

# **Minutes of Bethesda Patient Reference Group Meeting**

**2 October 2013**

**Held at Darwin Court**

**Apologies:** 5 Members

**Present:** 8 Members, Sue Clarke, Rachael Cousins, Abi Alaba, Heather Harris

## **Welcome New Member**

Rachael welcomed a new member to the group, xxxxxxxxx

## **Heather and Abi from Woolls**

Heather and Abi spoke to the group about services that they can offer to patients in the pharmacy. Abi explained that they would be asking for patients to volunteer to trial out a service whereby the pharmacy orders their medication on their behalf. Abi would ring the patient a few days before their medication is due to ask what they require to save them having to order it themselves, all the patient would have to do is come in and collect the medication from the pharmacy. Abi would also be able to invite patients to come in for a medication review if they have medication on their list that they haven't ordered for a while to see if they still require it. Heather said this might help reduce wastage as every month they have to destroy black bags full of medication that has been returned to them unused/unopened and they cannot re-issue this to another patient it all has to be destroyed and incurs a huge cost to the NHS. xxx asked if the pharmacies have to check on medication issuing in Care Homes and Heather said they did but Woolls do not dispense to any Care Homes. Baxters pharmacy that belong to the same group as Woolls do this every year with all their care homes.

Heather said that Woolls offer a medication review service for any patient and Abi said that he rings patients that are issued with new medication after 7 days to make sure that the patient is tolerating the new medication without any side effects or any adverse interaction with their normal medication. Heather said any patient can request one of these reviews and they can make an appointment for one if they wish to. xxx said that in places like Darwin Court it is difficult for patients to come to the pharmacy for a review and Abi said that if necessary he could visit the patient at home. xxx mentioned that sometimes patients medication is changed from branded to generic and it causes confusion as the box/tablets may be a different colour and patients think they have the wrong medication. Heather said that they

put a sticker on the medication to inform patients of the change and that if the surgery has instigated this then the patient will have been notified by letter. Sometimes patients let the pharmacy know if the change makes it difficult for them as it may be that the box is very similar to another medication that they have. The pharmacy will then do what they can to make it easier for the patient or speak to the surgery to see if it can be changed back.

Rachael told the group that next year, probably January the surgery will be starting to use the EPS system for prescriptions. This is a paperless system for prescriptions. When a patient requests medication the Prescription Clerk will action the request and then send the prescription electronically to the GP who will sign it on the computer and then send it on electronically to the patients chosen pharmacy. All patients will have to be asked which pharmacy they wish their prescriptions to be sent to as all prescriptions except Controlled Drugs will be sent to the pharmacy electronically. This system should alleviate the problems of missing prescriptions and having to reprint prescriptions. XXXX asked how patients would be able to request their prescriptions if it was all done electronically and Rachael said she would find out.

*Post meeting note* : Sue contacted a surgery that is already on this system and they told her that when the pharmacy dispense the medication a token is printed off and it is virtually the same as the current right hand side of the prescription and patients can order on this.

### **Patient Questionnaire 2013**

Rachael asked the group for feedback as to whether they felt there should be any changes to last years' questionnaire.

XXXX said that it was confusing to patients the different boxes on each question and could all the boxes be the same, ie excellent to poor for all questions. Both XXXX and XXXX said that from Q10 onwards the patients fill in after they have seen the GP and a lot of patients didn't fill this in last year as it made the questionnaire very long and it was agreed that Q10 is deleted for this year along with Q14. Q11 will stay and both the questions for this will be collated together to make one question. Q15 and 16 will stay.

In the general questions at the end it was suggested to put in another line for Race that states other so that people can write it in if they are unsure of which box to tick.

XXXX also said that at the end of the questionnaire we could put 'If you wish to make a complaint or have any comments please put them here' with a space underneath to write in.

XXXX asked if it would be possible for patients to be able to do the questionnaire on line, and if it was possible to make patients more aware that the questionnaire was taking place. Rachael said that last year it was available for patients to download and return to the surgery but she would

see if it was possible for the questionnaire to be done on line and sent to a generic email address.

*Action: Rachael to investigate this*

Rachael also said that it may be possible to send a text to all patients signed up for the text service to make them aware of the questionnaire.

XXXX said that she would be happy to have some questionnaires at Darwin Court and could help patients there to fill them in.

It was agreed that we would do the questionnaire over a 2 week period in early December and any members of the group that would like to would meet again on Weds 20<sup>th</sup> November at Darwin Court (10.30am ) to review the updated document .

*Action: XXXX to book the room*

## **A&E Posters**

XXXX said that there were posters in Reception about A&E attendance and wondered how long they had been there .Rachael said that there had been a drive on trying to lower A&E attendance as especially in our locality, there is a very high number of attendances at A&E as patients with different ethnicity are used to going straight to hospital with a problem and not via a GP.each A&E attendance costs the surgery £60 and comes from our budget.

## **AOB**

XXXX asked if there was a specific time when patients could register at the Practice and Sue said that registrations were done between 2pm and 4pm Monday to Friday but that patients could pick the registration forms up at any time.

XXXX said that her and XXXX had Kirsty from Gluco-nexus talk to them about the new Diabetes monitors and XXXX said she was now much happier as Kirsty had explained how to use it and she had also given XXXX a much smaller white version of the meter that is much easier to carry in her handbag.

XXXX asked if abusive/threatening patients were removed from our list and Rachael explained that patients were sent warning letters and if they re-offended they are removed .Instances where the Police are called or physical violence occurs then the patient is normally removed with immediate effect. In cases like this the person that has been at the receiving end of the abuse will make an entry about it on the patients' notes.

Rachael told the group that if the next few weeks patients would be receiving letters from a mailing agency about Summary Care Records. This is the sharing of patient information with hospitals and out of hours' services. It will enable them to see what medication a patient is on, their current problems

and any allergies that they may have in order to give the best care. There will be a form with the letter for any patient that does not want their information to be shared and they would need to fill this in and return it to the surgery.

XXXX said that the queue barriers in Reception seemed to keep getting moved and the signs had disappeared from them

*Action: Sue to check on this*

XXXX said that there were several public CCG meetings coming up in the next few weeks and gave the group the dates. XXXX said that he had attended a CCG meeting that is held twice a year. XXXX said that she had attended a Trust meeting yesterday and The Chief Executive told the attendees that all outstanding x-ray results should be in order now and the MRI results should be in the same position within 10 days.

## **Mission Statement**

**“Good Communication “**