

# Sydenham Green Patients' Forum

Notes of meeting held on 20<sup>th</sup> November 2013.

**Present:** 7 Patients, 1 practice member

The Forum discussed Agenda items 1 – 7 before the Guest speaker's arrival

## **Presentation by Guest Speaker – Bob Rihal, Pharmacist**

BR described the services offered by Pharmacists to help improve/support self care in the community.

1. Medication Usage review – a service offered by pharmacists to support patients with conditions such as diabetes, chronic heart disease etc to check that they are using their medications appropriately
2. Pharmacist Appointment – a patient can see a pharmacist to discuss their condition and the pharmacist can recommend over the counter treatments and , where appropriate, can fast track a patient to see a doctor
3. New Medication Advice – pharmacists can give patients advice on using new medications and the possible side effects.
4. Medicine repeat orders – sometimes medications are requested more often than need be because the patient is not using the medication correctly – the pharmacist can help resolve this issue with the patient.
5. No Smoking Services
6. Health Check – pharmacists offer a range of checks for individuals who want a health MOT i.e. cholesterol or blood sugar levels, weight, BMI etc.

BR confirmed that some pharmacists are independent prescribers, for example, BR can manage patients who use Warfarin and prescribe as appropriate.

Generally the Forum felt that it is not made clear to the public what a broad the range of services the pharmacist can offer. Further initiatives need to be put in place to publicise these services in order to alleviate pressure on limited practice resources. BR also mentioned that 7% of A&E appointments are taken up with medication related issues i.e. patients who have lost their inhalers. If these incidents can be reduced this will help target NHS resources to more urgent cases.

LB-O asked if there is a way in which the role of the pharmacist could be introduced into schools so that children get an awareness of these services.

**Action Point** – BR agreed to take the issues raised at the Forum to the local Pharmacy Committee to see how these ideas can be progressed

BR was thanked for his presentation and the meeting continued after his departure

1. **Apologies:** 2 from patients, 1 from practice member, BF has now joined the virtual group.

2. **Items for AOB**

3. **Minutes of the meeting held on 18<sup>th</sup> September 2013 were approved subject to the following amendments :**

a. PH listed twice in Attendees

b. DB listed in Attendees and Apologies – should have been Apologies only.

4. **Matters arising**

a. **Landscaping**

New Bench/Seating - PJ confirmed that the new seating is now in the garden.

Street Art Initiative - Nothing to report awaiting an update from JS.

Mosaic Mural – PM confirmed that there is no further news from JE concerning the mural for the children's play area. PJ said he had seen JE about six weeks earlier; she did not think she would have time to work on the mural before leaving Sydenham.

5. **NHS Changes including proposals for Lewisham**

Clinical Commissioning Group - NG-L confirmed that she had been unable to attend the October meetings and added she thought it important that more people attended the meetings. Next meeting is scheduled for 1.30 – 3.30pm on 5<sup>th</sup> December 2013, PM noted that a CCG in another part of the country had received an award in recognition of its commitment to raising awareness of stroke and its risk factors.

Lewisham High Court Action – The Governments' appeal on 28/29<sup>th</sup> October against decision of the High Court in respect of the closure of the Lewisham A&E was lost and widely reported in the media.

6. **Practice Report**

a. **Resources** – PJ confirmed that Dr Middleton and Dr Bandara are leaving the practice. Two new full time doctors have been appointed. The funding does not always follow the patient; although the GP practices in London provide the majority of care they only receive less than 10% of the NHS resources. Forum members asked about the increased work load resulting from the recent housing development at Bell Green. It was noted that the Practice is not allowed to close its list without significant penalties. What will happen when more acute sector work is moved to primary and community settings? There is already a shortage of GPs generally and many more will be needed.

b. **Appointment system** – PJ said early indications were that the new appointment system was an improvement but they were going to make a slight change. One doctor would have pre-booked appointments in the morning and another would have on the day appointments in the afternoon.

This should give more flexibility but won't resolve the problem of demand being greater than can be supplied

- b. Jeremy Hunt's announcement regarding a named doctor being responsible for the health of the over 75s** – This was thought to be a good idea but more information was needed. How will this work in practice, particularly if the practice is small and/or the named doctor works part-time? What impact would it have on the work load of the individual?

## **7. AOB**

- a. Forum Letter to NHS London** – It was agreed that the forum would send a letter to NHS London outlining some of the issues being experienced by the Practice and expressing our concern.

**Action** – PM/ID to draft and distribute to other Forum members

- b. TV Screen in Practice Waiting Room** - the seating does not directly face the TV screen (chairs face forward and the TV screen is on the right hand wall). As a result it is possible that patients will miss their call into the Doctor's room

**The meeting closed at 8.30pm.**

**DONM 15th January 2014 @ 7pm**