**PATIENT PARTICIPATION Meeting Notes**

**The Lister Practice**

Meeting held on Monday 8th October 2018 at 6pm

Attendees: AT Medics representatives: Dr Q, Medical Director, SS, CEO, DC, Senior Manager, Southwark Region, TG, Senior Manager

CCG representative: RD, Commissioning Manager

Patient representative, in total 20 patients

1. SS opened the meeting by welcoming all the patients who had attended. Officers of AT Medics and CCG were introduced.
2. AT Medics took over the contract to provide services on 1st October 2018. Patients were advised that within two weeks the two practices, formally known at Dr Hossain and Hurley at Lister would be combined into the Lister Practice. Patients would be able to be seen by any clinician within the practice.
3. SS provided a background to who AT Medics were and what they would be concentrating on for The Lister Practice

* Delivering services of a high clinical quality evidence by various awards received and CQC ratings
* Providing appointment types suitable to patients needs
* Services would be provided by a multidisciplinary clinical team

1. Service delivery and team development would be supported by a range of bespoke training under the leadership of Dr Q and Dr A who are lead GPs for Southwark
2. SS outlined the clinical skills mix which is available within the practice which include:
   1. Physicians associates – university trained in the medical model who can deal with a large range of minor conditions
   2. Clinical pharmacists – who can deal with all issues of medication and management of Long Term Chronic Conditions
   3. There are 3 GPs and actively recruiting for a further 3 GPs to remove the need for locum GPs and improve continuity of care for patients
   4. Practice nurses
   5. Health care assistant to be recruited to provide a range of clinical support services including taking blood samples
   6. Nasrin has been promoted to Acting Deputy Practice Manager with immediate effect
3. AT Medics acutely aware of the telephony issues at the practice.
4. Patients were able to give many examples of issues with telephone contact when trying to make an appointment and wanted to know what ATM was going to do about it. ATM advised that the current system is being reviewed to confirm if current system can be made fit for purpose. If this is not possible ATM will consider replacing the telephone system
5. Patients wanted to know more about graduate trainees who might work in the practice in future. SS advised that the graduates would come from either St George’s or Imperial College Hospitals. They would work directly under GP supervision. The graduates would work at the practice for a minimum of 4 months and up to one year.
6. Dr Q provided more detail on the role of the Clinical Pharmacist, which should not be confused with local dispensing chemists who would retain their current role in dispensing medicines. The clinical pharmacists are trained to provide direct patient facing services, telephone consultations, management of long term conditions, medications reviews and optimization
7. Telephone consultation were explained as these would provide daily direct access to a face to face appointment if clinically necessary and would be available for any patient not just for children, old or vulnerable patients. The decision to see a patient on the day would be based on clinical need and a clinical decision
8. Two patients raised personal issues which will be taken up outside the meeting and communicated back to the patient
9. ATM advised that the clinical system and telephone system would merge over weekend of 12-15th October 2018 there would be one telephone number to ring the practice although both numbers could be used in the short term as the number would transfer automatically to the one number
10. Patients were advised that they could choose their own preferred regular chemist where their repeat medication request could be sent and dispensed. The choice is for the patient to make and advise the practice
11. Patient expressed concerns about the performance of one of the doctors
12. SS confirmed that AT Medics really welcomed the feedback from patients and stated the high level of achievement across Southwark for Diabetic services where ATM practices consistently achieved higher uptake and control across a range of indicators.

The results of the patient survey were shared with the PPG and the three main areas of concerns would be the priority area for addressing by the practice going forward. SS advised of the different ways we would seek to get patients views, which included:

* Friends and Family Test
* NHS Choices
* Practice based patient survey

An open day at the practice would be planned for the future, which would provide access to other local services and expert groups

Patient suggestions for improvements:

1. To have a blood taking service in the practice
2. To have emergency appointments daily – Dr Q explained the role of the Clinical Pharmacists in triaging patient calls prior to offering an appointment if clinically necessary. Clinical Physicians associate could also see children who are offered a face to face appointment after a Telephone Consultation
3. ATM confirmed that The Lister Patients will still be able to use the In Health Partnership services available at the Centre
4. Will we have a named GP? This will be available and advised by text to patients when the full compliment of GPs have been recruited
5. Can I change my named GP? – Yes just advise the receptionist who will update your record
6. LTC clinics will be based in the practice and provided by the Practice Nurse, Nurse Practitioner, Clinical Pharmacists and Physicians Associate with some support services provided by the Healthcare assistant
7. Patients confirmed that improvements had been made and wanted assurance that these will continue
8. Patients requested a summary of the discussion and it was agreed to circulate these to patients who provided their details. The notes would also be available on the practice website