

# DRS WEBSTER, TWOMEY & LOWCOCK

## **PATIENT PARTICIPATION GROUP** **AGENDA**

### **Meeting to be Held on 30<sup>th</sup> September 2013**

1. Apologies
2. Matters Arising
3. Staff Update
4. Managing requests for urgent prescriptions
5. Flu Clinics
6. Any other business

### **MINUTES OF THE MEETING HELD ON 30<sup>TH</sup> SEPTEMBER 2013**

#### **In attendance:**

Brian Marten	John Rosbotham	Carol Sanders
Keith Gratton	Bob Singleton	Jayne Lloyd
Pauline Highton	Dennis Cowley	Linda Burns
Lynn Conachey	Helen Sansbury	Dr Jo Lowcock

1. **Apologies** were received from Jacqueline Shaw, June Marten, Susan Kimberley, Sandra Corf, Beryl Jones, Richard Jones

#### 2. **Matters Arising**

- Helen updated the Group on the telephone system which has been ordered and hopefully be in place before Christmas.
- Further to the last meeting where we announced that Dr O'Connor was not returning after maternity leave and Dr Webster was retiring at the end of the year, we are please to announce that Dr Babajews has joined the team as a Salaried GP working Monday and Tuesdays to replace Dr O'Connor. Also Dr Lowcock has agreed to work full time in the New Year to cover Dr Webster's hours.
- Dr Lowcock spoke about the changes in the Liverpool Care Pathway that had been published in the press since the previous PPG meeting. Dr Lowcock wished to alleviate public concerns regarding the future care of the dying.
- Further to the last meeting the practice are pleased to announce that we are using the modified Patient Reminders in line with the PPG recommendations. This system seems to be working well.

- Our Autumn newsletter has been a little delayed but is due out imminently.
- The on-line repeat ordering seems to be working well currently
- The practice is still trying to source a suitable soundtrack for the waiting room

### **3. Staff Update**

Further to the update given above, we have a new member of the admin team. Kim Manchester joined us 4 weeks ago following the resignation of Karen Riley.

### **4. Managing requests for urgent prescriptions**

Helen spoke briefly about the number of prescription requests processed by the practice. Statistics include:

We currently have 4800 registered patients. 60% of these patients have one or more drug that is on their repeat register. 25% of our patients are on 4 or more drugs on their medication and we have a cohort of patients who may be on more than 20 ! We have a systematic approach to dealing with these requests and Dr Lowcock spoke at length about the whole process and why we ask for 48 hours to process any request for medication. However, in any one day we receive as many as 20 urgent requests for medication. Reasons given “too busy to order” and “used my last tablet yesterday”, “I am going on holiday tomorrow and won’t have enough tablets to last till I get back” etc.

Although the practice appreciates that mistakes do occur and a patient may genuinely forget to order medication, there appears to be a large group of patients with whom the norm is to request medication urgently. The practice wants to reduce the numbers of these requests as they take up a significant proportion of the doctors’ time and mean constant interruptions for them. We cannot place a blanket rule stating that we will not accept these requests because some medications need to be taken consistently and it would be harmful to the patient to delay producing a script by 48 hours. However we feel that patients need to accept more responsibility for their health and be a little more organised.

The PPG agreed and were concerned that patients were neglectful about their medication. Discussions about various procedures and sanctions that could be used took place.

It was finally agreed that the Receptionists would pass a message to the patients requesting an urgent script informing them that the doctor would give consideration to their request but not necessary prescribe the medication immediately. If a GP considered the request and thought that the medication was not needed immediately then the request would be processed along with all the other routine requests taking 48 hours. If the drug was essential, the doctor would produce the script but give a written message asking the patient to be more organised in future. The practice would code these requests and report back to the

PPG in 6 months to see if it has shown any improvement. If not, we would consider more stringent measures as discussed by the PPG.

Further discussion took place about patients remonstrating with the reception staff when they do not get their own way. It was felt that further details of the Zero Tolerance policy should be disseminated. Details of our Practice Charter and Policy on Violent and Abusive Behaviour are on the website. We will however, place more posters up in strategic places in the Health Centre.

5. **Flu Clinics** – Helen spoke about the up and coming flu clinics. These will be run as “walk-in clinics” which has proved very successful in the past. Helen spoke about the roll out of the new immunisations for shingles and flu for children. Copies of the DoH leaflets were distributed and Dr Lowcock spoke about the clinical decision to have a national campaign for shingles and its parameters.

#### 6. **Any other business**

- Bob Singleton highlighted an issue whereby if using the online booking of appointments you can only have one appointment on the system at any one time. The practice acknowledges that there may be certain circumstances where it may be necessary to book a second appointment but the practice took a decision to restrict it to only 1 as some patients were abusing the system and booking “just in case” appointments. The Group took the view that one appointment at a time seems very reasonable.

7. **Next Meeting:** TBA