

P3 Meeting 10 June 2015 1-2pm

Present: - Dr Chris Gibb, Melanie Cullen, John and Gay Middleton, Elizabeth Mount, Ann Wilson, Paul Ellis, Jane Kent, Margaret Maxwell, Ron Jones

Apologies: - Ruth Carter

Medicines Waste	<p>Maria Hill from the CCG Optimising Prescribing team told the group about the amount of medicines that are currently being wasted. Medicines waste costs the NHS considerable sums that could be better used on patient care. Maria asked the group to spread the word to try and reduce the amount of waste. Most waste occurs when repeat prescriptions are ordered, dispensed by pharmacy and then not used by the patient. Patients are asked to</p> <ol style="list-style-type: none">1) Only order what is necessary2) inform their GP if they are not using as much meds as they are being prescribed3) Check that they have only been given what they need before they leave the pharmacy. <p>Medicines that have left pharmacy can no longer be used. NB Unused medicines can be returned to any pharmacy for safe destruction. Never flush medicines down the toilet or send them to landfill.</p> <p>Members suggested a note/card in the bag re medicines waste might draw the issue to patient's attention.</p> <p>Action: Melanie to pass the suggestion on the Maria.</p>
Ground Rules	<p>The last meeting had to be postponed due to a dispute within the P3 which has now been resolved. Melanie explained that the problem had been very hard to manage as the p3 group sits outside practice policies and there is nothing in the ground rules about how a dispute would be managed.</p> <p>The current list of Practice policies was circulated. P3 members did not want to be subject to Practice polices. Melanie agreed that might be unrealistic and suggested the Practice Behavioural Competencies might be a better framework. Jane suggested we just needed to include in the ground rules that we would treat each other with respect.</p> <p>Action – Melanie to circulate the behavioural competencies for P3 to review and decide if happy to adopt.</p> <p>It was agreed that having one person responsible for dispute resolution would not be appropriate and that the process would be... 'If a dispute arises between members of the P3, the group will be asked to nominate someone to investigate and oversee resolution'</p>

<p>Phlebotomy Review</p>	<p>Melanie asked how people were finding the new phlebotomy service now it had settled down. Margaret said it was a nuisance having to book an appointment and sometimes you had to wait a week. Paul said it was not always possible to have your bloods done straight after seeing the doctor. Melanie said one slot every half hour is available but if several patients needed bloods same day then a patient might have to wait.</p> <p>Dr Gibb explained that blood tests are now ordered electronically by GPs and blood forms are no longer given out. If a patient has to have the test, the requirement is done via 'Ordercomms' and the phlebotomist can see exactly what is required, update the record when the test is done. When the results arrive back the process is completed. This enables the Practice to track whether tests have been carried out and reported on and follow up any that are missing.</p>
<p>Change to SystemOne</p>	<p>SystemOne is the new clinical records and appointment rota system. Over April and May the Practice has been in the process of switching to the new system. It has been extremely challenging for the staff. Patients were not aware of the problems other than there is reduced ability to forward book at the moment. Melanie agreed there should never be less than 4 weeks available but there had been a big problem getting the new rota system set up.</p> <p>Action – Melanie to make sure rota is available 4-6 weeks ahead asap.</p>
<p>Online Access</p>	<p>The new system enables patients to have much better online access to services. Patients who were using the old system do unfortunately need to re-register for SystemOne online access. You can make appointments, order repeat prescriptions and view your summary care record online. The next step is to enable patients to see their test results online.</p>
<p>Chronic Disease Recalls</p>	<p>Melanie explained that patients with diabetes, asthma, heart disease would now be called in for review around their month of birth so that the checks were spread through the year. Letters are sent out by the admin team. As this might mean a patient goes a bit longer between checks, GPs may choose to check on a patient in-between if they have concerns.</p>
<p>Patient Feedback</p>	<p>The practice is not receiving any responses to the Friends and Family question. P3 suggested this was because patients are happy with the practice. Melanie said she was planning to put up new posters and ask reception to draw patients attention to the box and slips.</p> <p>Patients agreed that clinicians should not take up valuable consulting time handing out forms.</p>

<p>Difficult Times</p>	<p>Melanie told the group that the practice was experiencing very difficult times and having to look at how they could reduce expenditure. Partners were having to consider reducing locum cover when partners are on leave and reducing some services. Melanie explained how the mixture of reduced income and increasing costs were unsustainable, and that whilst the Practice would not compromise patient safety and urgent appts would be made available, it was likely that some services would be affected and waiting times for routine appointments would get longer. The Practice feels it needs to inform patients so that they lower their expectations.</p> <p>Ron felt that patients should have high expectations of the NHS. He pointed out that deteriorating services would rightly mean more unfavourable patient feedback but it was very important that this patient feedback was fed back up the line so NHS England got a proper picture, as that is the only way that it will change.</p> <p>Action : P3 group asked to send in any ideas of how to communicate these problems to patients.</p>
<p>AOB</p>	<p>Paul said he was very unhappy to only learn by accident of the appointment of a new partner to replace Dr Murch and Dr Gillard. He was surprised this was not an agenda item. Dr Gibb and Melanie both thought this had been discussed at a previous meeting but it was actually to be covered in the meeting that was postponed and therefore was overlooked. Melanie apologised to those still present.</p>
<p>Length of meeting</p>	<p>Melanie apologised that the meeting had run on. This was because we had missed a meeting and there was a lot to cover. The aim is to keep to an hour in future.</p>
<p>Date of Next Meeting</p>	<p>20 August 2015 1-2pm at the Health Centre with Dr Wayne Sturley, new GP partner</p>