

Ivel Medical Centre

Notes of Patient Participation Group Meeting

Tuesday 4th March 2025

Present:

David Wheeler, Rita Andrews, Britta Holland, Chris Day, Gillian Gordon-Macintosh, Gwyneth Lawton, Harold Ross, Jean Gunton, John Palmer, Joyce Bilcock, Julia Ainsworth, Peter Davies, Helen Bell-Day

Practice Members:

Dr Kirti Singh, Paul Lindars

Apologies:

Alan Porter, Christine Taylor, Keith Coxon, May Ross, Richard Philp, Olive Maunder, Stephen Williams, Trudy Emery

1. Update on Current Issues

- a. Total Triage Digital System (TT) - this new appointment/triage system goes live on 10th March 2025 at IMC. This will mean that the 8am telephone rush will no longer happen. All requests for appointments will need to be done by completing a form online. There are different forms to choose from e.g. urgent medical appointment, review appointment, vaccination appointments etc.

How to get a form?

- i. Using IMC Website - you **do not need** to have a login or password if you choose to use IMC website (<https://ivelmedicalcentre.co.uk/>). There is a large blue or yellow button "contact us online". Press this button and press option for appointment triage forms. Ensure you select the correct form (e.g. new or review appointment and condition form). Forms for coughs, colds, aches etc including a miscellaneous form to complete.
- ii. With Login – you can access and complete a triage form via SystemOnline or the NHS App. (Scroll down the screen if it is not obvious).
- iii. Telephone Call – you can telephone the surgery if you are not aware that the system has changed. The telephone system will give you options – Press 1, this will send you a link to your phone to complete a form. *You will not be able to request an appointment via the telephone any longer.*

- iv. Vulnerable people or those not online – if you need help there is an option on the telephone system to speak to a receptionist who will complete a form for you (Option 4 or 5).
- v. Identified Patients who are vulnerable – appointment will be booked when taking the call to ensure they are seen. A form will still need to be assessed.
- vi. A workshop is being held on **Friday 7th March 2025 – 2-4pm** at the surgery. This is an opportunity for people to come along and learn how to use the new system.

Malzeard Road Surgery, Luton went live with the Total Triage system 2 weeks ago. It has proved good for controlling and allocating appointments from the information on the forms. At IMC each receptionist will have a buddy clinician to help/guide them for the first week. Some staff from Malzeard Road Surgery will also come over to help. Checks & Balances – we have learned that we need to set limits on form requests to prevent an overload on the system. SystemOnline and SystemConnect integrate together. SystemConnect has multi functionality and is more flexible.

Reception staff can complete a form on behalf of a patient if they are unable to do it online. Triage is an admin process informed by clinician(s) supporting the triage team. When completing your form online you need to say if you have e.g. chest infection, ear infection, UTI etc and if you want a face to face or telephone appointment. You can also request blood tests etc if you are eligible to have them at the surgery. IMC will keep system open for forms to be submitted but will PAUSE it after x number of forms – to be determined when activity can be gauged following go-live, these will be dealt with then the system will be RE-OPENED again to manage the demand/flow. Malzeard Road Surgery has been unable to fill all clinician sessions. The Practice needs to deal with all forms between 8am and 6pm. TO NOTE – If the system does not allow you to complete a form it means it is full or on Pause. If you require an urgent appointment and non are available, you will be notified to ring 111. The Practice hold a number of appointments for 111 referrals every day.

All administration/receptionists and clinical staff are being trained to assess forms/patients.

There is a lot of information on the practice website which includes a “FAQ” (frequently asked questions) section. Harold Ross asked for a hard copy to be circulated to PPG.

ACTION: Total Triage Bullet Points document to be sent to DW/RA for circulation with these notes (PL)

How long will I have to wait until I hear from IMC?

Urgent appointments will be booked, and patients will be telephoned with their time slot for that day.

Non-urgent appointments – patients will receive a text (or email if this method of contact is put on the form) within 3 days. However, when

completing your form, you can say it is not an urgent issue and request an appointment in 1, 2 or 3 weeks in advance. IF your condition gets worse before your booked appointment, you should submit a new form.

Receptionists will have a clinician attached to them for the first 2 weeks, but they cannot make clinical decisions themselves. If a patient is not happy their issue will be escalated to a clinician for review.

If you want to see a specific clinician, you can put a request on your form but need to note that this may not always be possible. You need to be exact with any information you put on the form

Advance bookable online appointments have currently been paused due to a large number of patients not attending these appointments.

If you are offered an advanced appointment, this will be sent by text. If this is not at an appropriate day/time you can change this via reception.

If a patient Does Not Attend (DNA) 3 appointments with no reason being given, they can be struck off the practice list. Dr Singh will review all of these situations.

If you have a chronic disease or long-term condition you will be contacted by the practice directly when your review is due.

If you have had blood tests, you will receive a text to say there is no action to be taken. If you need an appointment to discuss your results you will be sent an appointment.

b. Reception Staff Training – Referring to Pharmacy First/ICE -

Pharmacy First has always been available and receptionist used to send patients to a local pharmacy. There is now a system in place where the receptionist can book an appointment electronically at a local pharmacy for patients. This is a national system, and all reception staff have now been trained on it. Pharmacy First is only for minor conditions e.g. earache. Patients can telephone the surgery and get an appointment in town, where they will be issued with antibiotics if appropriate.

ICE training – the ICE system is used for requesting blood tests and generating forms. Receptionist staff can now look on the system and print off the forms for patients.

Total Triage all staff have completed online training on this system and will have ongoing training as the model is embedded.

c. New Website - this is now set out in the NHS standard format and the Practice can now amend its content when needed. The old system provider did not allow any changes to be made by the Practice.

d. Staffing Update – no clinical team leavers. One administrator has left since our last meeting to further her career in line with her degree.

New starters:

- First Contact Physiotherapist for initial assessment (Amtul - Start date: Mid-April 2025 subject to references)
- Advanced Nurse Practitioner (ANP) working 2 – 2.5 days/week (Lauren Shipton – started February 2025)
- Specialist Nurse - working 1 day/week. (previously a Hospital Diabetic Nurse) (Mary Hayes – started December 2024)
- Pharmacist – full time (Mr Amr Mostafa – started January 2025)
- Pre-Registration Pharmacist (Amal - started February 2025)
- Social Prescriber – working 1 day on site and 1 day in the community (Phil - started February 2025) (*A social prescriber will see patients for 30 minutes. They will review them and see if there is an underlying issue that needs extra support e.g. mental health, finance etc*)

ACTION: Social prescribing information to be sent to DW/RA (PL)

ACTION: Updated staffing list to go on website (PL)

- e. ICB Contract Update - Good news, the Practice has been awarded a contract to run services for 4 years starting in April 2025. This is an APMS contract (Alternative Provider Medical Services). The NHS are moving away from GMS contracts. The APMS contract is more scrutinised than the old GMS contracts. However, they can negotiate with the ICB. Review meetings are every 3 months. The downside is that every 4 years the Practice has to go through this process. GMS contracts were issued and were in perpetuity and never ended unless contracts handed back. Because IMC were given a Direct Award contract this can only be for 4 years. If it was a tendered award, it could be up to 9 years.

2. Future Plans for the Practice - continue to streamline workflow and embed new systems.

- a. Embrace Project – Diabetic patients who are not engaging with the practice will be bought into this project to try and get them to engage and improve their condition.

3. Topic for next meeting – CPR/Defibrillator Practical Training

Helen Bell-Day is a new member of the PPG and also works as a trainer for St John's Ambulance and teaches First Aid, Mental Health etc. Helen has kindly agreed to bring some dummies with her to the next meeting and will do hands on training for us. Please wear comfortable clothing.

4. Any Other Business

- a. Repeat Prescription Box – this will still be outside for patients to drop off their repeat prescription requests.
- b. Hearing Aids – IMC has emailed the person to see if they can come to the Practice to replace batteries etc. They have had no response.
- c. Total Triage Patient Notifications – text messages are being sent to ALL patients in the practice 48-72hrs before the go-live date.

5. Date of Next Meeting - June 2025 – date to be confirmed.