

**Sothall and Beighton Patient Forum**  
**Minutes of the meeting Wednesday 7<sup>th</sup> June 2023 at 6:30pm**



**Chair:** Michael Lyall  
**Practice staff:** Dr Rosie Welch  
**Minutes:** Michael Lyall  
**Visitors:** Richard Hackett & Craig Coult (Weldrick's Pharmacy)  
**Members Present:** JM, CL, JW, BS, DS, AT  
**Apologies :** PH, RE, JS, DR, SR

The Minutes from the Wednesday 5<sup>th</sup> April 2023 meeting were agreed by all present members

- 1. Weldrick's Pharmacy,** Richard Hackett (head of Pharmacy) and Craig Coult, Weldrick's local area Manager kindly offered to attend today to answer Patients queries regarding ongoing concerns relating to Weldrick's Pharmacy at Sothall. Richard started by explaining some of the challenges faced in pharmacy. He explained that they have had three full time pharmacists at Sothall in the last three years they feel confident that the current pharmacist will stay and seems to be achieving noticeable improvements. Funding challenges were discussed, pharmacies are in the fifth year of a five-year flat funding agreement. They have had to deliver more services with the same funding, and this is proving to be challenging. Issues regarding the hub in Doncaster were discussed and it was explained that this hub was built to improve efficiency. Prescription drugs which are delivered to patients' homes are prepared in Doncaster and delivered from Doncaster as this is more efficient than delivering from individual pharmacies.  
Requests for a seven-day prescription turn around were discussed and it was explained that sourcing some items can be extremely difficult and challenging, this is the reason for the request for extra time.  
A patient asked why the app sometimes takes 10 days to reply to simple questions this will be investigated.  
A patient asked why we don't do more batch scripts. Part of the reason for this is that often medications change requiring all the batch prescriptions to be replaced we will sometimes arrange batch prescriptions for patients on very stable medications but changes are very problematic.  
A patient asked why the pharmacy can't predict the drugs that are going to be required seven days ahead if they are 'usual' repeat prescriptions. It was explained that although the pharmacy does know what people are going to be requesting, they do not know until the last minute which drugs will be out of stock from the supplier. It was explained that there is seldom any warning and often it can be very common drugs which are inexplicably unobtainable.  
A patient had asked what the difference was between the Weldrick's on the NHS app Richard said there was little difference as the app from Weldrick's now does connect into the clinical system.  
It was suggested that there seems to be a very manual process in the pharmacy next door. Richard explained that they would like an automated system, but this is not possible due to cost.

*Post meeting information from Weldrick's; - 'A patient asked about whether we could confirm a day for delivery, so that they didn't need to wait in at home until it was delivered. If any patient who receives a delivery from email [mdsorders@weldricks.co.uk](mailto:mdsorders@weldricks.co.uk) replies with their name and address and they can ask for their email to be added and they will then receive delivery alerts, which we can sort this no problem.'*

2. **PCS Merge / takeover**– this merger was discussed in February [Patientforumminutesfebruary2023.pdf \(sothall.net\)](#) the planned merger between PCS and Sothall Medical Centre is still going ahead but has been delayed slightly due to technical issues, we are still confident that we will complete this transition and will keep patients informed via our website [www.sothall.net](http://www.sothall.net) and Facebook page [\(3\) Sothall Medical Centre | Sheffield | Facebook](#)
3. **STAFFING:** Ria Agarwal our Physician Associate is leaving; this week is her last. Another PA (another Ria) is joining on Friday.  
We have advertised for another Practice Nurse and have an excellent choice of candidates; we are confident that we will be able to appoint.  
Sothall are still advertising for 2 x GP vacancies however we have had some interest and are reviewing prospective GP's now. We are still working with a noticeable number of locum GPs due to Maternity leave and hope this will improve in coming months.  
Unfortunately, yet again we have lost a significant number of reception staff at the same time. Our reception team are again finding training and mentoring challenging which will impact on the service. We are happy with those staff we have recruited and are hopeful that we can return to a normal service over the coming Months. It was asked if we know why they were leaving? Michael explained that we always conduct a leaving interview. Staff have given a variety of reasons, unfortunately there is no pattern, we explained that reception staff are near minimum wage and patients can be very demanding making the role stressful.
4. **Telephone access update:** we have received a lot of positive comments regarding our new telephone system. Patients particularly like the option to press one and be called back rather than holding in a long queue. Michael was asked why this is not available to everyone. The reason for this is that it is not offered if there are less than four in the queue the rationale being that the queue should not take as long. It was suggested that this may be better reduced until the reception team are able to manage the calls more effectively. Michael will contact the provider to see if that is possible.

## AOB

- **Dr Welch** explained that we are currently reviewing the messages sent to patients who have test results returned. Dr Welch explained that more patients are calling and asking for an appointment to discuss their results which is taking up valuable resource. This is usually not necessary as we would contact patients if there were any actions required. Dr Welch further explained that sometimes the result is recorded as abnormal, but this is either anticipated, or close enough to normal as to be no cause for concern. We are hoping that the reworded text messages will reduce patient anxiety and save unnecessary follow-on consultations. A patient explained that if they have symptoms and the results come back normal, they may still need to know what is wrong with them? We briefly discussed the option of the clinicians requesting the tests informing the patient what to do in each scenario in their initial consultation. Michael will take this suggestion to our Practice clinical meeting for discussion.

There being no further discussions, the meeting closed at 19:40

**Next meeting** – Provisionally Wednesday 2<sup>nd</sup> August 2023, 6.30pm – 8:00pm