

DUNELM MEDICAL PRACTICE PATIENT FORUM MEETING

Wednesday 10th September 2014 at 1.30-3.10pm

Present: Dr Geoffrey Welsh, Helen Collier, practice/business manager (chair)
Victoria Kimber (apprentice), Marie Sayer – practice pharmacist (p/t)
Tony Whaton, medical student,, Louise Harlanderson, Community Action Group
Carol Greenwood, practice administrator (minutes)
Patient forum members: RC, TC, JH,VW, AH, RS

Apologies: AC, IC, WM

Action

1 **Minutes of last meeting - 11th June**
The minutes were agreed.

2 **28 day supply of medication – Marie Sayer**
Systems are being implemented with the aim to increase patient convenience and save any additional time that 28 day supply of medication may create. EPS has been implemented and repeat dispensing is to be implemented

This prompted additional discussion around EPS:

- (1) Had gone to collect controlled drug from pharmacy but the chemist did not know anything about it
- (2) Got the impression that the staff at the chemist did not fully understand the system and process
- (3) Was told that the pharmacy had not received the electronic prescription but then told it had been misfiled
- (4) Pharmacists appear to know what is happening but there is a need for staff training
- (5) Worried about running out of medication
- (6) A patient is on 3 monthly scripts but partner has medication issued on a different date and having to make separate trips to the chemist
- (7) Medication is on repeat that is no longer being taken
- (8) Received 3 month medication supply a day early – do we have to go on a monthly delivery? What if we are not at home when medication is delivered?
- (9) Increased costs for patients who pay for medication

MS responded:

- If on repeat, dispensing patients can go to chemists and ask how many scripts are left.
- We need to trust the electronic system – there will be teething problems. EPS is reliant on electronic transfer of data not going down but a routine prescription can be printed if required.
- Stable patients can be put on repeat dispensing.
- Medication can be brought into line with partner's medication.
- MS is working on repeats so that they are more accurate and less wastage.
- All community pharmacists are supportive of a change to 28 days and would be happy to change delivery to monthly.
- Possibility of prepaying prescriptions on a yearly basis (£105) to save money. More work initially.
- Controlled drugs are sent by paper scripts and do not know why the script was not received

- Pharmacists use different clinical systems. MS's role is to promote communication with community pharmacies
- Repeat Dispensing - For patients who are stable on their medication, their nominated pharmacy can be issued with a set number of scripts rather than just one. The community pharmacy would be responsible for supplying and checking they are needed.
- Ad hoc medication would not be suitable for repeat medication.

3 Possible improvement to premises – Helen Collier

- The new manager is working on an NHS England improvement grant because the buildings are in need of renovating. Framwellgate's conducted air system is not efficient and looking at having a heating system that will give a comfortable temperature throughout the building. 2 patients said they dislike radiators and find rooms are too hot. They have ducted air units which work well. Queried whether the filters are cleaned on a regular basis.
- Bearpark has limited disabled access. Large pillars at front of the building is part of the structure which limits the access. Reception desk is too high but electric wiring underneath makes any change costly – circa £10k.
- One patient commented that Bearpark has limitations for growth and understands that the Local Authority (LA) are doing a feasibility study on the community centre which they cannot afford to maintain and looking for a way out.
- HC said that Stanley Primary Care Centre and Sacriston went for a new build which has proven to be very expensive. Dunelm is trying to make most of what it has. The group agreed that this would be good for the practice.

4 Elekiosk – Helen Collier

All 3 sites had Wifi installed today in preparation for the kiosks being delivered. HC asked members if they would like to help develop a questionnaire. Some questions will be specific to each site. A draft questionnaire will be sent out to patient forum members within the next month. The Practice has also agreed to be early adopters of the Friends and Family Test (FFT), something which has been asked of patients visiting hospitals for a couple of years. In its simplest form it's "Would you recommend the Practice to your Friends or Family?" The GMS Contract would have practices implement this on 1st December 2014 but we have decided to start at the beginning of October.

TV screens will be mounted in waiting rooms and it is hoped to link the monthly survey results to the practice website.

Ideas were invited for spreading the word on the services that are offered especially to those who rarely visit the surgery.

- Posters in libraries, shopping centres, etc
- Link with social groups in the village – there are lots of small groups who are putting together a brochure. Some have websites so could send info to them.
- Health concept – whole range of health facilities to tap into – signpost people.
- The Waddington Centre is for people with a variety of mental health problems. The centre provides a safe non-threatening environment for visitors and offers a range of activities. A discussion followed that the word 'Centre' puts people off – wording is important.

5 **Durham Community Action – Louise Harlanderson**

- Durham Community Action (DAC) is a non-NHS team of 3 who are trying to make patients' voices listened to when North Durham Clinical Commissioning Group (NDCCG) buy in and introduce new services. The team go out talking to people on a one-to-one basis, run events and activities and are out on the streets. Findings are put in a report and sent to relevant people.
- NHS organisations have a statutory duty to make arrangements to consult and involve patients in the planning and provision of services.
- The community engagement project is a joint venture between Durham Community Action and NDCCG. There is a free membership scheme for two levels of members ie Type 1 – receives information and kept up-to-date; Type 2 receives information but also has the opportunity to help shape and influence what services are needed.
- Every month there is a theme around the NDCCG commissioning intentions – the information goes to the LA, FT, voluntary sector ie whoever it affects and viewpoints of local people are gathered.
- There is a formal committee which the NDCCG is accountable to (Governing Body) where every piece of information goes to the committee which includes the clinical chair and lay members. Members of the public can attend.
- In September/October the focus is on dental and diabetes, frail and elderly, cancer. Details of focus groups have been sent to patient forum members and information is available on the DAC website <http://www.durhamcommunityaction.org.uk/events.html>
- There is a Patient Congress (public engagement) event in November; the agenda will be published first week in October. Anyone attending will be paid expenses.
- It was commented by a member of the forum that there needs to be a strong message sent out that there is accountability.
- Durham Community Action gives the CCG a hard time and strongly encourages members of patient forums to go to the focus groups if they want to change a service or keep a service that is doing well.
- LH suggested that someone considers attending a Patient Reference Group which looks at common issues and best practice. All
- The Patient Reference Group meets each month on Tuesdays 6-7pm. All
Every 3 months the meeting is held in a different area. Minutes go to the practice managers. Anyone who would like to attend should inform HC (practice manager). It is recognised that Tuesday evening is not suitable for everyone so could speak up and possibly change to another time eg Saturday morning. Travel expenses are paid for and it is a friendly group who will often pick people up. If members can't attend views can be taken over the phone by Louise Harlanderson and can arrange to meet.
- Any questions for the CCG can be emailed to Helen to forward on. All

6 **Any other business**

A member of the forum would like a physio service at weekends.

7 **Date of next meeting**

Wednesday 12th November at 1.30pm

Meeting ended 3.10pm