

# Minutes of Patient Participation Group on Wednesday 6<sup>th</sup> March at 17:00

**Apologies:** MW, CO's, BO's

**Present:** Christine Sanderson (CS, Practice Managing Partner), Michael Land (MJL, Administrator), Sarah Widdop (Pharmacy Technician, CCG), BJ, JM, MF, MMF, WW, CA, JS

## Previous Minutes

Minutes recorded as correct.

## Practice Appointment Survey

CS shared the results of the repeated Practice Appointment Survey. The results were disappointingly similar. CS noted that Dr Walsh and Mandy Lavin (office manager) were working on the appointment system as a whole to improve it. MJL will be updated the website to make it clearer and easier for patients to make a choice when accessing appointments. CS is looking into adding another telephone line (cost depending). MF noted there are no Practice leaflets available in the waiting room / reception. CS to check with reception sure they're available.

## Primary Care Home

CS provided the brief details of Primary Care Home that she currently aware of. Namely, that Practices are going to be working together formally under contract to meet the needs of their local communities, rather than individual practices doing their own thing to patients. The details of Primary Care Home haven't been released yet, and more information will be shared at future meetings.

CO's had asked CS prior if there will be a Primary Care Home PPG. CS shared there ought to be, but it would be 1 representative from each of the member Practices attending.

JS shared information about the University of the 3<sup>rd</sup> age which provides (for a small fee) a friendly learning environment for people who are over 55 and retired. JS to provide prospectus to next meeting.

## Duty of Care

MMF raised a concern on behalf of another patient that they were expected to make their own way from the Practice to a taxi without support from the Practice team (wheelchair bound). CS to investigate as such a thing is contrary to what we know we should do i.e., help the patient get to their transport / arrange an ambulance transport to take them to their home / hospital / etc.

## **Telephone Requests for Prescriptions**

Sarah Widdop (pharmacy technician from the CCG supporting Practices to make sure they're prescribing appropriately and safely for their patients) explained that King's Medical Practice is one of only 3 Practices across Wakefield District that still accepts telephone requests for prescription orders, despite it going against safety guidance from the BMA and other medico-legal organisations (e.g. patients not being able to pronounce the medications or getting mixed-up with similar sounding ones that may be on their list). CS noted that the Practice had attempted, unsuccessfully, in the past to stop prescription ordering over the phone but found it caused unnecessary problems for patients who couldn't access the Practice in person or on-line. CS added that the Practice, until forced otherwise, will continue to allow patients to order over the phone but will be encouraging as many as it can to order on-line as part of National requirements.

## **Any other business**

MMF asked if the Practice does triage. CS responded that the on-call doctor does clinical triage of home visits to see if they're required or if the patient's problem can be resolved in another way. Receptionists and call takers in admin are trained and supported to only ask for a brief description of a problem if a patient is asking for an appointment so that we can help to make sure the patient is getting the right care. E.g. if a patient is asking to see a GP for a referral to be changed to a private one, this can be done as a message to the doctor rather than needing an appointment; if they want a smear test, this is done by a nurse; if they have a cold and want anti-biotics then it would be a pharmacy for over the counter medicine and advice; etc. If a patient doesn't want to describe their problem to the receptionist / call taker this is respected and the appointment is given, though the GPs continue to let us know when they feel an appointment has been inappropriate.

MMF asked what arrangements the Practice has for palliative patients. CS replied that when a patient is identified as being palliative, then the future care of the patient is discussed with the patient and their family / carers. This includes supporting them to access additional help and providing information, medications, and where appropriate setting-up regular visits. Patients and their families / careers are informed that they can request appointments / visits when they need them and they will be given an appointment / a GP will assess the need to visit. We also add patients to a register that we review every 6-8 weeks in a multi-disciplinary meeting involving the Practice clinical team, district nurses, hospice, Macmillan nurses, etc to help make sure the patient's needs are being met.