



**FRIENDS OF LISTER – Patient Group Meeting  
MINUTES**

**7<sup>th</sup> August 2023 – 3:15pm-4:15pm**

**Lister Medical Centre – Board Room**

**Attendees:**

**Patients:**

John Frazer  
Jeanne Pugh  
Jean Paffett  
Lillian Merrell  
Marie-Luise Heinecke

**Apologies:**

Deirdre McDonald  
Carol Reid  
Kathleen Perry  
Moyna Strowman  
Jaqueline Berry

**Practice:**

KC – Karen Cakmak (Practice Manager)  
PS – Paula Stubbs – Assistant Practice Manager  
CF – Dr Cyrus Fernandes (GP Partner)  
FP – Faiz Patel (Clinical Pharmacist)  
AA – Dr Amna Ammar (GP training)  
BL – Becky Laver (Admin Assistant)

Item for discussion

**1. Welcome and apologies**

Karen welcomed our Friends to the group and thanked them for their attendance.

Marie-Luise gave apologies from the Friends that were unable to attend the meeting.

**2. Role of the Clinical Pharmacist in practice from Faiz Patel – Clinical Pharmacist**

Faiz Patel introduced himself as the Senior Clinical Pharmacist for Lister Medical Practice and shared that he has worked at the practice for three years.

FP explained that the role of pharmacist in general practice is a relatively new role that was established in 2016. The government initially decided to do a pilot scheme of 200 roles and then quickly increased this to 400 roles as the intake was so high.

The aim of the Clinical Pharmacist roles is to improve patients access to health care clinicians and help to improve medicine management in general. Also, to reduce the workload of the GPs.

The government then decided that there should be at least one pharmacist in each practice. FP is one of four pharmacists at Lister Medical Centre. One of our other pharmacists is also training to be an advance practitioner which will mean he can deal with patients who need urgent appointments on the day. The pharmacists all see patients for medication reviews and chronic disease management.

FP explained to the group that some of the misconceptions are that pharmacists are unable to prescribe medication and are not suitable to give advice. FP wanted to reassure the group that all the clinical pharmacists have had training and do have a protected title as they went to university to get a master's degree. FP explained that it takes five years to become a pharmacist and a further few years to become a general practice pharmacist who can prescribe. FP is hopeful that once patients realise the amount of training that the pharmacist go through that they will then feel more confident. FP also explained that Clinical Pharmacists have access to the patients GPs, so if there is ever a situation where need support they can easily liaise with the patient's own GP.

FP explained that he is employed by Lister Medical Centre and based at Lister Medical centre, not the pharmacy next door which is a common misconception. FP has the same booking system for appointments as the GPs at the surgery.

One of the Friends asked how often medication reviews are carried out. FP explained that good practice is to review medications yearly but explained that this doesn't necessarily need to be an appointment with the patients, either a GP or the pharmacist will look over the medication yearly.

FP explained the process for Medication Reviews. We have a team of prescribing clerks that manage the recalls / annual reviews. Each patient is given a month in which their annual reviews are due and around that month the prescribing clerks get in touch with the patient and let them know if they need blood tests, blood pressure monitoring, an appointment with a health care assistant etc. Once those are done the medications can then be looked at.

FP explained how we manage the safety of medicine at Lister. There are reports that are run monthly to identify patients on certain medication so that if, for example, a patient needs a blood test because they are on a certain medication then this is picked up from the report.

FP told the Friends that we receive alerts from the NHS called MHRA, who oversee regulating medications in the UK. The MHRA send an alert, for example, to say a medication has new advice so we can then alert the relevant patients.

FP shared that the practice holds monthly Clinical Governance meetings where the alerts from the MHRA are discussed with all staff to ensure that the clinicians are kept up to date on all new advice.

FP shared with the group that he feels that we have the processes in place to ensure that we are maintaining drug safety.

The Friends agreed that having a pharmacist at the practice is a great idea and feel like it must be a great help to the doctors and the resources.

KC expressed that we are hopeful to recruit more clinical pharmacists in the future.

### **3. Total Triage – new appointments system**

CF told the Friends about Total Triage.

The idea of changing to a total triage system has come about due to appointment demand and how to best manage the demand and capacity. There are some practices that already operate a Total Triage.

What total triage will mean is that every single request, on a daily basis, is reviewed by a triage team. Migrating over to a total triage model will require a lot of consideration because it is a totally different way of working from our current model so this we take time for both the patients and staff to adjust to.

We feel that our usual way of working needs updating due to the demand for patients to want to speak to a clinician. We have looked at other practices and how they are using this model for guidance.

We have a triage team that consists of a Clinician, management representation and reception team leads. The team have weekly meetings to try to understand the best way for this to work. CF shared that another local practice that adopted the total triage approach took around 9 months to try to find their feet with it.

The total triage system requires an element of software and technology which we understand not all patients will have access to or the ability to use. We are, of course, looking at how to facilitate those patients as well.

We are planning at starting the new system in October 2023. The plan is that a duty doctor will go through the requests daily. We will have to cap the number of requests though to ensure that work is not carried over to the next day.

CF explained to the Friends that there will be an online form that the patient complete. They will be asked to indicate if it is a clerical concern or an admin concern. These will then be filtered to relevant person.

CF told the group that the team had agreed that the cap would be set at 200 queries a day as a starting point but said that the team understand that the number of requests will vary daily. The Friends agreed that the idea of a total triage system sounds beneficial but were concerned for the patients that might not be able to complete the form online. CF explained that it may be the case that those patients can call reception and one of the receptionists would complete the form on behalf of the patient.

KC shared that registrations have also now been made digital.

It was agreed that the next Friends of Lister meeting could be brought forward so that the Friends can look at the form before it goes live with the patients.

#### **4. AOB**

CF discussed the website. The feedback we have received from the ICB is that our website is out of date. CF has asked our IT to look into the website and try to make it more user friendly and appealing.

BL shared with the Friends that we now have a designated information board for the Friends of Lister now put up in reception next to the signing in screens. Anything can be put on the board about the PPG group. BL said she will show the Friends the board on the way out.

One of our Friends asked for an update on recruitment.

CF shared that we have recently employed another Practice Nurse and that will hopefully have two more salaried GPs, one junior ECP (Emergency care practitioner) and another clinical pharmacist starting soon.

Another of our Friends shared that the 'Call boards' in reception are displaying names but not making an alert noise like they previously did. PS explained that there is an issue with the boards that our IT assistant is looking in to, but she will ask him to chase it up.

The group discussed the date for the next meeting. It would normally be scheduled for October 2023, but it was agreed by all to bring it forward to be able to discuss the Total Triage before it goes live, as is planned for October 2023.

**Date of next meeting:** 4<sup>th</sup> September 2023 at 3:15pm