

# MEDICI PPG MEETING

22 February 2017

## Present

GA © GN

DH VN

MH CR

CJ AS

EJ MT

## Prescriptions

Repeat prescription requests must be written not verbal, hopefully by the website; this is a safer working practice with less risk of misunderstandings.

The surgery 'flags' vulnerable patients on their records and also has a comprehensive list. GPs on telephone triage also assess patients' mental and physical incapacities.

Electronic prescriptions must specify a designated pharmacy (which a patient is entitled to change at any time) and they are (more than) happy to accept repeat prescriptions.

## Staffing

Recruitment and capacity remain the major problems. The Practice is using more prescribing nurses to offset the virtual impossibility of recruiting permanent GPs. It is even proving difficult to find locum GPs. MH and MT have recently joined the administrative staff.

A GPs typical day is to see patients from 8.45am to midday, then help the Duty Doctor. Paperwork is done until 3pm, then afternoon surgery takes place until 6pm. Home visits then have to be fitted in.

Care UK cover when the surgery is closed.

Registered patients currently total just under 14,000 and waiting time for routine appointments remains at 4 weeks. Double appointments can be booked on the website system. The Surgery writes to persistent non-attendees and has some sanctions to ultimately remove them from the Register.

### **Care Quality Commission inspections**

EJ explained that the Practice receives 2 weeks forewarning. The inspection lasts 1 day and is very intensive. GA confirmed this and said that, in his capacity as PPG Chair, he had a one-and-a-half hour phone discussion with the Inspectors as part of their work and the final Report runs to 135 pages.

Luton has 28 GP Practices.

### **Blood & Transfusion Service (NHBST) – Pilot Scheme**

Catrin Jones, undertaking this pilot study with funding from University of Bedfordshire, provided some interesting details.

A donor's decision is not binding; family consent is still required. Donors can give blanket consent or specify particular organs.

Early evidence from the Welsh deemed consent/opt-in scheme has shown surprisingly few opts-out.

The subject has very sensitive and her research is subject to constant NHS ethical approval.

There are no age limits on organ donation and Catrin invited any suggestions to increase numbers on the Organ Donors Register, which started in 1995. A shortage of organs exists in the UK. To combat the donation gap and increase rates of donation all ideas are under consideration including targeting BAME communities, with their higher incidence of kidney disease. Catrin would hope to use this PPG as a 'sounding board' to generate more donors. She welcomed AS's suggestion to direct an advertising/marketing campaign at dialysis units.

**Next meeting**

Wednesday 24 May, 12.30 for 1 pm