

**FRIENDS OF LISTER – Patient Group Meeting**

**MINUTES**

**5th February 2024 – 3:15pm-4:30pm**

**Lister Medical Centre – Board Room**

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| **Attendees – Patients** | **Apologies** |
| Marie-Luise Heinecke  Jaquay Berry  Anne Phillips  Kathleen Perry  Tom Mackin  Jan Mackin  John Frazer  Moyna Strowman  Jean Paffett  Mary Frolich  Brenda Sparks  Jim Mindham  Ian Fletcher  Jeanne Pugh  Taylor Sevrah  Eddie Collier  Margaret Collier  **Practice:**  PS – Paula Stubbs – Assistant Practice Manager  CF – Dr Cyrus Fernandes (GP Partner) | KC – Karen Cakmak (Practice Manager)  Marilyn Green  Carol Reid  Deirdre McDonald |

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| **Item for discussion** |
| 1. **Welcome and apologies.**   Dr Fernandes welcomed our Friends and new members to the group and thanked them for their attendance. |
| 1. **Minutes of the last meeting**   All agreed |
| 1. **Matters arising.**   ***patients worried about older patients who were possibly unable to master or access the technology to complete the online form.***  Update – Explanation video tutorial is now available on the Lister web home page and shows the steps in completing the form. The receptionist is also able to help the patient complete the form.  Routine appointments of certain types can be booked via the receptionist up to 4pm daily |
| 1. **Total Triage model – update following launch on 14th November 2023**   CF gave an explanation of what the Total Triage system is for any new attendees today.  This is Lister new appointment system that was introduced in November 2023 where forms are sent into the practice online and a GP triage’s and navigates to book a telephone appointment, Face to face appointments or navigates to the correct department i.e. pharmacy  As per previous meeting, the Friends were asked to bring any feedback they may have from using the new system to the next meeting. Good and negative feedback. Some of the previous feedback provided has been acted upon already  Patients stated the following issues:   * ***patients were finding it hard to get through on the online form as it is often ‘paused.***   ***A patient stated that they have to set their alarm early in order to get onto the system***  ***before all appointments are gone or call the practice for a routine appointment. This has***  ***been ongoing for a while****.*  Currently we have 1 medical sifter daily we have not been in the position to recruit more medical staff to do the sifting role, we also have an admin sifter who helps the clinician. The system opens at 8am usually 125 requests can come through within 45 minutes the clinician has to go through every request and determine if the appointment has to be seen on the day whether it can wait for the next day or beyond that time. These are the 3 decision making option the medical sifter has to decide. The way that all clinicians work is that it can take a couple of hours at least to get through half of the submissions. The system will then be temporarily paused whilst the Clinician goes through all submissions. By 11am the clinician could be down to the last 20 submissions by midday the 125 submissions should be cleared.  The clinician will then look at the rest of the day and the following day and see how many appointments are left and decide if they will be able to switch the system back on again? How many more submissions can we accept for this day? The clinician does not want to accept more submissions if there are not appointments as you will not be able to offer the patient anything. If capacity has been reached, and this may not be so publicly aware yet, we are still allowing patients to call into reception to book a routine appointment/chronic review or nursing appointments. Once 125 capacities have been reached the Clinicians are aiming to get to 200 submission per day which is quite a lot for 1 person to sift through.  We could look again at the message and state. Full capacity for today has been reached and the system is now closed please try again the following morning. Would this be more definitive?  **PS to ask Jake to update the message to state the above when reached full capacity.**   * ***We have no way of knowing when we are likely to get an appointment. Once the form has been sent in, we are left waiting could there be a text message or email or the patient is able to print a copy of their submission form sent back to the patient to say your form has been accepted and we are triaging. One patient stated that they had submitted a triage form and heard nothing back about an appointment. Can there be a confirmation Y or N that the patient can respond back to the text to say they accept the appointment?***   **PS will check with Jake if able to have a printed copy or a message sent to the patient to say your form has been received and is currently being triaged by the clinician and to check if a response form the patient can be added.**   * ***When calling the Practice, you get cut off when the queue has reached capacity at 25 callers. There is no option to use the call back facility when number 25 in the queue. You are told to call back later.***   PS explained the process: because we may be short staffed with only 1 to 2 staff members answering calls. If there is a backlog the system will cut off at 25 and ask you to call back later. When we are fully staffed the call back system is offered which most patients use  **PS will ask Jake to check that the call back system is in place when reaching number 25 in the queue.**   * ***Can there be a facility for patients to state they have a grading i.e.urgent, routine.***   On the submission form there is a category to state if the appointment is urgent or routine. We can only go by what the patient tells us on the form to determine if this is routine or urgent. We are currently looking at a new system where the forms ask the patients to fill in multiple questions with more clinical information that will help determine what type of appointment is required  .   * ***When the system is paused there is no way of contacting the admin it also closes this as well.***   The admin arm should remain open all day. The clinical arm will be paused or closed.  **PS to check with Jake?**  CF asked if patients think the new system is better than the old system of having to call in for everything.  Answers were:   * ***It is no better but not worse at least with the old system you knew eventually you would get to speak to someone. You come into reception and ask for a routine appointment and get told there are none****.* ***Also being told there are no appointment for the whole month, but when coming not the practice you are able to book an appointment.***   Templates are opened in 2-week blocks. The receptionist cannot offer an appointment as they have not been put on the system yet.  **PS will check with Jake to see if this is an error online stating no appointments for the month via online.**   * ***Whilst the overflow is being sorted out by the clinician can there be a clear pathway for the patient of what they could then do, currently it is a dead end and the patient does not know how to go forward with the system of booking appointments. Patients are unsure of how to make the best of the system. The message is quite blunt can the terminology used be softer?***   ***PS will check with Jake if the pre-set wording can be altered.***   * ***What happens if you miss the call back from the clinicians?***   There is a process in place that after the first attempt with no patient response the Clinician will send the patient an text messages stating: I tried to call you as you have a telephone appointment today. I will try again once more, later today. After 10 to 30 minutes the Clinician will attempt to call the patient a second time. If no response from the patient a second message will be sent stating: I tried to call you twice as you had telephone appointment today, but there was no answer. If you still need an appointment, please contact the surgery again. If the patient has submitted a triage form the message will say: You submitted a request for medical advice online. The doctor has since reviewed this. We have tried to call you to discuss this but there was no answer. We will try again later today. After 10 to 30 minutes the Clinician will attempt to call the patient a second time. If no response from the patient a second message will be sent stating: You submitted a request for medical advice online. The doctor has reviewed this. We tried to call you twice to discuss this but there was no answer. Please submit another online request if you still need medical advice and ensure you are available to take the call or specify times that you are not available.   * ***What happens if you cannot take a call due to being at work and unable to use your mobile and have asked for a text message instead? It could be seen as a wasted appointment.***   For an urgent appointment a call would be given to the patient as it would be for on the day this is to avoid wasted appointments. For a routine appointment text messages can be sent. Text confirmation messages are sent to the patient to say an appointment has been booked. We use pretext for certain things but not everything can be discussed via text.   * ***Some patients find the system distressing, especially if you cannot get on the system. There seems to be no continuity sometimes you get asked to repeat bloods more than once.***   Clinicians at Lister try to maintain their own patient list many years ago the list was smaller, so clinicians knew all their patients. The needs of the patients were different then and the demands on the practice has grown considerably. As the lists have now grown this is not always possible to remember every patient. We currently have 5 partners only 1 is full time, 3 salaried GPs who all have lists and we are also supported by other staff. All receptionists should not be turning patients away and if a patient is unable to complete the form the form the receptionist can guide and help the patient to do this. All Healthcare organisations are struggling, and it is about trying to find the right balance. Things that are done well and good in a practice are not always recognised. It is no excuse as we can only improve going forward.   * ***There seems to be a lot more patients at the practice although there has not been a lot of development in the area.***   The practice catchment area has increased giving patients more choice. The boundaries have not changed, family sizes have increased. People are living longer complex cases take longer.  Marie-Luise stated she had had the most excellent experiences/care the past year from Lister and would like to thank Lister for the care. |
| 1. **ICB/CQC**   The CQC are changing the way they operate going forward. This is still in the transition process and the Practice are working closely with them. There will be a new team with a different inspector and be more remote. There will be no more 2 day visit. The team will be more patient focused The mock visit was cancelled by the CQC but they will link in regularly with the Practices. |
| 1. **Other Agenda Items for future meetings like:**   Clinical Talks – Clinicians coming in from another department.  Fundraising-  Life Talks  **CF will contact Metwest and discuss the basic ailments they can see and prescribe certain antibiotics** |
| **A.O.B.**  More receptionists have now been recruited and the final checks are just going through. All receptionists are care navigators and can navigate to the correct practitioner instead of a GP appointment if not required.  NHS has been in decline for years and looks like it is only going to get worse with the budgets reducing yearly. Changes at the top (government) need to be mad. Reorganisation needs to happen. GPs provide 90% of the care for 10% of the funding. A lot of Practices are handing back their contracts to the Health Authority/ICB because they are unable to run/fund their practices.  Gathering to be arranged for Easter with cake |
| **Date of next meeting**: Monday 15th April at 3:15pm |