Patient Meeting 2/12/24

Agenda

- Update on changes we have made so far (as discussed at the September PRG meeting)
- Discussion on the next changes we wish to implement, which are:
    - Supporting Leeds Teaching Hospitals Trust to implement electronic prescribing
    - Prioritising continuity of care for certain patient groups, by starting to "cap" our acute (ie "same day") work
- Website statement from PRG – update?
- AOB
- Next meeting date

Update on changes so far (discussed September PRG meeting)

- Under collective action, we will not do the administration of tests (eg blood tests) which have been ordered by hospital consultants

(We will still take the blood test here at SMP, provided the consultant has "added it to the system")

- *The clinician who orders a test, should follow up that test with the pt* – under Collective Action we will uphold this principle

- Where consultants have not **added the (blood) test they want the patient to have, to the system**… patients being advised to return to contact that consultant's department
- Where patients ask us for a **test result** when ordered by a consultant, we are signposting them back to their consultant

Next steps - supporting LTHT to implement electronic prescribing

- *Principle: The clinician who decides to start a new medication, should carry out the administration of that decision ie they should issue the prescription*
- **Currently**:
  - Consultant decides to initiate a medication
  - They write to us and ask us to do it
- **Proposed**:
  - We start saying no & advising them to implement e-prescribing in their department instead
  - *LTHT does have the capability for e-prescribing they have just never used it. Prescriptions will go to any Boots.*

Next steps - Prioritising continuity of care for certain patient groups, by starting to "cap" our acute (ie "same day") work

- To keep workload safe & sustainable as we head into the busy winter period, and only after much consideration, we feel we must now take this step: switching up the number of routine appointments in which we provide continuity of routine and proactive care for those patients that need it most. We can only achieve this by switching down the time we spend on our "same day service" by implementing a daily "cap" on it.
- *What patient groups benefit most from continuity of routine and proactive care?* For example: A person with a worsening of a known condition, people living with multiple long term conditions, people with complex care needs, people receiving palliative care, people with active suicidal ideation, babies & children age up to 12 where appropriate.
- *What would capping the same day service actually mean on a daily basis?* It would mean that once we reach capacity for that morning or that afternoon, some patients with acute issues may be directed to other services or asked to contact us another day if it is appropriate. [Currently, all patients who contact us with issues that we consider "acute", get a same day response.]
- *What will stay the same?* Our Appointment Hub team will continue to read all incoming online forms and our patient Support Team will continue to answer all incoming phone calls. We will not "switch off" online forms. This is so we can signpost patients appropriately, and so that we can continue to provide advice and care in situations which may be critical or for patients who need continuity of care.