



EAST RIDING OF YORKSHIRE
Local Involvement Network
Your Voice on Health & Social Care

GP Issues Sub Group

24th May 2010, 10.00am

Parish Centre Board Room

Minutes

Present: Joan Fletcher (Chair)
Pat Perkins
Pat Simmons
Ruth Marsden
Mavis Austin
Geoff Pearson

Host present: Susan Oliver

1. Apologies: Jean Turner, Stuart Carr

2. Paul Bennett, Professional Standards Director and Superintendent Pharmacist and Jonathan Whitelam, Area Manager, Boots UK

Joan explained that ERYLINK were representing the East Riding community regarding concerns raised over the service received from Boots Pharmacy. The previously circulated list of concerns was presented.

Paul Bennett gave an overview of the history behind Boots Pharmacy appearing with more frequency on the high street and across East Riding specifically:

In 2006/7 there were 5 pharmacies in the area branded as 'Boots'. Selles a well know local independent pharmacy was acquired by E Moss (Alliance Pharmacy). They traded across the UK with 950 pharmacies, this was consolidated in the East Riding because of the number of already identified as 'Selles'. Boots at this point had 1,500 stores across the UK.

In 2006 Alliance and Boots joined together (no1 and No3 pharmacy chains merging, No 2 is Lloyds) this led to significant intervention by the Office of Fair Trading. Each company had to look at the provision in each locality as well as nationally, as a consequence E Moss and Boots had to divest of 90 stores across the 2 companies. These were mainly lost from E Moss as Boots stores where based on a range of sites eg trading estates. E Moss was trading under a range of different names and were left trading under those names until Boots, wishing to promote their strong identity, re-branded all the pharmacies to "Your Local Boots Pharmacy".

Currently in the East Riding PCT area (the map provided did not identify all Boots Pharmacies eg Cottingham has 2 not identified):

60 pharmacies

27 owned by Boots

33 owned by others: 10 Lloyds, 3 supermarket (2 Tesco, 1 Morrisons), 2 Superdrug, 18 independent or small local chains.

Locally Boots have 45% of pharmacies: 5 Boots heritage stores, 22 previously owned by Alliance (Selles or other independent pharmacies).

Re-branding has taken place of 19 out of the 22 stores.

The mix of pharmacies locally is not untypical of the national picture, Boots presence is not disproportionate.

The Group felt that the issue would not necessarily be about the increased number of 'Boots' if the standards of service were felt to be as good as or improved on what was available previously but this was not felt to be the case.

Issue: Length of wait for prescription

Jon Whitelam response: Boots aim to work with the patient and GP Practice to identify the best way for their prescription to be ordered. For repeat dispensing they advise moving to the 'managed repeat prescription' system.

Managing the process in the pharmacy, the patient needs to identify when the prescription is needed. Recognising that it can take 2 days for prescriptions to be transferred from GP to Pharmacy then 24 hours to complete the prescription (72hours). Taking prescriptions en masse to a GP at a predictable time can be time saving for all concerned.

Patients are being educated to only request medication required for use rather than the whole prescription to prevent 'stock piling'. This can rely upon the relationship between the pharmacist/counter staff and the patient. This is possible in the smaller community pharmacies but is more difficult in the larger stores eg Bridlington where the population is more transient.

Turnaround time for a prescription to be ready can be up to 6 days (Withernsea) and can be a different turnaround time for different surgeries within the area. There needs to be a build up of the relationship between the GP practice, the pharmacy manager and the patient, identifying turnaround times together.

Discussion took place regarding the 'hub and spoke' operation that previously took place at Willerby, serving Hessle and Anlaby (Established 7 years ago). Prescriptions were dispensed centrally allowing more time to be spent with the patient in the store. Receiving the prescription in the 'spoke' store first provides an opportunity for the local pharmacist to pre-screen the prescription and creates a more personalised service.

Internet ordering system works very well. There is a need to promote the range of ways in which repeat prescriptions can be obtained. Within the next 12 months the electronic transfer of prescriptions will become more possible.

The more patients that can be moved to a managed system the less the waiting time for all. However it is recognised that for some patients going to the pharmacy is a social activity.

GP's are key in getting the message out to patients to take up the managed prescription system, possible use of monthly GP practice newsletters but how many have this facility?

What level of autonomy do store managers have?

Managers are expected to respond to the needs of the local people within the policies and procedures of Boots. It is important for people to be able to recognise the person in charge. There is a direct feedback mechanism into the local management structure

Boots is a large company and there is a perception of management from the centre. This is important for consistency and representing the brand across locations as leading healthcare providers. However the company is set up to respond to local need (Divisions, Regions, Areas) at area level, local needs are responded to.

Standard Operating Procedures (SOP) are in place across the company they have been created centrally with local and practitioner input. A 'Responsible Pharmacist' has responsibility for the day to day operation if there are significant deviations from the SOP the organisation needs to understand why.

There is a manager in every store, not all are pharmacists by profession. Each store has a monthly visit from the Area Manager looking at how the store is performing and also it's response to local need.

Centrally feedback is monitored through patient satisfaction surveys a percentage of which are distributed to customers each day, this is a legal requirement. The report from this process is detailed enough to give each store specific customer feedback and response. As these survey's/summaries are commercially sensitive they cannot be provided.

Other management control systems include regular conference calls with all managers within the area and quarterly meetings with all managers which includes customer service as an agenda item.

'Mistakes' over prescriptions:

Prescriptions being issued to the wrong person would suggest that the SOP had not been correctly followed (check of patients name, address on prescription, system and label). Discussion took place regarding the practice of calling out people's names and addresses within the pharmacy.

Issuing of branded and generic products:

If a branded product has been prescribed this should be dispensed. This can change as the Government identifies that a specific branded product has been switched to generic on the 'drug tariff', this has to be followed. Sometimes there is a commercial agreement behind the prescription whereby a generic product may be replaced by a branded product until such time that this 'agreement' is terminated, it will then switch back.

Patients needing somewhere to sit and wait was accepted and will be looked into.

Lunchtime closing:

Lunchtime closing, pharmacists are only advised to work a certain amount of time without a break to reduce the risk of errors (Royal Pharmaceutical Society directives). Often Pharmacists will take their lunch whilst on the premises, this allows prescriptions still to be dispensed.

With regard to delivery services, the prescription must be checked and signed off by the Pharmacist before it can be taken by the driver. (In the same way that a carer may collect for a relative).

Role of Pharmacists and Managers:

Boots have 4 non pharmacist managers in the East Riding. In these stores, company employed pharmacists provide the regular service, they have the responsibility to build the relationship with the patient.

Boots have a pool of pharmacists that they pull upon for cover rather than using locums, this provides consistency.

Administering Methadone:

It was agreed that privacy is key for all involved including general members of the public. Issues in Withernsea are still to be resolved, an interim measure was for the administration of methadone to be undertaken at another pharmacy. This is an ongoing situation.

1 tablet missing:

This is a prescription error. Dispensing process: label is issued, the Dispenser selects the medication, label attached, pack is checked against the prescription, on the label Dispenser initials in 'D', Pharmacist signs in 'C' checked. Medication is then bagged up. The only time that medication is taken out of the bubble package is for the 'monitored dosage system'.

Assistance for people with hearing/sight difficulties:

Every store should have an operational loop system for those people with poor hearing.

Boots UK apologised for the issues raised over customer care an emphasis is place on customer satisfaction by the company.

Where the meeting was representing specific issues, Jon asked for Joan to inform him of the detail in order that he can investigate further.

Actions:

- Boots to supply a paragraph for the ERYLINK Newsletter promoting the merits of managed repeat prescriptions systems.
- Boots to supply information regarding the Parent Regulatory Body
- Ruth to e mail the document relating to partially sighted and blind people and services provided including pharmacy.
- Joan to forward any specific issues to Boots.

Jon and Paul were thanked for attending the meeting, it was felt that this is the start of a good, proactive collaborative relationship.

3. Minutes of the previous meeting and Matters Arising:

4. OOH maps were circulated to be discussed at the next meeting.

Action: Susan to place on next meeting agenda

5. Visitors from out of the area – Overview and Scrutiny Committee to provide copies of follow up work

Action: Susan to follow up.

8. Pharmacy applications – All new applications have been frozen until the Pharmaceutical Needs Assessment (PNA) has been completed. There is a meeting to be held on 17th June 2010 at which they will decide if this is to be retrospective.

4. Pharmacy Application.

Market Weighton Pharmacy Application. The Market Weighton Older Peoples Charter Monitoring Group supports the application: extended opening hours: 7am to 1 am (for the first 3 months and then renewed monthly thereafter) The 7am start was considered advantageous for people who work.

Saturday and Sunday 8.30am to 9.00pm. No lunchtimes. The pharmacy is based away from the existing pharmacy. Pharmacy manager 45 hours, weekends covered by locum. Application is from 'Pharma Services', a group not an individual. Concern that the new health centre will also apply for a pharmacy, also that Boots may apply for 100 hour pharmacy. In principle the group agreed to the application.

Action: Susan to write in support of the application.

Withernsea - pharmacy has commenced trading

Willerby – application for preliminary consent has been turned down 'not necessary or expediate'

Bridlington – PCT considered application and granted for 6 months.

5. Reports on visits to GP Practices

Holme upon Spalding Moor – All GP's are male and under 40. The Practice Manager has experience of changing systems in her previous GP Practice.

Concern raised over the support required at the Sue Ryder Home. Agreed to raise with ERY NHS Quarterly meeting, at ERY NHS Locality Meeting and Care in the Community Sub Group.

Action: Joan to raise concern over Sue Ryder Home at ERY NHS Quarterly meeting and Locality Meeting. Susan to raise at Care in the Community meeting.

Pocklington – The Practice Manager found this a very useful visit, Joan and Ruth had been able to provide information and support as well as observing their systems. The main issue is the state of the building. A business case had been put forward for new premises 2 years ago however this had not come to fruition. The physical access issues are recognised by the practice. They are interested in setting up a Patient Partnership group. Awaiting report to be returned from Practice Manager prior to distribution to Sub Group.

Pat P commented that by building relationships with the GP Practice the local Practice Manager was attending Withernsea Older Peoples Charter Group's monthly meeting. The Nurse Practitioner role included proactively managing people with complex long term needs.

The 4 GP practices that had originally been identified had now been visited. The group were asked to consider which practices should next be visited and why and bring this to the next meeting. All practices have felt that the knowledge and information provided by Ruth was very useful.

Action: Sub group members to identify GP Practices for further visits

6. Out of Hours Service

A survey had been created to gain the views of members and the community and was being distributed in the Newsletter. The survey was discussed and changes made.

Action: Susan to distribute survey

7. Medicines SWOP/SWITCH

E mail from Ruth had been circulated prior to the meeting – copy needed for file.

8. Proposed new database.

Summary Care Services have been piloted by certain practices. The aim is to give healthcare staff faster and easier access to individual patient records. The patient is expected to 'opt out' rather than 'opt in'. The information is only

available to 'Authorised Healthcare Staff', use of 'Smart Cards' as security system.

9. AOB

Ruth identified that during the GP visits none of the Practice Managers were aware of the Standard Bulletin available on the Department of Health website which provide a summary of national legislation, directives, good practice etc. Topics covered: December – Quality Accounts, January – Generic Substitution, May – National Contracts for Out of Hours services.

Website link:

www.dh.gov.uk/en/Publicationsandstatistics/Bulletins/GPbulletin/index.htm

Action: Susan to signpost to all sub groups.

Next meeting: 10am, 12th July 2010.

Venue: Beverley Minster Parish Boardroom