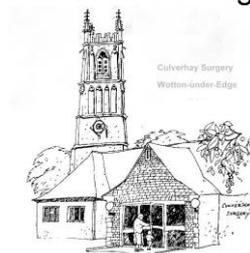


CULVERHAY SURGERY PATIENT PARTICIPATION GROUP

Wotton-under-Edge



Minutes of Meeting 16th January 2018.

- 1) **Apologies:** Graham Cook (GC) Martyn Ryder (MR) Christine Sweet (CS) Robert Maxwell (RM) Jenni Barnett (JB) June Kent (**JK**)
- 2) **Attendance:** Michael Sykes (MS) John Bridges (JB) Gwen Bridges (GB) Dave Johnson (DJ) Carrie Watt-Boyd (CWB) Robert Orme (BO) Jill Dadd (JD) Lynda Durrant (LD) Sharon Dicker (SD)

Practice Members – Caroline Pearmain (CP)
Lynne Brooks & Tracy Burton (Dispensers)
Susan Ealey &
Claire Bennett (Reception & Admin Staff)

- 3) **Welcome by Chairman and introduce new members (MCS)**
MCS Chairman welcomed new members and Guest Speaker Denise Gillman from Lloyds Pharmacy.

- 4) **Adoption of Minutes: Held on 16th January 2018**
The Minutes were agreed as correct and signed.

Action: GB to pass to KH

- 5) **Matters Arising:**

- a) **Surgery Update (CP)**

Phase 2 of the building work is now coming to an end. The 5th consulting room and newly renovated consulting room 4 should be completed by the end of this week, along with the kitchen, staff room toilet and upstairs office

Phase 3 (final phase) will start next week. This will include renovating the remainder consulting rooms and treatment rooms. It is thought phase 3 will take longer than expected, with the builders estimating completion mid March. Phase 3 is the trickiest phase for the practice as it involves moving clinicians between rooms, and juggling the rotas which may cause some disruption. Hopefully by our next meeting there may be a grand tour.

- New Staff Structure (CP)**

Alongside the building work, the practice have also been busy reorganising the staff structure – new structure attached. This is in response to the growing needs of the

practice and the desire of CP to free up more of her time to develop the practice and bid for pots of development money, in the same way she did to renovate the surgery.

CP will reduce her hours to 2 days per week (still overseeing the practice), with additional hours for development. KH and Gill will offer more management support in the day-to-day practice management, and Claire will become Operations/Reception Manager to include overseeing the day to day running of reception and patient services/liaison. Claire successfully completed the AMSPAR Diploma in Practice Management last year. The new structure reflects the future needs of the practice, and also addresses career progression for those staff that wanted it.

The changes are all very new at the moment. In future CB will be representing the surgery at the PPG meetings. CP will continue to have interest in the group and is happy to attend when requested. SE has been successful in applying for the dispensary vacancy (moving from reception). SE has thoroughly enjoyed attending the PPG meetings and will continue to attend alongside CB.

The recent staff changes have resulted in vacancies in reception. The job is advertised on the surgery website, on NHSjobs (jobs.nhs.uk) and glos.jobs. CB also informed the group that she is exploring options to employ an apprentice.

6) Lloyds Pharmacy Guest – Denise Gillman

DG was invited to CSPPG as her predecessor Chloe had been.

DG gave a background history of her personal life and her professional career. She grew up in Northern Ireland during troubled times. Her father was a community Pharmacist and owned the only Pharmacy in the village so she values its importance to the local community. She came from a family of five, her brother, a GP, sadly took his own life when he was 39, her sister had a rare form of leukaemia, and Denise herself had malignant melanoma twice so has an in depth understanding of mental health issues, the experience of a carer and the experience of a patient. Her sister survived and is now a Solicitor, specialising in medical negligence. Another sister works as a Quality Control Manager in nursing care. DG moved from Ireland to Liverpool, and has worked as a Pharmacist in Boots, Co-op, Tesco, Independents and Lloyds for over 30 years. From experience she feels Lloyds provides the best support to Pharmacists.

She has 4 children and 2 foster children. She chose to step down from management due to her life style.

DG works part time at Lloyds Wotton and works a 10 hour day 3-4 days a week and shares the role with another Pharmacist, from Thornbury, who works on a Tuesday and Wednesday. DG lives in Chepstow. DG says she is passionate about Pharmacy and Patient Care.

Her GOAL is:

To safely dispense medication in a timely fashion.

She states that two days from the Pharmacy receiving the script and dispensing is not enough time. All Pharmacies have the same pressure – processing, ordering, clinical, accuracy, safety checks and logging any near misses and analysing these on a weekly basis takes a great deal of time. Lloyds has a Safer Care Policy that

includes weekly briefing sessions on near miss interpretation, dispensing errors occur most commonly in a Pharmacy, and packaging similarities etc. to highlight any potential for errors – all errors are taken seriously. Customers need to go to Pharmacy to highlight and report any errors. This is logged and investigated using Root Cause Analysis

Retaining staff is difficult due to the high pressure placed on them by the public. The lack of understanding of the processes and the role Pharmacy plays in the safe dispensing of medication influences this.

GB had previously submitted a list of Questions from Members of the CSPPG for her to answer.

Question 1: Separate Counter for Retail and Pharmacy?

No, in line with the Healthy Living Pharmacy element of the NHS England contract every transaction in a Pharmacy is one where health and wellbeing can be discussed. The Pharmacy is not a supermarket or a garage and as such different sets of legal obligations, guidelines and expectations apply.

Question 2: Is there a contingency plan if the Pharmacy is closed for any reason given that some people may need their medication that day and also that they may have travelled to Wotton from an outlying area.

In the event of sickness DG will phone the Rota Co-ordinator by 7am to arrange for another Pharmacist. It could take 2-3 hours. If there is not a Pharmacist from the pool available then the protocol is that a branch in a town with 2 or 3 Pharmacies will close one branch and send a Pharmacist over. In the interim staff will stand by the door and take prescriptions and communicate with patients. Delivery would be offered and this would be before the end of the day. Staff have delivered prescriptions many times and for various reasons often in their own time, after a 10 hour shift, in order to help a patient!

Question 3: Is there a target time for waiting when patients call in to get the prescription filled?

There is an internal target for a simple prescription providing complicated prescriptions are not in front, e.g. end of life medication and/or prescriptions with multiple items. Speed is not the primary concern, safety and accuracy is.

Question 4: What happens with an emergency script in terms of priority?

DG explained the system of how when the GP sends a script having seen the patient that day it can go electronically and this involves a process of going to a secure site that has to be accessed securely and sometimes this can become jammed and take several hours to reach the Pharmacy. So acute scripts sent electronically can take at least 2 hours. DG agreed that patients with urgent needs should be handed a script from the Dr to take to the Pharmacy. The wait for this can depend on how many prescriptions are being prepared at that time. End of life medication, Controlled Drug medication and prescriptions for children are generally prioritised.

Question 5: Notification of 190 Lloyds closures – is Wotton Safe?

There are to be 190 closures. Changes in 2017 to NHS England Contract reduced and changed again the way Pharmacies are funded. This follows on from a series of changes over the last 10 years that has seen the essential service of dispensing as only part of the requirement. Enhanced and Contracted Services include: Medicine Use Reviews, New Medicine Service, Quality Payments Service requiring evidence and auditing of patient safety and reflective practice. NHS England also expect other services to be provided including flu vaccinations.

Lloyds have changed their model of management and the new structure is more supportive of staff however there have been difficult times especially when the announcement of branch closures was made. Currently, Wotton is safe and the Area Manager, John Hughes is very supportive.

Question 6: What about those tricky to open medications in foil?

Feedback to Pharmacy is important – the Pharmacist will always be willing to talk to customer – but patient safety and care come first so customers may have to wait to speak to the Pharmacist – speed is not a priority.

All concerns will be logged and fed back to the buyers via the Area Manager.

Additional Questions – not dealt with above

Medication dispensed to the wrong person.

Again, this must be reported and it will be logged and investigated and Root Cause Analysis will be carried out.

Disproportionate Waiting Times for repeat prescriptions and the level of upset involved to both the dispenser and customer.

DG said that there was lack of understanding about the process. Staff do not tick anything and a prescription can take up to a week to process this may be dependent on clinical, safety or stock issues that need resolving. We simply send the repeat slips, these have been ticked and initialled by the Patient and then the surgery generates the prescriptions and we dispense them. Similarly, the Patient can order on line direct to the surgery.

Repeat prescriptions can be ordered a week in advance (or longer if the patient is planning to be away) so patient should come in on the date given to them.

Lloyds provide a community dosette system to a large number of Patients who for a number of reasons are unable to manage their own medications. Those who have been in and out of hospital on each discharge could find a change to their prescription information and this may need checking. There is also a delivery service delivering to at least 20 housebound Patients each day. Some medications need to go to a HUB to be filled and made up and then returned to Lloyds taking 48 hours. Usually this is where there is a high number of items on a repeat script but this frees up Pharmacist's time. There can be lots going on in the background of the Dispensary and it can get very busy. However staff do their best. I do my best. I have personal and professional accountability.

GS asked what the total number of prescriptions handled but DG said that she was not able to give out these figures.

JD asked about the level of abuse in Wotton and was it worse. DG said yes it was worse in Wotton and she has worked in many areas. DG feels that she is managing this situation using her Professional experience and her ability to communicate to patients to help them understand the processes. Most people have responded well to this however sadly there is always an element in society who feel the need to complain, especially in this age of instant gratification.

MCS asked why the retail side could not be separated and DG explained that the majority of goods in the shop were health related and only a very small proportion was retail. Non-prescriptions drugs still need to go via the same counter because some medications need to be handled by a trained member of staff.

DG message to customers is:

Be a patient Patient

Lloyds and its staff are trying to keep everyone safe and help people.

The Pharmacist has to check everything

The pressure of work and the variety of work has to be given full attention.

There can be supply issues.

Remember to order your on line prescription **in plenty of time** about a week before.

Before you speak think:

T – is it True?

H – is it Helpful?

I – is it Inspiring?

N – is it Necessary?

K – is it Kind?

A short discussion followed where some members of the group recounted experiences they themselves had witnessed. CP asked about the Charfield Development and how this would affect Lloyds. DG is meeting with her Manager this week to discuss the implications. The budget for next year is already done – so any extras will not be included and future budgets will be on a performance related basis.

7) New Staff Structure (CP)

CP also said that they were hoping now that the size of the surgery has increased to attract new Patients and the Group discussed ways that this could happen The amount of new building in Wotton and surrounding areas, in particular Charfield and Wickwar is going to put pressure on local GP practices and the group discussed how the changes will impact on both traffic and infrastructure. Offering the Newsletter to the building site show homes to go into their prospective purchaser packs might be one solution. CP advised that the funding for new patients is not upfront from NHS England. There is frustration around the lack of consultation from CCG and NHS England in how the increasing in housing will impact on community resources. CP asked Members to think about how we can raise the profile of the Surgery and any contacts regarding local groups and developments. MCS reminded CP that the restructuring of boundaries has not yet been completed. Sir Geoffrey Clifton Brown MP appears to be someone who may have some knowledge. SPAR at Wickwar is changing hands and we may be able to put a Newsletter in there (GS)

Newsletter Update: (CP & GB)

GB confirmed that the draft interview of CP with RM has taken place and is in the draft stage and that we are on track for the next newsletter to go out as planned in February, after being reviewed by to Dr Mark Porter Editorial Chief. GB agreed to contact Community Connector Jane Creed to invite her to one of our meeting and also to see if she can give an update for the Newsletter in terms of her new role under Independence Trust. CP asked Members if there was anything else that anyone wished to add to the newsletter. Other articles were as agreed at the last meeting. GB asked that members consider items for the next Newsletter.

Action: GB to contact Jane Creed and report at next meeting.

8) Members List and Details (GB)

GB said that she had sent out an email with "Testing" as the subject matter to all members but had only had one response. Members present were asked to look at the email list and their status as a Member and confirm that it is correct. GB will resend the list with clearer instructions.

Action: GB to circulate

GB discussed with CP the need for the Confidentiality Agreement documents to be reviewed and stored together at the Surgery.

Action GB to discuss with CP & CB

9) Any Other Business:

a) Surgery Opening Hours:

GS had received a survey from NHS asking whether the surgery opening hours and appointments included times before 9am and after 6:00pm. CP confirmed that they were available.

GS asked had there been any progress on the opening up of the surgery on a Wednesday afternoon. CP advised that the new structure was designed to take into account the Wednesday afternoon surgery. The plan is to open fully on a Wednesday afternoon as soon as new staff have been appointed and fully trained. There would be a dispenser, two doctors, a nurse and reception staff. Taking into account the process of advertising, interviewing, selecting and training staff means that it will not be until around April when it will be up and running. CP reminded the Group that anyone can always walk into the surgery if in real need at any time.

b) Boots TV Programme:

GC had put this on the Agenda and alerted members to it being aired. GC was unable to attend the meeting but some members had seen the programme. There was a brief discussion on the concerns raised in the TV programme. Generally they were those that were reflected by Denise Gillman for Lloyds Pharmacy about the need for Dispensers to be able to check, recheck and be checked independently that the right medication was being given. Members also talked about the need to check their medication at the surgery and to talk to the pharmacist if unsure.

10) Confirmation of Next Meeting:

20th February 2018 @ 6.45pm

