

Minutes
STOCKTON HEATH MEDICAL CENTRE
PATIENT PARTICIPATION GROUP
Wednesday 30 November 2016
5.30pm – 7.30pm

Present: Peter Whitehead, Laura Fargher, Kath Douglas-Furner, Richard Utely, Karen Chriscoli, Tara Sheikh, Bernie Wilkinson, Dr Zoe Thompson, Dr Justin McCarthy, Susan Scales- Barlow, Dorothy Carter, Charles - Active Cheshire, Kate Griffiths - Home-Start, Chuck Osaji - Pharmacist

Apologies: Moyra Pethybridge, Dave Lamb, Joanne Price, Diane Bowers, Angela Fell,

Speaker - Home-Start

Kate Griffiths provided an overview of the services provided by Home-Start Warrington:

- Support families in need eg. Mum suffering from depression, loneliness, children on child protection plan. Families assessed and reviewed every 3 months
- Referrals received from Health Visitors, Social Care, schools and families can self-refer
- Volunteers provide service. all volunteers do 10 week training
- volunteers matched to families and visit once per week for 3 hours to support family and children

Kate provided some leaflets about the service and asked the group for suggestions on raising awareness. Karen offered to advertise the service on the Medical Centre website

Action: Kate to send information to Karen to put on the website.

Speaker - Active Cheshire

Charles Maines provided an overview of the work of Active Cheshire. The organisation aims to improve health and wellbeing and to prevent ill-health via activity. In Cheshire and Warrington there is an ageing population and a high proportion of people have unhealthy lifestyle. There are also pockets of health and income deprivation.

Active Cheshire commissions physical activities in schools, workplaces and community settings. They want to better understand the needs of the population and what people want from physical activity. Charles shared a questionnaire to gather feedback from local people.

Karen suggested that the Medical Centre could host an event in early 2017 to engage with patients and promote activity. Karen asked the group for ideas. Susan suggested the following:

- Promote at Pure Indulgence Cafe

- hold sessions at Stockton Heath Festival
- Friends of Victoria Park and Walton Hall Gardens may host an event

Action: Karen to circulate Active Cheshire presentation.(links below)

PPG to consider an event in early 2017.

Questionnaires to be distributed in Medical Centre.

[Active Cheshire Patient Presentation.pptx](#)

[Physical Activity Questionnaire - Patients.docx](#)

Speaker - Chuck Osaji, Warrington pharmacist

Chuck provided an overview of a new 3 year pilot to provide clinical pharmacist in practice. He provided examples of how the clinical pharmacist can add value to the GP practice:

- review discharge from hospital summaries
- undertake medication reviews
- some clinical pharmacists can prescribe
- undertake clinical assessments eg. peak flow, blood tests etc.

Kath suggested that a description of all clinical roles is provided on the Medical Centre website. (now on the website and on display in Waiting area, more information about pharmacists in practice will be displayed early 2017)

There was a discussion about repeat prescriptions and some people get 3 month prescriptions and others only get a month. Dr Thompson provided clarification. Each patient should get a medication review every 12 months and repeat medications should only be prescribed for one month. She highlighted the difference between repeat prescriptions and repeat dispensing. The latter enables the pharmacist to dispense repeat prescriptions over a 6 -12 month period without the patient having to collect a prescription.

Information from Chuck after the meeting:

Thank you for inviting me to the PPG meeting last night. I hope they found the handouts useful?

Regarding repeat dispensing, I have pasted a couple of links to leaflets explaining repeat dispensing which I think is useful:

<http://www.nhsemployers.org/~media/Employers/Publications/repeat-dispensing-guide.pdf>

http://www.hscbusiness.hscni.net/pdf/Patient_Information_Leaflet.pdf

Repeat dispensing differs from the repeat prescription collection in that the prescriptions have already been produced as a batch (like post-dated prescriptions) and so the patient does not need to order them by ticking the

items on the b-side of an FP10. The batches could be for 6 or 12 months. These can be held by the patient or by the patient's nominated pharmacy and each month the Pharmacy just dispenses the prescription for that month. The key thing is that it is for patients with stable medicines that are unlikely to change monthly. Also I don't think it can be used for CDs.

Patient survey results

Peter had summarised the responses from PPG to the survey results and circulated this in advance of the meeting.

Dr Justin McCarthy (Practice Partner) joined the meeting to provide a Practice input on the survey results; specifically on home visits and seeing a specific doctor for appointments.

The home visiting policy was circulated to the group and he explained the key reasons why seeing people in surgery was safer

- the primary care clinical record is the single most important document to help with accurate assessment and treatment
- access to diagnostic and assessment tools
-

Home visits are made if it is felt that the condition would deteriorate if transported to the surgery. Also, for palliative care and serious diagnoses and acute mental health

With regards to patients requesting to see a specific doctor, he explained that this is not always possible. However, continuity of care is important. The Practice recommends building a relationship with 2 or 3 doctors within the Practice.

Dr McCarthy talked about the Anticipatory Care Plans, which are coming into practice next year. This will include a 'ceiling of care' document, which will outline patient preference. For the over 75s, there is a named GP and consideration is given to Lasting Power of Attorney, Ceilings of Care etc. when treating these patients. He highlighted the challenge of keeping people out of hospital and providing care in the community.

Laura asked whether there were any plans to make the primary care medical record available to secondary care and to patients. Dr McCarthy explained that there are IT challenges with sharing patient records with secondary care. He was supportive of the idea of sharing patient record with patients, but there are many sensitivities to consider. He cited an example of a practice where this had been successfully implemented. It was agreed to explore the possibility of sharing patient records and to undertake a piece of work with the PPG to review their own records, to identify which elements might be sensitive and need to be removed.

Karen updated the group on changes to staffing to improve access to appointments, including 3 additional receptionists and offering online appointments. The Practice is also still advertising for a new GP.

Susan asked whether it was possible to have a drop-in session. Dr Thompson explained that this had been tried a few years ago and the demand was unmanageable. This meant that doctors were under pressure to see a high volume of patients during the drop-in (after their morning surgery had been completed) and safety was a big concern. She highlighted that the Medical Centre is a big practice, compared to others in the area, which makes a drop-in less feasible without additional resource. By having a duty team the Practice manages the demand for acute care on a daily basis.

Action: Peter and Susan to send further information about successful use of drop-in sessions elsewhere.

Date of next meeting

Wednesday 11 January 2017 at 5.30pm