Transcript from Torkard Hill ePPG meeting 4 October 2023

**Topic – Patient Access**

There has been much in the media recently about perceived difficulties in accessing a GP appointment . However,  changes in how we work in primary care has created more staff , more roles and more ways to get the right care .

Led by GP Dr Aneel Bilkhu, Dr Prakash Kachhala and PPG Chair Kathryn Sanderson and other practice professionals, we hope to explain the challenges we face, as well as new opportunities for patients to access the right professional at the right time.

We hope this will be a lively and interactive session and patients will be encouraged to raise questions with our panel .

0:18:4.990 --> 0:18:6.520  
Kathryn Sanderson  
Ohh, welcome to our guests.

0:18:6.530 --> 0:18:19.930  
Kathryn Sanderson  
Although you know we're a little bit thin on the ground, our patient guests, but that's not a bad thing in some ways because it means that we will get this get through this little bit of an experiment.

0:18:20.350 --> 0:18:26.560  
Kathryn Sanderson  
We did do one online meeting a couple of years ago and it went down really well and we did have a much, much bigger attendance.

0:18:26.990 --> 0:18:36.110  
Kathryn Sanderson  
So maybe we'll need to think about how we manage that bit of it in the in the future, but and welcome to all the staff you're giving up so much of your time for this.

0:18:36.380 --> 0:18:56.370  
Kathryn Sanderson  
So it really is appreciated just a bit of housekeeping and if there are any questions, we're happy to have those in the chat and the object of this is about sharing information and setting the scene for how much things have changed within the primary care system.

0:18:56.640 --> 0:19:7.220  
Kathryn Sanderson  
And rather than any, I don't think I need to say this, but rather than, you know, exploring any personal issues, we're looking at constructive feedback.

0:19:7.230 --> 0:19:19.790  
Kathryn Sanderson  
That's what we're always after within the within the patient group, we're looking to see how we can support the practice and help them to help us as patients.

0:19:21.0 --> 0:19:33.180  
Kathryn Sanderson  
And I'm going to ask all the participants, the presenters to do their own little introduction rather than it now at the beginning, I'm going to ask you to do it when it's your slot, if that's OK.

0:19:35.90 --> 0:19:37.800  
Kathryn Sanderson  
There will be an opportunity for Q&A later on.

0:19:37.930 --> 0:19:48.990  
Kathryn Sanderson  
So we're going with a few brief presentations and then a question answer session and if whilst you're not taking part, you could be on mute.

0:19:49.0 --> 0:19:52.970  
Kathryn Sanderson  
That would be wonderful and right.

0:19:56.130 --> 0:20:8.730  
Kathryn Sanderson  
Ohh, if you really desperately need to ask a question before we get to the Q&A session, and indeed when we're in the Q&A session, can you please use the raise hand feature on the teams?

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0:20:12.710 --> 0:20:17.110  
Kathryn Sanderson  
Now the first thing we we've had a change within our PPG.

0:20:17.310 --> 0:20:56.110  
Kathryn Sanderson  
I am still chairing the PPG and I know you don't see very often but I am there virtually if I'm not there in person and we were linked with Doctor Brody as our representative within the of the GP's on the practice and we have links with all of the stuff that that, that are present today and unfortunately doctor BILKHU, who has taken on that mantle from Doctor Brody, has had to go home very urgently for a a personal situation.

0:20:56.120 --> 0:21:3.10  
Kathryn Sanderson  
This is life, this is what happens to people and doctors are human too, and they have lives and they have families.

0:21:3.20 --> 0:21:10.110  
Kathryn Sanderson  
And when things go wrong that involve quick trips to hospitals and things like that, they have to go.

0:21:10.540 --> 0:21:23.360  
Kathryn Sanderson  
So Prakash Kachhala Dr KACHHALA is thrown himself on that particular sword and his standing in doing someone else's slides and someone else's talk.

0:21:23.410 --> 0:21:31.0  
Kathryn Sanderson  
But because he runs our super duper social media platform anyway, he's fully informed about all that's going on.

0:21:31.230 --> 0:21:40.80  
Kathryn Sanderson  
And so I will just without any further chat, I will introduce Doctor KACHHALA who is going to take us through the first part of this presentation.

0:21:40.560 --> 0:21:41.50  
Kathryn Sanderson  
Thank you.

0:21:43.430 --> 0:21:45.180  
WALL, Vicky (SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST)  
Vicky Wall the data quality manager.

0:21:45.190 --> 0:21:48.160  
WALL, Vicky (SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST)  
Can I just say that today's session will be recorded?

WALL, Vicky (SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST)  
So any patient, that doesn’t get the chance to see or hear and can pick this up on the website afterwards.

0:21:59.60 --> 0:22:0.110  
Kathryn Sanderson  
I've got that on my list.

0:21:59.570 --> 0:22:1.780  
WALL, Vicky (SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST)  
But over to you, doctor KACHHALA.

0:22:5.580 --> 0:22:11.620  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
I'm hoping everyone can hear with the rush of everything to get on.

0:22:12.250 --> 0:22:16.280  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
I'm just checking to make sure everything's done, so I'm gonna try and share the slides.

0:22:17.360 --> 0:22:34.370  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
And and this is just a very brief presentation that I actually did work with Doctor BILKHU assembling the size slides anyway, so I'm hoping I hear well to go through these with all of you in the same way he would have.

0:23:26.740 --> 0:23:49.30  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
So yes, my name Prakash Kachhala and I'm one of the partners here at the practice, one of six of us now and I mainly in terms of patient engagement usually tend to run our Facebook page, which I know seems to be very popular and we have now over 2000 regular followers.

0:23:49.790 --> 0:23:54.310  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
So you probably see my name popping up several times in the day.

0:23:54.400 --> 0:24:7.830  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
If you are one of our valid Facebook followers, so in terms of this presentation, the short presentation is just for you to give a little bit of background about what general practice is like today.

0:24:8.560 --> 0:24:28.50  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
Talk about how it's changed and more importantly, why it's changed and maybe looking ahead thand at the practice level, and why some of these changes have been made and what are the patient you might be seeing when you contact the practice?

0:24:33.270 --> 0:24:44.480  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
This next slide just for background, really people always a bit surprised about this particular statistic on screen here about how much general practice and generally primary care does.

0:24:44.490 --> 0:25:1.910  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
I think maybe a combination of what we hear about in the media, TV, print media and online, that the feeling often is the GPS don't do an awful lot and everyone just seems to be filling up our hospitals and really it couldn't be further from the truth.

0:25:2.290 --> 0:25:9.610  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
The vast majority of people who are unwell actually don't access any healthcare and we'll take that how we want it to.

0:25:9.620 --> 0:25:15.990  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
Most people during tend to self manage their problems or access informal help.

0:25:16.40 --> 0:25:17.770  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
Perhaps friends, family.

0:25:18.340 --> 0:25:24.970  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
Pop over to the to the local pharmacy by themselves something and hopefully one way or another it will settle down.

0:25:25.340 --> 0:26:3.360  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
Those people that do actually access healthcare overwhelming access their healthcare through their GP practice, whether that's their GP doctor or their GP, nurse, GP, pharmacist and the statistics for several years now show that certainly **between 80 and 90% of all NHS patient contacts, occur within general practice, only less than 10% of patient contacts actually occur within hospitals**, whether that's via attending accident emergency or via outpatient care.

0:26:3.570 --> 0:26:13.170  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
And I think that's a really important statistic to share because I said earlier it's often not known about exactly how much it's done in general practice.

0:26:13.570 --> 0:26:25.430  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
I think people often think if they didn't see a massive queue outside the GP practice, they think that not much is happening in there and if there's a massive queue and A&E, they think that lots of things are happening in there.

0:26:25.720 --> 0:27:14.820  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
And whilst that's not to be derogatory to A&E or the hospitals anyway, we do know that the rest of patient care does seem to occur in places like TORKARD Hill and just looking at the latest figures in NHS England (who collates figures from all aspects of the NHS), that certainly in the last 12 months, if we look at the numbers we are seeing well over **10 times more encounters in general practice than we've see in A and E** and that is that is increasing year on year and more locally this is the data that I've been able to count up here at our own practice in terms of what we're doing.

0:27:14.830 --> 0:27:19.100  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
So this is a graph showing the number of total number of points.

0:27:19.110 --> 0:27:32.220  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
These are appointments, those with a GP or another type of clinicians, that could be a GP, Nurse, healthcare assistant, pharmacist or some of our newer roles, which I'll talk about a little bit later.

0:27:32.490 --> 0:27:40.630  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
And what's interesting is since 2016, it's only going back to 2016 because taking this data is very time consuming.

0:27:40.860 --> 0:27:44.230  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
So I I just randomly picked the last few years.

0:27:44.240 --> 0:28:5.840  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
**If you can see the number of appointments has been pretty much steadily increasing year on year** with a slight blip in 2017, it's been increasing year on year and **even if we look at the time around COVID it's actually been increasing and these are GP appointments, nurse appointments and appointments.**

0:28:6.50 --> 0:28:24.600  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
Any clinician, if we look in the last year in 2022 with thing **at least another over 10,000 extra appointments then we saw in 2016 that's a significant increase in the number of appointments that patients can have at our practice.**

0:28:24.820 --> 0:28:29.220  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
**And that's actually despite a fewer number of doctors as well.**

0:28:29.230 --> 0:28:39.920  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
**So that's just shows how pressurize the system is** and also **how are you using other healthcare clinicians to try and improve our service to our patients.**

0:28:43.750 --> 0:28:52.140  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
And one of the reasons why we're all busier is not only that we're doing more, but we're also doing a lot more for other people.

0:28:52.150 --> 0:29:4.490  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
**I think anyone that's had any experience of a visit to an outpatient department or the hospital and they need department will know that it seems like a lot more is being handed over to general practice.**

0:29:4.500 --> 0:29:17.70  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
**Even something as simple as having a prescription for something you'd expect when you go to an outpatient appointment** that the doctor or the nurse there will hand you over a prescription for the medication they've and talk to you about.  
**Whereas nowadays that is something that ends up at the desk of a GP a few weeks later to sort out and deal with.**

0:29:26.320 --> 0:30:25.340  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
**So lots of these little tasks that are being sent over to the GP** and generally speaking **a lot more different conditions are now being managed by their GP that previously would have been managed by the hospital**.

**30 or 40 years ago if you had certain conditions such as a heart condition, diabetes, bronchitis, asthma, you would have had regular appointments by specialist departments of the hospital,** **whereas now the majority of these conditions now managed in your GP practice** and our practice in particular, this is usually done by the GP nursing team who have massively taken over the management of many chronic diseases and anyone watching this video either live or recorded who has the chronic disease knows that for the **majority of their chronic healthcare has done extremely well by our GP nurses here.**

0:30:28.650 --> 0:30:30.660  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
And I thought I'd slot in this slide.

0:30:31.330 --> 0:30:32.420  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
It's it.

0:30:32.430 --> 0:30:35.300  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
It's a little bit of a confusing side, so I'll just take you through.

0:30:35.310 --> 0:30:43.640  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
It's it's just me to show how the work for us across the NHS has changed over the last kind of 10 or 15 years, really.

0:30:43.770 --> 0:30:54.620  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
If we look at the number of total doctors and that's the Orange Line, you can see here and it's truly speaking actually kept up reasonably well.

0:30:54.630 --> 0:31:7.80  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
**So if we look at the last five 12 to 15 years, the number of hospital doctors has steadily been increasing to try and keep up with increasing population, increasing pressure and increasing work demands.**

0:31:7.890 --> 0:31:23.160  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
And **but if we look sadly, the number of GP doctors, there's unfortunately not really either kept up and actually it's now coming down the number of whole time equivalent GP over the last 10 or 15 years has sadly reduced.**

0:31:23.170 --> 0:31:41.350  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
**And again, we can see that locally here at our own practice**, (I started here about what it be 10 years this year), **and there are fewer GPS now than there were ten years ago**, whereas you'd expect it to be to be trying to keep up with the demand.

0:31:41.360 --> 0:31:44.810  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
That way there's a number of factors related to that.  
A lot of it is investment.  
**I Think people previously recognize the hospitals are really struggling and therefore there was a lot more resource afforded to hospitals.**

**I'm hoping one day people may realise that general practice needs to be resourced as well as hospitals**, and perhaps we may therefore see a bit of an upturn in both GP staff and other GP clinician stuff to be increased.

Hopefully try and get our numbers back up again, but that might be my naivety.

Wishful thinking.

**So knowing that, knowing that our demands are increasing, our local population is increasing, the complexity of the work is increasing**.

**We need to try and find a way of managing this and managing this safely** and looking at different models, and one thing we do recognize is that **not every health condition requires a GP to manage that condition.**

As I mentioned earlier, **our GP nurses have already had a fantastic track record of managing chronic health conditions and we also recognize that they're similar kind of model can be used for other types of health problems.**

**So for example, a minor injury doesn't necessarily have to be managed by a GP could be managed by someone who can be trained in minor illnesses**, **and if you've got a muscular skeletal type of problem, then actually having an assessment by a physiotherapist who's had far more years of training in managing and assessing musculoskeletal problems than someone like me is a GP would have will not only be entirely appropriate, then my opinion would actually be a far more better, better person to assess and treat your problem that way.**

0:33:40.690 --> 0:33:55.860  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
Looking at this multidisciplinary model, this model involves **the patient at the centre of what we do** **and having around that patient need, a number of different highly trained and experienced healthcare professionals.**

And that **as the patient, you have the option/choice to go to, to seek advice from, have an assessment from and have some treatment from a member of the multi disciplinary team,** and **this is the model we currently have here at our practice**, and one which is being mimicked right across

So we've got more of the traditional roles that the top of this diagram.

0:34:25.130 --> 0:34:34.60  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
So the old fashioned GP and Nurse, but now in addition to those roles, we've got plenty of others.

**We've got our very good clinical pharmacists.**

Again, these are highly trained degree level and even further, and a qualified and highly experienced pharmacist who have often done additional training to work in places like GP practices **and many of them also now prescribe and have done very vigorous prescribing qualifications and further courses, who would be experts at things like reviewing medications, managing certain problems, whether it's a blood pressure related problem and managing heart failure medications and conditions like that just moving down a little bit further.**

We've also got our first contact physio and who is Danni.

0:35:27.40 --> 0:36:4.70  
KACHHALA, Prakash (TORKARD HILL MEDICAL CTRE)  
**Danni’s had some amazing feedback by many patients, both formally and informally, and she again has done several years of training to look at how to assess musculoskeletal problems,** **how to best treat them, and also when to refer on danni's also done further training so that she can now request investigations such as X rays, MRI scans, blood tests and also a bit is able to refer on to other specialist services should the need arise.**

**We've also got first contact mental health practitioners** because **increasingly a lot of our work that we're seeing, both urgently and routinely is related to mental health,** whether that's an acute mental health crisis or more of an increasing worsening of emotions, behaviors and feelings over a longer period of time.

And we now have what we essentially call her first contact mental health service so that **if someone were to be struggling with mental health or were to ring up, they should be able to speak to a highly trained mental health worker to discuss their symptoms.**

And what the best route of action would be, whether that's going down the route to medication, speaking so on or being signposted?

**And last but not least, we've got and our healthcare assistance who work very closely with ourselves as GP and the rest of nursing team.**

**They often would be the very first port of call for the initial and management of chronic health conditions.**

**So for example, if you have conditions like diabetes or heart disease, you'll often be seen by a health care assistant.**

First, you'll be doing basic observations like your blood pressure, your blood test, your heart tests, and things like that, and often that the kind of the important information gathering, which then allows the nursing team and then the GP team to also then uh follow up the patient.

**So we've now got this kind of multi disciplinary team to try and manage that, that increasing complexity, increasing demand of work that way.**

And we're hoping that this kind of model can be expanded looking ahead as we go on really now, I think that was the last slide.

So I don't know if anyone wants to ask any questions now or later.

0:38:27.820 --> 0:38:39.390  
Kathryn Sanderson  
Well, thank you for that, Doctor KACHHALA will if anybody got any really burning questions that that won't wait until the Q&A session then then you know please raise your hand.

0:38:39.400 --> 0:38:49.350  
Kathryn Sanderson  
But I'm hoping that we can pick up any bits as we go along because we've got more people to present about their little bits on there that you introduced just at the end.

And you obviously you mentioned the nursing team, you mentioned the pharmacy team, et cetera.

Just say we're going to hear from some of those individuals as well.

So they might be able to put a little bit of and, you know, meat on the bones, as it were, around around some of the, the the things that we've got there.

I think what is very interesting is to see the whole backdrop of how things are changing and why they are changing and those statistics provide a really, you know, clear illustration as the way things are going and lots of people in their first instance say things like, oh, I can't get the point with my GP.

0:39:25.840 --> 0:39:35.290  
Kathryn Sanderson  
Many patients are not really fully aware of how things are changing and having to change to meet that change.

I mean, one of the things that you didn't mention specifically was about the age profile and the number of people over 65.

And I don't know if others picked that up.

But you know, there are a greater number of people requiring services than there were in the past.

And so all of those are going to impact and the services that we offer anyway, enough for me, we'll move on to uh.

0:40:0.710 --> 0:40:3.510  
Kathryn Sanderson  
Katie Smalley is our Nurse Lead.

And representative from the nursing team.

She'll give you a little bit about who she is and what she is and and what she's got to say.

So welcome, Katie.

SMALLEY, Katie (TORKARD HILL MEDICAL CTRE)  
Well, hi.

I'm one of the senior nurses here at TORKARD, one of six.

I think Doctor Kachhala did a very good job of saying what we do really as a team and how we help, how we help Torkard.

There's six nurses, and we've also got 3 healthcare assistants.

And also one trainee nurse associate with us at the moment.

So our team is expanding.

It's getting bigger.

Demand obviously gets bigger with it so but yeah, the as nurses we tend to do a lot of the chronic disease monitoring and the reviews around that.

So a lot of the time they patients all have their blood to take and with a phlebotomist or healthcare assistant and then we will follow up, especially in terms of such things like diabetes or look at the medicines and whether they need altering and also looking at their other blood test results, making sure the kidney functions OK and titrating that insulin as well.

We also do that we also look at asthma and COPD management.

The HCA is do a lot of hypertension work and chronic kidney disease and the as nurses, we also do cytology.

We do wound care.

Looking at post operation wounds and a lot of other care.

Uh, we also do child and adult immunizations.

We do see lots of babies and we do lots of travel vaccinations here at the surgery as well and also B12 injections.

Lots of urinalysis to test for water infections and lots of other referrals to different places such as social prescribing.

We can get the tissue viability teams involved if we're struggling to try and heal a wound, or we can refer to the appropriate place if we feel that is appropriate.

Uh, I don't know whether anybody's got any questions at the moment or is that what should we save that for the Q&A?

Kathryn Sanderson  
You were highlighting that that when it's appropriate, you can draw on lots of other teams as well.

0:42:53.980 --> 0:42:54.230  
SMALLEY, Katie (TORKARD HILL MEDICAL CTRE)  
Yes.

0:42:53.320 --> 0:42:59.920  
Kathryn Sanderson  
So you've got a huge work for yourselves on a day to day basis, but you've also got access to all the other ones.

Yeah, we can do lots of time posting to, yeah, lots of sign posting and support as well for our patients who tend to get to know us as well, which is nice. Yeah.

0:43:26.90 --> 0:43:26.290  
SMALLEY, Katie (TORKARD HILL MEDICAL CTRE)  
Yes.

0:43:12.190 --> 0:43:29.470  
Kathryn Sanderson  
Yeah, because you've got, you know, you've got a huge variety and a massive workload there because it sounds when you say, well, we deal with diabetes, we there are a lot of patients that fall into those categories, I'm sure and keep me very busy.

0:43:29.520 --> 0:43:33.990  
Kathryn Sanderson  
So you know, it's a huge chunk of the work that that goes on.

0:43:34.480 --> 0:43:35.630  
Kathryn Sanderson  
Thank you for that, Katie.

0:43:36.150 --> 0:43:36.630  
SMALLEY, Katie (TORKARD HILL MEDICAL CTRE)  
No problem.

0:43:37.240 --> 0:43:40.490  
Kathryn Sanderson  
So let's just move on to the pharmacist now.

Laura is is our representative that's going to to join us from the pharmacy team.

0:43:50.760 --> 0:43:52.470  
WALTON, Laura (PRIMARY INTEGRATED COMMUNITY SERVICES LTD)  
Ah, yes, I'm Laura Walton.

So I'm one of the pharmacists that work at TORKARD, so I'm going to speak to you about the role of the pharmacy team.

0:43:58.160 --> 0:44:3.490  
WALTON, Laura (PRIMARY INTEGRATED COMMUNITY SERVICES LTD)  
I'm just gonna try and share my screen.

Like I say, my name's Laura, so I've been working at the practice for nearly four years now, so I'm one of the pharmacists here.

And so our team, we are a growing team as well.

And so we're made up of three clinical pharmacists, and that's myself, Shelley and and setova.

And then we've got a one pharmacy technician and his name is Emma.

So Shelley is employed directly by the practice, and then the rest of us are employed by Byron PCN.

And but we do work solely at TORKARD Hill Medical Centre.

So our role is quite varied actually.

So we do see lots of patients in clinics and then we also have like an admin side of the job where we deal with letters and tasks.

So our clinic appointments so they can be face to face or telephone depending on patient preference.

**We mainly conduct medication reviews in our clinics, so joining medication review, we'll go through all of your medication with you, make sure it's working well for you and ensure that you're up to date with any monitoring that needs doing, like blood tests.**

**And then we'll give you the opportunity to ask any questions that you might have about your medication.**

And then we can make changes to your medication if necessary during that review.

And so as far as this, I think like doctor Kachhala says we're we've been to uni, we're specifically trained to speak to you about your medication.

We've also done further clinical courses as well and we generally have longer appointment times than GPS.

So our appointments that tend to be 15 to 20 minutes, so it gives us long enough to be able to speak to you in detail about your medication and also two of us in myself and Shelly, we qualified prescribers as well.

So we've got done further qualifications to be able to write prescriptions.

So we'll see patients for blood pressure reviews and HRT reviews amongst other things and pharmacists and pharmacy technicians also see patients for new patient reviews.

So that's for patients that are newly registered to the practice.

We can do cholesterol reviews and heart failure annual reviews as well as the clinics and we process hospital letters.

So if you've seen a specialist in the hospital and they send us a letter, if it involves medication, that usually comes through us and then we will amend your medication at the practice according to that.

And we deal with medication queries from patients and colleagues.

We usually the first port of call for medication queries at the practice and other things that we do and we help find alternatives.

So if you medication is out of stock at the pharmacy, we can find, try and find it somewhere else.

So we can issue alternative medication for you.

**We can bring you medication into line if they've gone out of sync, and we also get involved with and trying to help the practice with their processes and making sure that medications are prescribed safely and also and we can refer as well, like the nurses, so we can refer to the GP if needed, or we work closely with other healthcare professionals such as the physio, healthcare and the mental health practitioners.**

**We can refer to secondary care if needed.**

That's just a general overview of our role and thank you.

0:48:27.630 --> 0:48:29.40  
Kathryn Sanderson  
Thank you for that, Laura.

And again we if if there's anything anybody specifically wants to pick up, we'll we'll try and pick that up at the end.

But it it is interesting to see it clearly is a growing team and you mentioned Laura, you mentioned the Byron PCN element of this where we get some roles that are funded through different routes for anyone that's not sort of aware of how all that works.

It's not today to go into it, but you know there is more information around I'm not and we have some very positive comments I have to say about all of these teams since they've been in operation **and in fact I was talking to someone only yesterday who was singing the praises of the pharmacy team** and the reviews that they're getting with that.

So that's a real big plus and we get I I often hear those from the about the nursing team, the office team and to try to feed those back.

So that was one for the pharmacy team who have don't think I've mentioned before.

0:49:32.740 --> 0:49:55.870  
Kathryn Sanderson  
And talking of the office team, where there's been a few changes and uh Maria's going to to join us in a in a minute just to try and and give us a bit of background into how things are happening because the administrative side of running the practice is huge.

I don't think anyone can really understand unless they have worked in an NHS type organization.  
Just how much goes on behind the scenes and without it all, it just doesn't work.

So I'll hand over to to Maria and I think Joanne's here as well our practice manager.

HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
Hi. Hello.  
I am.

0:50:24.660 --> 0:50:25.470  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
I'm Maria.  
I'm the office manager here at TORKARD.

I've worked here for, I think, 14 years.

You lose count after so long.

I have started as a receptionist at Torkard so obviously over the length of the time I've worked here there's been a huge amount of changes, and with the public demand in wanting to see a GP. I'm in charge of day-to-day running of the admin office which includes a prescription clerks and secretaries and obviously, the reception front desk which patients will see?

And obviously incoming calls that patients make into the surgery.

People may be aware, recently our telephone call system has changed and due to the demand of GP appointments and the pressures.

Joanne Hicken PM

We have had problems retaining some admin staff for quite some time.

Really, we've tried everything really to recruit new members of staff.

It is such a difficult, difficult job and they're no longer receptionist.  
We're receptionist that they have now moved on to being care navigators.

They are fully trained in signposting patients, **so when patients are ringing the surgery, they're being asked an awful lot of questions by the care navigators and that is in order to direct the patient to either a GP, a pharmacist and mental health practitioner, practice nurse, etcetera.**

And because whilst we all think we need to see a doctor all the time, that's not always the case.  
**And there's no point in seeing a doctor to be then referred on to a pharmacist, you may as well go directly to a pharmacist.**

And so with all the problems we've had with trying to recruit, we've had to think outside the box a little bit and to see how we're going to solve the problem with our telephone calls being answered, because obviously we do receive, and as you may know, a significant amount every day to resolve this and our telephone calls have now been outsourced to a company called Callcare who are just an extension of the team here at the surgery and they are employed by TORKARD.

**Call care answer the calls, not here that the surgery.**

**They answer them at Callcare**.

They have the training, they are trained on, are continuing to be trained and in the role of I've been a care navigator, so any services that were offered when you called into the surgery, **you will get exactly the same services offered to you as patients by call care.**

**Nothing will change except it won't be somebody in this building answering the phone, but freezes up in dealing with the queries and being able to ring patients back in a timely manner.**

**And if you have rang a patient, if you have called the surgery one day and have wanted a question passed into a GP and the GP sends us the reply back, we can now contact you back with the answer in a timely fashion as opposed to you probably waiting a week or two in order to hear back from somebody giving you a better service.**

0:54:43.630 --> 0:54:44.980  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
And for any questions.

0:54:46.450 --> 0:54:47.420  
Kathryn Sanderson  
Thank you for that.

0:54:47.650 --> 0:54:48.580  
Kathryn Sanderson  
Thanks, Maria.

0:54:48.590 --> 0:54:50.860  
Kathryn Sanderson  
It's it's still very new and.

But there have been over the recent years, there's been significant changes and and the demand is high.

And so I think that being able to manage, you know, Doctor KACHHALA mentioned right back at the beginning in about managing people's safely and that is you know underpins all of this.

Kathryn Sanderson  
It's about making sure that the people get to the right people or get a response from the right people in the most timely manner possible and obviously change brings with it the odd hiccup here and there.

0:55:34.640 --> 0:55:46.560  
Kathryn Sanderson  
But you know, as time goes on, things will, you know, become smoother one, you know and things start to remove more freely.

Have I covered everybody that was speaking just in case I've forgotten anybody?

0:56:0.0 --> 0:56:1.70  
WALL, Vicky (SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST)  
Thank you for that, Katherine.

Kathryn Sanderson  
And so now we're up for questions.

0:56:9.940 --> 0:56:21.890  
Kathryn Sanderson  
If anybody wants to ask any questions, if you could just use the raise hand feature that would help me and I I will invite you to ask your question if you haven't any questions.

0:56:21.900 --> 0:56:23.70  
Kathryn Sanderson  
That's absolutely fine.

0:56:23.80 --> 0:56:33.530  
Kathryn Sanderson  
If any of the practitioners want to add anything else, having listened to each other or suddenly thought of something, which is what often happens in these situations, then please shout up.

0:56:33.540 --> 0:56:35.590  
Kathryn Sanderson  
But I've got my first question here.

0:56:35.600 --> 0:56:41.210  
Kathryn Sanderson  
So Anne, if you would like to share your question.

0:56:41.480 --> 0:56:41.910  
Kathryn Sanderson  
Thank you.

0:56:42.910 --> 0:56:44.420  
Anne Wilson  
I don't know what you can hear me.

0:56:44.880 --> 0:56:45.330  
Kathryn Sanderson  
Me.

0:56:45.940 --> 0:56:47.160  
Kathryn Sanderson  
That's I can.

0:56:47.950 --> 0:56:49.910  
Anne Wilson  
You come here, OK?

0:56:47.170 --> 0:56:50.0  
Kathryn Sanderson  
Yes, at the moment, yeah.

0:56:57.20 --> 0:56:57.330  
Kathryn Sanderson  
So.

0:56:50.610 --> 0:56:57.980  
Anne Wilson  
**And I just wanted to say, first of all that I think you practiced as a brilliant job despite all the problems that there are.**

0:57:1.580 --> 0:57:3.260  
Kathryn Sanderson  
This yeah.

0:56:58.540 --> 0:57:3.680  
Anne Wilson  
And I I spent 14 years as practice manager and did every tired.

0:57:6.590 --> 0:57:6.870  
Kathryn Sanderson  
Yes.

0:57:3.890 --> 0:57:7.300  
Anne Wilson  
I retired nearly 14 years ago and now things have changed.

0:57:9.350 --> 0:57:30.560  
Anne Wilson  
I was interested yesterday, the first time we've made the call, the new system on the new telephones and I just wondered if we asked someone to call you back, what sort of timeline on that?

0:57:33.550 --> 0:57:33.790  
Kathryn Sanderson  
Alright.

The amount of time my to time waiting for the callcare to call you back.

0:57:42.520 --> 0:57:44.240  
Kathryn Sanderson  
Is that is that your question?

0:57:43.630 --> 0:57:44.340  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
Is that the question?

0:57:47.350 --> 0:57:48.110  
Kathryn Sanderson  
To mute.

0:57:45.510 --> 0:57:48.900  
Anne Wilson  
I'm not sure where I can't unmute some reason.

0:57:50.100 --> 0:57:50.540  
Kathryn Sanderson  
Let me.

0:57:49.930 --> 0:57:51.440  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
No, you're just very, very low.

0:57:52.610 --> 0:57:54.960  
Anne Wilson  
I can't don't get my.

0:57:52.890 --> 0:58:0.20  
Kathryn Sanderson  
Yeah, yeah, it it appears you appear to be on mute, but clearly we're getting something.

0:58:0.30 --> 0:58:3.400  
Kathryn Sanderson  
But then but was that your question, Ann?

0:58:3.610 --> 0:58:5.390  
Kathryn Sanderson  
About what time frame?

0:58:4.0 --> 0:58:5.400  
Anne Wilson  
Yes, but basically.

0:58:7.450 --> 0:58:12.120  
Anne Wilson  
The offer my husband ran yesterday and the office was if you want someone to ring me back, press one.

0:58:12.570 --> 0:58:14.440  
Anne Wilson  
That sort of and.

Anne Wilson  
Thank and I just wondered if there is a sort of timeline.

0:58:19.750 --> 0:58:20.730  
Anne Wilson  
How long it would take?

0:58:22.60 --> 0:58:23.870  
Kathryn Sanderson  
OK, right.

0:58:22.150 --> 0:58:23.950  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
OK, that's the new system.

0:58:24.810 --> 0:58:25.260  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
Sorry.

0:58:25.510 --> 0:58:27.320  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
Yeah, that's the new system with the telephone.

0:58:27.330 --> 0:58:36.70  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
Whereas rather than patients waiting in the queue and you press one and you put your number in that you want them to ring you back and then we will actually ring you back.

0:58:36.270 --> 0:58:40.370  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
Am I thinking then you you didn't get a call back yesterday because it should be within the day.

0:58:41.50 --> 0:58:41.820  
Anne Wilson  
They're actually.

0:58:41.870 --> 0:58:49.990  
Anne Wilson  
My husband gave up in the end because he didn't know how to put the phone number in his phone and he was a bit confused.

0:58:50.820 --> 0:58:59.300  
Anne Wilson  
So it it's just casted you've just mentioned now it's expected to get a call back during the same day.

0:58:59.490 --> 0:59:0.60  
Anne Wilson  
Is that right?

0:58:59.900 --> 0:59:0.550  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
Yeah.

0:59:0.830 --> 0:59:1.20  
Anne Wilson  
Yeah.

0:59:0.980 --> 0:59:1.110  
Kathryn Sanderson  
Yes.

0:59:0.660 --> 0:59:1.370  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
Yes, that's right.

0:59:2.490 --> 0:59:3.870  
Anne Wilson  
OK, bye. Yeah.

0:59:4.120 --> 0:59:4.600  
Kathryn Sanderson  
That's it.

0:59:3.800 --> 0:59:4.600  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
So I wonder if that.

0:59:4.610 --> 0:59:7.120  
Kathryn Sanderson  
That's it's interesting.

0:59:7.180 --> 0:59:27.850  
Kathryn Sanderson  
It's useful that and just because there may be teething problems in these early stages of of running the new system, so it's useful to for people to give us bits of information and so that we can work out what what things are are cropping up in people's experiences, really.

0:59:27.860 --> 0:59:30.290  
Kathryn Sanderson  
And then then we can do something about it.

0:59:31.540 --> 0:59:32.450  
Kathryn Sanderson  
Thank you for that.

0:59:32.440 --> 0:59:32.880  
Anne Wilson  
Thank you.

0:59:32.460 --> 0:59:33.990  
Kathryn Sanderson  
Joanna, you have a question?

0:59:35.550 --> 0:59:35.920  
Curtis Joanna (Research &amp; Innovation)  
Hi.

0:59:35.930 --> 0:59:36.920  
Curtis Joanna (Research &amp; Innovation)  
Yeah, sorry.

0:59:37.0 --> 0:59:39.360  
Curtis Joanna (Research &amp; Innovation)  
I've got a few questions, if that's OK.

0:59:39.850 --> 0:59:46.700  
Curtis Joanna (Research &amp; Innovation)  
I don't know how it's coming up on your screen, but I am actually a patient at Torkard, but I'm also a research nurse here at QMC.

0:59:47.250 --> 0:59:59.940  
Curtis Joanna (Research &amp; Innovation)  
I suspect it's coming up because it's come through my email for work, so if that's what's coming up on the old screen, that's what my role just a thing around the medication requests, probably for Laura.

0:59:59.950 --> 1:0:1.330  
Curtis Joanna (Research &amp; Innovation)  
I think the question for her.

1:0:3.580 --> 1:0:7.370  
Curtis Joanna (Research &amp; Innovation)  
I often request mine through the medication system online.

1:0:7.380 --> 1:0:16.730  
Curtis Joanna (Research &amp; Innovation)  
You know, on your on your web page and sometimes when we put comments on there, sometimes it hasn't been, no one actually answered the comment and that's on the medication request.

1:0:16.740 --> 1:0:19.50  
Curtis Joanna (Research &amp; Innovation)  
Is this something that you guys look through?

1:0:19.60 --> 1:0:36.600  
Curtis Joanna (Research &amp; Innovation)  
Because I'm sure it will be something that a GP doesn't really need to deal with, but do you get to see any of those like, I mean, for example for my, I'm on HRT and it was happens to be that I was asking for more than one bottle per month and no one actually replied to the for the note I put on the medication.

1:0:36.610 --> 1:0:44.80  
Curtis Joanna (Research &amp; Innovation)  
Now I just wondered if that's something that you guys look at or or whether it's something that we have to wait for the GP to reply to.

1:0:45.880 --> 1:0:46.610  
Kathryn Sanderson  
OK.

1:0:46.960 --> 1:0:47.210  
WALTON, Laura (PRIMARY INTEGRATED COMMUNITY SERVICES LTD)  
And.

1:0:46.960 --> 1:0:48.460  
Kathryn Sanderson  
Shelley or Laura?

1:0:49.310 --> 1:0:49.750  
WALTON, Laura (PRIMARY INTEGRATED COMMUNITY SERVICES LTD)  
Yeah.

1:0:49.760 --> 1:0:51.620  
WALTON, Laura (PRIMARY INTEGRATED COMMUNITY SERVICES LTD)  
So we can see those notes usually.

1:0:51.630 --> 1:1:5.620  
WALTON, Laura (PRIMARY INTEGRATED COMMUNITY SERVICES LTD)  
So your request will go to the prescription team first and then they should do look at those requests and and then they sometimes get forwarded to us all the GP because they can't make changes to your medication.

1:1:5.630 --> 1:1:11.390  
WALTON, Laura (PRIMARY INTEGRATED COMMUNITY SERVICES LTD)  
It has to come through one of us and so it will take a bit longer, but we should be able to see that.

1:1:12.410 --> 1:1:20.950  
WALTON, Laura (PRIMARY INTEGRATED COMMUNITY SERVICES LTD)  
So I don't know why you wouldn't have had a reply, but yeah, we can see the notes on the on that, yeah.

1:1:21.630 --> 1:1:21.910  
Curtis Joanna (Research &amp; Innovation)  
OK.

1:1:21.540 --> 1:1:22.430  
Kathryn Sanderson  
Didn't I?

1:1:22.840 --> 1:1:24.430  
Kathryn Sanderson  
Can I just ask something of you?

1:1:24.440 --> 1:1:25.220  
Kathryn Sanderson  
Joanna did.

1:1:25.300 --> 1:1:29.630  
Kathryn Sanderson  
Did so you didn't get the increase you requested.

1:1:29.640 --> 1:1:30.550  
Kathryn Sanderson  
Is that what you're saying?

1:1:34.670 --> 1:1:34.970  
Kathryn Sanderson  
OK.

1:1:30.830 --> 1:1:37.340  
Curtis Joanna (Research &amp; Innovation)  
No, I just got I I just was again given the one bottle of the gel and I just and I'd asked if there was any cause.

1:1:37.350 --> 1:1:41.740  
Curtis Joanna (Research &amp; Innovation)  
Obviously I used to have the patches where I'd get three months supply, but this one I'm only getting months supply.

1:1:40.840 --> 1:1:42.700  
Kathryn Sanderson  
Yeah, yeah.

1:1:44.560 --> 1:1:45.50  
Kathryn Sanderson  
You free.

1:1:41.830 --> 1:1:45.330  
Curtis Joanna (Research &amp; Innovation)  
So my question was, is it possible to have more if there was?

1:1:45.340 --> 1:1:48.180  
Curtis Joanna (Research &amp; Innovation)  
If it wasn't, that's fine, but no one responded at all.

1:1:49.100 --> 1:1:49.410  
Kathryn Sanderson  
OK.

1:1:51.990 --> 1:1:52.140  
Kathryn Sanderson  
Yeah.

1:1:48.190 --> 1:1:53.610  
Curtis Joanna (Research &amp; Innovation)  
No one even said really sorry, but we only supply one bottle at this time or you know of this particular product.

1:1:54.790 --> 1:2:4.720  
Kathryn Sanderson  
I was just going to say my experience is that when I have put notes on prescriptions then I've usually had and either something has happened.

1:2:4.910 --> 1:2:11.980  
Kathryn Sanderson  
I've not had a response as such, but I've had whatever it is is turned up or whatever, and so I was just curious.

1:2:11.990 --> 1:2:21.340  
Kathryn Sanderson  
So there's 22 sort of points to that and I think that one is maybe for whatever reason that's not been picked up and that's just something that we need to be aware of.

1:2:22.230 --> 1:2:31.630  
Kathryn Sanderson  
The other is if there is a reason why you can't have it, then I think if there's a reason why someone can't have something, then normally I know you would message them back.

1:2:31.900 --> 1:2:46.630  
Kathryn Sanderson  
So something's gone awry there, but I know that the normal procedure is that if if it can't happen, then a response does come through, but it can't come from the initial prescription team.

1:2:46.640 --> 1:2:49.590  
Kathryn Sanderson  
It has to come from yourselves and my right.

1:2:49.600 --> 1:2:50.370  
Kathryn Sanderson  
The farm?

1:2:50.700 --> 1:2:53.630  
Kathryn Sanderson  
The pharmacy team doesn't it from yourself, Laura.

1:2:54.850 --> 1:2:55.760  
WALTON, Laura (PRIMARY INTEGRATED COMMUNITY SERVICES LTD)  
Yeah. Usually.

1:2:53.640 --> 1:2:57.120  
Kathryn Sanderson  
Yeah, yeah, yeah.

1:2:55.770 --> 1:2:57.510  
WALTON, Laura (PRIMARY INTEGRATED COMMUNITY SERVICES LTD)  
So yeah, we do not you.

1:3:0.70 --> 1:3:0.230  
Kathryn Sanderson  
Yeah.

1:2:57.570 --> 1:3:1.460  
WALTON, Laura (PRIMARY INTEGRATED COMMUNITY SERVICES LTD)  
We usually would like, you know, if it couldn't happen, yeah.

1:3:1.740 --> 1:3:2.200  
Curtis Joanna (Research &amp; Innovation)  
OK.

1:3:1.390 --> 1:3:2.460  
Kathryn Sanderson  
Yeah, right.

1:3:2.470 --> 1:3:5.420  
Kathryn Sanderson  
And I've got one or two people wanting, I think, to join in on that question.

1:3:5.430 --> 1:3:7.740  
Kathryn Sanderson  
So Shelley, did you want to add anything to that?

1:3:8.550 --> 1:3:15.520  
GIBSON, Shelley (TORKARD HILL MEDICAL CTRE)  
Yeah, I was just gonna say they can that comments can easily be missed sometimes because you can see the script requests and then the comments are underneath.

1:3:15.530 --> 1:3:18.500  
GIBSON, Shelley (TORKARD HILL MEDICAL CTRE)  
So they can from experience be missed quite easily.

1:3:19.260 --> 1:3:19.410  
Kathryn Sanderson  
Yeah.

1:3:18.810 --> 1:3:25.740  
GIBSON, Shelley (TORKARD HILL MEDICAL CTRE)  
So sometimes you're better off doing a request for your meds and then doing another comment request separately because it might like to see it then.

1:3:26.220 --> 1:3:26.920  
Curtis Joanna (Research &amp; Innovation)  
That their whole day.

1:3:25.750 --> 1:3:31.570  
GIBSON, Shelley (TORKARD HILL MEDICAL CTRE)  
But yeah, I think they should be action, but they do sometimes get missed just to how they appear on the screen.

1:3:31.600 --> 1:3:32.90  
Kathryn Sanderson  
Yeah.

1:3:32.600 --> 1:3:33.270  
Kathryn Sanderson  
Yeah.

1:3:33.320 --> 1:3:35.210  
Kathryn Sanderson  
And Maria, you you may be.

1:3:35.260 --> 1:3:36.580  
Kathryn Sanderson  
Are you wanting to add something?

1:3:35.970 --> 1:3:38.80  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
Yeah, the rail.

1:3:38.90 --> 1:3:46.220  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
Reiterate what shell is just said and also the online prescription request come through and they are dealt with by the.

1:3:46.570 --> 1:3:49.590  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
We have a dedicated description team.

1:3:50.480 --> 1:4:1.710  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
There's there's four admin staff who are trained in issuing prescriptions, some of when some of the requests come through and they are asking for more than one month supply.

1:4:1.840 --> 1:4:12.180  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
There is a criteria as well that is that they do look at and depending on what it is, we will refer to the pharmacist.

1:4:12.190 --> 1:4:14.980  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
So to Shelley or Laura to ask.

1:4:28.210 --> 1:4:28.370  
Kathryn Sanderson  
Right.

1:4:15.30 --> 1:4:35.310  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
With regards HRT, there has been a problem with various items with regards HRT, so I think we've been trying to limit some things to monthly as well, but it could have just come down to the fact that your message had been missed and as Shelley has said, yeah.

1:4:36.630 --> 1:4:36.840  
Curtis Joanna (Research &amp; Innovation)  
And.

1:4:36.300 --> 1:4:39.610  
Kathryn Sanderson  
OK, well, if it has, you know that's that.

1:4:39.620 --> 1:4:40.870  
Kathryn Sanderson  
That's the way it is.

1:4:40.880 --> 1:4:47.930  
Kathryn Sanderson  
This, this, this, these things happen, but I think you know the point's been raised and and you know what?

1:4:49.40 --> 1:4:49.210  
Curtis Joanna (Research &amp; Innovation)  
Yeah.

1:4:47.940 --> 1:4:49.310  
Kathryn Sanderson  
What the system is Joanna?

1:4:49.320 --> 1:4:56.880  
Kathryn Sanderson  
So you are able to and you know know that if it you should have had a reply and if you didn't then there's nothing wrong with asking.

1:4:56.940 --> 1:5:7.370  
Kathryn Sanderson  
Putting that in again, as Shelley said, putting it in again on a separate comment list and and seeing what you get back from that, I have a couple of other hands up at the moment.

1:5:10.970 --> 1:5:11.210  
Curtis Joanna (Research &amp; Innovation)  
No.

1:5:7.380 --> 1:5:11.880  
Kathryn Sanderson  
Joanne, is there one more question you wanted to do very quickly and then I'll move on to.

1:5:13.650 --> 1:5:14.240  
Curtis Joanna (Research &amp; Innovation)  
I'm just.

1:5:14.40 --> 1:5:14.340  
Kathryn Sanderson  
OK.

1:5:14.250 --> 1:5:15.510  
Curtis Joanna (Research &amp; Innovation)  
I'm I'm I think it's.

1:5:15.570 --> 1:5:17.200  
Curtis Joanna (Research &amp; Innovation)  
I was just wanting to know what the plan.

1:5:17.210 --> 1:5:21.640  
Curtis Joanna (Research &amp; Innovation)  
Obviously I've been invited to this group and I just wondered what the plan was going forward.

1:5:21.650 --> 1:5:23.560  
Curtis Joanna (Research &amp; Innovation)  
Is this group gonna be a monthly?

1:5:23.690 --> 1:5:29.20  
Curtis Joanna (Research &amp; Innovation)  
Obviously, you've all introduced ourselves and talked about what all the different things are and what's happening with the practice.

1:5:29.310 --> 1:5:35.30  
Curtis Joanna (Research &amp; Innovation)  
I just wondered if this is a what are you looking for from us as patients, are you looking for ideas?

1:5:35.40 --> 1:5:36.540  
Curtis Joanna (Research &amp; Innovation)  
You just looking for feedback.

1:5:36.550 --> 1:5:39.10  
Curtis Joanna (Research &amp; Innovation)  
What sort of the plan going forward with this group?

1:5:39.140 --> 1:5:39.850  
Kathryn Sanderson  
Right.

1:5:39.900 --> 1:5:41.460  
Kathryn Sanderson  
And I'm in that lands on me.

1:5:41.470 --> 1:5:46.70  
Kathryn Sanderson  
Really, the difficulty we have is obviously to to put on something like this.

1:5:46.80 --> 1:5:46.750  
Kathryn Sanderson  
We can't.

1:5:46.800 --> 1:5:51.640  
Kathryn Sanderson  
We can't furnish this sort of meeting on a regular basis with, with practice representatives.

1:5:52.620 --> 1:6:3.870  
Kathryn Sanderson  
Uh, we have a couple of events in a year usually where we get a little bit of either face to face or online face to face feedback if we can.

1:6:4.480 --> 1:6:16.710  
Kathryn Sanderson  
And the rest of the time, we have to use the systems that we've got in place, but we are interested if anybody's got ideas that they can forward into the PPG and how we might move things forward.

1:6:17.100 --> 1:6:21.20  
Kathryn Sanderson  
Then I'm very willing to listen and and try and respond to that.

1:6:22.870 --> 1:6:27.960  
Kathryn Sanderson  
There's all sorts of difficulties around running PPG's.

1:6:27.970 --> 1:6:38.610  
Kathryn Sanderson  
They always end up as one little group of people who get together and have coffee, and we've we've we're try to make ours bigger than that.

1:6:38.620 --> 1:6:49.920  
Kathryn Sanderson  
We're trying to make it wider than that, which is why we go on the online stuff and and things like that, but we're very open to uh suggestions.

1:6:50.870 --> 1:7:10.270  
Kathryn Sanderson  
We love feedback and particularly constructive feedback, and as the practice knows, I I'll tell them anything you know, if anybody gives me anything tells me anything, then I then I pass it on because I I know from my own work experience, you know from my own working life.

1:7:10.280 --> 1:7:14.630  
Kathryn Sanderson  
If you don't know about something, how on Earth are you going to be able to do anything about it?

1:7:14.700 --> 1:7:21.870  
Kathryn Sanderson  
How on earth can you fix it if nobody tells you it's no good moaning behind somebody's back if you don't know about it, you can't fix it.

1:7:21.880 --> 1:7:28.390  
Kathryn Sanderson  
So it's better to share that, but we can share things in a positive way.

1:7:28.400 --> 1:7:47.800  
Kathryn Sanderson  
We don't have to be, you know, and I think this is this meeting today is about trying to set the context of the fact that things have changed quite dramatically and we want people to understand that they've changed quite dramatically because one of when we did an event, I was at an event earlier in the year, a lot of people were saying I didn't know there was a physio.

1:7:47.810 --> 1:7:49.80  
Kathryn Sanderson  
I didn't know there was a this.

1:7:49.90 --> 1:7:56.280  
Kathryn Sanderson  
I didn't know what that person did, and when we did one, we we did involve pharmacists once before, in, in a, in a brief meeting.

1:7:56.290 --> 1:8:15.290  
Kathryn Sanderson  
I think Shelley was there and people at that initially thought that meant that there was going to be a pharmacy at the practice, not a pharmacist, at the practice that would be able to do things, but actually thought that, well, does that mean I have to come and get my medicines from you?

1:8:15.380 --> 1:8:18.810  
Kathryn Sanderson  
And it's about, you know, and you might think, well, that's surely that's obvious.

1:8:18.820 --> 1:8:19.850  
Kathryn Sanderson  
It's not obvious.

1:8:20.380 --> 1:8:21.750  
Kathryn Sanderson  
It's not obvious to everyone.

1:8:21.760 --> 1:8:28.220  
Kathryn Sanderson  
People have very busy lives and they're used to different systems, so we're we're out there to try and help people understand that.

1:8:29.600 --> 1:8:30.980  
Kathryn Sanderson  
And you have a question.

1:8:37.440 --> 1:8:39.120  
Kathryn Sanderson  
And we can't hear you.

1:8:39.550 --> 1:8:41.40  
Kathryn Sanderson  
You're you're hand is still up.

1:8:41.320 --> 1:8:41.600  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
What?

1:8:41.150 --> 1:8:42.340  
Kathryn Sanderson  
Do you not have a question?

1:8:42.810 --> 1:8:43.550  
Kathryn Sanderson  
Ah, right.

1:8:43.560 --> 1:8:44.140  
Kathryn Sanderson  
OK.

1:8:44.350 --> 1:8:47.550  
Kathryn Sanderson  
Is it nicer you have a question?

1:8:47.660 --> 1:8:47.900  
Anne Wilson  
OK.

1:8:49.230 --> 1:8:50.380  
nyasha  
Uh, yes, I do.

1:8:50.750 --> 1:8:52.340  
nyasha  
It's about the prescriptions.

1:8:53.220 --> 1:8:57.440  
nyasha  
Umm, the first one is I think it was a repeat prescription.

1:8:59.320 --> 1:9:3.930  
nyasha  
I went to the pharmacy and they say that what you have is not a prescription.

1:9:3.940 --> 1:9:9.260  
nyasha  
You need to go back to the pharmacy and then they have to to to the GP and then they have to read.

1:9:11.90 --> 1:9:11.380  
Kathryn Sanderson  
Uh.

1:9:10.510 --> 1:9:21.310  
nyasha  
But when I go to there they said you need to put your sleep in the letterbox outside I put it there, but I never received anything, so I just want clarification on how that works.

1:9:22.280 --> 1:9:25.450  
nyasha  
Repeat prescriptions, yes, yes.

1:9:22.50 --> 1:9:34.120  
Kathryn Sanderson  
On how the system works, well, I think the well, we, Maria, do you want to go through how this is the the repeat prescription system works for me please.

1:9:34.160 --> 1:9:34.760  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
What time?

1:9:35.60 --> 1:9:35.430  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
What?

1:9:34.500 --> 1:9:35.590  
Kathryn Sanderson  
I mean I can but.

1:9:36.140 --> 1:9:59.690  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
So patients who prefer to post their request in the letterbox and we have 48 hour turn around, so it'll get emptied at midday and in an evening, then we have 48 hours to get that prescription and checked and issued all of our prescriptions are sent electronically to a pharmacy now.

1:10:0.300 --> 1:10:5.40  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
So once, obviously the prescription clerk has checked everything is OK.

1:10:5.710 --> 1:10:25.980  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
I had a look to see whether or not any blood test need doing, whether or not a patient needs to come in for their annual review with a nurse or the pharmacist, or the GP it then it's then issued it sent to the doctor for sign in and it goes electronically to the pharmacy.

1:10:26.150 --> 1:10:36.770  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
So you don't get a prescription, a paper prescription, back, your medical, your prescription should be at the chemist within 48 hours.

1:10:39.90 --> 1:10:39.380  
Kathryn Sanderson  
Can.

1:10:38.490 --> 1:10:44.680  
nyasha  
So if if you don't get, you have to go back to the say Jerry, because I, I I had a problem anyway.

1:10:47.580 --> 1:10:47.950  
Kathryn Sanderson  
What's up?

1:10:44.690 --> 1:10:54.390  
nyasha  
I don't want to make it about me, but I just want to understand how it works because I ended up going back to the surgery several times before I got my prescription eventually.

1:10:55.200 --> 1:10:55.400  
Kathryn Sanderson  
Yeah.

1:10:55.0 --> 1:10:58.310  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
So how'd you had your pharmacy not received anything?

1:10:59.80 --> 1:10:59.650  
nyasha  
Yeah.

1:10:59.660 --> 1:11:1.210  
nyasha  
And I went to another pharmacy.

1:11:1.220 --> 1:11:2.470  
nyasha  
They said they haven't received.

1:11:2.480 --> 1:11:9.450  
nyasha  
Then I went to another one because I didn't know where exactly it was supposed to be sent, and I had to get back to the surgery.

1:11:9.760 --> 1:11:12.130  
nyasha  
And then they had to call that pharmacy.

1:11:13.380 --> 1:11:13.500  
Kathryn Sanderson  
Hey.

1:11:12.140 --> 1:11:15.820  
nyasha  
When I was there, they say Jerry, but I, after chasing 3 pharmacies.

1:11:16.730 --> 1:11:17.200  
Kathryn Sanderson  
Yeah.

1:11:17.420 --> 1:11:17.700  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
Had.

1:11:17.250 --> 1:11:23.110  
Kathryn Sanderson  
Well, first of all you you will you have will have have a nominated pharmacy.

1:11:24.150 --> 1:11:24.380  
nyasha  
OK.

1:11:23.120 --> 1:11:28.360  
Kathryn Sanderson  
So you will have a pharmacy that you've chosen, so it shouldn't go to anybody else on my, right?

1:11:29.130 --> 1:11:29.820  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
That's correct.

1:11:30.550 --> 1:11:31.160  
Curtis Joanna (Research &amp; Innovation)  
After that year.

1:11:28.370 --> 1:11:32.120  
Kathryn Sanderson  
Maria, it shouldn't go to anybody else except for the one that you have chosen.

1:11:33.100 --> 1:11:33.250  
Curtis Joanna (Research &amp; Innovation)  
Yeah.

1:11:37.100 --> 1:11:37.500  
Curtis Joanna (Research &amp; Innovation)  
Let me tell.

1:11:33.900 --> 1:11:40.940  
Kathryn Sanderson  
The slip that you get with your prescription that that they get that they give you back when they give you your medication.

1:11:44.920 --> 1:11:45.90  
Curtis Joanna (Research &amp; Innovation)  
Yeah.

1:11:45.710 --> 1:11:45.990  
nyasha  
Umm.

1:11:53.950 --> 1:11:54.280  
Curtis Joanna (Research &amp; Innovation)  
Yeah.

1:11:42.110 --> 1:11:58.490  
Kathryn Sanderson  
It's just a copy of your things that you could use to put back in the box, or if you are online, you can order your prescriptions electronically and you can order those online.

1:11:58.500 --> 1:12:8.480  
Kathryn Sanderson  
And if you need some help to see how to do that the first time, I'm sure we can sort that out and personally miss my little bit.

1:12:8.490 --> 1:12:12.240  
Kathryn Sanderson  
I find that much easier than having to take a paper slip.

1:12:12.640 --> 1:12:17.920  
Kathryn Sanderson  
However, the paper slip is there if you need it, but that paper slip on its own isn't a prescription.

1:12:17.990 --> 1:12:19.850  
Kathryn Sanderson  
It's only for reordering purposes.

1:12:21.380 --> 1:12:22.720  
Kathryn Sanderson  
Does that help you Nisha?

1:12:23.650 --> 1:12:24.480  
nyasha  
Yeah, he does.

1:12:27.360 --> 1:12:27.560  
Kathryn Sanderson  
Yeah.

1:12:24.490 --> 1:12:28.260  
nyasha  
Maybe to assist a single case it was solved eventually anyway.

1:12:28.270 --> 1:12:29.490  
nyasha  
Thank you. OK.

1:12:29.230 --> 1:12:33.680  
Kathryn Sanderson  
So I think I think we need to make sure that you getting it right that you're getting the opportunity.

1:12:33.690 --> 1:12:35.400  
Kathryn Sanderson  
You know that you getting your meds at the right time.

1:12:35.450 --> 1:12:46.730  
Kathryn Sanderson  
So I mean, if you have a, if you still having a problem and know that the that you know if you pop up or ring through to the prescription team, they'll they'll sort it out with you.

1:12:47.640 --> 1:12:48.0  
nyasha  
Pattern.

1:12:46.980 --> 1:12:48.270  
Kathryn Sanderson  
Am I right, Maria?

1:12:48.180 --> 1:12:48.650  
nyasha  
Yeah, sure.

1:12:48.950 --> 1:12:49.430  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
Yes.

1:12:48.710 --> 1:12:50.80  
nyasha  
Thank you so much. OK.

1:12:49.880 --> 1:12:50.380  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
Yeah.

1:12:50.390 --> 1:12:52.480  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
Yeah, we'll happily help her out.

1:12:53.800 --> 1:12:53.990  
Kathryn Sanderson  
Yeah.

1:12:53.590 --> 1:12:54.370  
nyasha  
Thank you.

1:12:56.210 --> 1:12:56.690  
Kathryn Sanderson  
Thank you.

1:12:56.750 --> 1:13:9.170  
Kathryn Sanderson  
Is there any more questions or anybody else want any questions answering or I mean we are a bit thin on the ground with with, with patient and attendees today, which is a shame, but it was worth the try.

1:13:9.860 --> 1:13:20.370  
Kathryn Sanderson  
And as Vicky mentioned earlier, we are going to record this or it has been recorded and we're going to, you know, put that onto the website. Joanna.

1:13:21.470 --> 1:13:21.700  
Curtis Joanna (Research &amp; Innovation)  
Yeah.

1:13:21.380 --> 1:13:21.870  
Kathryn Sanderson  
Sorry, did you?

1:13:21.710 --> 1:13:22.180  
Curtis Joanna (Research &amp; Innovation)  
I just.

1:13:22.230 --> 1:13:33.400  
Curtis Joanna (Research &amp; Innovation)  
I just wanted to say I just wanted to add in for you all that I have been a I have been with the practice since I moved to Nottingham in 2009 and I do wanna say that you are doing a brilliant job.

1:13:34.280 --> 1:13:34.500  
Kathryn Sanderson  
Umm.

1:13:33.870 --> 1:13:38.240  
Curtis Joanna (Research &amp; Innovation)  
I think that TORKARD is probably one of the best surgeries in Hucknall.

1:13:38.780 --> 1:13:39.10  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
Cool.

1:13:38.840 --> 1:13:52.460  
Curtis Joanna (Research &amp; Innovation)  
I read a lot on social media and I think I've seen Doctor KACHHALA trying to put his his view in there sometimes as well with regards to some of the backlash that the GP surgeries getting hot.

1:13:52.540 --> 1:13:54.870  
Curtis Joanna (Research &amp; Innovation)  
No, but you know, I've always seen.

1:13:53.230 --> 1:13:55.300  
Kathryn Sanderson  
Ohh umm.

1:13:54.920 --> 1:13:57.290  
Curtis Joanna (Research &amp; Innovation)  
I think it's a brilliant surgery and I've never had a problem.

1:13:57.300 --> 1:13:57.540  
Curtis Joanna (Research &amp; Innovation)  
Never.

1:13:57.550 --> 1:14:0.270  
Curtis Joanna (Research &amp; Innovation)  
I've phoned up with regards to myself or my sons.

1:14:2.790 --> 1:14:3.60  
Kathryn Sanderson  
Yes.

1:14:11.320 --> 1:14:11.540  
Kathryn Sanderson  
Here.

1:14:0.500 --> 1:14:12.140  
Curtis Joanna (Research &amp; Innovation)  
I've always had a brilliant service, so I just wanna put that out there because I know we all get lots of negative stuff from patients and things, but I just want as a patient as well, just to say that you all doing a brilliant job there.

1:14:13.350 --> 1:14:13.820  
Kathryn Sanderson  
Yeah.

1:14:14.320 --> 1:14:14.750  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
Thank you.

1:14:13.830 --> 1:14:16.80  
Kathryn Sanderson  
And I agree with you wholeheartedly.

1:14:16.90 --> 1:14:18.400  
Kathryn Sanderson  
And ants just given that a thumbs up too and.

1:14:20.50 --> 1:14:21.540  
Kathryn Sanderson  
Certainly when?

1:14:21.550 --> 1:14:37.690  
Kathryn Sanderson  
When I was out at the event view once ago, the majority, the vast majority of feedback for the practice was so positive and we certainly as a practice came out on top in Hucknall.

1:14:37.940 --> 1:14:41.440  
Kathryn Sanderson  
I shouldn't say that really, but it was very positive.

1:14:41.450 --> 1:14:49.310  
Kathryn Sanderson  
People were and really encouraging because I think there is that openness and honesty.

1:14:50.980 --> 1:14:54.230  
Kathryn Sanderson  
About we can only do what we can do.

1:14:54.680 --> 1:14:57.670  
Kathryn Sanderson  
We want to support people's safely.

1:14:58.80 --> 1:15:7.530  
Kathryn Sanderson  
We want to manage things to the best of our ability, but you can only manage what you you can only do what you can do within the resources that you have to hand.

1:15:7.960 --> 1:15:22.160  
Kathryn Sanderson  
And I have never had a bad experience when I phoned up and I think that goes such a long way that there are so many people who are trying to give that positive experience.

1:15:22.140 --> 1:15:22.650  
Curtis Joanna (Research &amp; Innovation)  
Thank you very.

1:15:22.170 --> 1:15:23.680  
Kathryn Sanderson  
It makes such a difference.

1:15:26.110 --> 1:15:26.420  
Curtis Joanna (Research &amp; Innovation)  
I don't know.

1:15:28.940 --> 1:15:29.210  
Curtis Joanna (Research &amp; Innovation)  
Happy.

1:15:23.990 --> 1:15:30.240  
Kathryn Sanderson  
I know that some of the other practices around about the authority, I'm not gonna say hurts more cause it's that's not fair.

1:15:31.460 --> 1:15:34.30  
Kathryn Sanderson  
People ring up and they just say I'm sorry, we have got any appointments.

1:15:34.560 --> 1:15:37.790  
Kathryn Sanderson  
But that never happens.

1:15:37.840 --> 1:15:42.80  
Kathryn Sanderson  
At Torkard they will always find someone to help you.

1:15:44.210 --> 1:15:47.340  
Kathryn Sanderson  
So that's my I'll get off my soapbox now.

1:15:47.960 --> 1:15:48.420  
Kathryn Sanderson  
Uh.

1:15:47.830 --> 1:15:48.470  
HICKEN, Joanne (TORKARD HILL MEDICAL CTRE)  
No, thank you.

1:15:49.260 --> 1:15:50.750  
Kathryn Sanderson  
Anybody else want to say anything?

1:15:52.660 --> 1:15:55.330  
Kathryn Sanderson  
Well, thank you for attending the meeting.

1:15:55.340 --> 1:16:16.230  
Kathryn Sanderson  
If you've got any suggestions about things for PPG or things that you want us to do or ways we could do things differently, which we're always interested, can you feed those in through the practice through the website or make a note for me and send it through the office or the practice groups that you've got?

1:16:16.300 --> 1:16:23.320  
Kathryn Sanderson  
This is where the difficulty lies, because I can't actually do things directly with you in that sense and.

1:16:25.220 --> 1:16:28.30  
Kathryn Sanderson  
And thank you all for your contributions.

1:16:28.40 --> 1:16:30.50  
Kathryn Sanderson  
Thank you to all the staff that have given at the time.

1:16:30.60 --> 1:16:30.690  
Kathryn Sanderson  
Thank you.

1:16:31.100 --> 1:16:33.720  
Kathryn Sanderson  
Especially to doctor KACHHALA for jumping in at the last minute.

1:16:34.580 --> 1:16:37.140  
Kathryn Sanderson  
And but he does such a good job with that Web page.

1:16:37.150 --> 1:16:37.870  
Kathryn Sanderson  
I don't know why.

1:16:38.10 --> 1:16:41.660  
Kathryn Sanderson  
You know, it was all gonna roll up his dog anyway and.

1:16:43.310 --> 1:16:46.230  
Kathryn Sanderson  
So thanks very much everybody.

1:16:46.240 --> 1:16:47.610  
Kathryn Sanderson  
Vicky, is there anything I've forgotten?

1:16:51.20 --> 1:16:52.590  
WALL, Vicky (SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST)  
Sorry, just turning the MIC on now.

1:16:59.680 --> 1:17:0.160  
Kathryn Sanderson  
Yeah.

1:16:52.600 --> 1:17:0.970  
WALL, Vicky (SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST)  
Thank you very much everybody for joining us today and thank you for doing such a good job, Katherine, for everybody's support.

1:17:0.170 --> 1:17:1.760  
Kathryn Sanderson  
And thank you again.

1:17:2.170 --> 1:17:5.370  
Kathryn Sanderson  
Thank you to Vicky and Julie in the background that have been making it work.

1:17:7.80 --> 1:17:7.750  
Kathryn Sanderson  
Alright then.

1:17:7.760 --> 1:17:11.600  
Kathryn Sanderson  
So at that I will say goodbye and thank you.