

APPLETON VILLAGE SURGERY

PATIENT PARTICIPATION GROUP

NOTES OF THE MEETING ON 2ND MARCH 2017

Present

Diane McCormick (Chair)
Anita Corrigan (Practice Manager)
Ken Ainsworth
Gill Shepherd
Maureen Kerry-Lewis

Dawn Nichols
Kristine Pluger, (Wellbeing)
Lisa Allman (Practice Pharmacist)
Linda O'Neill (Secretary)

Apologies

Victoria Morton

Chris Sheen

1. Welcome, Introductions and Apologies

Diane welcomed the group and apologies were noted. Minutes from the meeting 29.01.2017 were approved.

2. Community Wellbeing Update

Wellbeing clinics in the practice are reverting back to weekly due to the increase in referrals. Wellbeing Clinics are being held in CAMHS.

A new programme of events is due out in 2 weeks' time.

Yoga Banks have gone well and are open to all abilities. Singing for Wellbeing was also very popular.

A few volunteers have been recruited into the Wellbeing service and more are being recruited.

If anyone has any ideas for activities let Kristine know.

3. Role of Practice Pharmacy & Antibiotic Guardianship

3.1 Practice Pharmacist

Lisa Allman was introduced to the group and gave an overview of her role as Practice Pharmacist. Lisa has been in the current role since August 2016 although she worked with the practice in her previous role within the CCG Medicines Management Team.

Background

NHS England has a Ten Step Plan which includes trying to get pharmacists working in GP practices. In Halton, 6 practices applied for

the funding and Appleton's application was successful. The scheme is backed up by training and support.

Lisa has 20 years' experience in community pharmacy before joining the CCG's Medicines Management Team for Primary Care.

The role

The role of Practice Pharmacist includes reconciling medicines when patient are discharged from hospital, day to day queries for GPs, helping GP workload by doing some medication reviews with patients, safety and drug alerts and looking at cost effective prescribing. Lisa is also doing a prescribing qualification which will enable her to prescribe.

3.2 Antibiotic Guardianship

One of the big issues for the NHS is that they want to lessen the amount of antibiotics prescribed. There are fewer antibiotics available now and bugs are becoming less resistant. There are not many new antibiotics and drugs companies don't want to invest in them as there is no incentive to. It is the responsibility of GPs to use antibiotics wisely and 80% are prescribed in Primary Care. Patients also need to take some responsibility and when prescribed antibiotic must complete the course as prescribed in order for them to be effective. Antibiotics have no effect on coughs and colds.

3.3 Discussion

Q. When patients leave hospital they are given a list of medication. Have the hospitals improved this?

A Yes, the GP gets a copy of the discharge letter with details of the medication.

Q Is there a way to avoid patients having to wait in the hospital to be supplied with medication.

A Patients are encouraged to take their own drugs with them and they can be discharged with them.

Q Why are people prescribed paracetamol when they are so cheap to buy?

A It depends on the strength required as only lower strengths are available over the counter. Some CCGs have put a stop on prescribing of paracetamol.

Q What happens to unopened and unused medicines that are returned to the pharmacies? Are they just put in the bin?

A Yes, unfortunately once they have been dispensed they cannot be re issued. The Halton CCG is actively looking at the waste generated. There is an agreement in Halton that pharmacists

check with patients what they require before they dispense medication but it is thought that doesn't always happen. In other areas CCGs stopped pharmacies ordering prescriptions on behalf of patients to cut down on waste. Patients are encouraged to tell the pharmacy what they require before their repeat medication is due.

Q Can prescriptions be ordered over the phone?

A It is not encouraged due to mistakes in transcription although there are some exceptions.

We are currently working towards electronic prescribing and have already started a process in-house. The next step is to discuss with pharmacists. However electronic transfer does not alter the ordering process. Patients are not obliged to have electronic prescriptions and the choice of the pharmacy is down to patient's choice. There is less chance of transcription error with electronic prescribing.

Q Some patients have a lot of medication on repeat but they are not always due at the same time. How can this be managed?

A There is a repeat dispensing system but it is not widely used and not suitable for everyone. Alignment of medication can be done by the community pharmacy or can be done at the surgery by the Practice Pharmacist.

Lisa does medication reviews on Tuesday afternoons and there is also a prescriber pharmacist in the surgery one day a week.

Q What can be done if a patient has a problem with dispensing of their medication?

A. If anyone has a problem with prescriptions they should feedback to the pharmacist involved or contact PALS (Patient Advice and Liaison Service).

Q What happens if the electronic system fails?

A Can revert to paper.

4. **Premises Update**

The CCG is paying for the CSU (Commissioning Support Unit) who is leading on patient engagement work but things are moving very slowly. The plan for the events has missed the deadline. Letters will be going out to every patient to advise of the events. Local Councillors, MP, nursing homes and local practices will be invited. There will also be information on the website and posters in the surgery. When the patient engagement has been completed, the practice will meet with the CCG again.

A further meeting with the developers has taken place.

5. **Patient Comments/Complements**

5.1 **Patient Comments Box**

There was one comment from the comments box relating to a named doctor, when a triage appointment and follow up appointment were with different doctors and concerns about continuity of care.

The web site has been changed to state that a patient may not be able to see their named GP as they may be on call. The information will also be changed on the patient information leaflet and the older leaflet dispensed with.

Action: AC

Patient comments forms will be displayed more prominently in the waiting room.

Action: AC/LON

5.2 **Friends & Family Test**

The Friends and Family Test results for February indicated that 94% of patients who responded would recommend the surgery. This is an improvement on January figures. The comments recorded in the Friends and Family Test are mainly complementary with a number of members of staff and teams being individually mentioned.

6. **Round the Table/Any other business**

6.1 Diane asked if it would be possible to have someone attend a future meeting to talk about the MSK system. Anita will arrange.

Action: AC

6.2 **On-Line Services**

The practice needs to have 20% of patients registered for online services by the end of the year. Anita asked for help from PPG members to raise the profile of on line services. Discussion took place around how e-consultation works. A copy of the E-consultations protocol is attached.

7. **Date of Next Meeting**

The next meeting will be held on Thursday 30th March 2017 at 6.30-8.00pm, in the surgery waiting room.