



# NewsWATCH—The Watlington & Chalgrove GP Practice Newsletter



Issue 028

Email us at: [watchalppg@btconnect.com](mailto:watchalppg@btconnect.com) - Website [www.watlington-surgeries.nhs.uk](http://www.watlington-surgeries.nhs.uk)

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## Members

### Watlington

- Doreen Hobbs
- Jacky Wagstaff
- Marian Davis
- Josephine Carrington

### Chalgrove

- Ann Reed
- Evelyn Chakera
- Helen Moss-Black
- Ian Jones
- Lynn Baker
- Neil Topping
- David Lee
- John White

New members are welcomed. Come along for a no obligation "look see" at our next meeting. If you have any issue that you would like raised at a PPG Meeting, please contact any of the above or email us.

### Special points of interest:

- Changing Times
- Pharmacy News
- We Need You
- Flu Update
- Don't Ask!

### Contact Us By Email

[watchalppg@btconnect.com](mailto:watchalppg@btconnect.com)

## The Times They Are A - changing!

Recent changes have been introduced by the Oxfordshire Clinical Commissioning Group (OCCG) to the way GP Practices are organised in the county.

The 10 Practices in the South East Locality Forum (SELF), along with all the other Oxfordshire Practices have now been assigned to Networks and SELF has been disbanded.

The Watlington and Chalgrove Practice is now in a Network with the Practices in Thame and Wheatley.

The logic behind this change is that,

combined, Networks will be able to pool and share resources which, individually, might not be possible.

An example of that is there is now a Pharmacist on duty in either Watlington or Chalgrove every Tuesday who will undertake things like medical reviews which will reduce the load on our GP's.

The changes will eventually have organisational and financial changes on the way our Practice operates. We will, of course, keep you posted of any such changes.

## An Apple a Day Keeps the Doctor Away

Well, we're obviously not eating enough apples! 1.1 billion prescription items per year are dispensed within a primary care setting in England every year and almost half the population regularly takes prescription drugs. This equates to an average of approximately 20 items per head per year. That's a lot of medication!

Louise Davison from Chalgrove Pharmacy recently attended one of our PPG meetings to give us an insight into how they interact with the Practice and the following information is a summary of what we discussed. Many thanks to Louise for taking the time to enlighten us.

When you hand over a prescription for one or more items of medication, it's not simply a case of the Pharmacist selecting the correct item off the shelf and handing it over.

If you have a **green paper prescription** the Pharmacist must first check that the prescription is valid. Details of the medication that has been prescribed are then put onto the computer and a clinical check is performed to make sure that the dosage is correct and that there will be no interaction between the medication on the prescription and any medication that you are already taking. The boxes of medication are scanned onto the computer for security purposes to triple check the medication is correct and that it has not been tampered with along the supply chain.

You may think that if the Doctor sends a **prescription electronically** to the Pharmacy that it will wing its way down there in seconds and be ready for you to collect by the time you get there. Sometimes it is, but not always. The Pharmacist has to actively ask the 'prescription cloud' if there are any new requests and these will then appear on the screen; there is no automatic notification that a new one has arrived so the staff may not know that there is a request waiting if they are busy dealing with other prescriptions. And once it has been seen, a paper copy is printed and then the same checks have to be followed as with a green paper prescription.

A note on electronic prescriptions: If you are going away and may need to pick up a repeat prescription from a different Pharmacy you will need to change your **nominated Pharmacy** and then the prescription will be sent to the new Pharmacy; you can do this by notifying the GP or any Pharmacy. Don't forget to change this back when you come home!

We all complain that the current charge of £9 per item is a lot of money. If you might need **more than 12 items in a year** (or 4 in 3 months) **you can save money** by buying a Prescription Prepayment Certificate (PPC). You can do this online at:

<https://apps.nhsbsa.nhs.uk/ppc-online/patient.do>

Some patients with chronic conditions have their prescriptions issued under **batch repeat dispensing**. This means that a patient will be given a set of 3 prescriptions for supply of their medication at 2 monthly intervals over a period of 6 months. The Pharmacy will inform the patient when the next batch will be ready and this should be made up and waiting for them on the given date.

Patients taking the same medication for a long period of time should make an appointment with their GP for a **medication review** once a year. This is important for several reasons:

- To monitor any side effects
- To check that the different medications are working effectively together
- To check that the regime is not too difficult to follow due to issues such as the time a tablet has to be taken or the availability of a carer to administer the medication

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- To determine whether there is an alternative which might be more suitable

A medication review is also an opportunity for you to ask any questions you might have about your prescribed medications: what they are; how they work; long term side effects; or anything else that concerns you. Some GP Practices will not issue repeat dispensing prescriptions unless a patient has had a medication review. The **due date for the review is printed on the prescription.**

When the Practice asks patients to **allow at least 3 working days** for a repeat prescription to be ready it is not because they are being awkward. A request for a prescription has to be authorised; sent to the Pharmacy (and possibly ordered from a supplier if not routinely stocked); and then prepared. An increasing number of patients are waiting until they have run out before requesting a repeat prescription. Please don't. Although the Practice and the Pharmacy will make every effort to provide you with a prescription that you need urgently they cannot guarantee to do this without sufficient notice.

**WASTAGE:** A conservative estimate suggests that 10% of all medication currently prescribed is returned to pharmacies unused. A report by the Department of Health estimates that unused medicines cost the NHS around £300 million every year. One local GP Practice reported recently that relatives of a patient returned £1,000's worth of diabetic medication, £100's worth of nasal sprays, and other items!

Whilst there are several reasons why medication is no longer required, such as the GP changing what is being taken, a lot of this waste is due to patients ordering items which are not needed and they already have at home. Unfortunately any medication returned to the Pharmacy, even if it is unopened, cannot be recycled and has to be destroyed as it may not have been stored properly or may even have been tampered with. Estimates also reveal that £90 million worth of unused prescriptions are being stored in patients' homes. These figures do not even take into account the cost of worsening health problems if the medication is simply not being used or being used incorrectly.

One of the most effective ways to cut this level of waste is for patients to **order only those medications that they need**; particularly when submitting repeat prescriptions. If you do not need one of the items on your repeat prescription **you can always order it at a later date when that item is getting low.** Some items are to be used as and when needed and therefore, if not used, will not need to be re-ordered with items that you have taken daily and which you do need to collect. The Doctor may change your medication before you even open the next packet, or it may be something that doesn't keep for months, so stock piling just contributes to the waste.

Research has shown that between 30% and 50% of patients do not take the drugs they have been prescribed in the way the Doctor intended or as indicated in the instructions. If you are not sure about your medication, **ask your Pharmacist** how it works and how to take it when you pick up the prescription.

The NHS cannot continue to meet the needs of a growing and ageing population and to pay for new advances in treatment unless we all do our bit to reduce the costs of wasted medication. GPs have succeeded in reducing the cost to the NHS of prescription drugs by increasing their prescribing of generic drugs but we, the patients, must make greater efforts to take our medication as it has been prescribed and, most importantly, to only re-order what we need at the time.

And we'll end with a **useful tip:** If you struggle to get your tablets out of the blister pack, you can always ask the Pharmacist to put them in a bottle - but do give them sufficient time to do this - or you can just ask for a bottle and ask another family member to fill it up for you. No more tablets flying across the room and scrambling around trying to find them!

## Spring Chickens Needed

**Y**our PPG has now been running for 8 years and many of us are getting near our Best Before Date! We can still attend meetings, write the Newsletter, publicise information about our GP Practice and pass on your concerns but there are ideas we have that we cannot implement simply because we don't have active enough manpower.

For example, we had hoped to run a 'Dying Matters' event for patients in Watlington and Chalgrove, like the one in Benson 2 years ago, but all the work would fall to 3, maybe 4, people which is just not enough to put on this sort of event.

Another example: the PPG always helps out on Flu Days but as this involves walking up and down the corridor umpteen times there are many of us who, despite the best will in the world, cannot help with this.

So, **we need new blood** and we need to be **more representative of the whole Patient Population**, not just the over 60s. We have appealed for this before; we had a Plan A and a Plan B but no one stepped forward.

It is not demanding: 3, sometimes 4, meetings a year - it doesn't matter if you can't attend every time - and helping out - if you can - when we organise something to support the work of our GP Practice.

We are very lucky with the service that we receive from this Practice and the staff value input from the PPG on issues that affect their patients.

Can you spare a few hours a year to help us better represent your views - especially of those under 60? Please give this some thought and email us in your droves at [watchalppg@btconnect.com](mailto:watchalppg@btconnect.com)

## Flu Days

**L**ast year's Flu Days were made more difficult to organise than usual due to there being different vaccines for different groups plus some uncertainty over the supply of the vaccines.

This year, for a number of reasons, the Practice was able to revert to the tried and trusted drop-in system and, as in previous years, this worked very well.

Over 1650 patients have now been vaccinated. There are still plenty of vaccines available so do make an appointment to have your flu jab before the flu season sets in.

If you fall into one of the eligible groups this will be done under the NHS. If you do not, you can make an appointment to have one at one of the local Pharmacies. This will cost £11.

The flu season is just around the corner so make sure you get yourself protected this winter.

**A**nd finally, when you want to know which Surgery is open on a Saturday morning - don't post a question on Facebook, check out the information on the Practice website. So much easier and instant information!!

Remember, Saturday surgeries are routine, prebooked appointments only, not emergency drop ins. That falls to 111 service over the weekend or Minor Injuries!

**The Season's Greetings to all our readers  
Wishing everyone a very happy and healthy New Year**