**Ruddington Medical Centre**

**Patient Participation Group (PPG)**

**Notes of Meeting Held on Tuesday 7 January 2025**

**Present:** Gavin Walker (Chair) GW

Annie Scally (Vice Chair)

David Hardwick (Secretary) DH

Heather Coombs (Group Member) HC

Susan Sellors (Group Member) SS

Marion Pell (Group Member) MP

Carly Stewart (Practice manager) CS

Maria Johnson (Operations Manager) MJ

Mark Wharrier (Evans Pharmacy)

1. **Welcome & Introductions**

GW welcomed everyone to the meeting, especially Mark from the Pharmacy

1. **Apologies**

Rita Kirk (Group Member) RK

1. **Correspondence**

There was no correspondence.

1. **Notes of last meeting 5 November 2024**

Agreed by SS and seconded by MP

1. **Matters arising**

**PPG Involvement with Health Issues**

DH suggested material relating eating disorders. This was agreed as the topic to be displayed in the waiting rooms next. DH to supply to CS

**ACTION DH**

**Pharmacy Issues**

MW kindly agreed to answer pre-prepared questions from the group, as below.

Q Are prescriptions for orlistat and other weight loss drugs affecting the supply of diabetes drugs?

A Not currently. There has been a shortage of insulin pens which was overcome by supplying cartridges separately.

Q How is the pharmacy coping with the NHS drugs pricing regime where some drugs are costing more than the NHS payment? Is this affecting the supply of drugs being dispensed?

A This a problem for all pharmacies with 1/3 operating at a loss resulting in closures. Pharmacies are paid a fixed dispensing fee which has been cut in real terms. The NHS sets a price that can be claimed for drugs on a monthly basis, but pricing from suppliers varies daily. This can result in drugs being supplied at a loss to the pharmacy. The pharmacy obtains drugs from three different suppliers and attempts to get the best deal possible.

Q How common is it for patients to request specific brands of drugs due to their perceived efficacy? Does this cause a problem?

A If possible, patients’ requests are met, although the active ingredients in all generic medicines irrespective of brand are the same. The only difference may be the coating or capsule which some patients may perceive to affect the efficacy. If the request being fulfilled means that the medication is significantly more costly for a named brand, the patient is referred back to the GP for a new prescription to be supplied.

Q If a patient’s prescribed medicine is not available what action does the pharmacy take to ensure the GP is aware and an alternative is prescribed so the needs of the patient are met? Patients have allegedly been told on occasions to phone other pharmacies to check the availability there. Is this normal practice, and is it reasonable?

A There have been times when 100 – 200 items are out of stock. This may be due to supplier problems, unusual demand or lack of raw ingredients in the manufacturing process. It is therefore not logistically possible to continually update the practice. The pharmacy will try to obtain the item from their other pharmacy in East Leake, but this is not always possible. Patients will then be advised to try other pharmacies themselves. Although this is an unsatisfactory situation, Evans does have the resources available to do this on behalf of patients. On occasions, patients have to be referred back to the GP with a recommendation that afresh script is issued for a suitable alternative. The practice does its best to facilitate a speeding turnaround in these cases, but patients should always order their medication in good time to allow for the unforeseen. It is not possible to stockpile items in short supply as manufacturers impose quotas as a means of limiting this. Last summer there was an issue in supplying a pancreatic enzyme and patients had to be referred to the QMC pharmacy.

Q Is it true that there has been difficulty of late in pharmacies actually getting hold of some medicines - and if so, is this likely to be a continuing problem?

This is correct, and there are always likely to be some supply issues, but as above, supply problems may be caused by a number of factors such as demand or lack of raw ingredients in the manufacturing process. Sometimes, there is only one supplier of particular drugs

Q Will the increase in National Insurance mean that you will employ fewer staff?

A Hopefully not.

Q How do you determine which patients who come to the pharmacy for COVID/’Flu vaccinations are entitled to them being provided free of charge?

A The pharmacy can consult the NHS record to determine entitlement. This is the same system the pharmacy uses to advise the practice of vaccinations being given. Sometime a patient’s word has to be taken, if for example, they say they are a carer of someone with a medical need.

Q What has been the uptake of the pharmacy being allowed to prescribe medication under the ‘Pharmacy First’ initiative? If one of the approved prescription medications if supplied, is this conveyed back to the GP practice?

With an already full day how has the government’s suggesting patients, ‘ask the pharmacist’, to alleviate pressure on doctors, impact on your schedule?

Is Pharmacy First is now operating to capacity and whether it is accruing the expected benefits for the pharmacy and for patients?

A The scheme is working well within its limits. Appointments can be made but currently the pharmacy can only accept four referrals a day from the practice due to the use of the single consulting room and pharmacy resources. (The room is also used for vaccinations, blood pressure checks, etc.) There has been an increase in referrals recently linked to sore throats and sinusitis. When a consultation results in dispensing takes place the practice is notified on a direct link

Q What is the most challenging aspect of being a village pharmacist and how can we as the patient participation group and as individual patients at this practice help lighten the load?

A Meeting customers’ expectations. Unfortunately some customers expect an instant service, but they could help themselves by ordering repeat medications in good time. The pharmacy priorities acute requests over repeat prescriptions. In extreme circumstances, patients can contact 111 who may authorise emergency medication.

Q In any business, keeping staff happy is vitally important. What are the things your staff find most challenging about their various roles and what can we as patients do to alleviate any perceived problems?

Some customers are unfortunately difficult to satisfy, very often because they don’t understand the procedures that have to be in place. It was suggest by a PPG member that she would like to see the staff being more welcoming. This sentiment was echoed by others. It was felt this would have a benefit to both pharmacy staff and patients. Mark agreed to take this on board.

Q Why does the computer need to be consulted when the medications are on the shelf waiting to be picked up thus lengthening queues in the pharmacy?

A The computer is used to track the progress of medication to determine where the prescription is in the supply process: received, being dispensed, awaiting a component, all there, ready, supplied.

Sometimes medication is not collected. In these cases, after six months (a prescription is valid for six months) the medication can be returned to stock. This can only apply if medication which has not left the premises and unfortunately medication returned unopened to the pharmacy, for example after someone’s death, has to be disposed of and cannot be reused.

**Newsletter**

An article appeared in the November edition of The Rudd. HC queried why there had been no mention of phoning the practice if the patient could not use the web site to request an appointment.

This was due to the article being generic for all Ruddington patients including those who use the Church House practice which for some time was not accepting phone requests.

1. **Practice report**

**New Partner**

Sadly Dr Brodie’s one year contract with Ruddington Medical Centre came to an end at the end of November. Dr Dempster has now joined us on a permanent basis from December as a GP Partner. He has been a long term locum for us for over a year now covering Fridays. He will now be working Tuesday, Wednesday and Fridays at Ruddington.

**CQC**

This morning we had a phone call from CQC informing us that they are coming to do our inspection on the 28th of January. We haven’t been inspected face to face since 2015 so we are well overdue. They have asked to speak to one of our PPG members, I shall be in contact with further details regarding this once I know more.

**Friends and Family Test**

We send out via text every month our friends and family test questionnaire. We still have the option to fill out a paper version in both waiting rooms. Every month I review the data and submit it online to the NHS contract services. For the month of December, we received no paper feedback and 10 online feedback forms. We usually have a higher number but we are having an issue with our text system for certain appointment slot types (This is in the process of being sorted).

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| --- | --- | --- | --- |
| Timestamp | Overall, how was your experience of our service? | Please can you tell us why you gave your answer? | Please tell us anything that we could have done better. |
| 12/4/2024 19:03:40 | Very Good | Everyone at the surgery have always been very kind | Nothing. Very pleased.  Thank you. |
| 12/5/2024 19:03:40 | Very Good |  |  |
| 12/6/2024 19:03:40 | Very Good | The nurse is supportive and having discussed my issues actioned changes in medication asking for my agreement |  |
| 12/7/2024 19:03:40 | Very Good | No waiting time. I was treated in a warm manner | RMC is doing a great job |
| 12/8/2024 19:03:40 | Very Good | Thorough, clear and I was listened to and given written information to help me make a decision regarding statins | N/A |
| 12/9/2024 19:03:40 | Good | Great nurse, super lovely and brilliant with our kids. Had to wait a fairly long time but I understand the strains of the NHS and you do your best! | Kept closer to appt time, but as I say, I do understand |
| 12/10/2024 19:03:40 | Very Good | Service from reception staff (the oldies!) is exceptional. The nurse, Beth went above and beyond and was very attentive. | Keep the good work up!! |
| 12/11/2024 19:03:40 | Good | It was good. | No. |
| 12/12/2024 19:03:40 | Very Good | Because the nurse was absolutely fabulous with my daughter. She listened to me as a parent and made every effort to make my daughter feel at ease. | Nothing. |
| 12/13/2024 19:03:40 | Very Good | Lovely nurse, explained everything that was happening |  |

Above are all the comments we received for December which I pass on to the staff named in the responses. We do sometimes receive negative comments but is usually a rare occurrence. Where I can, I try to address any negative comments received with the team or if there is a theme e.g. consistently running late, it’s discussed how we can manage this better.

1. **Chair’s report**

I attended a RAPID Group Meeting on 14th November.

**Social Prescribing – Morgan Sharpe**

Leaflets about the community Hub were distributed. The Hub opened in September 2024 and is open every Monday. It has been very well received.

10:00-12:00 is a drop in session to chat to the Social Prescribing team, 12:00 – 14:00 is a craft or educational workshop (this must be booked on to) and again 14:00-16:00 there is another session which can be booked on to.

This service is for 18 years +

The Hub is there to support the Social prescribing workload and is on top of the current offer.

**The Building Blocks of Health – Jill Langridge and Helen Smith**

Jill and Helen gave an interactive short presentation.

The Building Blocks of health is a South Notts initiative to engage people in thinking widely about engaging in activities that support their health and wellbeing and to take proactive measures themselves rather than simply relying on the NHS when things go wrong. It looks at medical, social and environmental factors which impact on health and wellbeing.

**RAPID 2025 development – Paul Midgley**

Refreshing the Terms of Reference of RAPID, looking at moving to 4 meetings a year to mirror the PCN Board meetings. Doing a skills audit on the PPG’s and RAPID members to show potential value to PCN Board and Practice Leadership teams.

Next Future of Healthcare event to be in the South, probably East Leake, in June 2025.

1. **AOB**

HC asked whether it would be possible to send an e-mail or a text message to patients to advise them of the new appointment booking arrangements.

MT will ask CS the viability of sending texts, which can only be sent out in small batches.

**Carried forward**

**ACTION JT/CS**

**Effects of the Recent Budget on Staffing.**

HS asked about the potential impact on the practice from the measures announced in the recent budget. JV said this was under discussion currently.

No staff changes are anticipated

**Blood Test Results**

A member expressed disquiet following a series of blood tests that although only one of the eleven tests carried out was abnormal, they were all flagged as ‘Abnormal’. The tests were also annotated ‘No Action Necessary’.

CS explained that this was a software problem that had been flagged as a concern prior to the introduction of the NHS App, but had not yet been fixed.

When a GP reviews blood test results, he/she takes into account the patient’s history, the medication they are taking, age, their pregnancy status, etc. to decide whether or not further action is necessary. The PPG member felt this was quite disturbing being unaware of the ‘behind the scenes’ situation and asked if it was possible for the GP to speak to the patient to reassure them. CS said this would not be possible given the number of results received daily, and not knowing whether or not the patient had accessed their results.

**Rushcliffe Primary Care Network Health web site**

HC raised the point that the site had a missing link to the Ruddington Medical Centre web site. When clicking on the site’s photograph an error message ‘We can’t find the page you are looking for’ appears. JT will investigate.

**ACTION JT**

1. **Date and time of next meeting**

Tuesday 18 February at 5.30pm