

Minutes of Bethesda Patient Reference Group Meeting

11 July 2012

Held at Darwin Court

Apologies: 3 Members

Present: 8 Members, Sue Clarke and Rachael Cousins

Prescriptions

The group had positive feedback about Prescriptions and had not experienced any difficulties in obtaining their Prescriptions. There has however been a few problems with Northdown Pharmacy being unable to supply certain medications and patients having to wait whilst it is ordered in. XXX was concerned that this could affect patients that needed life saving medication. XXX said that Woolls service is very good, she phoned for her medication and it was delivered 2 hours later, and XXX said that they will always deliver what medication they have and if there is any outstanding that is also delivered as soon as they have it.

Sue advised the group that there is a new message on the Telephone System advising patients that Prescription queries are only dealt with between 9am and 12pm and that Prescription requests are not taken over the Telephone. If a patient selects the prescription option outside of these hours the line will go dead.

Appointments

XXX said that she had been able to get a pre bookable appointment when she needed one with her GP. XXX said that Darwin Court residents cannot book ahead as they don't use the Internet and XXX is suggested that maybe they could get someone that is computer literate to show them how to use the system on the PC in the residents lounge. Sue said that they could use the Automated System as that is on the telephone.

Rachael said that the automated system is quite underused so we would be re-launching it in the next few weeks. She also said that due to the Prescription lines not being connected until 9am then the Administration Team were helping to answer the telephones from 8.30am to 9am which gives an extra 3 or 4 people answering phones during that time.

Home Visits

XXX said she was concerned that she had heard that surgeries were no longer doing Home Visits on patients. Rachael reassured the group that this was not the case at Bethesda.

The procedure for requesting a Home Visit is that the request is logged on the GP's screen as a telephone consultation in the first instance with the details of the patient and the reason why visit is being requested .The GP will then telephone whoever has requested the call and discuss with them the problem and he/she will then ascertain if a Home Visit is required.

Diabetes UK

XXX said that at the last meeting he had asked if the HCAs could include a finger prick test for diabetes in their Health Care Checks and was disappointed that no one had come back to him with regards to this .

Following the meeting Rachael discussed this with Ruth and can confirm that a risk assessment for diabetes is carried out during the Health Check and a finger prick test is performed on any patient that is deemed at risk from the assessment.

XXX then said that she hadn't received her test strips and XXX said how expensive these were .Sue said that the Diabetic Nurses and the Admin Team had guidelines as to how many test strips eligible patients should have and some patients would find a reduction in how many there are receiving or that they are no longer eligible to have them.

XXX attended the AGM on Thursday 26th April where sadly himself, XXX and the Secretary all resigned from the Local Diabetes UK Group. They have all agreed to stand in for these roles until new people had been elected. At the moment there have been no takers for any of the roles and if nobody applies by October then an Extraordinary General Meeting will be called at The South East Office in Epsom and the group may have to be closed in November if they have no success. The Office would be planning to do a mail shot in the CT8 to CT12 areas to advertise the vacancies with reduced Job Specifications and maybe contact Volunteer centres to try and recruit suitable people.

Speakers have been arranged for the group until October this year.

AOB

XXX expressed concern that yet again he has still heard nothing from Allan Stibbs and the CCG with regards to representation. As far as he is aware there is still no representation from patients or nurses .

Rachael said that the CCG may be relocating from Bethesda before the end of the year as the team is getting too large for us to accommodate. Rachael said that she would ask if Allan Stibbs could attend the next meeting.

Action : Rachael

Rachael explained that the surgery would be contacting patients during July in a bid to reduce inappropriate A&E attendances. Each patient that goes to A&E incurs a cost of approximately £60 to the surgery and some patients are in need of re -education as sometimes they go to A&E when there is a more appropriate route to be taken.

Rachael said that the Nurses would be doing a Warfarin Questionnaire later in the year and asked if anyone might be able to assist in handing theses out. XXX, XXX and XXX all said they may be able to and XXX if her health permits.

XXX was concerned that she had not had a Diabetic check during the year and did not know if she would receive a reminder letter or if she should book an appointment herself. Following the meeting Rachael spoke with Ruth who advised that anyone due a Diabetic check would be sent a letter from the surgery.

XXX expressed that he was unhappy that the meetings seem to have become all about individuals bringing up their own personal views or incidents and that we should be focusing on an overall picture of things not specifics to individuals. Rachael said that for items such as prescriptions and appointments it is good to have individual feedback as it may not just apply to the person raising the issue and maybe a trend.

The next meeting date was set for Wednesday 3 October at 10.30am at Darwin Court and XXX will book the room for us.

Mission Statement

“Good Communication “