

**Minutes of Extraordinary Meeting
Gower Street Practice
Patient Participation Group
held online on Wednesday 29 November 2023
at 1.00pm**

Present (online):

Patients: DL, EM, JO, RP

Staff: Dr JH, MM, SP

Apologies for absence: RL

This extraordinary meeting of the PPG was called to discuss the topic of Total Triage, which was mentioned during the last regular meeting.

JH began by explaining that this means all appointments would be booked via an online form, rather than the current system of some online and some by phone or in person. This system is already in use at Brondesbury Medical Centre where it has been a great success. The set-up at GSP has been changed already to a Duty Triage Doctor who views all online forms, deals with quick problems immediately (e.g. change of prescription, fit note for existing problem) and triages the rest (e.g. routine appointment, see same day etc). It was acknowledged that some people will find an online form impossible to complete and the receptionist will do it for them. At BMC the vast majority of patients are delighted with the speed of response and the waiting time for a routine appointment has reduced from two weeks to two or three days. There will be a list of FAQs on the practice website. A text message will be sent to the entire practice population soon. This system is likely to go live the second week of January and a second message will be sent a week before. An iPad-type device will be available for patient use in reception. Questions were then invited.

JO: first impression was not good, especially for urgent problems, and did not know when a reply would arrive. The population here is very different from BMC. He felt that the long-term view seemed to be to use Artificial Intelligence. JH replied that the form would be seen within two hours, likely even much quicker than that, and requests would be dealt with much more swiftly than at present as there will be a dedicated doctor viewing the forms. JO was not convinced that it would work here and suggested a trial and change if unsuccessful. JH replied that Artificial Intelligence is not the goal and that the current system can cause confusion.

RP asked about the design of the form and purposes of use. He felt that submitting a meter reading or booking a restaurant was much easier than the 4-page online form to book an appointment and the verification code was slow. He felt it was OK for a planned, routine appointment but would be stressful when unwell and needing help now. On the phone a choice of appointments can be offered. JH replied that a receptionist will call back to book. They will try twice then send a text message or a booking link. There is an option to skip the verification code. RP felt that it was a lot

to complete when feeling unwell. JH replied that a receptionist can complete the form if the patient is unable.

DL mentioned successfully ordering repeat prescriptions online and had found GSP preferable to his previous practice and had a general query about what is meant by total triage. JH explained about a doctor reviewing the forms throughout the day. He has not yet had a reply to his email, which will be investigated.

EM thought patients feel like an inconvenience and she wanted to talk to someone not complete a form, which was the opinion of several other people she had spoken to. She could not see an advantage to patients and felt strongly that it was off-putting, like jumping through hoops just to get an appointment. She felt that just as she was getting used to the new set-up, everything is going to change and she did not want it to change. JH replied that the receptionist can complete the form and will ask four questions to give the GP more information. JH said that the receptionists are very good but cannot make clinical choices, which will be better.

JH then showed the online form and demonstrated how to use it.

RP noted that the PPG is a very small sample of patients and most people will not have heard of Total Triage. JH replied that the text message informing patients of the forthcoming change will include an email address for comments.

RP asked, on behalf of RL, whether it would be possible to flag up patients unable to use the online form. JH replied that while we would not assume that any particular group could not use it, an individual flag could be added. Also, a friend or relative could complete the form on the patient's behalf. RP also asked about staffing levels, which will remain the same.

JH ended by saying that change is always difficult and nerve-wracking and asked patients to give it a try as it may prove better than they expect.

There were no further comments and the meeting ended at 2.00pm.