

**FRIENDS OF LISTER – Patient Group Meeting**

**MINUTES**

**15th April 2024 3.15-4.30pm**

**Lister Medical Centre – Board Room**

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| **Attendees – Patients** | **Apologies** |
| Lillian Merrell  Marie-Luise  Eddie Collier  Marjorie Collier  Jean Paffett  Brenda Sparks  Margaret Todd  Susan Delaney  Kathleen Perry  John Frazier  Tom Mackin  Jim Mindham  Cheryl Berry  Anne Phillips  Jan Mackin | Moyna Stroyman  Carol Reid  Jacquay Berry  Jean Pugh  Mary Froelich |
| Practice representatives.  Dr Fernandes  Karen Cakmak | Paula Stubbs |

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| The theme for today was to inform the group about local service provision. |
| 1. **Welcome and apologies.**   **Previous minutes agreed** |
| 1. **Presentations**   -Liz will be discussing the NHS App and its benefits.  -Kavel and Rakesh will attend from the Met West pharmacy – relating to Pharmacy First and how they can help patients with minor illnesses |
| 1. **Liz – NHS App**   Liz asked if anybody has the app on their phone?  It’s been around since 2019 – digital front door.  Was used for Covid vax report.  Viewing test results, repeat prescriptions, NHS 111 symptom checker, more improvements being made to the app.  A couple of leaflets were handed out of how to register with the app as the ICB are trying to promote the app.  Liz asked if the practice runs a total triage service which it does.  As part of the NHS App you can do the online consultation, instead of calling the practice, patients can do the online triage request which goes straight to the GP practice.  This frees up the telephone for those who cannot use the app technology on a smartphone.  This could also be done via the website and that would take you to the same place.  Dr Fernandes said that he is registered at a different surgery and has got the NHS app.  He finds it quite useful to look at results, e.g. when the GP has looked at blood tests and actioned them, for ordering repeat prescriptions – these are the two main functions he uses the app for which he finds relatively easy.  A patient reported a negative experience in that she was told her results were ‘no further action but then was informed she needed to take a particular medication.  However, this was done via a receptionist and not the app.  Dr Fernandes said that any result that comes from pathology or radiology can’t be changed -the result is as it is.  Individual circumstances cannot be commented on.  There was a query on why the app was needed when patients can already go online and order medication etc.  This was just another route of access for patients if they wanted.  The app can be used for other things such as looking at your hospital appointment and it’s more updated than SystmOnline.  A question was asked if the patient used the app could this take you through to the triage if it was closed at the practice.  Answer to this was no, as it takes you into the same system.  If you don’t have a smartphone, you can do the same thing on a computer as well.  If no computer then you would need to contact the practice by phone or coming in.  One patient said that trying to book an annual review was impossible on the triage service as all the questions needed to answered – the patient had been invited in for the review.  Dr Fernandes said that the template had been set by the external provider and these questions could not be changed.  Liz would take this back to accuRx as feedback.  Patients said that they often could not get through because the triage system was paused.  The same would happen when using the app as it is all connected. |
| 1. **Met West Presentation**   Met West pharmacy – Rakesh and Kevel attended to give a presentation on Pharmacy First.  Dr Fernandes asked for everybody to please listen and then ask questions at the end.  Kevel introduced the Pharmacy First service.  In a nutshell this is a service which has created a pathway to be able to assess patients for 7 particular common conditions.  If based on an assessment the pharmacist deems it necessary, the pathway allows for the pharmacy to supply antibiotics which normally would only be via an appointment with a doctor or AHP at the practice and a prescription.  Sinusitis (12 and over)  Sore throats (5 years and over)  Acute otitis media (of 1 to 17 years)  Infected insect bites (1 year and above)  Impetigo (1 year and above)  Shingles (18 and over)  Uncomplicated urinary tract infections (women - 16- to 64-year-olds)  These are common ailments that normally may need antibiotics.  The NHS wants to create space and get patients seen in the right place at the right time, as quickly as possible.  This service is quite ground-breaking.  All the above requires assessment to ensure the patients are being treated correctly.  The pharmacy has a very good relationship with the practice and this is quite unique – although it should probably be this way everywhere.  The aim is to increase access.  It is a new service, and we are moulding the service.  Met West has hired a full-time pharmacist just to focus on this service so that they can continue with their usual provision of service with the pharmacy patients.   This also helps more serious conditions to be focussed on by the practice.  Kevel said that if antibiotics are not indicated at the consultation (for the above minor illnesses) then other options can be suggested/signposted for patients e.g. self-care, over the counter remedies etc. and these will be discussed.  They can also refer back to the doctor if that is needed too.  One of the patients asked if this was appointment based or walk in.  Kevel said that the GP practice can refer patients into the Pharmacy First service but there is a also a self-referral aspect if the patient falls into the category for the conditions, subject to availability, the pharmacist would be able to see the patient.  A patient asked what medical training the pharmacist has to see patients with these conditions.  Kevel said that to extend the training that pharmacists go through anyway, they have been on additional training to ensure that they can diagnose these correctly.  Training is an ongoing process and the pharmacist who has been employed in Met West for this is fully trained including Rakesh and Kevel, so absences are covered.  Pharmacists are used to seeing these conditions anyway, the new service now allows them to follow this through to the prescribing/issuing of antibiotics where appropriate.  A patient queried the age bracket, specifically for UTI.  Rakesh said that as a new service the NHS are being cautious as it is being rolled out.  In the future it is possible that this could be extended to older patients.  This is done as a safety net for patients and part of the training includes looking for red flags.   Patients can always ask the pharmacists if they have queries on the service and they would be happy to advise.  There was positive feedback about the service.  There may be further illnesses added to the service as time passes.   All new undergraduates training as pharmacists from next year will automatically be trained as prescribers.  This will be a compulsory part of the degree course.  There are independent prescribers already working at Met West.  Staffing levels at the pharmacy are pretty stable.  A patient asked if the pharmacy give antibiotics would they have to be paid for.  Normal NHS rules and criteria would apply – if you pay for prescriptions then yes, if you don’t, then no.  Another patient gave an account of a very good experience when she had suspected tonsillitis.  After a brief discussion (only 5 minutes) the prescription was ready and it was available to be delivered or collected within 30 minutes.  Thanks to Rakesh and Kevel for attending our meeting. |
| 1. **Challenges in primary care**   For the next meeting, Dr Fernandes will share a podcast on the changes and challenges on the horizon for general practice (not just Lister). |
| 1. **Total Triage model**   Total triage  What are the issues that we are hearing about?  It’s about getting the appointment, the access side of it.  There was a query as to why the system shuts all day but the response was that there is only one GP looking at all the medical requests.  Working patients can find the system difficult but the telephone system also had its flaws and there is no one ideal answer.  Patients said coming to the practice can sometimes mean they get an appointment.  There are capacity issues, but this is a national problem and has to be seen in context.  Funding streams are not coming through to general practice and surgeries around the country are closing.  Therefore, it is important to recognise the issues.  Some patients said that the opening time is not suitable for them as they can’t get up early.  It depends on capacity as to how often the system is opened during the day.  By later in the day, it would be more difficult to get an appointment as the capacity would usually be used by then and the sifter would be looking at the early appointments for the next day to fill those.  Urgent cases would be reviewed and dealt with.  A patient asked why the funding could not be used for another clinician to man the triage system during the day (e.g. lunchtime).  KC explained the Additional Roles Reimbursement Scheme (ARRS) and these are a specific list of clinicians (e.g. Emergency Care Practitioner, Nurse Associate, Clinical Pharmacist etc.) but this does not cover GPs who run our triage system.  Even the funding for this is capped so we can only spend up to the budget for the ARRS staff allocated to us.  KC advised patients if they can use their smartphone, NHS app, SystmOnline etc. please to do this, as this frees up the telephones for patients who genuinely can’t use the technology.  Receptionists are trained to help patients and they will help you if you cannot use a phone or computer.  Dr Fernandes said that he understands the technology is not for everybody but the impetus for this is NHS England, rather than the practice.  A patient asked how the online submissions are prioritised – it is not prioritised in any way so the sifter doctor has to go through the list, looking at first for children and the elderly and then the rest of the requests.  These are sent to an admin colleague and patients can then be flagged as important but the patient could see the challenges of this.    What is the stance on physician’s assistants at the practice?  The practice is very open to all types of learners.  We have foundation doctors, medical students, GP trainees, nurse practitioners in training and we have also had a batch of PA students.  We have had limited experience at the moment as they were only here for a 2-week placement with no patient contact.  It was just for them to understand how we work.  It really depends on their level of experience and what they have done in the past, they could help with some of the demand issues within general practice.  It really depends what they are doing and how the person is utilised.  The government are very keen on using as many health professionals types in general practice.  This can be good or bad as patients often say they can’t get to see their doctor, but the system is saying you could see another allied health professional (e.g. first contact practitioner etc.) as this is the budget availability and the direction of travel from NHS England.  Practices now are looking at the doctor-light model which is being pushed by NHS England.  This is due to the funding streams not coming through and the patients wondered what can be done about this.  Dr Fernandes said that although he didn’t want to worry anybody, the BMA had given recommendations for industrial action which could potentially happen in October.  This does not mean that GPs would close but there may be an impact on services. |
| 1. **General discussion**   General practice is not an emergency service and this needs to be judged by the duty if there is a request for example for dressing of wounds.   We don’t always have somebody available e.g. a nurse to support with wounds etc.  A patient asked about community funding, or sponsorship if there is not enough funding coming from NHS England?  Practices are looking at things via the Primary Care Networks and certain services are shared within the group.  Our three practices (Lister, Ross and Hamilton) then work together to deliver those services.  As the practices are publicly funded we have to be careful about using private monies (e.g. pharmaceutical companies) and we keep these things very separate and clearly stated.  A GP practice in the midlands had to reach out to the patients to ask for support due to the crisis we find ourselves in.  Patients also said that they should be supporting practices as well as criticising.  There might be a change in the model of GP practices.  A patient asked what to do if there is a discrepancy in the record.  KC said that the patient should write in to [contact.lister@nhs.net](mailto:contact.lister@nhs.net) generic inbox.  KC updated the patients on the broken glass banister which had just ‘popped; but it is being replaced.  Patient safety is paramount and all risk assessments had been done as appropriate.  A patient asked if the ticket machine could be reinstated – this can be put forward. |
| 1. **Next meeting**   For the next meeting, Dr Fernandes asked if the group would like to hear more from other healthcare professionals, to which they agreed.  There was no preference as to whom this might be.  This will be arranged. |
| Dr Fernandes thanked the patients for the positivity as well as letting us know about the frustrations and challenges.  The fact that the group is growing and patients give their time to attend the meetings is well-received.  Date of next meeting: 17th June 2024 – 3.15pm  End of meeting |