

School Lane Surgery

Patient Reference Group (PRG)

(Condensed)

Meeting: Thursday 13th December 2018

1. Previous minutes

No issues were raised concerning the previous minutes.

2. Guest Speaker – our new in-house pharmacist, Jiun; pronounced June.

Jiun kindly agreed to give up his time to come and speak to us after his full day in the surgery, for which we expressed our gratitude.

Our new pharmacist has been at the surgery for 3 months, having started not long after the facility had been opened, and he has generally been dealing with the daily job of checking that prescribed medication is suitable for the patient as well as answering any queries that they have had.

There is a considerable benefit to having an in-house pharmacy as patients can be directed by reception if they see that a patient is presenting with minor symptoms e.g. the sniffles. The pharmacist is also able to gain prompt access to a GP if they feel there is an issue with a prescription, and give more support to practitioners in general.

Prescribed medication will, on rare occasions, conflict with another medication that a patient is taking and having the pharmacist there to check for compatibility issues is more than useful.

The surgery is keen to prescribe generic drugs as these are much cheaper than the branded options, even though they are exactly the same thing.

The junior pharmacy staff are very good but Jiun is always there for them if and when they have any doubt about a prescription. The emphasis is always on patient safety and staff are encouraged to ask questions.

One issue raised by the group is the size of font used on labels affixed to medication. Some print is very small and is difficult to read for those with less than perfect vision, so if patients are having difficulty with such a label, they should raise the issue with the pharmacy and something more suitable will be provided.

Every week there is a collection of returned, unused or out-of-date medication, which is then disposed of safely. We discussed the reissue of unused medication, particularly of those at the costlier end of the scale, but there are serious issues to be considered. Medications could be tampered with and a malicious act could cause serious health problems for the patient.

We briefly discussed a pharmacist's training, which Jiun has been able to compare and contrast with his own brother's training as a doctor, before our man took his leave; having been thanked for a most interesting and entertaining talk.

3. Complaints (1-2), Significant Events (3-6) & Compliments (7-11)

1. A patient expressed their unhappiness with the urinary tract infection (UTI) policy at the surgery: having produced a sample to be screened the patient was under the impression that they should then sit and wait for the result. In fact, this patient had to return at a later date to collect their prescription and felt that the receptionist was rude when explaining the procedure over the phone: Partially upheld – the surgery reviewed the phone call and found that the receptionist had not been rude, but the UTI policy is now under review.

2. NHS England complained to the surgery on behalf of a patient who felt 'intimidated by their GP, who had shown a lack of interest and failed to complete actions requested': Partially upheld – all actions requested by the patient had been carried out. An apology was offered to the patient as at no time had the GP intended to make them feel uncomfortable; it was noted that the spring action door closure mechanism requires the patient to open the door, it must not be held open by the GP.
3. An elderly patient was handed 2 printed prescriptions, one for themselves and the other for their partner, which they then handed to the pharmacy. The pharmacy then processed the prescriptions but issued both under the same name, which meant the patient then had to contact the surgery to clarify which medication was for whom: the surgery has informed the pharmacy involved of their error.
4. A patient was issued with a lower dose of inhaler than was prescribed by their GP: an investigation is taking place to try and ascertain why this error was not picked up by the usual pharmacy checks.
5. A patient was prescribed an acute drug that was not to go on repeat, but when this patient requested more a repeat was issued by a receptionist. A full investigation into why the acute drug was reissued was launched, and learning outcomes from this episode includes the further training of all receptionists.
6. An International Normalised Ration (INR) blood test result had not been received from the District Nurses, so the INR nurse at the surgery contacted Single Point of Referral, who confirmed that they had not received the result either. The District Nurses were contacted and confirmed that the test had been completed and that there was no change required to the patients Warfarin dosage: this is a positive for the surgery as it shows that the audits completed by the INR nurse will pick up anomalies and ensure that patients always get the correct dosage of their medication.
7. Dr Sengupta was praised as, 'a wonder doctor and is thoroughly lovely.'
8. A patient wished to thank all staff that helped with their medication.
9. A patient thanked all staff, with special mention for Dr Martin Belsham, for the care and understanding received during their lifetime.
10. One patient described all staff as amazing, with special thanks to Dr Meriel Overy, who made them feel comfortable and looked after.
11. Slava was thanked for his kindness and professionalism.

4. Other Business

a) New staff:

1. The practice has a new GP, she being Dr Baisakhi Sengupta.
2. Nurse Anna Sim has joined the practice, she replaces the now departed Rebecca Canham.

b) **Mr Anup Sengupta**, a Consultant Urologist at the West Suffolk Hospital, is now carrying out vasectomies in the day surgery unit at the Healthy Living Centre.

c) **Dr Martin Hadley-Brown** has announced that he will be retiring from full time work after 30 years in post at School Lane Surgery, having joined the practice on 13th February 1989. He will continue to teach junior doctors and will be helping the surgery on a few days per month.

d) **Muriel Hadley-Brown** will also be cutting back her hours, but will still be at the surgery at least one day per week to carry out dementia reviews, amongst other things.

e) **Claire** will be in the gym from the beginning of January to prepare for her fundraising efforts on behalf of Dementia UK, more details of which will follow at our next meeting.

NEXT MEETING: Thursday 21st February, 7.00 pm at School Lane Surgery.