

DUNELM MEDICAL PRACTICE
PATIENT FORUM
Thursday 9th February 2017 at 12.45pm

Attendance: Dr G Welsh, Rachel Shakir (chair), Dr Julia Rowlands (registrar)
Mukesh Viramgama - pharmacist, W Smith pharmacy, Ushaw Moor
Mark Hirst - senior health trainer, Wellbeing for Life
Patient forum members: CW, DB, RC, SM, NM, MS
Carol Greenwood - minutes

| | Action |
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| 1 Apologies for Absence JB, RM | |
| 2 Pharmacist - Q&A | |
| 2.1 RC said the practice used to have a pharmacist who was very helpful sorting out problems and medication reviews and regretted when the funding ceased; that we should use the expertise of our local pharmacists who can advise when to see a GP. | |
| 2.2 Mukesh agreed - the member had summed it up in a nutshell; the government is cash strapped and trying to make use of pharmacists. Very few patients realise the service a pharmacy can provide. Essentially pharmacists have exactly the same qualifications as the practice pharmacist and can deal with queries, go through medication reviews ask patients what time they are taking their meds etc. | |
| 2.3 Rachel said the scheme is being run as a pilot across the country with the aim of increasing the skill mix. | |
| 2.4 Mukesh informed the group of the Minor Ailment Scheme in the North East whereby patients who do not pay for prescriptions can walk in and receive free medication for such things as head lice, thrush. The service has been available in the North East for the last 10 years. | |
| 2.5 Dr Welsh said he would like a message on the answer machine to inform patients of the Minor Ailment Scheme. Carol will check the website. | Carol |
| 2.6 <i>Anti-Smoking</i> - Mukesh has recently trained two members of staff to provide a Stop Smoking Service which started two months' ago. Mukesh has no website but recommended NHS Choices which has lots of information. http://www.nhs.uk/pages/home.aspx | |
| 2.7 The pharmacists have to be present on site during GP hours. Mukesh explained that the Pharmaceutical Society's regulations state that a pharmacist has to be on site before any medication is handed out. Pharmacists sign in on arrival and sign out at the end of the day but may sign out to have a lunch break even though on the premises. | |
| 2.8 RC said that there is a notice at his pharmacy 'Don't blame us if medication is not here - do not abuse pharmacists.' The pharmacist, when asked, said that the system was a bit slow. Mukesh said that the electronic prescription is a great system when it is working effectively but relies on the internet and sometimes there are glitches when a script has not dropped into the inbox. | |
| 2.9 Mukesh said there are currently problems with stock shortages of drugs that are used all the time because of manufacturing issues. The most recent one was Valsartan and he had tried all avenues to obtain. | |
| 2.10 Mukesh said that patients sometimes visit the pharmacy too early for repeat medications - they do not realise that when ordering online that it does not go direct to the pharmacist and the GP has to review the medication. That is why 48 hours is stipulated for collection. | |

- 2.11 RC asked if the time should be extended to 3 days. It was agreed that many patients are aware of the timescale and it was better for patients to understand that it is 48 hours.
- 2.12 It is a problem when patients order too early resulting in the script being bounced back. Dr Welsh said it amounts to approximately a fifth of the GP's work. Patients complain that some of the medication is missing but it's because they have ordered too early (more than 7 days in advance). The timescale was put in place to avoid abuse of medication.
- 2.13 RC said that when ordering online a patient can add a note under the heading 'custom'
- 2.14 Labels on medication are thermal printed and when held over a kettle turns black and blanks out the patient details.
- 2.15 NM said there is a series of Health Check programmes this week and available on 'I player'.

3 Mark Hirst - Senior Health Trainer, Wellbeing for Life

- 3.1 The Wellbeing for Life service has been running for two years to assist patient and support with Health Eating; Stopping Smoking; Physical Activity; Practical Cooking; Weight Loss; Mental Wellbeing. The service provides a holistic approach, each client has 8 hour free sessions and the health trainer can refer to a GP for example if BP is high.
- 3.2 The health trainers work from various venues such as GP practices, community centres and can go to homes eg clients who have mental health problems or disability.
- 3.3 The wellbeing ethos is to target lonely, isolated people and hold for example, Bingo, Tea and Tango - all services are free.
- 3.4 It is partly funded by the Council, PCP and the main partner is the NHS.
- 3.5 SM said Anthony was an excellent trainer and has completely changed her lifestyle and signposted to a support group. Cannot speak highly enough of the service.
- 3.6 Wellbeing for Life also go to the workplace and currently holding sessions at Police HQ and Siemens.
- 3.7 A member commented that she had been to Weightwatchers and Slimming World and got bored but the Wellbeing trainer for weight loss had been excellent.
- 3.8 RC asked if the trainer would call on somebody if asked by the parent etc. Mark said he would not turn up at someone's house without them knowing and would ring the patient first.
- 3.9 Anthony's plans for this area are: Walking football, News and Brew, Eat Wise and Drop a Size.

4 Minutes of previous meeting

The minutes were agreed.

5 Matters arising

- 5.1 2.4 DNAs - Dr Welsh said that 670 minutes of nurses' time were wasted in one week.
- 5.2 Receptionists do not ring patients if they turn up late but a warning letter is sent if they have missed 3 appointments in 12 months. If the patient misses two appointments following the warning letter a designated partner reviews the medical history and the patient is removed from the practice if there are no safeguarding issues. The NHS cannot charge a patient for a missed appointment

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| 6 | Update from representative of the Patient Reference Group | Standing Item |
| 6.1 | RC report that there is a lot of dissent from members re RSO and gathering pace. | |
| 6.2 | Rachel said that Dunelm are working with the service and it is working well. | |
| 7 | Terms of Reference | |
| 7.1 | The terms are almost agreed and will be ratified at the next meeting before going to the CCG. RC commented that there is quite a big difference between the PRG's Terms of Reference and the Practice. | All |
| 7.2 | Rachel suggested having an Action Plan and Tasks for patient forum members to discuss and make decisions at each meeting. Need to focus on the limited time available on shaping the care that the practice provides. Rachel believes the group is clearly working well and progressing. However, it is very difficult to get a wide representation of patient groups eg young mothers. | All |
| 7.3 | Rachel asked the group to look through the Terms of Reference and email any amendments they would like. Rachel had looked at other GPs TOR and are all very similar. | All |
| 8 | Patient Surveys | |
| 8.1 | Carol tabled Graphs and Patient Comments from Gilesgate and Framwellgate which were mostly very positive. | |
| 9 | Any other business | |
| 9.1 | Rachel said there are a lot of changes being discussed with regard to 12 hour working days, 7 days a week. The Federation are looking at hubs being developed to provide appointments from 6pm-8pm The OOH service is also available. There are a lot of meetings currently going on. There was discussion on the continuity of care and Dr Welsh believes this will be diluted by the introduction of extended hours. Rachel will provide more information at the next meeting. | Rachel Agenda |
| 9.2 | DNAs: NM asked if someone rings up for an appointment could the system generate a confirmation SMS. To be investigated. | Carol |
| 9.3 | Dr Welsh commented that it is well worth listening to the RSO on the BBC Podcast. | All |
| 10 | Date of next meeting May - date and time to be confirmed. | |

Meeting ended 2.15pm