

The Family Practice Western College Patient Participation Group

Minutes of the meeting held via Zoom 5/6/2023

Present:

Jill White (JW) (Chair)	
Keith Dawes (KD)	
Adrian Longstaffe (AL)	
Sarah Udo-Offia (SO)	
Penny Dobson (PD) (Minutes)	
Ian Goodenough (IG)	
John Plumb (JP)	
Dr Nicola McGuinness (NMc) (GP)	
Kathy Turner (KT) (Business Manager)	

1. Apologies:

Nick Benson	Anna Goodenough
Mina Malpass	<u>Ann Nichols</u>

Sarah Udo-Offia was welcomed to the meeting. Sarah is an architect by profession and is new to The Family Practice (TFP); she had responded positively to IG suggesting that she join the PPG and would like to help where she can.

Guest speaker

Sarah Huxtable (SH) was welcomed to the meeting and thanked for giving her time after a busy day. Sarah is one of three pharmacy technicians who serve our Primary Care Network (PCN – covering TFP, Whiteladies Medical Group, Pembroke Road Surgery and the University of Bristol Students’ Health Service). This “Hub” is based at the Whiteladies Surgery and is supported by 3 administrative staff. Their job is to review prescription requests and queries according to national protocols; aiming for a 3 day turnaround for approval (or resolving of a query) and issue to the designated pharmacy. The process is supported by electronic means, with a range of pre-written

text messages – but sometimes a query will need a phone call to a patient or a local pharmacist. Repeat prescriptions can be queried if there is a request for a medication that has not been requested for 6-12 months. They are required by government protocol to be alert to waste of money in the system eg if repeat prescriptions are ordered too early and might result in medication stockpiling. There was a discussion about whether the system was working well. NMc said that this service made TFP safer and more efficient; it was an enormous help to GPs, who would otherwise have to do the 150 prescription requests a day themselves. SH said that she was not aware of any major problems with its part of the delivery. Most of the issues that this PPG has become aware of are mostly from other patients in our PCN: in short:

Drug non availability or delays in availability , shortages in dose size or brand specified by GP
Dispensing issues, wrong drugs or incomplete dispensing, prescription mix ups especially with multiple itemed repeat prescriptions
Prescriptions not received by pharmacy
Patients being bounced between pharmacy and practice (ownership of process being pushed onto patients)
No update from pharmacy to practice on dispensing

SH responded by saying that a lot is to do with shortages of medicines in the supply chain and not the issuing of prescriptions from the GP surgeries. They do try to keep aware of the stock shortages and where there is stock available. We do not want to add to GP workload by writing new prescriptions if it is only one of the "chain pharmacies" who do not have the stock.

Pharmacies have lost experienced staff members of staff too and are struggling to recruit for their vacancies.

It is true that most of the "chains" make use of off-site dispensing robots which can add 24 to 48 hours on to the length of time it takes to dispense a prescription. (the robot will dispense the "calendar pack" medications which make up about 80% of dispensing; the remaining 20% will be done at the pharmacy). This enables companies to keep their stock at the warehouse rather than distribute it all over the country, where it may ultimately not be required and go out of date.

Boots seem to be experiencing regular IT issues with the downloading of electronic prescriptions. When this happens all we can do is respond to each individual instance as we become aware of it. The prescription has to be cancelled and a new one re-issued. This will inevitably take time.

5 ways to order a repeat prescription

1. Tick the box on repeat slip and pop in the collection box at the surgery
2. Ask your pharmacy to order for you

3. Order via email at bnssg.healthwestph@nhs.net
4. Order via Patient Access website (login can be obtained from Reception upon presentation of photographic ID)
5. On NHS app (online access to records needs to be granted)

Queries to 0117 915 0265

There was a discussion about these concerns. Recent changes to block people from making repeat prescription requests manually, rather than use the direct electronic system, was a government request following fears that pharmacists were doing work for people who could make the request themselves! However, as above, the repeat slip system has been reinstated (it was of course pointed out that not everyone has access to or can use a computer!).

SH was thanked for her time.

2. Minutes of last Meeting (13/3/2023) and Matters Arising

The DNAs in item 4.5 related to Dec 2022 – Feb 23

Adrian Longstaffe was not in attendance, but gave his apologies and also his resignation from the PPG.

Matters Arising. Re: Item 3.5

JP reported on the latest Energisers' Group meeting (24/5/23). No Primary Care Review Plan or Workforce Recovery Plan has yet been published. There was a discussion about ways to make people more aware of their PPGs and suggestions included a newsletter, information in the Practices waiting areas. No concrete conclusions.

Item 8 JP reported that he has not been able to do a piece for TFP website on problems not addressed by the PCN eg ear wax removal. JW will try to support this so it happens. **ACTION JW**

Item 10 IG said that he has had a meeting with TFP (17/4/23) but the conclusion was that there is little that can be done within this Listed Building to create more working space. JG is advising re some identified damp problems.

3. Chair's Report Further to discussion at the last meeting, JW reported that she had eventually managed to get a session with Thangham Debonnaire MP in which JW raised the issue of continued funding for a Mental Health Nurse Practitioner for TFP. Thangham will take this up with the local Integrated Care Board (ICB). NMc said that the ICB had provided funding for Mental Health Nursing Support for our Primary Care Network, but as this problem was most acute amongst younger people, the Mental Health Nurse Practitioner post had been awarded to the Bristol Student Health Service. It was pointed out that mental health issues were also experienced by older people. PD asked whether

we could use the impetus from the actions by our MP to gain some additional funding in this area for TFP. **Action: NMc and KT to consider and report.**

4. Operation Manager's Report

Staffing Mar – May 23

Recruiting remains a challenge. Many applying for the reception posts do so only to evidence job seeking activity! We have vacancies for reception posts and are viewing applicants on a daily basis to invite in for interview. The challenge is to not only get them but for candidates to turn up for work!

GP vacancies –

Dr Martha Walker (6 sessions) was recruited in May.

Dr Gabriella Blazewicz went on maternity leave in April (a little earlier than planned) and while 2 of her sessions have been filled, we are still trying to recruit for her maternity leave.

Reception

There is some loss to the team but we are actively trying to recruit and have managed to recruit 2 new members.

It is worth mentioning that another member of the team is actively looking elsewhere because of the challenging behaviour of patients and she is finding it too difficult to work on front desk.

Admin staff:

A medical secretary has left and the medical report administrator has retired. The position has been filled internally, but has created another vacancy in the reception team.

Do Not Attends (DNAs)

There were 195 DNAs for nursing services for the period March – May 2023. This was similar to the numbers for the previous quarter. The highest figures were for the 18-39 age range. There were 220 DNAs for GP services, more than in the previous quarter.

5. GPs Report

NM said that it was of course a turbulent time for GPs nationally. However, there is good morale within the staff team. She noted that there were lower DNA rates for phone consultations than those attending in person. They were continuing to work on getting a balance between the two – and to improve Practice access. TFP pay staff competitive rates.

6. AOB

KD reported that the Practice's answerphone message was breaking up when he used it recently.

KD also reported that he had used the ear microsuction service at Regent's Pharmacy – and that this had cost him £70! Agreed this seemed unduly expensive.

IG queried whether treatment at the Exercise Clinic on Blackboy Hill could be included as part of Social Prescribing? IG had had knee and ankle problems, which had not responded to a range of treatments, but this clinic had greatly improved it. NM said that it was good to know about this. She will investigate further as to whether it could be used for Social Prescribing. This service would have to be trained in how to treat people with existing health conditions eg cardiac conditions.

ACTION NM to share with TFP's Social Prescriber (Caroline Parsons).

7. Dates of next meetings

11/9/2023 Agreed that we will try to arrange this as a face to face meeting in the Board Room at TFP.

13/6/2023 PD