

**GP Issues Sub-group
14.12.09**

Attended by: Joan Fletcher (Chair)
Ruth Marsden
Pat Simmons
Mavis Austin
Stuart Carr
Geoff Pearson
Susan Oliver (note taker in Cea's absence)

Apologies: Jean Turner
Jean Wormwell

In response to the Lead Group request for named Chairs of Sub-Groups, Joan Fletcher was asked if she would be willing to Chair the GP Issues Sub-group, this decision was supported by all present.

1. Matters Arising:

0845 numbers – no change to current situation, ongoing.

Action: Continue to monitor

Market Weighton, Pocklington surgery visits.

Action: To continue to roll out (see agenda item 3 below)

E mail to Kate Ireland, responsible for local commissioning. Ruth had been able to bring it to the attention of those responsible for national commissioning as part of the national contracts. E mail including the quotes from the RNIB document had been sent to the Department of Health contact for consideration.

2. NHSRY GP Patient Survey Results 2008/09

The survey results at times support the information received as part of the ERYLINK questionnaire responses and at others contradicts. However, as was found with the Market Weighton surgery this can be due to the timing of the survey and the fact that changes could have been implemented since that date.

The ERYLINK survey depended upon who decided to respond, the NHS ERY survey was a MORI poll with a 53% return (much higher than the national average) and could be considered a 'convenient sample'.

Further analysis of both documents required.

Comparison of the two results to see which areas are in agreement and which contradict.

To consider geographically if there is a 'good/poor practice cluster' in particular areas of the East Riding and if these are related to the Locality Forums and their local commissioning decisions?

Geoff reported that in the Haltemprice area there are 11 practices but only 3 or 4 GP's who attend although more Practice Managers attend.
Joan reported that in Goole, Howdenshire and West Wolds commissioning decisions are made if the GP attends or not and this has led to a better attendance by GP's.

Ruth reminded the group that the Professional Executive Committee (PEC) has a GP lead on it and it would be valuable to know who this is.

Actions: Cea to create a 'grid' comparing the two sets of results, identifying their locations and aligning these with the Locality Forums.
Colour copies of graphs from the GP survey to be e mailed or posted out.
Identify the GP lead on PEC

3. **Brough GP Practice Visit**

Joan and Ruth very impressed by the Practice Business Manager, Carol Allen. She spoke with no notes, all information including statistics came from her memory, definitely had her finger on the pulse. Her responses covered everything asked for and more. 'Interview' well lead by Joan. (See notes from the visit for issues raised).

The group agreed that it was important to take a periodic look back at the practices visited to see what impact had been made, to see how they were getting along and to continue to show support from ERYLINK for their good practice.

The list of items for discussion from the introductory letter had been the basis for the discussion and it was agreed that this would be used for all future visits. In this way the good (and poor) practices from each visit can be summarised and reported upon.

Practices continue to expand what they provide eg sexual health advice but find and are funded to do so but then find that there is duplication within an area that then dilutes the need.

Summary of key points from the visit:

- Good retention of staff, good training.
- Staff feel comfortable and confident and able to contribute to the practice of the surgery as a whole, involved in decision making.
- Staff are happy with the appointment system, on the whole it works and therefore they are able to concentrate upon the real task of looking after patients.
- Review and revisit their own practise frequently.
- Striving for excellence.
- Flexible in their approach.

Recognition that this is only based upon what Carol Allen said however from observations on the visit this would support the good practice described by the patients in the surveys and Carol.

Stuart asked - does the age of the staff have an impact? Brough Surgery age range possibly 30 to 50 yrs old.

Brough Surgery acts as a satellite for other surgeries eg South Cave and Little Weighton which takes place in the village hall (there are other examples of this. Because of the rural nature of the East Riding is this an example of how access to a GP can be made easier taking into account transport issues? Would a visiting GP in a village reduce the number of house calls?

Geoff asked if this was an 'Enter and View' visit. It was clarified that it was not, more a good practice fact finding and information giving, supportive visit.

Ruth reported that the practice in Cottingham that she uses is planning a Patient Participation group in the near future.

Action: To continue to roll out these visits to identify good (and poor) practice in order that those with poor practice can benefit. To use the grid produced under item 2 to help to prioritise this activity

Ruth and Joan to identify 2/3 dates to visit Market Weighton Surgery. Ruth and Mavis to identify dates to visit Pocklington Surgery Cea to use these dates to set up meetings with Practice Managers using the same structure as the Brough Surgery letter.

Susan to confirm whether Brough has 'satellite' surgeries eg Little Weighton and clarify this with Carol Allen.

Good practice information from visits to be gradually brought together into a report that can be used as an 'influencing' document with other Surgeries and NHSRY.

4. Pharmacies

Mavis described her experience in Boots Pharmacy in Market Weighton.

It would appear that Boots have taken over several small pharmacies in the area; Anlaby, Cottingham, South Cave, Beverley are known by the group.

Concerns raised from the group were:

- Length of time waiting for a prescription to be dispensed whilst the customer waited, 1 hour and 1.5 hours were quoted.
- Prescriptions not being dispensed in a reasonable order i.e new prescriptions being placed on top of those that have been waiting some time therefore pushing them to the bottom of the pile.
- Staff responding inappropriately when challenged about the length of wait.
- No where for people to sit whilst waiting (often elderly, infirm or ill people waiting).
- Prescriptions being dispensed with the wrong name (person with same initial lives in the same house) therefore not thoroughly checking the patient database.

- Dispensed bubble packed medication found to be empty when opened at home.
- Repeat prescriptions not available at the time required, not in stock. However deliveries arrive daily therefore why is it not ordered and received within short timescale?
- Generic medication being dispensed when specific branded medication has been prescribed by GP
- One tablet 'short' and when dispensed it came fully boxed, bagged and labelled, is this necessary packaging?
- Dispensaries and whole Chemist shop closing at lunchtime.

Good practice regarding dispensing in general:

- E mailing in requests for repeat prescriptions collection from pharmacy.
- Ordering direct from GP using unique code which takes the patient direct to their record of medication, collection from pharmacy.

Possible reasons for change in service delivery:

- Boots previous experience is of people 'nipping in' on lunch hour and therefore not used to receiving bulk requests and cannot deal with this. Possible this 'planned' activity should make it easier to manage than the 'reactive' prescription request?
- Change of staff and therefore change of customer service ethos? Not borne out in a lot of cases it is the same staff behind the counter even if the name above the door has changed.
- Is there a 'manager'? Often it is the Pharmacist who is also expected to be the manager, this is not their forte and they are often locums. A manager may be based outside the area and may have many pharmacies to 'manage'.

With this high percentage of take over, is it a monopoly, has it been investigated by office of fair trading? In some places there is no other pharmacist therefore no competition.

Geoff asked for the LINKs legal right to 'Enter and View' to be clarified in respect of Pharmacists and Dentists.

Ruth explained that LINK had the right to Enter any health and social care facility which is Government funded. Geoff queried whether pharmacies would come under this heading as they are private companies. Ruth responded that they would as it is GP's that fund the pharmacy through purchase of medication from them and therefore they received indirect and direct funding for services provided.

Geoff wondered whether an unannounced Enter and View visit to a Boots Pharmacy may be useful evidence gathering. To be discussed at the next meeting.

Central regulation is in place however it is only when an issue is highlighted rather than regular visits. As the General Pharmaceutical Council comes into being there will be a hiatus as there is a central move from one body to another. Once up and running they will seriously consider a 'Memorandum of Understanding' with LINKs.

Action: Concerns from this group to be summarised and emailed around the group to check the list of concerns is accurate and complete.
Letter to be sent to 'Mr Boots' to highlight the concerns
Copy of letter to PALS
Check PALS and Complaints information, do they have the same concerns raised with them?
Stuart to check with contact in Glaxo Smith Kline to check on their perspective of the situation.

5. Workplan/Governance Issues

In order to respond to issues raised at the Lead Group meeting, to ensure consistency across the sub groups and a focused work plan Susan has produced a 'proforma'. This is the first group that will be completing the form.

The requirements were discussed. It was agreed that the title of the group should be "GP Issues Sub-group" this would enable the group to be on-going and within that take on and deal with issues as they arise and are prioritised in the workplan.

The Group Description was agreed as discussed at the previous meeting. Discussion took place around ensuring people felt able to access the group and that 'Group Description' felt 'friendlier'. This to be taken to the Lead Group for a decision/change to the Governance.

It was agreed that the priority was the identification and roll out of good practice with regard to 'access' GP's and the second priority was the access to and efficiency of Pharmacies.

Action: Susan to complete proforma with information from this meeting and circulate for comment.

6. Any other Business:

Mavis described her poor experience of the provision of equipment from Social Services Departments and their prioritising system. Around the table there was a range of experiences of this situation.

Next Meeting: Thursday 14th January 2010
10am