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

**7th December 2021 6-7.30pm via Microsoft Teams**

**Attendees**

Paul Midgley (PM - chair), Christine Jones (CJ), Louise Duffield (LD), Janet Coleman (JC), John Burnett (JB), Jane Morris (JM), Hemali Vather (HV), Jessie Golds (JG), Bryony Pears (BP)

**Apologies**: Tom Wedgewood, Wanda Martin, Helen Neville, Barbara Worts, Mike Prior, John Prestage, Petra Westlake

1. Welcome, introductions, no conflicts of interest declared, apologies for absence.
2. New roles – BP, HV and JG

BP is a physician associate (PA), a relatively new role to the NHS, and only the second to be employed in Rushcliffe (East Bridgford has had a PA for a year). Employed through PartnersHealth and funded through the additional roles scheme. PAs are MSc level trained.

BP has been at Musters for just over a month since finishing her training. She works alongside the GPs under their supervision and does face to face patient consultations. Currently 30 minutes long, likely to be 20 minutes eventually. Currently cannot prescribe as PA role is not GMC registered but likely within next 2 years. Scope of work – can take full history, and identify an action plan, but needs approval of GP for any medication. Works 5 days a week. Has an interest in asthma and is already conducting patient asthma reviews. Is likely to specialise in time. BP’s work relies on the medical model of consultation, so if social issues are identified, will liaise with Leanne (Social Prescribing link worker) to take over advising patients on the wider aspects of wellbeing signposting. Works 5 days a week at Musters only.

HV is a clinical pharmacist, also employed via the PCN additional roles funding, and works as part of quite a large pharmacist team at Partners Health. Works 2 days at Musters, 3 days at St George’s. I year into role. HV is an independent prescriber. Special interest is Cardiovascular disease (CVD) and diabetes, particularly anticoagulation (to prevent strokes), primary prevention of CVD, and medicines optimisation. And any areas to support IIF fund targets around medicines (IIF is a scheme that all Primary Care Networks are focused on – a quality improvement scheme). HV runs her own clinics plus a Long Term Conditions patients clinic plus shared clinics with GPs with patients with complex medicines. Manages hospital discharge medicines advice/patient education, does medication reviews, medication monitoring and blood tests (eg specialist drugs), manages shared care drugs (started by hospital but passed back to GP), and handles general patient medication queries coming in via receptionists (via ‘tasks’ on EMIS). HV also jabs lots of arms as part of the vaccination team….Flu and COVID jabs.

JB fed back very positively on his experience of a HV medication review. Very thorough and knowledgeable, felt better than GP reviews which can seem rushed/tick box.

JG is a Pharmacy Technician and works closely with HV. Her role involves processing and ensuring accurate upload of all medicines from hospital discharge and clinic letters into patients’ records, reconciliation of existing and new medicines, contacting patients after hospital discharge to discuss medicines, does some patient medication reviews (<3 medicines), checks medicines compliance, and uses patient safety software (PINCER) to check patients on certain known-risk medicines have appropriate safety measures in place (eg NSAID patients also taking an acid suppressant drug for stomach protection).

Both HV and JG have access to patients’ full medical records. Both liaise with Anthony (at MyLocalPharmacy next door) around medications stocks, and any medication reviews he may have done. Andrew only has access to a summary of patients’ records.

1. Minutes of last meeting 5th October 2021 – no amendments, minutes accepted.
2. Review of action points from October meeting:

QPDM: was due to be held on 21st October, had to be cancelled as the day had to be used to vaccinate people in care homes with their COVID booster. Next QPDM is 20th January but tbc due to COVID/winter pressures. If it goes ahead it will feature a review of patient complaints, so a PPG representative would be vital. **ACTION: CJ to inform PPG if going ahead**

Newsletter: LD drafted, has been ready since September, but not published. No longer need a photo of Maneeka (new salaried GP) as she is now on maternity leave, nor information on further flu clinics as the practice doesn’t have enough stock to advertise beyond its own priority list. Covid vaccinations/boosters provided by the practice/in Embankment PCC (started October but being ramped up due to Omicron variant from mid December). Pfizer/Moderna vaccine is used for boosters so have new super-cold fridge in the Health Education room.

CJ suggested we go for a quarterly newsletter (as Richard Barnsley once did) so it fits with the different seasonal themes. Send out next one as Winter newsletter, with self care theme, vaccinations, access survey results plus profiles of the new staff roles (BP, HV, JG, Physio and Leanne the social prescriber, and current 3 GP ST1 registrars). By end January 2022.

**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**

**Practice Facebook page**

CJ has set it up but would appreciate support. LD/JP have been made admins, CJ provided monthly calendar of health campaigns. LD has added content such as Stoptober (Smoking cessation) and November Diabetes Awareness. **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**

**NHS App**

Fewer questions about logging in problems now being asked of receptionists than before. Queries are now around inconsistencies with health record data vs reality.

**Patient Survey**

Several hundred have been completed, mostly at the flu clinics. Feedback – many people do want option of phone appointment, happy that a safe environment is being provided, and that face to face is available to pre-book or if a phone calls needs converting if dr concerned. Results really consistent, very high % satisfied with mix of types, some great verbatim feedback. **ACTION: CJ to provide survey results to LD for Newsletter article – by Christmas**

**9th October Saturday Flu Clinic – including PPG support**

Went well, patient flow good, very orderly, very high patient volumes seen. JB & JM helped with surveys (didn’t provide NHS App/PKB support this time as didn’t get much demand at previous clinic): Flow worked well, PPG out front with PPG banner, receptionist in foyer asking COVID safety questions, and both handing out surveys.

**Standing items**

Patient access including digital – see above

Patient communication including digital – see above

PCN feedback/other relevant info from other external groups –

Discussed the proposed ‘Future of Health in West Bridgford’ event pencilled in for 27th April 2022. Will cover at next meeting on 1st February 2022.

**February Focus topic**

see above.

**Potential future focus topics:**

* JB on Type 2 diabetes and the value of patient support groups (and should we set up for other common conditions?)
* other conditions likely to have increases as a result of lockdown – what are the practice’s contingency plans (eg Mental Illness)?

*ACTIONS SUMMARY:*

**ACTION: CJ to inform PPG if QPDM going ahead on 20th January**

**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**

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**Key messages for RAPID:**

* Patients are happy with the mix of appointments available
* MMP PPG are discussing health event at next PPG meeting.
* JM asked if she can attend in her professional capacity to promote technology-enabled care

**NEXT MEETING**:

1st February 2022 6pm-7.30pm online via MS Teams (subject to COVID situation etc). Invitation already sent out by email.