**LISTER MEDICAL CENTRE**

**Patient Participation Group**

**Minutes**

**9th September 2024 – 3.15pm**

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| **Item** | **Item for discussion** |
| **1** | **Apologies**  **Lin Merrell, Jean Paffett, Kathleen, Jean Pugh, Joan and Tim Macklin, /Ellen Downing, John Frazer, Sheelagh Hughes**  **In attendance:**  **Dr Fernandes, Karen Cakmak (from the practice)**  **Eddy and Margery Collier, Anne Phillips, Pauline Hards, Peter and Ann Gould, Amy David (and Findley) Jim Mindham, Marie-Luise Heinecke (patients)** |
| **2** | **Feedback from the group**  **Marie-Luise made a short presentation regarding her interaction with the practice, the CQC process. There had been some discussions amongst the members of the group regarding the focus and purpose of the group. Previously, there had been activities to gain new members e.g. coffee mornings, do fund raising events including raffles, invite people for talks particularly the patient voice (e.g. patient with autistic daughter) – this would give insight into what patients suffer and what they might need.**  **Another suggestion was to change the time and day for the meeting as mid-afternoon was the most unpractical time e.g. parents collecting children and mentioned working people who cannot come at this time. The group were aware of these limitations and had discussed all the groups to be represented. It sounds good on paper but perhaps not really totally realistic. We have to find one day and one time and the current situation is the most suitable for the members who attend. However this can be discussed further.**  **In reference to fund raising it was noted that the phlebotomy chair needed to be replaced, KC advised this had been discussed at the partners meeting and we are hoping that this will be replaced soon. It was stated that the group could do some fund raising if needed.** |
| **3** | **Update on CQC position**  **Dr Fernandes then updated the group on the CQC position.**  **To set the scene in May we had the ICB come and visit the practice and they were happy how we were clinically. At the beginning of June the CQC inspectors arrived (Marie-Luise has mentioned how she met with them on that day).**  **There were a couple of issues raised on the day of the site inspection, one was how we held our prescriptions that are held in the printers in each room – CQC felt that these should be kept in lockable printers. There had been some issues around this as originally, we were given lockable printers but these had then been taken away from us through an IT refresh. We looked to address this with an email to CQC the next day.**  **The other issue was around the temperature of the fridges where we keep our medicines and there were some anomalies that were found on the temperature readings which again were explained to them. The final area was in the context of our emergency drug bag. At the previous inspection we were told we needed to update the emergency bag and this had to be kept in a lockable room. We followed all the advice given. On the most recent inspection, the latest inspectors said that they found the bag too heavy and felt as it was in a lockable room it was not accessible. So there were some conflicting advice between the last inspection and the current one. However, we went back and tried to explain in an email what we felt about this.**  **We then waited a couple of months and did not hear anything from CQC and no response was received to our emails.**  **About ten days ago we heard that the CQC felt we were in breach as they said we had not addressed these things even though we had contacted them via email. We then met with our ICB commissioners, and they said that they were disappointed with the feedback from the CQC. So as things stand today we haven’t received an updated CQC report but we are not sure what the outcome will look like.**  **Previously the outcome was that we needed further improvement but the CQC are changing how they do their ratings so they might give us a percentage or some other way of rating services. We felt as a practice and the ICB agreed that this was disappointing because we had done everything that was expected of us, as per areas previously identified a couple of years ago. The feedback to the group is that we are not sure when this report will be issued publicly but we wanted to let the group know. We told our staff today exactly the same message that this is what has happened and we are awaiting an outcome.**  **Once the public document is available, we will be able to discuss this again with the group but we don’t have that information at the moment ourselves.**  **KC said that on the day of the inspection the practice had felt positive and having such a good report from ICB just a couple of weeks prior we were under the impression that it had been positive. On the day the inspectors gave good feedback albeit there had been a couple of issues raised. Dr Jey emailed that afternoon to clarify matters and KC had also emailed a few days later e.g. fridge readings were available and all uploaded but for reasons unknown to the practice the inspector decided not to speak to the relevant member of staff. Unfortunately, she rushed off to other meetings that afternoon. Feedback has been given to CQC about the process of the inspection and we await to hear from them on this. ICB and LMC (working on behalf of practices) were very in favour of the improvements that we have made so that’s where we are.**  **CF said that if the ICB had concerns about our clinical care, they would have stepped in at that point but they have openly challenged the CQC in the sense that they are supporting the practice in relation to what we have done so far. This is heartening for us at the practice as the ICB are our commissioners.** |
| **4** | **Feedback on total triage**  **CF explained what total triage is for the benefit of new members.**  **This is the new system of access to the practice which started in November 2023, it requires the patients to submit an online request and if they are unable to do this they come to the practice where a receptionist will help with this. There is a ticket machine in operation for patients attending the practice so you can sit down while you wait to be called.**  **85% of patients are using the online triage form and 15% are attending the practice or calling.**  **The practice had considered patients who cannot use IT and we provided an alternative by reception supporting. Around 160 requests on average come through per day where one GP is looking at all the medical requests and two administrators support. The patient may be called to offer them an appointment or a booking link sent to their phone with available slots. Some days there are more appointments than others and when appointments are low the triaging is harder to do. However, either way appointments are filled. Sometimes, there are lower numbers due to clinical team being off / not working on certain days. Mondays and Fridays have slightly more appointments and we accommodate this as much as we can.**  **Marie-Luise said previously she understood that each doctor had a secretary and wondered if this were still the case. This is not how we operate now as there are too many clinicians sending work to the secretarial team so this would not allow one secretary each. However, the work is pooled and done by our four secretaries and they work very well together on this.**  **All teams (secretarial, data entry, reception team, prescribing team) are reviewed each week by the partners, how they are doing etc. and putting things into place if support is required e.g. to cover sickness absence - this is captured in what we call our ‘risk register’.**  **Since starting the process from December to now we have had 34,500 requests through the portal. We have quite a high average of requests coming through compared to national figures. Patient list size is between 20-21000 and practices cannot really close the list. This is felt not to be good practice, e.g. where would patients register if practices did close their list? New housing developments are built and residents need to register somewhere – this is having an impact.**  **Some patients are on multiple medications and may have complex medical needs and this makes it difficult as these patients need to be seen more often than someone who is working and well. It is challenging to strike the balance and some practices have different demographics e.g. university areas with lots of students.**  **Previously we have had talks to the group explaining what support is available e.g. pharmacists. Communication is key particularly in view of patient education.**  **A newsletter was discussed.** |
| **5** | **Function of the Friends Group**  **One of the patients had queried the function of the group. He felt that he could offer a lot of ideas and felt that the message was not getting out to patients more generally (outside of the group). Regular complaints were being made by patients and speaking on their behalf the patient said they feel nothing happens. He wanted to know what he could offer. The suggestion was that there could be a newsletter (patient biased) – he felt that he thinks patients do not know what we are talking about. He wanted to work with other patients – who were referred to as clients. He was then asked what he could do to facilitate education for patients.**  **Why we do things this way, information about the computer, why they need to go reception, the language being used should be understandable by patients. This could be in the form of booklet or newsletter. This would help older patients who are not computer literate. It was felt that a one pager would be good, information on a different topic each month. Another patient said that this is a good idea but there must be resources at the practice to do these things and these are very limited at the moment and the practice is short-staffed.**  **We still have a volunteer who directs patients in the waiting room and supports.**  **Dr Fernandes asked Peter if he would be willing to take the lead – he agreed but would need to meet with the group outside of this forum to discuss how to start. KC noted that the patients would need input from the practice otherwise they wouldn’t know what to include in the newsletter. Again, the matter of ‘language’ came up. KC said that all staff are patients somewhere and therefore believes that the practice would have the wherewithal to write a newsletter in ‘layman’s terms’.**  **Marie-Luise said that CQC expect the practice to have a patient group. KC confirmed this and there is an expectation that we liaise with our patients, and this was very important. Previously, the rating was inadequate and it was thought that this was undeserved. Another patient mentioned that most surgeries in Harlow had the same problems.**  **Peter mentioned that there has to be a balance and suggested that 3 or 4 people should get together which he would be happy to arrange and to come up with a plan for the next meeting. He would like to know the aims and objectives. Dr Fernandes said that it would be a great legacy for the group if the outcome was a regular newsletter for all the patients.**  **Marie-Luise said that as far as she is aware the aim of the group is to help and support the practice, she didn’t join for her own reasons. She felt that the group has to be come together and meet in the middle. Peter agreed that we need to support the doctors and practice, but also the patients.**  **A patient mentioned that she had not known about total triage. Dr Fernandes advised that when we launched, we put something on the website with a link to the triage form. KC said that we discussed long and hard about putting out a global message to all patients but as this was a ‘soft launch’ we were very reluctant. The practice felt that they may be overwhelmed with an enormous amount of triage forms from day 1 which we could not have coped with.** |
| **6** | **Structure of the Friends of Lister Patient Group**  **Due to time constraints, Dr Fernandes suggested that patients contact Marie-Luise via email with suggestions around the structure of the group, the current format, the timing of the meetings etc. We can look at this next time and go with the majority consensus.**  **Marie-Luise**  **Dr Fernandes and Karen always try to encourage new patients to join to increase the diversity, sometimes this comes from a complaint and we take on board everything said. Timings is a difficult one as many of the patients previously when we tried to change the meeting time, were unable to attend. It may be we need to keep the time the same.** |
| **7** | **General queries**  **-Can a patient phone up and book in for an annual review without having to complete a triage form?**  **Yes, patients can request an AR appointment via telephone or by coming in to the practice.**  **-Do the practice offer check-ups regularly?**  **Yes there are NHS health checks and Senior NHS health checks. Patients who are not being recalled due to a chronic condition (as per above, e.g. diabetes, COPD etc.) can request a health check. There are specific age criteria for these and reception will be able to advise patients accordingly. The advice is that if a patient feels they need a check up for whatever reason to contact the practice.**  **-How can patients set up a care plan?**  **Patients can request this via a triage form or call to reception. Care co-ordinator team can then contact the patient to discuss and signpost accordingly.** |
| **8** | **Date & Time of next Meeting**  **Currently we will continue with the same time/date format until discussed further, on a six-week rotation (rather than every other month).**  **Next meeting: 21st October 2024 – 3.15pm** |