

## Patient Group Meeting 11<sup>th</sup> October 2016 Minutes

**Present: MG, GR, EH, HD (patients) TM, SAP, (Practice representatives)**

### **Apologies:**

### **Minutes of the last meeting**

Jenny Drew PPG chair from the Stag medical practice joined us for this meeting so no formal minutes were taken.

### **Matters Arising**

#### **Stag PPG**

As a result of the useful discussion with the Stag chair, 3 topics arose:-

Newsletter – An example of the Stag's newsletter was circulated to the group. SAP reported that she would happily lend support to a member if they wished to take this forward, however she was unlikely to have a window in her work diary to squeeze this task in.

Joining NAPP – The practice had agreed to subscribe to NAPP if it was felt to be of tangible benefit.

GR was invited to attend one of Stag's PPG meetings – after a few hiccups GR is scheduled to attend on 13<sup>th</sup> October.

#### **CQC report**

No questions arose from the outcome of our visit and reading of the report.

#### **Changes to our team**

Drs Auckloo and Kanabar, 2 part time female GP's joined us in September, along with our practice pharmacist Ravi Mohan. Ravi joined us and gave an overview of his role, the changes to the ordering of prescriptions and repeat dispensing.

Ravi has a community pharmacist background and is employed by the practice to assist the team with medication queries for example sourcing alternative medication when a product is in short supply.

#### **Prescription ordering change**

As at 1<sup>st</sup> October prescriptions are no longer being ordered by pharmacists, on behalf of patients. This is to address some of the problems surrounding medication waste.

#### **Repeat Dispensing**

Patient orders by the normal method but instead of being collected by the patient the prescription is sent electronically, directly to a pharmacist of patient's choice.

The electronic process still needs the 48 hour working day window as the prescription still needs to be checked. Collection time can be subject to the pharmacist refreshing their computer screens regularly as they receive a huge amount throughout the day.

Can be regular or for one-offs for example when working away or on holiday

Can be tracked

Patients on stable medication with an up to date review are able to have a number of prescriptions sent to the pharmacist so there is no need for the patient to order every time they

need a prescription. Patients can collect directly from the pharmacy. Once the agreed number has expired then patient will need to contact the practice for a review and a further number of prescriptions will be organised.

This service saves time for all parties and can help people who work. It was also noted that for many patients delivering and collection of their prescriptions is valuable exercise and interaction with the public. This route would continue to be available but electronic is also available as an option.

**Future direction of primary care** – Practice teams are changing and in the future we will see new roles develop such as care navigators, likely to be in the form of receptionists with extra skills. Inverted triangle model discussed where traditionally GP's were on the bottom level, the largest and admin was at the top, the smaller. With the reduce numbers of new Drs choosing General Practice as a profession it is anticipated that the triangle will flip with GP's being the smaller number and greater roles for nurses, other roles such as pharmacists and admin teams.

### **Feedback**

**F and F Test** – August and September comments circulated. Agreed that each month a separate theme should be chosen and our 'You say We did' response displayed.

### **Rotherham Network Patient Group meeting 13<sup>th</sup> September**

The clinical commissioning group (CCG) presentation was displayed to explain the need for efficiency savings. As a result there will be some changes to clinical thresholds as at 1st December. GPs will be expected to follow new pathways before a patient is referred for surgery. A patient leaflet is being designed. The following conditions are affected:

- Hip and Knee replacements for osteoarthritis
- Surgery for Dupuytren's disease (curvature of fingers)
- Carpal Tunnel surgery
- Cataract surgery
- Asymptomatic inguinal hernia repair
- Cholecystectomy for asymptomatic gall stones
- Skin lesions

Next meeting 6<sup>th</sup> December Carlton Park 2-4 pm.

### **3. Appointment of a secretary**

### **4. Staff and patient Issues**

Dementia Friendly accreditation achieved. The certificates will be displayed on the carer's noticeboard.

Patient Online services – this has been extended to enable patients to have access to their full medical records, excluding documents/letters.

### **5. A.O.B**

New patient wishing to join us – will be contacted to invite to February's meeting.

### **Next meetings:-**

Next date agreed Tuesday 7<sup>th</sup> February 2017.