

Thorpewood Medical Group

Dr R Hampsheir Dr S Ranasinghe Dr I Nnene Dr K Dawson Dr A Prior

Patient Participation Group

Meeting, Tuesday 1st March 2022, 12.30pm

Minutes

- 1) **Present:** TMG (Thorpewood Medical Group) Members: Andy Cutting (Practice Manager), Claire Penstone-Smith (Secretary); Sujata Vyas-Wakerley (Norwich PCN Patient Representative)
Patient members: Mike H, Wendy H, Ann J, Bob L, Rosemary L, Cheryl P, Tony P, Rick S, Tony T, Margaret W.
- 2) **Apologies:** Jean T.
- 3) **Minutes of meeting 15th January 2022** had been circulated and were accepted as a true record.
- 4) **Matters Arising:**
 - a) (6a) **Patient Survey.** Very many thanks from Andy to all those who helped with the survey organised by HealthWatch between 8th-14th February. Members expressed their interest in the comments received from patients. Surveys to be returned to HealthWatch for analysis. Suggestions arising from members being as the surgery:
 - i) Newsletter to be handed to patients rather than just left for them to pick up.
 - ii) Plants to be cared for or (those in waiting areas) to be disposed of.
 - b) (6b) **Group Consultation** – apologies to those members x2 who signed up to attend. Generally, poor take up despite follow-up telephone calls and emails with links for patients who agreed to receive. Clinician was delayed and event not take place as both patients had left the meeting thinking they had got it wrong, or waited too long. More work to be done on how to manage effectively.
 - c) (6g) **Website Meeting** – rescheduled for Wednesday 9th March at 1.15pm in meeting room. Those members attending: Tony P, Bob, Rosemary, Wendy, Mike, Anne.
 - d) (6h) **Development of Facebook group/page.** Partners have agreed with some reservations. AC to write protocol. PPG will be consulted.
 - e) (6e) **Noticeboard** – Space in waiting room identified. New noticeboard to be ordered. Anne kindly agreed to take responsibility for. **Action: Anne to meet with Cat (Operations Manager) to agree how to manage.** NB – must be kept up to date, notices changed frequently, focus on local services.
 - f) (6h) **Independent Chair** – some discussion of pros and cons. Sujata indicated that the PPGs of three practices in the PCN area had independent chairs. AC confirmed that he on each occasion, and where possible, a member of the surgery admin team would always be present at meetings. Partners would still attend ad hoc as present. Terms of Reference for an independent chair to be drawn up. **Action: AC**
- 5) **Health Research Website** – many thanks for Tony & Bob for attending (via Zoom). Ambiguities need to be clarified; link to research website from practice websites necessary. PPG recommended website has feature. Agreed by PM.

6) **Prescriptions and Medication Reviews** – paper tabled by Anne.

With 26 reviews daily needed to keep up to date with medication reviews, many variables and safety regulations need to be taken into consideration as the surgery is continually looking at ways to improve the processes in place. The practice now has a dedicated prescription clerk. The Clinical Pharmacist who works at the surgery on a part-time basis undertakes medication reviews while the Pharmacy Technicians (x2) undertake audits as required by CQC. All will highlight any bloods or x-rays that are needed. Some reviews will take place face to face and some on the telephone. Dr Burrows who did work on a Saturday morning undertaking medication reviews has now retired.

Medication review dates

A date is printed in each block of the named medication on a prescription which is very easy to miss. Could this be shown somewhere on the prescription form in bold print in its own space? PM to see if possible.

Who is responsible for making a review date?

Is it the patient or does the surgery let the patient know they are due for a review?

Who flags up when a review is overdue, and should it be made clear as to who the responsibility lies within the first instance to make this review appt? Patient has responsibility. Prescription Clerk will call patient direct after first emergency issue of repeat to secure an appointment.

Is there more than one type of review and if so, what are they?

For the purposes of Medication Review, this is the only type of review where GP/Prescriber will look at what repeat medications the patient is taking. There is another review where a Pharmacist may review all the medications a patient is taking with a view to looking at if any can be removed, reduced and what the patients thinks. Any changes are then authorised by a Prescriber/GP, if the pharmacist is not a qualified prescriber.

Patient query on medication

If a patient needs to query or discuss their medication and this cannot be dealt with by the issuing pharmacist, how does the patient contact the surgery to discuss? There does not appear to be anything on the surgery website which covers this.

An Econsult can be submitted or phone the Surgery to state this is what is requested. A statement on this will be published on the Website for information in due course.

Telephone Reviews

How does an over the telephone review work and how can vital signs be checked with this type of review. Will over the telephone review be phased out in favour of the old face to face reviews?

If the GP makes a clinical decision to see the Patient Face 2 Face, then the GP arranges this direct with the Patient when phoning them. A GP has the full medical record of the patient in front them when calling and can ask the same questions. In respect of repeat medication reviews, it is not known what the GP or Patient would benefit from a Face 2 Face appointment that a call could not solve, unless there was a reaction, but this is an annual review.

Pharmacists/Technicians

Was the taking on of the pharmacists/technicians to deal with the flagging up of overdue reviews, medications audits and backlog a success?

The Pharmacists and Technicians are conducting regular audits. This is in accordance with Safety processes for Patients, reacting to national alerts and a list of what is required to be conducted by the Commissioners and Care Quality Commission.

It is successful and the number of patients being reviewed and deemed safe or being referred for precautionary blood tests has increased, thereby increasing safety and reassurance.

7) **Surgery Matters**

- a) New GP, Dr Kumar, starting 3 days / week from 1st April
- b) Dr Thorpe, Locum GP, considering her position currently
- c) Jakub Lato, ECP, in negotiations to work full-time from 1st May
- d) Spirometry to resume in a few weeks at the surgery after being stopped at the beginning of COVID which will enable asthma and COPD reviews to be undertaken face to face.
- e) **External Influences of Surgery Decisions and Services** – presented by AC.
This highlighted the large number of statutory outside influences on the day-to-day management of a GP surgery – see attached.

8) **Any Other Business**

- a) **Covid Testing** – Continue to test prior to attending meetings was agreed by all.
- b) **Telephone consultations** – to clarify clinicians are allowing at least five rings when calling patients and ringing back at least once if the telephone not answered at first call. **Action: AC to check.**
- c) **COVID – 4th jab** – One Norwich and NHS England identifying patients being requested to attend for a 4th jab.

9) **Date of Next Meeting: Tuesday 12th April at 12.30pm.**