**Friarwood Surgery P.P.G. Meeting 26th May 2015**

**Present:** Kevin Duggan- (Practice Manager), Dr Linda Dale (G.P). John Nye (Chair) Brian Chappell, Betty Bridden, Mandy McKee, Ann Hill, Ian Thompson, Jeff Allinson, Lynda Bowker, Lyndsay Clayton & Joyce Egan (CCG Medicines Optimisation Team)

**Apologies:** Ian & Barbara Brown, Sonia Atkin, Mike Skidmore, Janet Hardisty

1. **Introduction –** Chair thanked all for attending.
2. **Medicines Optimisation Team** – Guest speaker Lyndsay & Joyce (LC & JE) started the conversation by saying that there are 12 people in their team including staff trained up to three levels pharmacist, pharmacist technicians, and equivalent of a band 5 staff nurse. Their purpose was to strive to promote safe and cost effective prescribing amongst clinicians (GPs & ANPs). They also distribute safety alerts to all surgeries as well as notices of drugs shortages due to supplier manufacturing problems etc. BB asked what are med alerts, JE answered by saying they shared latest information of know n problems and ask practices to act upon this. IT asked about medical ‘scares’ in the media, LC replied that listen to local radio and TV to make sure they can plan for any response that is needed to breaking news about drugs. They also offer direct support and have strong links with the GP prescriptions teams. JE went on to explain how they also monitor expenditure and quality of prescribing, she explained about the CCG budget for drugs and the need to save year on year with efficiencies (using the most cost effective drugs available), an example of this was a change to a generic anti-psychotic drug saved over £600 per patient per year. JE explained about drugs being patented (for 10-15yrs) by the company who developed them so they can charge what they want and nobody can make cheaper versions of the same drug until the patent expires. BC asked why pharmacies always tried to give out cheaper drugs than what had been prescribed even though they did not work as well and caused side effects, JE replied that on average only 5 out of 100 patients ever question their drugs being changed to generic versions and that they could be changed back if requested. Community pharmacies were discussed and the group fed back that some order all the prescription without asking the patient. LC commented that one practice in the district had refused to let any pharmacies order for patients and had significantly reduced spending against their budget as a consequence. LC also explained that they maintained ‘scriptswitch’ which was an automated program that advised prescribing clinicians of the most cost effective version of the drug they wanted to give to patients. LC also told the group that they meet every practice at least once a year to agree new targets for savings against their prescribing budgets. JN suggested that patients should be thinking about de-prescribing (taking fewer drugs) and thinking more about self-management. JN asked the LC & JE what patients can do to help reduce the drugs they take. The replies were as follows:
	1. **Ask for regular medications reviews**
	2. **Be honest with the clinician you are discussing them with**
	3. **Be accepting and honest is certain drugs are not working**
	4. **Understand what medications you are taking, i.e. what are they are for and when is the best time to take them**

JE went on to say you can ask the pharmacy for information sheets on the drugs they administer to you and they should be advising you when to take the drugs. LC mentioned that they were running anti biotic awareness campaign in November and would be happy to support the surgery to attend if we had an open day.

1. **Previous minutes** - JN asked the group if they had read the April meeting minutes. The minutes were approved by the group.
2. **Practice Updates –** KD informed the group he had met a manager form the Alzheimer’s society with a view to getting ideas of how we could become more Dementia friendly. The advice given was to complete the King Fund dementia friendly toolkit which would then help us target where we could spend the grant money to improve the practice. He also recommended involving patients who are carers to help fill in the toolkit which would add weight to our application.Three PPG members volunteered to help with this task (BB, AJ & LB), KD to arrange a suitable time to compile the toolkit with them.
3. **Any other business –** JN gave feedback on the fantastic job the practice registrar (Dr Robertson) had done with diagnosing and immediately acting upon a real problem with a relative of his.

1. Meeting was closed at 8pm

The next meeting will be on Tuesday 30th June 2015.