



Minutes of Patient Liaison Group (PLG) Meeting Wednesday 14th November 2018

Attendees: Carol Leach (CL-Chair), Christopher Deane-Bowers (CDB), Derek Collinge (DCol), Danny Doyle (DD), Jenny Klincke (JK), Dr Rebecca Hadley (RH), James Dattani (JD) Ella Inzani (EI) – minutes.

1. Apologies: Apologies noted from Diane Hollebon and Dr Dixon.

2. Clinical Pharmacist Role at SSS:

- JD explained that he is one of 2 Pharmacists employed. The other Pharmacist is Adebisi Balogun. They are both shared with Central Surgery, Sawbridgeworth, but there is one of them at SS each day.
- At the moment, they have 30 minute appointments allocated for medication reviews, which is allowing them to be more thorough and gain a wider picture of the patients. They are booked by reception and are becoming more popular when patients realise that it is not necessary to see the GP for a medication review.
- JD explained that he and Adebisi are working to free up GP time by taking over some of the clinical patient administration such as requests to make changes to medication that come in discharge summaries from hospital; managing prescription requests from community teams; dealing with urgent requests that usually go to the Duty Doctor; etc.
- DD asked whether these appointments are available online? Not currently but it is something we will look towards in the future.
- JK asked if there has been any trouble with patients insisting they are seen by a GP? No as patients have a choice currently, but moving forward we would expect the majority of medication reviews to be undertaken by the Pharmacists. JD is also exploring if some reviews can be done over the phone.
- CL mentioned that there is a push by the NHS on Pharmacies at the moment and self-care.
- JD mentioned that he is currently reviewing the Repeat Prescribing and Repeat Dispensing Protocols. He is actively moving patients to repeat dispensing where this is appropriate as this has stopped in some cases. It can be 6 month or 12 month depending on the drug. Not all drugs can be on this process so JD is discussing with individuals concerned.
- DCol asked how often the reviews take place? Most patients are every year.
- JD mentioned that if patients have medication only for their chronic disease then the nurse is able to renew their medication at their annual review.
- JD has circulated guidance to all GPs on how to record medications that are managed and issued by hospitals and GPs will do this going forward.
- JH mentioned that she has ongoing issues with her son's medication that is managed in secondary care. He is required to have an appointment for a GP to review his medication despite the hospital managing all doses, etc.

JD says that this would be able to be managed over the phone in the future and he will incorporate this into the Repeat prescribing protocol.

- CL thanked JD for attending the meeting.

3. Approval of the minutes of the last meeting on 18.9.18:

- Action Log: All actions complete, although nobody has contacted CDB regarding the bereavement guidance. EI feels that this is confusing as we have recently received some guidance booklets relating to bereavement from Age Concern which are available in all the practices.
- CDB says that there has been a bereavement support group set-up. EI thinks that this should be added to the Directory of Services and will contact Katherine Foy to see if she is aware of this group. **ACTION: EI to discuss with KF and add to next agenda for discussion.**
- CL asked about the market stall taking place on Saturday. JK said that it is taking place between 9-3 and the patient group from CSS will set it up. JK not happy to do alone but only CL has volunteered so far. CDB said that he will be able to help for a period, and will discuss with JK separately.
- CDB asked about the division of the patient groups – we are not trying to recruit new patients, this is just for existing patients.
- Minutes approved.

4. General Surgery Update:

- Staffing – EI reported that she is leaving the Practice in January and will be going to work for the CCG. CL thanked EI for her work supporting the group in recent years.
- Premises – EI reported an update from SD that there has not been much progress to share. We are still progressing with the project at Herts and Essex Hospital and also looking at possible premises on the Stortford Fields development.

5. PLG Market Stall – dealt with under item 3.

6. PLG Health Check Star Analysis:

- EI said that it was clear that the areas we need to work on are recruitment and more diverse representation. We are making a step towards this with the market stall and can report at next meeting whether any new applications have been received.
- Useful to keep this information for CQC. **ACTION: EI to add to next agenda.**

7. Locality Patient Group Feedback:

- CDB attended the last meeting and he is also the patient representative for the next Locality Commissioning Group on 29.11.18.
- There is discussion around a possible second diabetes event to be held in Sawbridgeworth.
- Healthy Memory Café in Tesco Cheshunt on a monthly basis – this is a bit far but could possibly be replicated locally. Something Katherine Foy could look into?

- DCol mentioned that although the minutes were useful they contain a lot of acronyms and abbreviations that are not clear. **ACTION: CDB to ask Mark Edwards to be clearer in his abbreviations and/or send a list around.**

8. 2019 Meeting dates :

- EI mentioned that if we stick to the same formula going forward (i.e. alternative Tuesday/Wednesdays, this maximises opportunity for attendance. All agreed to keep this pattern, but to review.
- 2019 meeting dates will therefore be 15/1/19, 13/3/19, 14/5/19 (will be AGM), 17/7/19, 17/9/19, and 13/11/19.
- JK gave apologies for 15/1/19

9. Urgent Matters: None

10. AOB:

- EI asked whether it would be useful for patients to be aware when they use the check-in screens whether there was any delay. All said yes. **ACTION: EI to feed this back to Partners.**
- JH raised an issue relating to blood tests and the availability of phlebotomy in the community for those who need regular bloods, but do not work locally. RH said that we realise it's a problem for some people but as PAH is the provider commissioned to offer this service there is not much the Practice can do. May be worth raising directly with the CCG?

CL thanked everyone for attending. The next meeting is on Tuesday 15th January at 7pm. Meeting closed at 8.50 PM.