

# Castlegate & Derwent Surgery patient Participation Group (CDSPPG)

2016

## Minutes of the meeting held on Monday 21 November 2016

**In attendance:** Suzanne Hughes-Rudd (Practice Manager), Julie Pearson (Office Manager), Dr Simon Desert, Dr Mark Kinghan, Jo Crozier (Admin) from Castlegate & Derwent Surgery

Jean McGrath (Chair), Peter Colquitt (Vice Chair), Wendy Sanders, Margaret Light, Bob Bratton, Audrey Metcalfe, Dave Siddall, Sarah Moyle, John Crawford, Margaret Coley, Syd Evans, Felicity Crowley, Diana Johnson, David Stephenson, John Wood

**Apologies:** Win Cornwall, Sylvia Noble

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**WELCOME:** Jean McGrath (JMG) opened the meeting and thanked everyone for attending in spite of bad weather.

### **OUTSTANDING ACTIONS:**

**Patient Access:** Julie Pearson (JP) confirmed that there were two paths that a patient could take to book appointments etc. The surgery does not recommend 'i-patient' as one to use, but they are unable to de-activate this option.

**New staff photographs:** David Stephenson has taken these and Suzanne Hughes-Rudd (SHR) is working on the remaining updates. She thanked David for his time.

**Prescription issue numbers:** Dr Desert (SD) confirmed that these numbers were of little help and had been removed to ensure that the patient did not unnecessarily book appointments with GPs when it might be another nurse/HCA appointment that was needed. The Practice is in the process of aligning an annual medication review to a patient's birth month as currently practised in the health clinics. This did not cover all medication however as some had to be reviewed more frequently. The aim is to let the patient know directly what action, if any, is required and to book the correct appointment. The medicines management team were using stickers to prompt patients into whatever action was necessary. A patient letter is to be issued soon

**Water cooler:** The purchase of this had been agreed by the League of Friends and would be for all users of the health centre. The coffee machine has been removed.

### **PPG ACTION PLAN UPDATE**

JMG advised that this had been drawn up to ensure the group did not lose sight of action points raised and it was agreed that this would be circulated with the minutes. **Action: SHR/ Jo (Admin)**

**Virtual Facebook group:** SHR reported that this had not yet been formed as she still awaited a response from Cockermouth School Sixth Form. **Action SHR to chase**

**Patient Feedback:** Posters were available to increase awareness. It was agreed this required more work. **Action – PPG**

## **SURGERY & APPOINTMENTS UPDATE**

SHR confirmed that the dispensary had moved and patients had been made aware.

Two new doctors, Dr Jane Margetts and Dr Carolyn Rigg, had started last week. Maternity cover for Dr Hutton had been arranged in the form of two locums Dr Hudson and Dr Kurkal who were already familiar with the surgery.

The same day access clinic had now stopped and had been replaced by a telephone triage system. Feedback shows that this is working well. Routine appointments were now available within a week with the system under constant review. SHR assured the group that only clinicians led this and that the receptionist's role was just to book patients in for a phone call.

Diana Johnson (DJ) asked why the previous clinic had stopped. SD advised that this ensured that only patients needing to be seen were brought in, and any other queries including prescriptions were dealt with more efficiently.

Audrey Metcalfe (AM) advised that there were still gaps when using the telephone system which suggested that the patient had been cut off. SHR and JP confirmed this had been reported several times and that JP checked the phones on a daily basis. The Practice however is reliant upon the central IT department fixing this as it is not something they can resolve locally.

SHR had circulated Seascale Health Practice's guide to appointments and it was agreed that the group should help formulate Practice guidance. **Action Volunteers to email SHR to help**

SHR advised that the operation of 15 minute GP appointments would be trialled in 2017 and the patients would choose between these and the routine 10 minute appointments according to need.

Peter Colquitt (PC) asked what the new telephone appointments that now appeared on the Patient Access system. SHR advised these had been added for patients to book for routine appointments e.g. test results, medication reviews etc.

## **PATIENT ACCESS**

SHR thanked all the volunteers who had helped and confirmed that more patients were using the system as a result. It was generally agreed that most had found it enjoyable. Many patients had been keen to add their mobile phone numbers although there had been a general lack of interest in taking up internet based systems. Problems had been encountered by volunteers throughout the week with internet connectivity and more handheld tablets would be useful in future. CDSPPG volunteered to help with any future surveys etc. to assist the practice and SHR confirmed she hoped to run a similar awareness week next year.

# Castlegate & Derwent Surgery patient Participation Group (CDSPPG) 2016

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David Stephenson (DS) had been told by many Derwent Patients that they felt “cut off” after the merger with them facing particular problems.

It was suggested that a step by step guide to Patient Access would be useful in the sign up packs.

**Action SHR to consider.** Elderly patients had sought help in using the system and those with less IT knowledge had been advised of classes run by Age UK.

The volunteers had observed that receptionist absences had caused problems and it was suggested that a sign could be left on the desk when this was necessary. **Action SHR/JP**

Syd Evans (SE) advised that many mothers queried why they could not use the system to make appointments for their children. SHR confirmed that this was not currently permitted, but she had been checking national guidelines and was in the process of drawing up a policy for this Practice for checking by the safeguarding lead G.P. SD confirmed that it was difficult as patient confidentiality had to be maintained for teenage patients and the surgery was exploring many options to offer this option in the future. **Action SHR**

## **THIRD PARTY ORDERING**

JMG opined that this had been handled badly and that she was disappointed that the changes had not been put to CDSPPG for discussion. Wendy Sanders (WS) advised that many patients felt that this had been a move to earn the surgery more money from their Pharmacy.

Suzanne Hughes-Rudd (SHR), advised that there were lessons learnt the surgery would take from this and that communication should have been handled better.

Mark Kinghan (MK) advised that the motivation had been to reduce waste and for patient safety. Increased income had never been a motivating factor and assured the group that many health authorities in the UK were adopting a similar approach. There had been several incidents where patients were on the wrong dosage of medication as requested by pharmacists who were not always aware of updates and the aim was to make sure that patient only ordered the medication they needed to be checked by the prescription clerks.

Sarah Moyle (SM) noted that this would not be the case were a patient to use online ordering. SD agreed and that this might change in the future.

A general discussion followed and the group felt that it should be recorded that they appreciated the expertise of local pharmacists, the advice they gave and did not want them to lose any business. MK confirmed that patients were free to still choose any pharmacists to dispense their medication. The group advised that the new system was viewed as an ‘imposition’ and had caused reputational damage. MK said they had hoped the pharmacists would work with them more than they had, . JMG advised that an impact assessment should have been considered.

Problems had been encountered in the past with delivery to the wrong destinations. SD confirmed that it was difficult to change each time as happened, although each patient could nominate any

# Castlegate & Derwent Surgery patient Participation Group (CDSPPG) 2016

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chemist of their own choice for regular dispensing. WS advised that it should say on Patient Access that no changes to the nominated pharmacy should be made. JP advised that this was a national system and the Practice could not make its own changes. No tracking (other than for controlled drugs) was in place for prescription destination and it was the GP's responsibility only to issue the prescription although the Practice tried to help as much as possible

John Wood (JW) asked if wrong medication had been issued in the past, surely this had been agreed by a GP. SD confirmed that some drugs could be issued without GP authority and this was where problems had occurred. Speaking to prescription line would reduce this.

SD also confirmed that vulnerable patients e.g. those with dementia would be treated as special cases and the Practice would work with local chemists to ensure the best possible care for them.

WS also advised that she was aware of two cases where the changes recommended by a specialist nurse had not been implemented by the surgery and a patient had been refused a prescription to be obtained in the North East meaning a patient had to travel back to collect this. SHR was aware of a similar complaint which had been dealt with and procedures had been amended.. JW confirmed that the Practice had been extremely helpful when he had sought to do the same in the south.

MK confirmed that the new system was to be implemented from 1<sup>st</sup> December and a patient letter was now being issued.

## **ANY OTHER BUSINESS**

**Drop in clinics:** SE advised that patient should have been told about changes to the Same Day Access Clinic. SHR advised that this had only been a short term trial and it had not been felt to be necessary

**Telephone appointments:** SE advised that clinicians were not always ringing at the time promised and his wife had been phoned some two hours later than expected. It was agreed that this was unusual and the GPs advised that it was likely to be as a result of in patient clinics running late or regular difficulties getting through. JMG requested consideration of whether or not administration/receptionist staff could not contact patients to advise if telephone appointments are going to be delayed.

Dave Siddall (DS) was aware of two patients who had difficulties with referrals not being sent off and queried why so many different routes e.g. fax, email etc. were used. SHR advised that these were the routes stipulated by hospitals which the Practice staff had no option but to follow. SD advised that occasionally the referrals were not processed correctly due to human error and apologised. However in such cases, admin staff are active in contacting consultant's secretaries who are invariably helpful in arranging a sooner appointment whenever possible. He assured the group that checks and balances were in place for extremely urgent referrals i.e. cancer to ensure that the despatch and receipt of these were all fully logged and were not overlooked.

**2017 DATES TO BE AGREED** SHR and JMG were to meet and agree 2017 meeting dates which would be emailed to group members as soon as possible.

# Castlegate & Derwent Surgery patient Participation Group (CDSPPG) | 2016

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SHR had received a letter last month from a visitor to the surgery, however there was no address and the signature was not easy to read. The letter states they have an aunt who is a member of the PPG – should anyone know anything about the letter could these please contact SHR so she can respond.

There being no other business the meeting was closed.