. In the majority of cases we are not informed until a prescription is sent to the pharmacy and then they advise that a medicine is not available.
To assist us please ask the pharmacy if they have an alternative in stock and what the name is
2. **Face 2 Face vs telephone appointments.** Patients had some concerns that only telephone appointments or econsults were the default. Dr Wallace advised that we have never stopped face to face appointments, however over the period of the pandemic the way GPs consult has changed and telephone appointments and econsults have substantially increased. This has had advantages as GPs are able to direct patients to have various tests/checks initially with a Health Care Assistant and then when they speak with the patient they will have access to test results. He reassured patients that if they particularly feel that they need a routine face 2 face appointment that they will be given one
3. **Medication reviews.** What is the system? Do patients need to book appts?
Dr Wallace explained that the review dates on prescriptions are generally a prompt for the GPs. Dr Wallace also explained that we are moving over to inviting patient in for review of their chronic conditions in their month of birth in an effort to try and streamline the number of times they have to come to the practice.
4. **General health checks after a certain age or for certain conditions i.e. varicose veins.** A number of patients queried if they could have a health/wellbeing check.
Dr Wallace advised that due to demand/capacity we are unable to offer this service, however for patients that are aged between 40-74 year olds and do not have a chronic condition they will be invited to have an NHS health check every 5 years
5. **On-line services i.e. econsult, website contact only available in office hrs.**
Dr Wallace explained that we do not have the capacity to deal with 24/7 enquiries via online technology.
6. **Prescription requests.** Why is patient asked if they require all the items on their prescription list. The Practice Manager explained that the District Nursing team has reported visiting patients that have stockpiled medications for a variety of reasons but this can cause significant safety issues. Additionally some medications are not required each month, for example patients do not tend to need inhalers so much in certain seasons,

7. **Practice Physio service vs Muscular Skeletal Hub physio.** The physios that work at the local practices are employed via the Primary Care Network and offer a diagnostic assessment, a one off appointment for new muscular skeletal problems offering advice, exercises or a referral to the MSK hub If they require ongoing physio sessions.
8. **Patients with Mental health issues.** Should these patients be prioritised when offering appts for conditions not related to their mental health. Dr Wallace advised that our medical records are very clear and concise and patients health issues are clearly identified and we would deal with all cases compassionately however we are unable to prioritise those patient with mental health issues.
9. **Health inequalities – digital awareness.** Whilst the practice is keen to encourage patients to take up the new digital technologies that are available ie NHS app we understand that not all patients have the capacity or equipment to use. Patients can still use the telephone to contact us or pop a note through our letterbox or physically come into the practice and speak with one our Patient Services Team.Explain we do not rely upon digital options – pts can use phones or come into the practice or write to us
10. **How do you plan to cope with the growth in new builds in Kidlington and surrounding area.**

Dr Wallace advised that we had had meetings with the estates team from the Integrated Care Board and various developers, unfortunately despite the amount of planned new builds in our area we are not classed as a priority and there is no funding available to improve/extend premises.
11. **Website not user friendly**

Dr Wallace advised that we are aware that our website would benefit from some improvements and asked if anyone present would be able to assist with this task.