**Patient Participation Group**

**(PPG)**

Hetherington Group Practice and Pavilion Medical Centre

Wednesday 3 September 2014

6:30pm-8pm @ Pavilion Medical Centre

MINUTES

**Present:**

**HGP/PMC members:** Ph.C

**Practice Members**: Dr Steve Mowle & Dorcas Smith

**Apologies:** JC. PC.

**PPG members**:

We were only represented by one member at this meeting with only two apologies received.

This raises the issue that we require more group members.

The partners will be asked to nominate 2 new group members each.

**Outstanding actions:**

Producing a notice board for displaying elderly services, to discuss further with AW.

**Stour appointment system**

PC raised concern over same day access to see a named GP and disputed the website entries which appear to indicate that all patients will be given appointments on the day of choice.

It was agreed that we should add that on exceptionally busy days we may only be able to accommodate medically urgent appointments if the demand is higher than usual.

**Action:**

Amend website appointment section.

SM pointed out that 90% of patients were being seen on the day of choice but high patient expectations and an increase in demand is proving difficult to manage within the limited funds.

SM indicated that his appointment numbers alone have increased by one third.

SM also pointed out that many practices are experiencing the same access issues with limited funds to increase GP sessions.

**Repeat Prescribing Policy**

The Policy is reviewed regularly each year.

Patient medication reviews are also reviewed regularly but some more often depending on the type of medication administered.

There is still a 48 hr window turnaround for repeat medication requests to be issued.

**EPS (electronic prescribing system)**

Patients need to have a nominated pharmacy from which to order/collect their repeat medication. Once a patient has provided permission for their nomination to be set, nominations can either be completed at the pharmacy or in Emis Web.

The benefits of this system are as follows:

**For patients**

* Better patient safety due to the sharing of medication and allergy information between GPs and pharmacies and no need to retype patient data by pharmacies
* More patient choice and convenience
* Fewer visits to surgery to order/collect repeat prescriptions
* Patient can nominate a pharmacy convenient to where they live, work or shop to collect their prescription or even a mail order pharmacy which delivers to their home
* May improve medication compliance due to the increased convenience of obtaining repeat prescriptions

**For GP practices:**

* Saves time, printing and paper – prescriptions are electronically signed
* Repeat prescribing workload for practice staff is reduced
* Fewer lost prescriptions
* Prescriptions can be cancelled electronically
* Full end to end audit trail of requested vs authorised prescriptions
* Better information governance, as a formal consent to share data (when a patient has given their consent) is requested and obtained

Other benefits discussed - convenience for workers able to email or fax to nominated pharmacies.

SM commented that the electronic system is very clear but sometimes prescriptions still go amiss, the system sends but not always delivered to some pharmacies.

PC said that she felt it a very easy process and no particular issues.

We agreed that we need to promote the EPS system to more patients, to encourage less administrative work and more accuracy.

**Action:**

DS will speak to RI to see if this can be implemented gradually with RI being the named contact for patients.

**Drugs for use abroad.**

We have many patients that visit oversees for up to 6 months.

We normally only give up to one month supply but if it is a drug that cannot be obtained abroad or if they cannot obtain the generic brand it may be more cost effective to treat with the regular brand for the period that they are away.

**NHS Season Tickets**

SM mentioned that patients on more than 4 drugs are still unaware that they can purchase an annual season ticket to reduce the cost of prescriptions.

**Action:**

A message can be added to the prescription copy to inform those patients.

**Antibiotics**

SM mentioned that the practice did not prescribe many antibiotics as very few patients attended with coughs and cold.

Also, although we take on many patients with greater need, i.e. homeless, drug users, they do not require antibiotics regularly.

**Prescription reviews**

Some reviews require a blood test before further medication can be re-administered correctly.

DS mentioned that the practice HCA is going on maternity leave for one year therefore we will have a reduced service for blood tests; the service will be reduced to one day a week unless we can obtain a further phlebotomist.

**Action:**

DS to review service level and consider a part time phlebotomist.

**Next meeting:**

Hetherington Group Practice

November date to be confirmed