

Notes of PPG meeting held on Thursday 19th November 2015 at WMP

Present: In Attendance on behalf of the Practice

Peter Rekhaye (Chair)

Dr Y Patel

Dr S Parmar

Rebecca Hemming

Nasima Patel

Caroline Brown (secretary)

Mr Charles Knolly

Guests: Parvesh Patel – Mansons Pharmacist

Ahmed – Woodgrange Pharmacy

Lorraine Francis

Apologies:

Apologies were received from Jennifer Sheikh

Minutes of the last meeting

The previous meeting of the PPG had been a social event.

PR welcomed all present.

Mental Health Access Team

There was a brief presentation by a member of the Access Team outlining their service and how this could be accessed.

Medicines Waste Management

The majority of the discussions in the meeting was around the management of waste medicines for Newham CCG.

There was a general discussion around the reasons for much of the waste medicines ie Repeat prescriptions without regular GP check, patient fear of running out or not being able to get any in the future, bulk ordering before holidays, habit etc.

The following actions were agreed:

- GPs should check during medical reviews if the patient is actually taking each medication and that they still require it (particularly in relation to creams and inhalers which are not always required all year round). GPs will need to give patients reassurance that they can still access the medication in the future ie they can stop and restart a specific medication/s.
- Electronic prescriptions, which are prescribed and then dispensed automatically by the pharmacy, should be checked, by confirming with the patient if they require this, as above.
- Patients going abroad, relatives often order medications on their behalf and send abroad – where a doctor is aware of this then this should be flagged on EMIS. It was confirmed that some medication may be ordered prior to going abroad Pharmacists agreed that a maximum of three months should be issued in these cases.
- Elderly and those in hospital – it was noted that patients/relatives continue to order whilst they are inpatients even though the hospital may be providing

these. At present with limited information sharing between all sectors this would be difficult to resolve in the first instance.

- Electronic Prescribing is widely used in the Practice and those present generally thought this was a good system. However it was noted that GPs had no control over what was prescribed and therefore at medical reviews they should be checked to ensure each medication was required, since it was possible that items were being ordered automatically whether the patient required these or not. Another option may be to move to monthly prescriptions.
- Chemists may need to check some items eg lancers and testing strips for diabetics, Chemists could ask patients why they require so many needles (they come in large packs but are often ordered at the same rate as items which come in smaller packs). Chemists could perhaps also alert the Practice to when items are due to run out in order to synchronise items to be ordered at appropriate times.
- On occasion telephone advice is requested and a prescription issued but not collected – this causes a backlog of scripts and sometimes medication.

Uncollected medications were discussed and the Pharmacists confirmed that they may remain on the shelves for three months and then can be reused if not collected.

Another issue is chronic pain where patients may require paracetamol, which is cheap to buy. Chemists generally advise patients of this if it is cheaper to buy a particular drug than place on prescription. Lancers, needles and test strips for diabetics are expensive and therefore it is those who use the more expensive medications who need to be targeted (not to blame) in order to educate.

It was agreed that the Practice was known to be very well organised, in the aspect of management of waste medication, particularly compared to some others in the area.

The Kings Fund paper – additional points

- It was noted that drugs companies occasionally run awareness campaigns for missed medications ie “do you really need all the meds on your script?” there were concerns that no one reads these but if was felt that it was worth a try.
 - It was also agreed that there could be a trial amendment of the scripts to include a message to patients about asking if they really need the meds
- It was agreed that in the next newsletter there should be an article about medication waste and to suggest to patients that if they do have unused medicines these could be taken to the Pharmacies for disposal.
- If possible engage with carers so that they can ensure medications, which are not used, are not requested.
- Although there was a discussion about further financial savings the Pharmacists both agreed that the Practice was quite forward on this issue and it would be difficult to make further significant savings.
- Also include something on the Practice website
- Perhaps have a presentation on the reception TV screen regarding this issue

Recruitment

It was confirmed that the Practice had one temporary GP vacancy, which was [proving difficult to recruit to. It seems that the Practice is not always attractive to new recruits, it is busy and has a 50% patient turnover. Agreed for an update at the next meeting.

Date of the next meeting: Thursday 28th January 2016 at the Woodgrange Medical Practice.