**LISTER MEDICAL CENTRE**

**Friends of Lister - PPG**

**Minutes**

**Monday 3rd February 2025**

**3.15pm**

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| **Item** | **Item for discussion** |
| **1** | **In attendance:**L**ister Medical Centre:**Dr C Fernandes (GP Partner) and Karen Cakmak (Practice Manager)**Patients:**Kathleen Perry; Kathleen Crowther; Jean Paffett, Anne Phillips, Jan Mackin, Jeanne Pugh; Ann Boorman; Marie-Luise Heinecke, Ann Gould, Peter Gould, Margery Collier, Eddie Collier, Tom Mackin, Jim Mindham, John Frazier**Apologies:**Marilyn GreenPatients introduced themselves – welcome to some new members!Dr Fernandes and Karen thanked everybody for their participation in the group and for taking the time to be with us today. |
| **2** | **Response to letter from Peter Gould**Karen (PM) had prepared a feedback sheet for the group, in response to the list of points made by Mr Gould previously. We felt that the group wanted a response and that was what had been agreed. Also the practice felt it had a right to answer the points from their perspective. However, after commencing this the group said that this was not a good use of the time and this was halted – the floor was then opened to the group.Some patients felt that the list of items prepared had already been dealt with over the last 3 years and it was somewhat a backwards step. Some patients felt that the triage system worked for them, admittedly it might need to be done at 8am but appointments can be secured. Another patient stated he called and spoke to staff or came in but again, had an appointment the same morning. It was reiterated that staff can submit the triage form on behalf of a patient if the patient cannot do this.It was said that many patients (50 or 60 in number) had spoken to Mr Gould that they were unable to book an appointment via the online portal (total triage). Mr Gould had tried this himself at the weekend and was unable to access. Karen asked the patient to send a screenshot of this so that Jake, our IT assistant could look into this. Dr Fernandes explained that the practice is aware that the push by NHS England towards digital transformation can be a challenge for some patients. However this is the direction of travel from NHS England. Dr Fernandes said that access and a review of capacity is discussed each week at their partners meeting. 200 requests per day are reviewed by the doctor on average and the practice is keen to ensure that there is sufficient number of appointments for patients. However, demand will always outstrip supply unfortunately and the practice manages requests in various ways e.g. signposting (Pharmacy First) etc.The software provider for the triage form state that the forms cannot be customised – this has been checked with them many tines since we started using this format.Patient access is to be added to every agenda as a standing item (this had been mentioned in December but the PM was off at the time). Going forward this will feature.Solutions were discussed and it was agreed that at the next meeting Jake, our IT support, will present the demo of how to book an appointment online. It may be possible to arrange a video version of this which could be sent to the patient group and added to the website.One patient stated that her husband had received very good care after contacting the practice who had not received a hospital letter regarding medication. The consultant wrote back to the patient and said that the GP had been very efficient in this matter. |
| **3** | **Newsletter – feedback from Marie-Luise**Marie-Luise said that she felt it had been a good idea and hopefully patients approved of it. It was stated that the aim would be to send this out on a quarterly basis and the first one had been sent out by Jake via messages to patients. This had also been added to the website and Marie-Luise said it was easy to Google this.The group discussed that it would be good to set this out like a newspaper column. The introductory Christmas newsletter was a good start but to make the following ones a bit more engaging and colourful. The PM said that Lister had been doing a staff newsletter in the past but that this had waned due to other pressures at the practice and Covid.One idea for inclusion on the newsletter was an abbreviation list – however, some felt that it would be hard to include everything as there are so many acronyms and it would not be practical for staff to write everything out in full during a consultation. This could be discussed further.Eddie said that perhaps a small pile of newsletters could be available for patients to pick up when they come into the practice. These could be kept behind reception and given out to those who want them. |
| **4** | **Any other business**The group said that it had been really useful when other healthcare professionals attended our meetings. Some examples given were:The pharmacists from Met West pharmacy (located within Lister House) and our own Clinical Pharmacist, Faiz. The patients would like further presentations from these if possible. The PM will send invitations over the upcoming meetings.Also mentioned was the role of the social prescriber as some patients did not know about this role and what these staff could do for patients. Dr Fernandes said specific roles could be showcased on a regular basis or as part of the newsletter (for example: the role of….. or a day in the life of… etc.). Care co-ordinators work in a similar way to social prescribers so this could also be discussed, along with other new roles at the practice.It was requested that the minutes of the previous meeting be read out or at last ‘matters arising’ be addressed at the beginning of each meeting. This was agreed.It had been agreed that 3 topics would be added for discussion each time but on reflection this might not be possible, particularly if there is a standing item already and previous minutes to be read, plus a visitor/presentation. This is to be discussed further as the group meets for just over one hour and have limited time. |
| **5** | **Date & Time of next Meeting****17th March 2025 at 3.15pm** |