

Sothall and Beighton Patient Forum

Minutes of the meeting Wednesday 5th June 2019 at 6:30pm



Chair: Michael Lyall (Practice Manager)

Practice staff: Dr R A Welch

Minutes: ML

Members Present: CL, MJK, MT, BT, TS, JW, DR, SR, CA, AF, FR, PH, AW, NB, AG

Apologies:

ML opened the meeting by thanking everyone for attending and confirmed the group's agreement with the content of the minutes from the previous meeting

1. Pharmacy issues (Weldrick's)

A forum member had requested that this issue be placed on the agenda today. Three staff from Weldrick's Pharmacy attended today's meeting to address the concerns. The issues raised and responses were:-

- a. Prescription Items are often 'missing'. This was discussed at length. There are a number of reasons for this: sometimes one or more items may require re-authorising- for patient safety and legal prescribing reasons a GP surgery can't continue to offer medication on repeat prescriptions ad infinitum without review. Our reception staff can authorise some repeat prescriptions. However queried items require further investigation by one of our clinical staff, often our clinical pharmacist Dhaval Shah, and this can mean that the Pharmacy receive prescriptions in two batches, even if they were ordered on the same day. This applies to paper and electronically-transferred prescriptions.
- b. Other issues include items being out of stock: there are vast numbers of different drugs in any pharmacy. This was discussed at length as this problem is often not within the pharmacy's control. Often stock is limited or unavailable from the wholesale suppliers for manufacturing or supply problems, so the pharmacy may take several days of repeated requesting to source suitable stock. This is an increasing and widespread problem. Limited space in the pharmacy can also exacerbate this problem.
- c. There are 'often mistakes'. There will inevitably occasionally be mistakes. However all drugs leaving the pharmacy are checked three times; often what seems to be a mistake is not, examples of this are:- wrong medication, sometimes substitutions need to be made.
- d. Regarding items are given that 'were not ordered', the pharmacy pointed out that they cannot give anything that is not on the prescription. This usually happens when patients ask the receptionist for all of their repeat medications, so items they may have forgotten, use infrequently or no longer require could be inadvertently ordered this way. This is not only frustrating for patients but is also a source of frustration for the Pharmacy, GP's and practice, as well as a huge burden on the NHS budget. Once an item leaves the pharmacy, even if immediately returned it must be destroyed, as it has been dispensed to that patient and cannot be re-issued. Sometimes these

items are far more expensive than people realise. [This may not be the case if the item is handed back un-opened at the point of delivery].

- e. 'Confusion and overheard comments': concern was expressed that patients feel worried, concerned and lose confidence when they hear Pharmacy staff discussing drugs that they don't have and / or can't get. It was suggested that the pharmacy work area should be out of earshot. Weldrick's staff explained that Weldrick's are actually encouraging **more** open workplaces and want patients to be able to see the work area. There is also a limited amount of space. This may not be what patients want and it was suggested that this is fed back to Weldrick's, including the potential for confidentiality issues.
- f. 'Delays': these are often due to the reasons mentioned above. Michael reminded the forum that the footfall at Weldrick's increased when we stopped seeing patients at the Beighton site. Although the Whitworth's Pharmacy on Queens Road, Beighton is open and many patients still use the Whitworth's chemist, many patients with acute prescriptions tend to go to Weldrick's. The staff from Weldrick's pointed out that due to the size and layout of the building they can't expand, and the staffing levels are already at the building's capacity. Patients also have a part to play in the smooth and efficient running of the service, by ordering their prescriptions in good time: you should allow four working days for your repeat prescription to be ready or delivered. This allows for GPs to review items that may require reauthorizing and time for the Pharmacy to prepare the products. It was decided that this information should be reiterated to practice staff and shared on social media and the patient information screen.
- g. One forum member feedback their appreciation of the Weldrick's chemists prompts and efficient handling of urgent terminal care prescriptions.

Following all of these discussions it was suggested that on-line ordering of prescriptions could resolve some of these concerns, as it is then easy to ensure you order only what you require and you can clearly see when and what will be available. This will also reduce the burden on the telephone system. We are hopeful that our new Community Forum Volunteers will be able to support patients in using this service in the near future.

"Broad brush" issues can be difficult to sort out in a group and it was also suggested that the Practice and the Pharmacy would be happy to discuss individual issues as they arise, and could then provide accurate reasons for them. Michael thanked the Pharmacy staff for attending and answering the group's questions.

SystemOne (TPP) online <https://www.tpp-uk.com/products/systmonline>

New (active soon) NHS App <https://digital.nhs.uk/services/nhs-app>

2. Staffing update for the practice

Michael informed the forum that Dr Laura Smy is leaving the practice in July to take up a fellowship within Sheffield CCG. Dr Smy has been with us since April 2018 and works one day a week with us, as well as working at another practice. Although we still have sufficient staff, we will be advertising for a replacement. But, as previously discussed, this is a difficult time for recruiting GP's. We are also currently looking for another medical secretary and

have an advertisement on NHS jobs at the moment
https://www.jobs.nhs.uk/xi/vacancy/?vac_ref=915604355

3. Volunteer project update

Amanda Broadhurst is our Neighbourhood Volunteer coordinator. She has now recruited six volunteers within our neighbourhood and is awaiting their DBS checks. Two more volunteers are in the early recruitment stages. Two of the volunteers wish to offer Sothall patients 'digital support', helping patients understand and use the online services etc. One also wishes to be peer support for patients with long term conditions. This is a new initiative and more details can be found by emailing Amanda directly at Amanda@mywoodhouse.co.uk

4 Research Cluster work

Michael explained that the practice has joined with Woodhouse and Mosborough Practices to form a research cluster. We will be working with a variety of outside agencies to support various research projects. Those we choose to support will be only after careful consideration of the ethical and practical benefits of the research. This sort of research has historically been arranged by Hospitals but they are finding it difficult to recruit sufficient or appropriate patients. Practices working together as clusters can easily achieve this. The benefits are that research helps with developing new healthcare treatments, regimes and "cutting-edge" drugs. We will be helping to discover what works best for patients. We may be able to offer patients support that would otherwise not be available: [we are currently involved in a trial called Working Win. This trial is providing 1 – 1 support for people with mental or physical impairments which may be causing them difficulty getting into, or remaining in paid work. The trial is looking at how effective this support is]. We also wanted to assure patients that they will never be involved in a trial without being fully informed and we do not share any personal data without their express permission. Patients may receive a letter asking if they would like to take part in a particular trial, or be asked by staff at the practice. However this will be strictly confidential, you would be fully and honestly informed; any involvement is completely voluntary.

5. Patient call board (Jayex) and self-check in

At the last meeting suggestions were made regarding the Jayex board in the waiting room (the patient call screen above the TV). It was suggested that, as there are a number of 'looped' messages scrolling on this screen, it was easy to miss your own name when it's called. Michael and Dr Welch agreed that some of the messages are historic and can be removed or transferred to the TV screen. We have removed these messages, and slowed down the rate at which patient calls are scrolled across the screen. This has been very effective and Michael pointed out that was an extremely helpful suggestion from the Forum: we may not have noticed this. It is therefore a great example of how effective the Patient Forum can be.

The broken self-check- in screen was also discussed. Michel explained that this is not working as it's relatively old and can no longer cope with the amount of information our system requires. It is not repairable and a replacement is around £2000. We would pay for a replacement, however before it broke down, we were promised a new one by the CCG. This

is currently held up because of funding issues but is still being promised imminently. The Practice did not wish to spend that amount of money on a replacement that was due to be centrally funded. We are really sorry for the inconvenience, but feel that we can't justify spending that amount of money for such a short period of use.

6. Car park

The car parking difficulties were again raised. Michael explained that we will invariably always have issues with the car park. He has asked the local School to raise the issue also, as several parents leave cars here whilst they walk children into School. Following a discussion, we will reiterate to staff and visitors that there is alternative parking at the Belfry, who very kindly allow us to use their car park. Michael explained that we don't want to lose our good relationship with them and forcing all staff to park at the Belfry could have the potential to do this. We also discussed increasing the number of disabled parking spaces: again we will look at this option. We only have one dedicated disabled space however this is very often empty and having several reserved and empty spaces doesn't seem like a great solution either. We will continue to monitor this issue and are always open to suggestions.

7. Patient self-check height and weight machine

We were asked if we could supply a weight conversion chart for patients to use, as not everyone is familiar with weights in kilograms. This was agreed and will be actioned over the coming weeks. The group asked if it was being used more, as this was a previous topic of discussion. Fortunately, it is now being used more frequently although, ideally, we would like everyone who comes for a review to use it and bring their printout ticket into the consultation so that the details can be recorded. This still requires more work.

8. Sheffield CCG Annual Public Meeting 14:00 – 17:00 11th July at SUFC

Michael explained that this is a public meeting and patients as well as staff are encouraged to attend. Free Tickets are available on 'Eventbrite' <https://www.eventbrite.co.uk/e/nhs-sheffield-clinical-commissioning-group-annual-public-meeting-tickets-62640254688> The meeting will allow the CCG to explain their plans for the future and allow patients to have a say in the decisions. Two Forum members have already booked to attend and may offer to feedback any salient points. There is also a PPG Network meeting at 18:00 on 6th July at The Circle in Sheffield.

AOB

- a) Michael pointed out that the practice is closed for training from 12:00 on Tuesday 11th June and Wednesday 10th July. On Tuesday, amongst other training, we plan to look at what we can do to improve our appointment system and patient access. We will be contractually obliged to offer 25% of our appointments online from 1st July. Michael invited suggestions from the group and suggested these could be emailed directly. Suggestions on the day were: - being able to book call-backs online; publicise that patients should avoid 08:30 (peak time) to call for prescriptions; being able to book more than two weeks ahead and encouraging more people to book online.

- b) Michael explained that we are trying to increase the number of patients we can communicate with via electronic and social media. Advantages for patients are that they can get instant information when the practice has issues: we recently had a telephone outage and only Facebook followers would have known about this. We are also increasingly able to promote local events. Michael asked that the Forum members encourage local people to follow and “like” our Facebook page. <https://www.facebook.com/SothallMC/> and website <https://sothall.net/>
- c) A forum member said that the notice boards in the surgery could be more organised, and suggested that this may be something a volunteer could do. Michael explained that this was something we would look into. However there are a lot of considerations regarding what we prioritise on our notice boards.
- d) A Forum member asked if Physician Associates (PA's) could do call backs. Dr Welch explained that this would be considered but is difficult due to the level of responsibility for triage work, and it may also have medicolegal implications.
- e) There were two further discussions from Forum members regarding their personal experiences with Urgent call backs and medication reviews, which are not appropriate to minute.

There being no further discussions, the meeting closed at 20:15

Next Patient Forum (provisionally) Wednesday 7th August 2019, 18.30 at Sothall Medical Centre.