

Chapelgreen Practice



Patient Participation Group (PPG) Meeting 11th March 2015

Venue: High Green, Time 2.00pm

Attendees: Patient Group

Joint Chairs – Ann De-Bruyn & Derek Broomhead
Dennis Farnsworth
Alan Penney
Paul Barker
Judith Keyworth
Clifford Whitehead
Patricia Hattersley

Practice Representation – Dr E Warren – Mr. Blake Foster – Ms Kathy Wilson and Senior Receptionist Tracy Fleming

Guest Speaker – Rizwana Iqbal – Medicines Management

Apologies: Mr. D. Wood – Mr & Mrs Hemper – Ms S Edley

Blake opened the meeting and welcomed all for attending. Blake explained that the agenda would be changed slightly to accommodate the guest speaker who needed to leave at 2.30pm.

Agenda

For the purpose of the meeting Blake went through the evening`s agenda items

- Review of minutes from the meeting held on the 14th November, 2014
- Medicines Management – Rizwana Iqbal
- New faces in the practice
- The Appointment System
- Police Drop in Clinic at High Green
- Set date for next meeting

Blake went on to introduce Rizwana from the Clinical Commissioning Group Medicines Management team.

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Rizwana went through her role of being part of a team that support practices by looking at their prescriptions that GPs have issued and look at certain medications, they then run audits, check the patients records against the medication being prescribed for a particular condition and then recommend changes to the GP – Rizwana reassured the group that they never make changes without consulting with the GP first. Once a GP has authorised a change then Rizwana will contact the patient usually by letter, or by telephone explaining the reasons for the change but also giving the patient the opportunity of making an appointment to discuss with their usual GP.

If a GP decides that they would prefer not to go with the recommendations made by Medicines Management then the GP will document this in the patients records and informs Rizwana.

Again Rizwana assured the meeting that changes were never made without prior consultation with the GP, and ultimately it is the GPs decision.

Rizwana gave out a graph showing the two most popular antibiotic groups which compared other Clinical Commissioning Groups i.e. Rotherham, Doncaster, to ourselves and in comparison we were high, however Rizwana explained that this does include the Teaching Hospitals. The other graph showed a snapshot of other practices in Sheffield and Chapelgreen were above average prescribing, the group felt that as Chapelgreen has the highest population against other practices then this should be taken into consideration, Rizwana explained that they work these figures out on a percentage and average it out per practice. The figures used were from July to September 2014, and more than likely if the same exercise was run now the prescribing of antibiotics would be higher due to winter.

A question was asked if in hospital when you are administered an IV antibiotic would it be the same if you are discharged in tablet form and Rizwana confirmed that it would be.

Blake went on to say that all practices are challenged to look at their prescribing and work within the NICE guidelines and the guidelines set out by National Guidance and these are the source of the recommendations put forward by the CCG.

The group asked why were GPs prescribing antibiotics and surely we should be educating patients about how antibiotics don't work, and Rizwana explained that there was an Antibiotic Awareness Day which all pharmacists and doctors surgeries were encouraged to participate in to make patients aware that antibiotics are not



always necessary. The group asked how as a practice we can reinforce this message and it was agreed that we should look at posters, leaflets and use the patient call board, Rizwana mentioned that many patients are adamant they want antibiotics and for a GP it can be difficult to say no, someone asked if a placebo could be given to which Dr Warren responded no this would not be good practice.

A question was asked is there work being done to find new antibiotics and a response was No not at this moment in time, although work was still taking place on finding a drug to treat Ebola.

Review of the minutes

Blake ran through the previous minutes for those that were not present. A comment from the meeting was that minutes had been sent out without a postage stamp, and Kathy apologised as mail is franked by the practice, and if anyone ever has to pay to collect from the local Mail office then to let her know and she will reimburse the postage. It was also agreed by Blake that when minutes were sent out by email that they would not show everyone`s email addresses.

Blake welcomed both Mrs. Debruyne and Mr Broomhead who are now working together as chair.

New Faces in the Practice

Blake went on to explain the new faces in the practice (please see attachment 1)

The Appointment System

Blake presented on the screen a document which showed what appointments the practice offer and by whom and also the times(see attachment 2). A question was asked as to why we have the triage system when a patient wants/feels that they need to see a Doctor and surely this was a Nurse who was just handing out antibiotic prescriptions – both Blake and Dr Warren explained that the Triage System works extremely well and the prescribing rate was very low, and our triage nurses work to protocols put together by the lead which is Dr Warren and work closely with him at reviewing policies and processes regularly.

A question was asked as to why when a doctor tells you to come back in a month that the receptionists are saying that the next month`s appointments are not released, so why can`t the doctor book the appointment there and then? – Blake and

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Kathy explained that there simply were no appointments for either a GP or Reception to book because they had not been put onto the computer system - Dr Warren explained that the Operations person who did all the appointments had recently retired and that a member of the management team had taken this role on and therefore due to its complexity of holidays, registrars, medical students and organising Educational Supervision for the trainers it is not straightforward. Kathy went on to explain that it was now part of her role and that she had been doing this since December and that the process is to do a spreadsheet initially which takes two days, then it has to be put on manually to the computer system, changes have to be made to accommodate debrief for the registrars as well as extended hours, which takes up to a day possibly two then both Blake and Kathy do a final check before releasing the appointments to make sure that all is correct, Kathy also explained that at this stage if appointments were on and patients booked in then we would have to contact the patient to cancel due to an incorrect rota or a change. With this explained patients understood why it takes the time it does.

A question was raised about why most practices seem not to work on a weekend, Blake explained that it comes down to funding, that at the moment there is a discussion about practices providing increased capacity, and government grants would pay for this service.

A further question was asked about why we can't see an indefinite number of patients, Blake explained that the surgery does not limit appointments and if a patient needs to be seen then these are added on to a GPs list but then we do have to consider safe practice for GPs who are already under increased pressure during their working day. Kathy informed the group that in February 316 patients did not attend their appointments with either the GP or Practice Nurse which resulted in almost 25 surgeries lost, a question was asked what is the practice doing about this, we explained that we do contact patients, we have 3 letters that we send to patients who continually miss their appointments the 1st being a reminder, the 2nd informing the patient that this is unacceptable and could result in being removed from the practice list and the 3rd removing the patient from the list. A question was asked do we keep a list of perpetual offenders and Blake responded yes. A further question was asked how many patients don't attend the extended hours and we mentioned that approximately 2 patients prior to our normal opening/closing hours usually don't attend but in extended hours this is rare compared to other sessions. Blake explained that we do display these figures on the website – waiting rooms and the patient call screen. Another question was asked about reminders do these patients receive reminders and Blake informed them that they do get reminders along with a

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text informing the patient that they did not attend their appointment. All members thought that the DNA's was shocking and disappointing.

Police Drop in Clinic at High Green

Blake informed the members that we had not been approached by the Police with any further information or with any dates of when this would commence, so therefore we presume that this is no longer happening. A member did say that they thought this was probably for the best as the fear would be as to what group of people would be attending the practice.

Date for Next Meeting

This date was not set and the practice will communicate with both Chairpersons to arrange this and communicate to the group.

Blake closed the meeting and thanked everyone for coming and for participating and asked the Chairpersons to sign the Patient Participation Document from the CCG which confirmed that we were complying with the Terms and Conditions set out by them.

Minutes by Kathy Wilson 11/3/15