

Barwell & Hollycroft Medical Centre PPG
Monday April 30th 2018 Notes

Attendees: AP, LP, EB, JH, DW, LR, TU, DT, MT, CB, RB, HC, DG, CG, ST, BJ, DW

Present: Dr Darren P Jackson (Senior Partner, Barwell & Hollycroft)

(For Pharmacy section)

Paul Rix (Regional manager, Well Pharmacy)

Nicola Heard (Branch Manager, Well Pharmacy)

Reena Gandhi (Pharmacist, Well Pharmacy)

All presentations and minutes from meetings will be available on the practice internet page (www.barwellmedicalcentre.co.uk).

Well Pharmacy

Several issues raised by Alan (AP) in presentation responded to by Paul Rix.

Since last PPG meeting discussion with pharmacy a manager has left (Jim) and staff' sickness has some caused issues. Acknowledgement made that the service could be better. Paul has sat in the pharmacy this afternoon and service seems to have improved since he last visited.

Since the last PPG the practice and a group of patient had a meeting with Paul and Nicola to discuss the issues raised by patients.

A policy of **7-day turn-around** of script requests was implemented by new manager (Nicola) in November to try to ensure that scripts were ready when the patient returned. She has also enforced a system of logging all repeat prescriptions ordered by patients. These logs enable her to know which patients regularly order repeats with the pharmacy, who is for delivery and who uses the pharmacy to order their repeats. Patients should be contacted every 6 mths to check what they still need to be on regular repeats. They can also inform the pharmacy at any time if they no longer take a medication, to avoid waste.

They are trying to ensure that stock levels are kept up but sometimes national shortage of some drugs (e.g. morphine patches) cause unavoidable problems. GPs are notified of out of stock medications and recommendations for alternatives notified to GPs by the pharmacist.

Electronic prescriptions are called down by pharmacist several times a day. A lot of waste for prescriptions not collected after an electronic prescription. However as medication is not taken out of pharmacy it can be reused. The logs mentioned above allow pharmacy to speed up processing of walk ins to collect electronic prescriptions.

Staffing issues- still 2 people off on long term sickness. 1 new member of staff starting and a vacancy for another member of staff remains.

Positive feedback from patient HC that things do appear better than previously but can we move to speedier turn around than 7 days. Nicola answered that the aim would be 48hr turn-around with GP then 48hr with pharmacy.

LP asked why 28 day prescribing as opposed to longer was enforced. Dr Jackson explained that this is to reduce medicines wastage but patients could use repeat dispensing to save patients time with ordering.

Another patient said things seem to have improved since December following 6 months of troubles. However he is struggling to get single tablets out of packet with his arthritis. The pharmacy can look into this and sort if patient takes up with the pharmacist directly.

Patient HC mentioned that his tablets are out of order and he is running out of some more quickly than others. Nicola from pharmacy said that pharmacy could send a synchronisation letter to GP to try and resolve.

If a patient does not collect a controlled drug prescription from pharmacy it will be sent back to GP.

Another patient mentioned problems with pharmacy staff finding prescriptions when patients going to collect. Pharmacy to look into this

Well Pharmacy can offer home delivery for prescriptions unavailable to save patients returning if difficulty travelling.

Home delivery usually 12-3pm but they do try to accommodate if patients request.

Any continuing issues need raising with Nicola (Manager), Rina (Pharmacist) or Alan (AP).

Befriending group

Focussing on the link between loneliness and health. 12 trained volunteers trained and ready to work with patients. All have been DBS checked and had safeguarding training. Health professionals will identify patients to be contacted by Kerry Smith (Local Area Coordinator) and allocated a befriender.

Integrated locality teams

Updated by Dr Jackson on:

- Target for increasing referrals to non-medical intervention such as lifestyle help (diet, exercise, smoking, alcohol) and counselling therapies.
- Target to improve communication between social care, community nurses and General practice to reduce the need for patients having to repeat their story.
- New IT system to try and improve community nursing efficiency by planning their travel through the day

Query from LR regarding lack of services available for patients with chronic mental health problems, IAPT and MHF not sufficient and then resulting in secondary care referral. LR to try and raise at network PPG meeting to involve the CCG commissioners.

Cancelling appointments not needed

- Ability to cancel by text. When a text reminder is received there is a number to reply to cancel the appointment. Many patients aware of new text messages.
- Ability to cancel by answerphone message when calling practice and choosing option 1 instead of having to wait for phone to be answered. Patients need to cancel as early as possible so that their appointment can be used by another patient. The main issue is with nurses and other health professional appointments which can be up to an hour long appointments. It is impossible to reallocate these with less than 24 hours' notice

One Patient experienced a delayed discharge from GEH as awaiting transport from 3pm to 12pm the following day. To be fed to Alan (AP) to pass message on to TASL upon receipt of email from patient with details.

Next meeting

Barwell Medical Centre 6.30pm 6th August 2018