Summertown Group Practice

Patient Participation Meeting

14th October 2025

12.30 – 13.30

Online via Microsoft Teams

Gemma welcomed everyone to the meeting and the newest members of our PPG.

1. **Practice staff changes**

* We have recently appointed a new nurse Jo Selwood who is working full time over 4 days and has increased our early and late appointments.
* We have appointed a new patient services coordinator Danielle Bint who worked at the John Radcliffe for several years. She is also working full time over 4 days and has increased our late cover specifically between 5:30-6:30.
* For our August intake of trainees, we have Dr Mariam Aly (1 year), Dr Emily Cooper (6 months) and Dr Alina Khan (4 months) and we have already received some great feedback about them.

1. **HealthWatch**

* Jaz attending on behalf of HealthWatch and told us a bit about her work with engagement in deprived parts of Oxfordshire. They have recently completed a report and survey about the NHS app and how it is used, particularly in deprived areas. They will forward us their report when this has been completed.
* Health watch aims to give the patients a voice to make a difference. In March Jaz was involved in a PPG Film which was circulated to explain how patients can get involved to influence how their practices run. Jaz will kindly forward us the film so that we can circulate this. She also let us know that HealthWatch have regular bulletin to help make people aware of what is happening in health and social care. Jaz will also forward us more helpful PPG links and the guidance for good practice. She suggested that we should do PPG newsletters and regular emails to update our PPG group.
* We fed back that it was really great to have Jaz attend the meeting and she provided some valuable information. PPGs should provide constructive feedback and work together so that they can make a difference to the patient body. We shared that it’s often difficult to get representative feedback as the national survey and friends and family reviews tend to be very different.
* We briefly discussed how our newest social prescriber Sharon, has some great experience and did a lot of outreach work in Blackbird Leys. She is now working with us in the PCN full-time, and she has had some really good outreach with the vulnerable community. Emily will forward Jazz, Sharon’s contact details.
* Jaz also shared that she had recently worked with a practice in Faringdon called White Horse Medical Practice, where they have had lots of community involvement, planned organised events like walking groups, provided NHS app help, and they have received very positive feedback from their patient community. Gemma to arrange follow up meeting to discuss PPG volunteering with Jazz, we already have gardening work, covid/flu marshalling and gather feedback from patients in waiting rooms but would welcome more ideas.
* Jaz also shared that there was recently a webinar about their 10-year plan which 61 people attended and a lot were from PPGs.
* Emily will circulate the information that Jaz provided with the PPG members.

1. **New neighbourhood plan**

* Dr Monach discussed the 10-year plan that came out for the NHS and the agenda is primarily to get more community services working within our local area. They are currently trying to see where the funding is to channel into patient care to make it most effective in Oxfordshire. There are currently two different parts. Neighbourhood selected in OX2 and OX1 as decided by council which is an incredibly diverse population, 50000+ patients, working alongside other practices such as Beaumont Elms Practice, Banbury Road Medical Practice and Jericho Practices, the pilot experiment work in ours and other practices, to be more proactive with elderly and housebound patient population. This would aim to try to find known and unknown patient’s and coordinate services to help and empower them. The second part will include Oxford City as a whole covering around 20000+ in these neighbourhoods. The aim is to move more services that could be done in the community away from the hospital, and this would provide a cost benefit and a benefit for patients, making it more accessible for everyone.
* Currently we have a visiting service where paramedics often do house visits to prevent the need for additional visits, and the urgent care centre offers acute on the day appointments. Patients that don’t need ongoing continuity for chronic conditions can be seen there on the day.
* There is a new Oxford Health Community at Jordan hill and health professionals such as district nurses, podiatry and dentistry are currently based there. This is a great location as it is local, in our area and just off the ring road.
* The neighbourhoods for this plan are still to be decided and there will be further updates in the December meeting with the ICB where they will be producing a report which we can share more widely.
* Dr Monach also briefly mentioned that although the NHS app is a great tool for patient information and communication, the patients which we want to identify usually do not use the app. We have also been encouraged to use population help management to see which of our patients are high risk in the practice. This would use a colour coding system of green, amber and red as a warning on the app. This is a tool to see who is at risk for examples patients on high risk medications, and who would benefit from continued continuity from care from the practice to ensure that patients not contacting us are still being followed up. This is not in place yet but when this happens, we will send out further communications.
* Locally St Andrews church on Linton road have a grant to offer and fund a parish nurse out of the community church based at Cutteslowe. As a practice we think that this has the correct aims, could improve communication, has good social and health care service and would have benefits for residents.
* Jaz also mentioned that she has a leaflet about how the care systems work for elderly patients so they can understand this and the changes that have happened, she will send this to us to circulate.

1. **Vaccinations**

* We have recently been doing our winter Covid and Flu vaccinations. There have been national issues with lots of people who are no longer eligible but have been sent automatic recall texts. We have expressed to patients that unfortunately the cohort has changed and they are no longer eligible, we are trying to reinforce that we are following guidance and we cannot bend the rules on vaccinations. We would like to improve the efficiency of our vaccination clinics by having easier access with location to make it quicker and maintain patient safety but it was decided that it was not feasible to do an open clinic. This was because the individuals that are eligible for vaccinations are sometimes quite frail and there is not enough space in practice to do an open clinic with a vulnerable population.
* Dr Monach asked for any feedback that our PPG members had heard from any friends or relatives about the vaccinations. One PPG member thought it was very quick and easy, but they had had lots of reminders sent to them. We discussed how NHS England have sent lots of reminders and in addition we have also sent reminders leading to the large volume. Dr Monach expressed it does probably cause anxiety and as there is a 24-hour turnover with NHS England for the vaccinations to be registered it can take a while to stop receiving reminders.
* Dr Monach also discussed how the COVID and flu are both available privately and they get access to newer variants sooner. One PPG member asked some further questions about eligibility about COVID, and Dr Monach discussed who might be eligible eg. neurological, immunosuppressed, respiratory, pregnant etc. He expressed that although an individual can still be extremely high risk and have had it in the past, they could now no longer be considered eligible. Dr Monach also mentioned how pharmacies are charging £90 for the new Covid vaccination and how they are advertising it as better but there is no evidence to show this.

1. **Building update**

* We emailed the BOB ICB to apply for funding for improvements to the building. Summertown was already at capacity, so we decided to apply for an addition to the Cutteslowe surgery. We have now added a new room at Cutteslowe, and we are estimating that it will add another 6500 appointments a year and we are hoping to have a GP based there full-time Monday-Friday. We have had very positive feedback from patients attending appointments there so far and we have new blinds, furniture and we have painted the walls.
* We discussed how we would like to have a new building for Summertown, but we are worried that they would not provide the funding for Cutteslowe and Wolvercote in this instance and losing these sites would be detrimental to our patient population and for example, as there is no longer a bus route in Cutteslowe, they would become quite isolated.
* There is another BOB ICB meeting that Heidi and one of our GP partners Dr Cheetham are attending in November and they will have further updates at this time.

1. **Green project**

* We are continuing to work on our Green Project toolkit. Our lead for this is Dr Dave Triffitt. He has submitted the toolkit for the year, and we are currently a Bronze level practice but we would like to work to become Silver level. This involves being mindful and reviewing our energy use, digital footprint and insulation etc.

1. **Survey Results**

* We briefly discussed the results of the survey but as we had only received 6 replies back so far, we decided to continue the survey for another week to allow more time for people to respond. Emily to circulate this again to our members to ensure that anyone who had not yet completed this could do so.
* Discussed how so far, we had received 6 replies with Monday or Tuesday being the preferred dates, slight preference for face to face, a mixed vote between lunchtime and evening meetings and the majority of members were happy with the frequency of the meetings.
* We will discuss the results further at the next PPG meeting and we will aim to bring the date of the next meeting forward.

1. **PPG Updates**

* We discussed how Emily is now helping with administration of PPG, we have updated the PPG page on the website and added the minutes (anonymised for patient confidentiality)
* We have created a PPG leaflet to put in the waiting room and we are trying to build more of a student population by giving college talks and informing the college nurses about the PPG.
* We have signed up for the National Association of Patient Participation and the North Oxford Association has let us know that there is 1-2 hours free parking.

1. **Any other business**

* Information and notice boards need to be continually updated and refreshed. Scarlett our practice administrator updates our noticeboards regularly and as Cutteslowe has had a refurbishment this has been fully updated.
* When clinical pharmacists/GPs send SMS text messages there is often no avenue available to give a response. We discussed that due to the number of “fragments” that text messages send we often cannot send multiple and frequent text messages. In the past we did not need to pay but the ICB reduced the digital funding, and we now have to pay. This can be quite a lot especially as we now have 19329 patients which is the highest number we’ve ever had. Therefore, we often need to prioritise texting our patients who have chronic conditions and have had to be more mindful about our texting communications. One of our other PPG members raised a question about whether WhatsApp would be a more viable option. We shared that unfortunately we are only able to use software that has been approved by the board. There would also be a concern about safety netting and GDPR principles to consider whether is was a secure messaging system. We also discussed how we have been trying to minimise the amount of emails we receive as some methods of communication for instance Accurx are integrated automatically into our EMIS system and is therefore the safest method of communication in terms of human error.
* Query about when patients are told that they should be reviewed in 6 weeks, but they can only book an appointment 2 weeks in advance, could there be a marker on a patients record? Gemma shared that our usual system will be for the clinician to send a task to our Reception Team to follow up and book the patient the follow up appointment at the appropriate time. Some PPG members shared that they found this didn’t happen. Dr Monach discussed that when the contract changed, we were penalised for booking patients further than 2 weeks in advance and were unable to book patients further than this due to maintaining appointment availability. Dr Monach also mentioned that this might be a point to educate clinicians on further about patients that are vulnerable and less able to book their appointments to ensure they are followed up correctly.
* We discussed the recent change to the GP Contract with regards to access from 1st October.  Our core opening hours will now be from 8.00am to 6.30pm. During these times patients will be able to contact the surgery by telephone, online consultation and by attending the premises. We will also have a duty doctor onsite from 8am. Normal GP clinics will continue to start at 8.30am.
* We discussed how the Oxford congestion charge zones will affect both our patients and our staff. We applied to the council to have allowances for our front-line staff but were denied. We understand that this will cause a lot of pressure on our patients and staff, and we would welcome any feedback about this.
* We have recently changed our online triage system from eConsult to Accurx. One PPG member shared concerns about the previous eConsult system and how it was not inclusive and made you select specific categories which might not apply to the situation. Dr Monach reported that feedback from patients was that Accurx was much more user friendly, flexible and less specific allowing a more “free text” option. Dr Monach also mentioned that even if a patient cannot find the correct category it will still be submitted and triaged in full by our reception team who will allocate it to the correct member of staff.