Comments & Questions from PPG Network meeting – 27 July 2017

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|  | **Comment / Question** | **Answer** |
| 1 | Some of our patients don’t know how to cook, is there something that could be done to teach cooking? | Gloucestershire college offer a number of cooking courses, from the basic to more advanced. |
| 2 | Offer to evaluate prescription online | Once the initial Pilot Gloucester practices are up and running and we are able to demonstrate the anticipated benefits, it will be offered to further practices in due course. The pilot is planned to run for 12 months, and if continued will be extended. At this time we do not have a further rollout plan beyond the pilot, but if it is to continue, it will be advertised to practices and rollout is likely to be on an interested practice basis initially. As those practices and patients find it beneficial further practices are likely to request inclusion. |
| 3 | My 96 year old mother in law manages her repeat prescriptions by phoning pharmacy. Not without its difficulties. She won’t let us hand in or do it on-line. This new scheme would be ideal for her. When is Prices Mill likely to come on board or could you do on-off access to records? | Once the initial Pilot Gloucester practices are up and running with the local **Prescription (telephone) Order Line (POL)** and we are able to demonstrate the anticipated benefits, it will be offered to further practices in due course. The pilot is planned to run for 12 months, and if continued will be extended. At this time we do not have a further rollout plan beyond the pilot, but if it is to continue, it will be advertised to practices and rollout is likely to be on an interested practice basis initially. As those practices and patients find it beneficial further practices are likely to request inclusion.  Price’s Mill already have **Patient (internet) Online** and are processing just under 400 prescription requests a month. There have been recent improvements in how their system (EMIS) handles proxy access for relatives or carers. Suggest contacting the practice to discuss. |
| 4 | Medical records – Caution as they can be very painful to read. In particular if you are a wife or carer | Agreed, especially if there are things there that may be unexpected. Fortunately this is relatively rare. It has been shown to be a good way to correct historical errors that your surgery may not be aware of. |
| 5 | As a carer I trigger repeat prescriptions for my husband. If anything happens to me, who will trigger my husband’s prescription, at present on a 2 month roll. | **Prescription (telephone) Order Line (POL)**  Either the patient or whoever takes over your role as his carer. This is not an automated service- somebody still needs to request the required medications.  **Patient (internet) Online** - Proxy access to GP Online Services can be given to a variety of people with the patients’ consent. Individual circumstances vary. |
| 6 | Please could you send me information re information bus – | Lucy / Dave to contact Rita by email to discuss using the information Bus and what their requirements would be. |
| 7 | Any comments on Admiral nurses. | Admiral Nurses: <https://www.dementiauk.org/get-support/admiral-nursing/>  Locally they are provided by the Order of St John in Forest of Dean and Cirencester with a national helpline that is available to anyone. We recommend that if people are living with dementia they contact the Helpline for support, or help to spread the word by letting anyone who has been affected by dementia know that they can contact the Helpline for free wherever they live in the UK. Call the Dementia Helpline on 0800 888 6678 or email [helpline@dementiauk.org](mailto:helpline@dementiauk.org) |
| 8 | Date for consultant records to appear on line – Very Important. Hard date for patients to be able to correct or add to records? | GP held records are available now (these may include correspondence from consultants). Hospitals are some way away. You can already correct any errors by approaching your practice. |
| 9 | Useful for PPGs to encourage patients in waiting room to register online. Would you be able to organise a training session for PPG volunteers? | Yes we would – we will find a date and venue and advertise to PPGs via the PPG web pages. |
| 10 | Is there a package available for instruction about Patient Online which can be incorporated into the practice waiting area TV? | Depending on the practice’s supplier of their TV screens there are a number that already have animations they could choose from. |
| 11 | Prescription (telephone) Order Line (POL) - Who pays for this service?  Patient (internet) Online - Who pays for this service? | **Prescription (telephone) Order Line (POL)**  This service is funded by the CCG, which is funded by the NHS, and so is a local NHS service. Part of the impact of this service will be an opportunity to reduce waste medications by reducing unnecessary ordering. Estimates suggest that waste medications currently cost in excess of £6m per year within Gloucestershire alone, and if we can reduce these medications using this service, it will effectively pay for itself from the savings made. Also improvements in practice efficiencies leading to fewer people accessing emergency services will lead to “whole system” savings, again stretching the NHS resources further.  **Patient (internet) Online**  The practices are paid for this through their contracts with NHS England, the software suppliers are centrally funded by NHS Digital. There are no charges for patients or practices. |
| 12 | What are the best foods for Vitamin B12? | Meat, fish, dairy and eggs are the foods richest in Vitamin B12. If you don’t eat these then go for fortified foods containing Vitamin B12 (check the label) such as yeast extract, soya milk and soya milk yoghurts and desserts, breakfast cereals and certain brands of rice drinks and oat drinks.  Vegans are likely to require B12 supplements. |
| 13 | How will the infirm, those who don't use technology, and others without care support access the proposed prescription service.? This is already confusing to many. | **Prescription (telephone) Order Line (POL)**  Good question- this is partly who this service is intended for - those who simply want to pick up a phone to place their request. Paper ordering methods will also remain. This is about adding further choice, as many practices no longer accept telephone calls to order repeat medications.  **Patient (internet) Online** is not at the expense of other options for ordering your prescriptions, e.g. talking to your practice or pharmacist. We have seen elsewhere that by more people making their orders through digital routes it has reduced demand on reception and made it easier for you to get through on the phone or allow them to spend time with you. |
| 15 | What are the “system protections” for events such as recent communication failures/black out? | **Prescription (telephone) Order Line (POL)**  Access to the internet for accessing patient records is protected locally by the Gloucestershire Countywide IT Service and is a high priority. Access to NHS Spine will be a national priority. Any patients requiring urgent prescriptions would be referred to contact the practice directly (as would be the case now) to look to obtain locally handwritten prescriptions (as if internet fails then GP Practice systems could not be relied upon). Non urgent requirements will be asked to call back, or drop a repeat slip into the practice. This is no different to the current system. |
| 16 | What happens when product supply becomes a problem? | **Prescription (telephone) Order Line (POL)**  This is no different to what happens currently - the dispensing pharmacy, or patient, will contact the practice to make arrangements for an alternative. This is not something that the POL will address, as is currently the case with receptionists who would have to get the GP. |
| 18 | Are there plans for a reminder system for patients who are predicted to need to re-order. | **Prescription (telephone) Order Line (POL)**  This is not something that the POL does, nor is it intended to. Automatic reordering has proven itself to be, in many cases, unnecessary. We encourage patients to call when their supply looks to be down to about 7 days remaining |