Beechwood Medical Centre (BMC)

Minutes of Patient Reference Group (PRG) Meeting held on Monday 9th May 2016 11:00 at the BMC

Present : Julie Rawson (BMC, Chair), Brian Richardson, Michael Walker, Beverley Quinn, Patricia Bamford

Faisal Shoukat joined the meeting at 11:30

Apologies : Alan Machin, Elliott Summers

1. Introduction

The chair welcomed all attendees and explained that she would be providing an update in Elliott’s absence. Faisal sent a message explaining that he would be arriving late to the meeting therefore this agenda item was postponed pending his arrival.

1. Beechwood Update.

The chair proceeded to work through the minutes of the last meeting advising of updates as appropriate. These are documented below:

* 1. List growth – The list as at 03/05/16 stood at 8478 which was up 78 in 3 months however BMC has not undertaken any marketing activity and this appears to be natural growth.
	2. GP waiting times – We have introduced a new DNA protocol with a view to educating non-attendees to reduce DNAs. We have also recruited a new part time GP, Dr Bhatti who will start 4 surgeries per week as of 01/06/16. We are still looking for a further GP to replace Dr Rastall at the year end. We are attempting to change the appointments policy to have less triage and more 3 and 7 day appointment capability but this will require time to educate patients and staff. Brian advised that work was being carried out by NHS Vanguard by way of feedback from members and member questionnaires elsewhere with a view to obtaining a script to be followed by staff nationally when dealing with appointment booking queries.
	3. Internal doors – The chair advised that at present there are no funds available for this to be completed. The PRG group asked that the automated door signs be covered over until the work is carried out.
	4. Appointments explanation leaflet – This will be actioned when a definitive appointment system has been trialled and agreed as the way forward.
	5. E-mail appointments – The group was advised that this is still on hold due to other more pressing needs. Brian raised the subject of skype appointments being introduced. Although the group noted that this had been discussed in the past it was felt that it should be raised again as technology is now more improved and there would be benefits to the patients in respect of convenience and a financial saving to BMC. In view of the request this was documented in the minutes.
	6. Wires on illuminated signage – Unfortunately this item is still outstanding and a further discussion has taken place with regard to the work being carried out.
	7. Request from Alan re sub-group – Due to notice being given for the CQC inspection immediately following the last meeting this item has not been progressed however, if Alan still wishes to pursue this, please email the practice manager.
	8. Disposal of drugs – This item was suspended until Faisal joined the meeting.
	9. Building project – This has now been fully completed and was fully funded. Michael asked how often the meeting room was actually used and was informed that it is used for practice meetings as well as meetings such as Practice Champions.

2.10 TJ Walsh query – The group were advised that a telephone call had been made to the company who advised that they were unable to drop patients between stops nearer to the surgery. Several members advised that this happened on a daily basis but it was recognised that this was obviously not company policy.

1. General Briefing
	1. The business has a very tough year ahead due to loss of care home contracts(£80k), loss of GP Seniority payments – these are payments made to reflect experience and knowledge(£20k) and reduction of core contract payments (£8k per year for four years). Brian asked if the group could be advised if this was a gross or net loss to the surgery and is the manpower being used elsewhere for the benefit of patients.
	2. One new GP has been hired starting 01/06/16 for 4 weeks. Still looking for a further GP 6/10 sessions at the year end to replace Dr Rastall and additional shifts.
	3. For some dates in the summer the surgery building will be open all day Saturday and Sunday to facilitate some clinical assessments for pre-identified children, it is not open house for other patients as no other services will be provided except those already in place(i.e. Sat 0930-1230 and Sun 1100-1400).
	4. A new service has just started in the building. This will be every Wednesday and is a new counselling service within the building sponsored by the council. It is similar to social prescribing in that anybody can be referred in and it targets anybody who just needs help/to talk/support with day-to-day problems.
2. Complaints log

The chair proceeded to hand out copies of the 2016 complaints log to the members. Brian mentioned that he had experienced issues when attempting to see any doctor. He explained that he hadn’t been asked if the problem was routine or urgent and that the appointment offered was some weeks in advance which led him to query how often 7 day appointments are actually available. He suggested that the option of telephone appointments would be a good idea. It was explained that some appointments are reserved with clinicians for the purpose of offering patients telephone appointments. It was also requested that the option of skype consultations be considered by the surgery. The PRG members discussed the fact that this has been previously considered however they felt it would be beneficial to consider this option again due to improved technology, savings to be gained and the fact that other businesses regularly use this form of communication without issue. The members requested that more detailed information be supplied on the log in respect of the columns entitled “complaint” and “action”.

At this point Faisal joined the meeting.

1. Pharmacy discussion.

Faisal gave his apologies that a previous meeting had taken longer than anticipated. He proceeded to introduce himself to the group and gave an outline and overview of his role and responsibilities.

Beverley raised the issue of over prescribing. Faisal explained that BMC are serviced by 4/5 local pharmacies, e.g. Boots, Meds Express, Ovenden. He gave an example of when 8 items are requested but 2 of those may not yet be due. He had to be mindful that the patient may have genuine reasons for the request, e.g. lost medication. He explained that the issues that could be encountered from failing to prescribe by the patient would cause further difficulties and therefore would issue the items without knowing for definite that this was the case.

Faisal also explained that he accepted that as a pharmacy they did have some failings. For example, when a patient comes to collect an order his staff ask the patient” if they would like the same next month” which often resulted in confirmation that this was the case when actually the patient would only require a few of the items and not the whole list. He also said that this could result in unused drugs being returned at a later date for disposal for which they had limited storage space although this request was never refused by them. He confirmed that the technical position was that anyone could return unused/unwanted drugs to any pharmacy and they had to accept receipt of them but that at other venues this did not always happen. Beverley also raised the issue that she had told the pharmacy previously on more than one occasion that she did not require an item again yet it was repeatedly issued by them which again added to the problem of over prescribing. Faisal admitted that this could have been an oversight with the staff thinking that the item needed issuing and was therefore incorrectly issued. He advised that if the medication was returned prior to leaving the pharmacy or returned to the delivery driver at the point of delivery that the items could actually be reused and did not have to be destroyed. He admitted that it is the responsibility of staff to only issue what has been requested.

The group was advised that last year he was involved with an initiative where pharmacy led medication reviews had taken place which was a great success and resulted in an annual drug cost saving of £56k.

Brian asked if there are controls in place for what is authorised and signed for and gave an example whereby in one month the same set of items were issued and dispensed twice. Faisal confirmed regarding reauthorisation that himself or a clinician will look at this request. Staff will authorise up to the 10th reissue but after that any further requests will go to him to look at to see if the item(s) need reauthorizing and issuing. He admitted that he can have between 100 and 200 scripts a day to look at so looks only of the contra indications of the medication on that script and does not go into each patient’s individual records. Brian asked how duplication can occur. Faisal replied that this is an admin/pharmacy oversight. He explained that there is a training programme currently taking place where admin staff go into the pharmacy to observe what is taking place and the opposite also takes place.

Faisal also advised that scripts are not ready for collection 24 hours after ordering and that patients are expecting them to be ready earlier than the service level agreement is set at and that staff are trying to find scripts that may not have allowed the full 48 hours to elapse from ordering to collection. He felt that this to some extent was a problem created by their own success as sometimes routine requests are ready early due to the level of service provided and patients can come to expect this as the norm.

Brian raised why paper scripts are at reception for collection and not with Ovenden Pharmacy. Faisal said that further discussions need to take place with BMC to try and have a single point of access for prescription collection to alleviate the problem of the patient attending the pharmacy to be told that it is at reception. Brian also added that at a previous surgery he was with the patient was given the original request along with the completed script and that if this happened then any errors and where they had occurred would be easier to identify. Faisal indicated that he had a single member of staff who carried out this task. Brian then also gave an example whereby one item was delivered when 9 were expected. When this was investigated it was found that the remaining 8 were still at the pharmacy to which Faisal replied that he would investigate this.

Faisal advised the group that there is currently an issue with online script requests which resulted in them not being processed and this had been the case for a while. The chair advised that in her experience if this was the case that this must be intermittent as some requests are definitely being actioned. The group requested that if there is a problem with online requests that the service is suspended.

Brian spoke about the issue of confusion arising due to tablet size/colour changing from month to month and highlighted the risks in particular to vulnerable patients. Faisal explained how the costing and pricing policy works regarding purchasing to the group. He said that the only way that a pharmacy can run is by being tied to one company which means that when there is a supply problem with a particular item it is dependent on the wholesaler what type of item is sent. The issue that it is down to pricing is a misconception and as Ovenden Pharmacy use a range of sources they are able to switch brands for patients if required.

The question of disposal of drugs was raised by the chair for clarification. Faisal informed the group that contractually a patient is able to return any unwanted drugs to any chemist irrelevant of where they were originally obtained and the chemist could not refuse to accept them for disposal.

Faisal requested to put to the PRG members the issue of Ovenden carrying out pharmacy led campaigns e.g. dementia, social prescribing. He gave an example whereby delivery drivers have contact with some patients who have limited contact with others and wanted them to be able to report back on any issues that they came across in order that action could be taken. He also said that the waiting area is a large space where when he is working he could identify patient who maybe at need of assistance. He is keen to develop this are and wanted to bring this to the attention of the PRG members . Details and suggestions were given to Faisal from members of the group as to how this could develop and the PRG voiced their support.

At this point Faisal thanked the group for their contribution and left the meeting.

1. AOB

Brian advised the group that this would be his last meeting as he was due to move out of the immediate area. He advised that he will be remaining on the governing body for Locala and the trust and would be available to be contacted if required. On behalf of Elliott and BMC the chair thanked him for his attendance and contributions to the PRG meetings.

1. Date of next meeting

The date for the next meeting was set at Monday 1st August 2016 at 1100.