**LISTER MEDICAL CENTRE**

**Patient Participation Group**

**Minutes**

**21st October 2024 – 3pm**

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| **Item** | **Item for discussion** |
| **1** | **Apologies**  **Dr Fernandes (on annual leave), Jean Paffett**  **In attendance:**  **Karen Cakmak (from the practice)**  **John Frazer, Eddy and Margery Collier, Anne Phillips, Pauline Hards, Peter and Ann Gould, Amy David (and Findley) Jim Mindham, Marie-Luise Heinecke (patients)** |
| **2** | **Update on CQC (Care Quality Commission)**  **There is no news at this time from CQC. Nothing has been forthcoming for now since the last time we updated the group. The practice had raised some concerns about how the inspection had been conducted and we awaited a response from the CQC team on this. The CQC were under the spotlight in the media and were not doing very well. The practice had been given good feedback on the day but emails followed and then we received information notices. We have complied with all their requests and still await a response to our complaint and our updated grading. The practice is in the dark. The ICB are aware of the situation but were unaware of anything further.** |
| **3** | **Feedback on total triage**  **The patients were very happy with the call back on the phones especially when you are housebound. This also helps working people.**  **Re online triage there was some good feedback, a query whether it could be split across the day (i.e. opening twice rather than just once). The practice has looked at this but it really depends on the resources. It’s quite difficult to establish how many requests will come in on any given day. There was a query whether the admin portal could be kept open for non-urgent requests. KC said that booking links are being sent out now. We are trying to keep to online requests whenever possible but we will always try to help patients if they can’t use the online portal and need to contact us by other means.**  **Could the links be sent out without triage? The practice is looking at other ways to offer slots but in the past we have experienced that patients book into the wrong slot e.g. they may book a GP slot but need a nurse slot and this causes a waste of appointment and delay for the patient. Group texts could be sent to relevant patients but this is already in place offering booking links for the relevant slot. Some patients had received this type of offer.**  **The ticket machine was found helpful. Reception team are good if there is an urgency and the receptionists will help and facilitate an appointment and call back with the details. The accessibility was good and appreciated.**  **Another patient had received good treatment on the day when she had an urgent issue. Reception team are frequently commended for their hard work and helpfulness.** |
| **4** |  |
| **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.**  **Some of the patients were unaware of the services available to them, e.g. FCPs but other patients said they were good. RSV vaccines for specific age groups and pregnant women – posters are up at the practice for eligible patients.**  **A patient brought up regarding reviews for a long-term condition (annual review) and the patient had been put on statins. They felt that this should be a discussion rather than just being prescribed the medication in this matter-of-fact way. KC confirmed how the reviews are done and that there are parameters and ranges which the clinicians then look at as to whether a patient needs a drug to be prescribed. Of course this should always be a conversation with a patient and the patient has the choice whether or not to commence the medication.**  **A patient said she was unsure why she was having a fasting blood test – this was clarified as it was in advance of an annual review.** |
| **6** | **Structure of the Friends of Lister Patient Group** |
| **7** | **General queries** |
| **8** | **Date & Time of next Meeting**  **Currently we will continue with the same time/date format until discussed further, on a six-week rotation.**  **Next meeting: 2nd December 2024 – 3.15pm** |