**Musters Medical Practice Patient Participation Group (PPG) meeting**

**2nd February 2022 6-7.30pm via Microsoft Teams**

**Actions from previous meeting:**

* ACTION: CJ to inform PPG if QPDM going ahead on 20th January (Not done)
* ACTION: CJ to provide access survey results plus new roles/names info to LD by Christmas
* ACTION: LD to redraft newsletter with new content and get CJ/JP sign-off by end January
* ACTION: LD/CJ are meeting up to agree easy way to share news to FB especially ‘point in time’ stuff like impromptu closures, Christmas hours, vaccination availability etc
* ACTION: CJ to provide survey results to LD for Newsletter article – by Christmas

**Attendees:**

Paul Midgley (Chair), Louise Duffield (LD), John Burnett (JB), Mike Prior (MP), Meri Westlake (MW), Barbara Worts (BW), Jane Morris (JM), Lindsey Hennesy (LH)

**Apologies:**

Tom Wedgewood, Helen Neville, John Prestage, Wanda Martin

**PPG group changes:**

Welcome to Meri Westlake, farewell (for now) to Petra Westlake who is on sabbatical.

**Practice update – focus topic - LH**

Social prescribing link worker. Great job, really diverse, very busy. Works across St Georges and musters. Started 13 months ago, Musters now out-refers St Georges. 3 workers for Rushcliffe central (castle, WB HC, Gamston). PM commented that more female GP’s are likely to refer (John Prestage suggestde), practice slowly being taken up. Not currently doing F2F work, Musters practice has no central point to talk to GPs to integrate social prescribing. Aiming to keep caseloads around 70 patients per prescriber (currently over this). More likely to be taken up by GPs who want to listen (JS). Gavin Derbyshire taking up the service, this may convince John Prestage into it. Laura Turnbull is MMP clinical lead for social prescribing. LH mentored by Matt Jelpke at St Georges.

MP spoke about patient groups being missed (long-term conditions) who may not be aware of social prescriber support. Patients often don’t understand scope – covers benefits, housing, jobs, debt, relationship conflict, new diagnosis. Job role is non-medical, holistic view of the patient’s story, what matters the most right now. Then provide link to services most appropriate – NHS, statutory, 1;1 coaching, take referrals from GPs and Nursing staff with consent for identified wider issues contributing to primary condition. LH background is in hypnotherapy, specialised in anxiety for 3 years but stopped due to covid. Had friend on CCG, knows patient with complex issues and wasn’t able to access care, was directed to social prescriber role.

SPLW role key headings: Mental health (low level depression and anxiety, shouldn’t be getting secondary level but do due to service gap, will support with IAPT access) and well being, physical health, benefits and financial advice, housing, employment and training, long term conditions. Individual access to length of service and appointment time. General rule is 3-6 months on caseload, usually around 1 hour for first assessment. Will be routine referral for people with dementia from now on.

Mental Health and Wellbeing:

* On the ball (men) + right mind (women), run at Portland centre, Notts County foundation, English footballing trust, run by MH support workers – exercise (accessible), social (speaking about MH). Also set up epilepsy group recently.
* IAPT – improving access to psychological services, trent PTS, insight, + 1 more.
* Greenspace: allotment at Ruddington (paradise), won health and wellbeing category
* Mindspace – Inspire libraries provides
* Anxiety workshop – Run monthly by LH, new dx of mild-mod anxiety, max group of 20 on zoom. Education and brief intervention
* Biggest referral category
* Radcliffe care group – Dementia support and resources
* Indian community centre – day centre, lunch club

Social isolation:

* Befriending to big community projects, big friends (over 55s, variety of activities)
* Jeremy Pratts walking group, poppy and pint, ramblers, walking routes from St Georges (seeking volunteers!)
* Raymond Trust – Set up together at WB, Lutterall hall, 10-3pm, 2 course hot lunch, £10 for the day, elderly day care.
* Methodist church – activities each day.

Physical health:

* Emotional support for new diagnosis or nonspecific symptoms
* Recovery from illness – aids and adaptations – referral to OT
* Lifestyle change – smoking cessation, exercise, alcohol cessation, weight loss. Notts County do a scheme at Portland – Fit Fans, 1st and 3rd is for city, 2nd and 4th is for county, any BMI, separate mens and womens nights, exercise and psychology of weight loss.
* Move it or lose it groups – falls prevention, light exercise

Self care for people with Long Term Conditions

* Diabetes – help become an expert patient in their own condition (refer to JB’s diabetes patient group)
* Nutrition, sleep, movement, mindset and mental health
* Benefits and financial advice:
* Friary advice centre – to do with the whole community, Albert Venables runs it.
* Adult social care – has own benefits section, can work with crisis patients
* ACT

Housing:

* Friary, Rushcliffe Borough council, Metropolitan for social housing, MDT working
* Lowest reason for referral from MMP

Employment and Training:

* Double impact (well for work, towards work, opportunity and change programs)
* Lowest reason for referral from MMP

Practical support:

* Home aids and adaptations – community OT (shorter term) or adult social care (long term, maximising independence team)
* Work closely with safeguarding, adult social care

JB – works with LH (and other SPLW) with people who get new diagnosis of diabetes. Been able to link JB to dementia care groups to support friend and father. Notts County Foundation – really great foundation, provides accessible exercises eg chair, gentle.

LD – Interesting to hear about role, enthusiastic, great service for practice. Would like to share information. Can patients ask for social prescribing – LH yes, but depends on the GP. LH has suggested to CJ that a notice board would be helpful in the practice, PM suggested it could be on the waiting room TV run from the partners group. LH – service can be misused hence need to be screening in appropriate people. Morgan Sharpe (SPLW team leader) to do a 5 minute pitch on social prescribing at **Future of health in WB event 27th April.**

BW – Social prescribing is a poorly chosen name, acknowledged that certain GPs wont engage with this type of service.

MP – Audit trail for CQC, PM reports that service shouldn’t fall under their inspection (of Musters Medical Practice) as SPLW employed by Partners health not musters practice. JS – Musters would be wise to acknowledge use of social prescribing in any CQC assessment.

PM – asked if PPG could hear some patient case studies. JS – would be good to see GP time saved from social prescribing intervention. LH – reports patients often thrive in activities and this is noted to reduce time spent talking to GP.

**Future of health care in WB event 27th April 2022**

PM: please attend this event if possible, register through [link](https://www.eventbrite.com/e/future-of-health-in-west-bridgford-tickets-240100496047) which links to Eventbrite. Meet and greet local GPs, being hosted by Ruschcliffe PCN. Pooled money through the EMCAP network. Please try to spread the word far and wide (participants do need to be registered to a WB practice). Multiple speakers across different roles – both established and emerging. Will ask for questions in advance for panel. 10 – 15 groups JS + colleagues will be present to support with NHS app for prescriptions, symptom monitoring, digitally enabled care. Poster to be shared on social media, with condition specific groups, in library, farmers market but there are only 60 seats available + standing exhibitors and speakers.

*LATEST STATS: 26 people registered at 4-2-2022 plus 23 speakers, panellist and stallholders*

**LD feedback on practice newsletter**

3 years since last newsletter (none since Dr Barnsley left). This copy in development since Sept 21, slow to get information from practice so information wasn’t timely or relevant. Scope to increase content, posted on facebook and practice website. PM: Can the newsletter be added to the TV screen content (action for CJ – note on TV for new newsletter – point people to practice website). LD – in long term the running of the newsletter could be taken over by the practice as the formatted template is quite easily to type into?

Topics for the next newsletter: advertisement of future of WB healthcare, profile of LH.

No time frame yet for frequency of newsletter publication. MP – newsletter nicely worded, pictures would be nice, staff changes helpful, suggested item – profile a member of staff eg ½ page, picture, background, training, concerns with current healthcare, opportunities available, LD to interview specific staff members for each newsletter. GP’s could write a small section on a topic or condition. Previous newsletter – focussed on seasonal health topics but was previously written by Richard Barnsley. Could the role of writing be given to one of the registrars or ask for LH involvement?

End of meeting

**Actions:**

* Items for April agenda: future newsletter items, update on future healthcare recruitment update
* Information gather on introduction of triage system for all appointments and how this will be used.

**Key messages for RAPID group:**

* Future Healthcare in WB discussed, huge enthusiasm for SPLW role

**New from other groups:**

* WB PPG chairs Biscuit club reconvened. Current focus is FHIWB event 27th April

**AOB:**

* MP – informed practice moving to triage system, system for new/urgent conditions to ring into to avoid 8 or 12pm call waits. Could more information be gained on this system? Would be good to feature it in a future newsletter.
* PM and LD comment – practice not particularly engaged with PPG, what role do we/they want us to fulfil (e.g. critical friend, comms), current GP staff group not enthused to engage.

Meeting closed 19:36