

Minutes: Of Wychbury Patients' Participation Group Meeting

Held at Wychbury Medical Centre
on 26th October 2015 at 6.45pm

1. Welcome and Apologies

Members Present: Harry Bloomer (HB, Chair), Bill Beardow (BB, Vice-Chair/Sec.), Margaret Heath (MH, Treasurer), Dr Adam Hardie (AH, GP/Partner), Chris Penn (CP, Practice Manager), Dennis Rose (DR), Saima Furhuraire (SF1), Saran Furhuraire (SF2), Dharshana Arulselvan (DA) and Selvaranam Arulselvan (SA).

Apologies: Jenny Guest and by email from Bryan Gould (BG) and Lynn Adams (LA)

HB welcomed everyone to the meeting and introduced Natalie Sampson from Health Trainers with Health Exchange a C.I.C organisation to help patients make choices about lifestyle to improve health and wellbeing. Natalie gave an excellent talk on the work of Dudley's Health Trainer service, including counselling and referrals to other services. Where possible local help is given and support when accessing services wider afield. More details are found in their service leaflet.

2. **Approval of previous minutes:** The minutes were approved.

3. **Bank – update:** No change since last meeting.

4. Communications:

a) Suggestion Boxes:

- I. *"Have you considered using the computer screen for patients to order repeat prescriptions in the surgery" and "Could this be integrated/automated with the screen review and approval by the GP?"* CP explained that terminals are not programmable by the practice. Also, the addition of prescriptions might introduce extra delay for patients.
- II. *"To help avoid missed/late appointments consider incentive scheme (as charging a fee for missed appointments probably difficult to introduce). Give points for being early, deduct points for being late (10mins) deduct many points for missed/> 10mins. Points convert to vouchers for Lloyds Chemist next door (Negotiate pay say 50/75% of face value)".*
AH explained that missed appointments do not cost the practice financially, only in terms of lack of available appointments for other patients. Funds are not available for this type of scheme.
- III. Suggestion by email - "Great improvement in reception booking appointments. Can we have the old magazines removed from Wychbury looks bad tattered mags. Superb service at all surgeries congratulations on a job well done". CP reported that the lady that

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used to look after the magazines is no longer available, so they are now reliant on the reception staff who are extremely busy with patients, so the magazines are for them a low priority. She fully agreed that it does not look good and she would ask another member of staff to try and tidy them up.

IV. *"Why do doctors surgeries not provide alcohol antibacterial gel for patients on the way in and out?"* This was raised previously CP confirmed that the requirements had not changed since then. Currently there are no plans to introduce them to Wychbury surgeries.

Reply January 2014 - Hand sanitizers became prolific to combat a perceived swine flu pandemic some time ago. Whilst it was good practice on local hospital wards, other medical centres had withdrawn the dispensers and there is no requirement by public health for them.

b) **Wychbury Website:** Agenda, minutes and updated the information regarding the Pharmacy First information. MH commented that the calendar received from NHS England was confusing. BB commented that the information from NHS England totally missed the point, by only promoting the service for patients who qualify for free prescriptions, rather than the population as a whole. HB suggested that this was due to budget restrictions at NHS England, BB commented that patients who do not qualify for free prescriptions do not add any cost to NHS England as they are not registered on the Pharmacy First Scheme and pay all their costs directly to the pharmacy for the medication they receive. CP added that the patients with free prescription are more likely to make appointments with a GP to obtain their free medication than those who have to pay for a prescription, hence NHS England's efforts to divert these patients to the pharmacy. BB suggested that GPs should give any patient with a minor ailment covered by the scheme a copy of the A6 Think Pharmacy First leaflet, but AH and MH thought this would lead patients to think the GP was trying to force the patient to go to the pharmacy. It was agreed that the Think Pharmacy First leaflet and the Pharmacy First Minor Ailment Scheme leaflets would be made available to patient in each surgery.

Action: BB to provide CP with copies for printing.

c) **Virtual Patient Group Communications:** Agenda, minutes and a copy of the Health Trainer/Health Exchange was circulated to all the groups members.

5. **Practice Activities:** CP reported the electronic prescription service is now running, AH commented that it placed an increased work load on the GPs as it required more input via the computer than signing

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prescriptions. BB asked if it was possible to use the system via the online repeat prescription service, CP confirmed that this should be possible. CP reported that as part of the work on the electronic prescription service they have been looking at the workload prescriptions create and are considering removing repeat prescriptions from Chapel House due to the current staffing level at Chapel House. MH asked if the electronic prescription service would improve the time taken to issue prescriptions. CP replied that it did not affect the time taken. CP said that as part of the program they were looking into ways of reducing the number of repeat prescription requests. This would be done by bring together patients medication requests to allow all their medication to be requested at the same time, wherever possible. DR outlined the problems he was experiencing with repeat prescriptions due to limitation on the amount of medication that could be issued at any time. AH stated that controlled drugs were outside the scope of the electronic prescription service and had to continue as paper prescriptions.

6. **Productive General Practice Programme:** The audit for the back office focus group is underway and should be completed to allow the next meeting of the group during November. DR requested a copy of the minutes for the last focus group meeting.
BB had attended the last Dudley Enhanced Primary Care Development Programme meeting and reported that they were trying to round off the program prior to the "Celebration Event". It was stated some of the eight practices were running behind on the project due to holidays and that some of the practices had decided not to involve their patients in the project. CP stated that for the scheme to be successful it required a lot of work by all those involved.
One area of concern within Dudley is the lack of GPs to replace those retiring or on leave. CP said that GPs are not available, no matter what efforts are made to find replacements. MH asked if the problem was due to GPs taking early retirement, CP replied that this was not the cause of the problem in Dudley, it was that GP are just not available to replace those that retire. AH said that fewer doctors were opting to become GP due to the increased workload and less attractive pension entitlement. It is more attractive both financially and workload wise from a doctors to become locums than work as a GP within a practice. HB said that the current CCG strategy is to move more services from secondary care into primary care and this rather than improve the situation in primary care would worsen the situation that already exists.
Action: CP to arrange to supply DR with a copy of the Back Office Focus Group minutes for the last meeting.
7. **Prescriptions:** See 5. Practice activities.
8. **Appointments – Did Not Attend:** There is a focus group currently investigating DNAs, ready for its next meeting in December. Work is also

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underway as part of the Dudley Enhanced Primary Care Development Programme, HB suggested that we should await the outcomes of this before finalising our program.

9. **Parking, Lighting and Announcement at Surgeries:** MH reported that now the trees around the Cradley Road surgery have lost their leaves the lighting problem has disappeared. MH also asked what the situation was regarding HB attending the local community forum, BB explained that Sandwell no longer hold community forums, but he had spoken to the council regarding this and our concerns have been passed on to the highways department, with a request for them to contact BB.
10. **Self Care For Life** – See 15 Healthcare Event 2015.
11. **Dudley Patient Opportunity Panel (POP):** HB attend the last meeting and report on the meeting. HB told us that the POPs group has not progressed since its inception with little patient participation. HB explained that at Wychbury the patients have been fully involved with the practice as part of the Productive General Practice Programme. Likewise the Enhanced Primary Care Development Programme has had patient participating with their practice, but no such involvement has occurred with the CCG itself. In March 2015 PPG representatives from a number of the practices held a meeting with representative from Health Watch and the CCG to agree how they thought the POPs group should operate in the future. Recommendations made have not progressed. HB has declined chairing the next POPs meeting. POPs members are being urged to form locality groups by the CCG, this is being resisted by members.
12. **Black Country Neurological Alliance:** BG unable to attend meeting.
13. **Russells Hall Hospital - PPG:** DR no communications from hospital.
14. **Patients Surveys 2015:** The current survey will be completed in December.
15. **Healthcare Event 2015:** HB confirmed that the event will take place between the 16th – the 22nd of November as part of Self Care for Life Week. PPG volunteers agreed to attend the three surgeries during the week to undertake the groups Pharmacy First Survey. BB, DA, DR, HB, MH, SF1 agreed to assist and HB listed the days they will be available (see attached list). Each surgery is between 8:00 – 11:30 and 2:00 and 5:30 (except Chapel House which is closed Tuesday and Thursday pm). At last years event patients thanked us for informing them of the service. BB has ordered 300 copies of the Stay Well This Winter leaflets for distribution during the survey.

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16. Any other business:

- a) SA raised a problem with the disabled marking on the floor outside Wychbury. These have been worn away and need replacing. There is also still a problem with non blue badge owners parking in these places. CP said unfortunately the practice cannot enforce the requirement. AH thought the electronic prescribing might help the situation as less patient will need to visit the surgery.
- b) BB had attend a recent Healthcare Forum where we were informed that it is the CCG intension to move practices from their current premises into five new "locality premises", rather than upgrade any of the existing premises. This would also allow services to be transferred from the local hospital into primary care, thus reducing the cost of providing the services. CP said that she believed that this is a CCG agenda item, not a practice agenda item.
- c) BB raised a question regarding a information sheet he was given after receiving a flu jab (copies shown to members), that stated that the sheet should be given to a patient prior to receiving the flu jab. CP explained that the sheets are not usually given to patients as the nurse giving the injections, full briefs the patient prior to administering the injection. BB and other PPG members confirmed this was the case.
- d) DR raised a problem he had regarding an appointment for the removal of ear wax, where the nurse told him she was unable to treat him and he had to make another appointment to receive treatment. CP could not provide any reason why this had happened. Problems with earwax can now be treated as part of the Pharmacy First Scheme.
- e) DR also reported problems with repeat prescriptions being sent to the wrong surgery for collection. CP advised that prescription ordered at a surgery can only be collected from the same surgery. Only prescriptions ordered online can be collected from a designated surgery. He also reported on an incident where a patient requested a repeat prescription, only to be told had been taken off system in May, but had been issued with their last prescription in June. CP would needed detailed information to be able to give answer to the patient as to why this had happened.
- f) MH asked about improving the disabled access through the doors at Cradley Road, CP said that a representative from Estates had visited, but no feedback had been received by the practice. MH to chase Estates.
- g) MH commented regarding the speaker to night, she was concerned at the small number of patients at our meeting. BB explained that he had advised Natalie regarding the number of patients attending the meeting and she had still been keen to attend.

Date of Next Meeting: The next meeting will be held at the 7th December 2015 at Chapel House Lane Surgery starting at 6:45pm.

Meeting closed.

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Certified to be a true record of business conducted on the 26th October 2015 at Wychbury Medical Centre.

Signed: (Chairman)

Acronyms:

CCG - Clinical Commissioning Group (Dudley)

CQC - Care Quality Commission

DGH - District General Hospital

DNA - Did Not Attend (patient did not attend booked appointment)

POP - Patient Opportunities Panel

PPG - Patient Participation Group