

Minutes

Dr's Griffin, Adey & Dancy Patient Participation Group

Wednesday 19th November 2014
4.30pm at Tarporley Health Centre

1. Introductions and apologies

Attendees: Sue Masterman, Maire Gibson, Geoff Johnson & Paul Bullen (Patients), Sam Jeffery, Carol Dodd & Dr. Adey (Practice)

Apologies: Katherine Helm, Jim Hill, Angie Martyn, Denise & Robert Ziman

2. Minutes of the last meeting 3rd September 2014 & Matters Arising (Sam)

- Minutes agreed as an accurate record.
- Community Self Care Day 18th November 2014 – all members present at the meeting attended the self care day so we had a useful discussion and debrief. The day was very positive and well received by patients, organisations, PPG members and the practice staff that attended. We felt that there were too many cakes and raffle prizes & it was disappointing that the footfall through the door (55 excluding PPG members) wasn't higher but the event was well organised and the organisations that attended were very informative. Sue commented that the event has enabled closer working with the other local PPGs and that we should maintain the contacts that we have now established. Sue noted that she and Maire have previously met with members from Dr. Campbells PPG but that this should be replicated across Kelsall and Bunbury. Dr. Adey added that following on from the self care day Self Management UK have been commissioned by the CCG to run a series of 4 'Self-Management for Life-Patients' courses in Tarporley, Kelsall & Bunbury. The courses will be offered to patients who have a chronic disease such as Diabetes, COPD and Coronary Heart Disease. The courses are expected to run in the New Year.
- Vanguard update – Dr. Adey updated the PPG on the other work that the four practices have been doing collectively. The process mapping work with the different staff groups will be pulled together at the end of November when the four practices will get together on the training afternoon to feedback the work that has been done to date & agree plans to take other work forward. Dr Adey explained that the cluster also want to work more closely with Tarporley War Memorial Hospital and the Clinical Commissioning Group to consider other services that could be brought out of hospital to a more local setting. However this element of work has yet to get underway but an initial meeting is scheduled for next month.

Action: Ongoing updates at future meetings SJ & AA

3. Medicines Management Role – Carol Dodd

Carol Dodd attended the meeting to give PPG members an overview of her Medicines Management role in the practice. A write up of Carol's role can be found at the end of the minutes.

Carol sought the PPG's view on the practices desire to stop accepting repeat prescription requests by email now that the on-line repeat prescription ordering is available. The PPG discussed the ongoing need for the email address and supported the practices view that this could be removed in a phased way giving patients notice and encouraging them to sign up for the on-line request system.

Action: Practice to agree a date to switch off the repeat prescription email address allowing patients plenty of notice SJ

4. 2014 PPG Patient Questionnaire

Sam thanked the PPG for putting together the questionnaire this year. Sam confirmed that it is available on the website for the first time which is progress! We have posted a number out to patients & we will be handing them out in the main surgery and at the branches. The results of the survey will be the main focus for the next meeting in January.

Action: SJ

5. Dementia Identification Scheme

Dr Adey informed the PPG that the practice has declined to take up the offer of the Dementia Identification Scheme. This is a short term scheme that has been in the news recently offering practices an incentive to diagnose patients with dementia.

Action: Closed

6. Friends & Family Test

Sam informed the PPG that the practice will be ready for the launch of FFT on 1st December. Patients will be able to answer the question on-line or in the waiting rooms. The TV screen will be updated at Tarporley to advise patients about the FFT while they are waiting for their appointment. Sam agreed to report the results to the PPG at future meetings.

Action: SJ

7. Patient Suggestions

There were four suggestions put in the box since the last meeting;

- Car parking problems – the PPG & the practice are aware of the car parking problems at the Health Centre and the knock on impact that the lack of car parking in Tarporley has on Park Road.

- Spelling mistake on the TV – an eagle eyed patient has noticed that there is a spelling mistake on the 'depression' information screen. This is not something that we are able to change in house so we have contacted the screens suppliers and asked them to make the change.
- Thank you – one patient has said thank you for fitting them in at short notice for a flu jab.
- Waiting time – one patient commented that they had been waiting 40 minutes to be seen which was unacceptable. The PPG noted that the practice with the support of the PPG has been doing a lot of work to try to reduce waiting time in the surgery and this is ongoing.

8. Practice News

Sam reported that Janet Dodd has replaced Sue Brooks as Practice Nurse. Janet will be taking on the care of the Diabetic patients as well as offering the full range of Practice Nurse Appointments.

Sam also informed the PPG that the practice is advertising for a new Receptionist as Carol Dodd is stepping back from her Reception role at the end of December. Carol will remain in post as Medicines Manager though.

9. Any other Business

Sam shared a letter from Geoffrey Lloyd who is an Elected Governor at the Countess of Chester Hospital as he is keen to meet with PPGs and has asked if he can attend a future meeting. The PPG agreed that they would like to invite Mr. Lloyd to a future meeting.

Action: SJ

Date of the next Meeting

Wednesday 21st January 4.30pm in the Meeting Room

Sam Jeffery, Practice Manager, 4th December 2014

Medicine Manager Report to PPG
Carol Dodd 19th November 2014

I am one of the original Medicines Managers; I started work in the role in 2004. Originally all the medicines managers were recruited from practice receptionists. We had no clinical knowledge but we were familiar with repeat prescribing procedures in our practices and had the essential rapport with our GPs and prescribing nurses that is necessary to the smooth running of the job. We attended a 2 day initial training course run by the Sally McLaren and of the medicines management team. Sally McLaren remains as Project Manager for the Medicines Management Team; she conducts monthly training meetings and co-ordinates the work handed out to the Practices. We also work alongside the Pharmacy technicians who are assigned to each Practice for a few hours each week.

In addition to the additional training I also completed an accredited course that was run in conjunction with Liverpool University over 6 months.

The original work that we did in 2004 still remains as the core of our work ten years on. However the range and volume of work has increased many fold. At the outset we were monitoring Patient repeat therapy records; checking for discontinued items, trying to synchronize amounts to a 3 monthly repeat wherever possible (Incidentally, this practice is the only practice within West Cheshire that still prescribes in 3 monthly quantities.); and removing items on repeat that have not been issued for 12 months.

In addition we act as a point of contact between doctors and patients, and hospitals with medication queries. If I can't answer a query right away I will refer to a GP and ring back with the information. The sort of queries that crop up are, patients requesting items that do not appear on their repeat record, patients requesting new medication prescribed by a hospital consultant, dose queries, discharge medication changes, items temporarily out of stock. All such queries are channelled through me and this frees up time for reception to carry on with their other many duties instead of trying to find an answer themselves.

I also undertake the monitoring of any drug that requires regular blood tests to check that they are not causing side-effects, the most toxic drugs such as some of the DMARD (disease modifying anti-rheumatic drugs) methotrexate, and leflunomide require monthly monitoring, others such as lithium require 3 monthly monitoring and others annual monitoring. I maintain spreadsheets for each individual drug (there are now 17), run searches and check patient records monthly, I then contact any patients if there are blood tests overdue.

An important part of the medicines managers' role is to save waste. This can be done by identifying patients who are over-ordering medication or ordering items that are on repeat but not normally required every time a prescription is issued eg. GTN sprays, Epipens. Requests from appliance contractor firms for stoma items and catheters are sent to me to check and issue if appropriate. One of the contractor firms had a spell where they were behind with their orders and their software system automatically generated reminder letters for items that had been issued by us and returned by post, but were sitting in a pile unopened and unprocessed by the contractor. Christmas is also a time when duplications abound. Appliance Contractor checks have now become part of my monthly core work.

Requests for dressings are channelled through me to issue as I have the time to make sure that what is requested is what is issued. There are so many different dressings and sizes that is easy to issue the wrong one, the letters 'ag' after a dressing name signifies that it is a silver dressing which are twice as expensive as the normal ones.

Many people find it helpful to have their medication issued in blister packs made up by the chemist. These take the form of plastic trays with 4 pockets across (for different times of the day - morning, lunch, teatime and bedtime) and 7 pockets deep for each day of the week. The medication is placed in the appropriate pocket and then the pack is heat sealed. I am responsible for the issue of blister pack prescriptions to check that there is no change to medication each time they are requested by the pharmacy. The pharmacies automatically request blister pack medication each month; if they are not aware of the most recent changes this could have implications for patient safety and incur cost to the Practice as changes very often result in the whole of the blister pack having to be redone. I do the same check for monthly requests from nursing homes.

Any savings from any of my activities are recorded monthly. We as medicines managers aim to cover our costs annually from savings made in Practice.

We are handed out monthly pieces of work by the MM team which can be aimed at patient safety – such as drug alerts regarding adverse side effects, or medical device alerts eg blood glucose meters or cost saving which could entail changing a branded medication which has come off patent to a generic version. An audit of patients is carried out and changes implemented as necessary.

This practice was one of the first in the area to introduce the electronic transfer of prescriptions from practice to pharmacy. This system enables us to send prescriptions electronically to any pharmacy in the country that has etp enabled. There are just under 2,500 patients signed up to one or other of the local pharmacies to date plus a few signed up to pharmacies near their workplace in other parts of the country.. The system provides a more efficient and secure way of issuing medication and saves trees as it is paperless.

We introduced online prescribing in April 2013. Patients signed up to Vision on Line (1227) are able to view their repeat therapy record online and tick the items required. When the prescriptions receptionist opens the message in the online mailbox the prescriptions ticked are automatically selected and all the receptionist has to do is finalise the request. For those patients also signed up to etp this means that the whole process is entirely paperless. At the moment the majority of prescription requests are received by e-mail – around 100-120 per month. All e-mails have to be printed off and actioned and there is much more scope for error either on the patient side or the prescription clerk side. We processed 271 requests in the first year. This year we have processed 344 requests from 1st April to today's date as opposed to at least 1,00 via e-mail. The plan is to encourage patients to register for online services and set a date for discontinuation of the e-mail option.

And finally, I am responsible for training receptionists and producing and implementing protocols for safer repeat issue. We are continually trying to refine the process making it more efficient and safer.