

Notes of CMK Medical Centre PPG held on Wednesday 12th November 2025

Those present:

Yvette Baker, Practice Manager	Cally Neal, Patient Liaison Officer	Sandra Newman, Admin Supervisor
Ed Sivills, GP Partner	Sam Hillier, PCN Operations Manager	JM
SK	Kasia Van Eyke, Operations Manager	CR
JM	RS	LF (Note taker)

Apologies CL, J'OM, AD

Previous meeting notes

YB had sent some requested changes. Corrected version to be sent out to members.

Action: LF/CL

Matters arising from the notes

From Action Points: YB has liaised directly with patient regarding appt DNA recording and actioned as appropriate.

Potential for YouTube video carried over as practice need to arrange for someone in the practice to lead on this item.

Reminder that the PPG meetings are to discuss issues in general and not personal cases as without access to the patients information the practice are unable to respond fully and may also be a breach of confidentiality.

Reception Screen

6 members reviewed this with YB and CN before the main meeting. Actions will be brought to next meeting

Prescription reviews

These should be requested in plenty of time ie when ordering the 5th of 6 repeats. A telephone appointment will be made for review with the practice pharmacist. If the patient will run out of meds before an appointment is available, a prescription will be generated and the patient informed.

SH, PCN, explained new system of reviews. Patients on more than 10 regular meds will be called for annual review on a rolling basis with an appointment for a blood test first. System is concentrating first on those with highest number of meds (some are on 25)

Diabetes annual/6-month review invitation letter

Issue - invitation letter received after appointment had been attended.

Check on appointment status is usually made before sending letter.

Letters have been re-vamped since staff changes. Practice has a new Diabetes Specialist Nurse starting in December and the whole system will be reviewed.

Custom prescription requests

Issue: Hospital staff asked patient to request follow-on medication from the GP after giving initial supply. Patient used custom prescription request for this but it could not be actioned.

A prescription must be sent directly from the hospital to the GP. For safety reasons and the need for an audit trail, medication cannot be requested by the patient. Examples of potentially dangerous consequences were given by GP.

Test results

Receipt of multiple test results by text can be confusing for patients. However, there are limitations as to how much information can be sent in the process so it was emphasised that the best way to see results in on the NHS App or patients can call the practice.

Chemist at Heelands

Ownership and name has changed. Problems apparent from long queues of people waiting for prescriptions. Phone out of order.

Hopefully just teething troubles. Practice has a bypass number to use (mobile)

Post meeting note: Carehealth Pharmacy, New Tel No 01908 921016

Online Triage Requests

YB had asked members to gather feedback on the ease of using online triage form from relatives or friends registered at other MK practices. No significant comments received prior to meeting. LF reported positive feedback from patient at Whaddon MC. As they have recently changed which system they use, LF to re-check ease of current system and comparison of the two with her contact. **Action:** LF

Surgery Intellect Trial

Two GPs trialling two AI tools during consultations (with patient permission). 'Intellect' and 'AccurX'

Enables consultation without looking at screen, thereby focusing on patient. Summary captured by AI, then reviewed by GP, any irrelevance removed and notes copied into patient record

YouTube Video

Change of practice lead on this. To meet with RS to discuss content

Action: RS/Practice member

General Practice Update

20,894 registered. Approx 300 left and 300 joined

5000+ appointments in September, October higher

4000 triage forms per month

DNAs in Sept include 96 'on the day' appointments, October 88

Plan is to call patients who DNA 'on the day' appointment.

At present, only the number of DNAs per month is published.

LF suggested the number of hours wasted on DNAs should be publicised as not all appointments are only 10 minutes. Suggest also that "On the day" appointment DNA numbers should also be specified.

Facebook-1000 members

Reminder to go to receptionists and clinical staff to give out paper copies of Friends and Family (F and F) questionnaire

Plan to look at 'frequent flyers' for reasons for attendance



September F&F.png



October F&F.png

Practice statistics and F and F results: see here :



September
stats.pdf



October stats.pdf

Restructuring of teams discussed: District Nurses and Midwives no longer based at practice. IT systems not linked but practice is notified of stillbirths and miscarriages.

YB gave numbers of staff for information:

2 on desk, 1 behind for safety, 2 on AccurX, 1 on website all day, 1 on POD (blood pressure recording system in waiting room), 1 on INRs, 1 on pathology results (400 per day), 1 on scanning all day, 2 lead on admin data, 1 on prescriptions (AM and PM). Fire team/wardens

PCN update

One nurse giving flu jabs to housebound and 3 care homes' patients for the 4 practices in the PCN (230 +150 patients)

The most vulnerable patients have been identified, mostly older with multiple long-term conditions. Being checked for flu and Covid vaccine status and any need for equipment
Daily report received from Out of Hours/A and E attendance between 6.30pm and 8.00am
Identifying recurrent attendance eg x 3 per month for UTIs

Practice automated system can tell if a patient is at risk of hospitalization eg COPD/asthma and a rescue pack given for use if condition exacerbates

Any other business

RS raised awareness of added functions on the NHS App

LF suggested that in the absence of suggestions for another newsletter so far, matters covered in this meeting could be useful information

Obesity service seeing 4 new patients per month

Practice sending out requests for ethnicity as important for certain screening services. Some responses give nationality, not ethnicity.

RS asked about use of AI in practice. Exploring use but will take time to trust accuracy of software. Cost of AI would be 43p per patient x 21,000 patients if practice takes it up

YB attended Healthwatch PPG meeting. Outcome-CEO to encourage more people to attend another meeting. No response received to offer of CMK MC meeting room as venue

CN contacted colleges and OU regarding joining PPG. CR offered to follow-up by phone to get a named contact at each organisation but queried age limit for PPG members.

Suggestion for newsletter - parent details are removed from child's records at age 16.

Q. RS asked if newsletter can be emailed to patients

A. Only if they have given permission to use this route for correspondence

Q. CR – could you put own practice PowerPoint slides on a memory stick and use with TV?

Not on current system, all has to go via ITS Digital.

JM noted it is not possible to add relationship to another patient to your record eg spouse.

Must be done manually by staff

Blood tests are carried out at Lloyds Court but need referral

Discussion took place on the workings and viewing capabilities of the practice CCTV system

State of car park – this has been with the landlords for nearly 2 years and is still work in progress.

Date of next meeting: 21st January 2026 3.30pm

LF November 2025