

PPG Meeting

Date

Fri 09 Feb 13:00 - 14:00

Confirmed attendees

Amy Hood, Sarah Buckley

Other Attendees

AH TF MH RH IM SB, DN

Details/Agenda

Agenda

Welcome by Chair

Introductions and apologies

Presentation/Talk with Physician Associate Isobel Melia

Practice update

Boundary Update

Noticeboard

Patient engagement

Close

Minutes

Agenda

Welcome by Chair

Introductions and apologies

Apologies from GD, JA,SD,FMS,PB

Presentation/Talk with Physician Associate Isobel Melia

IM introduces herself. She has been in the role of PA for 3 years now. PA's after completing their Biomedical sciences degrees train under a masters degree for an additional 2 years before joining practice. PA's work under the GP's, they are

not Doctors but can be classed as more generalist clinicians. IM herself aside from Minor ailment clinics also oversees some registers of patients and sees them for reviews (Learning Disability, Severe Mental Illness and Dementia). She also has an interest and has received additional training in Dermatology. Other PA's will have their own interests and specialists. The aim of their role is to support GP's with seeing patients with less complex issues freeing up GP time to see patients with multiple complex issues. She notes that there has been a lot of information in the press recently surrounding her role and would like to address some of this today. 6 months ago a patient who was not told that she wasn't seeing a PA passed away the day after their consultation. There was some contention over whether if the patient had seen a GP if the consultation outcome and the patients subsequent passing may have been different. IM informs the group that herself and all PA's in our PCN all wear name badges with their roles on and introduce themselves correctly. Reception are also trained to inform patients that the clinician they are being booked into is not a GP. PA's see the patients for a consultation but this is debriefed with a GP later and any medications are issued by the debriefing GP. If they have any concerns this is addressed at this time. The PA's also have the ability call in the on call GP to assist if required. PA's are also able to make their own referrals to other services. PA professional regulation is currently going through parliament and is estimated to hopefully come into effect from around Jan 2025.

This will allow more oversight and protection regarding this new role.

There is an issues around patient education on this role. Reception has a list of everything the PA's can see including all minor ailments.

MH - Pharmacies are doing some of this type of work now. We need to be getting the message out there

IM - The new Pharmacy First programme (which includes some prescribing) started last week and may have its ups and downs until they work out what works well.

SB - Allied and her have meetings every 6 weeks, they are addressing kit issues, bounced back patients, staffing. SB notes we do get some bounced back patient who are disgruntled, but hopefully meetings and support from the ICB will help.

TF - lots of misunderstanding and negative press for PA's and pharmacy first scheme overall at present.

RH - There is everyone's names and role on a board in reception now could what they can see patients for be added to this so that patients can glance at it and say when they get to the desk they can ask for this service? SB to look into - posters, which are regularly audited.

TF - Lets consider this type of patient education for the topic of our next AGM in the summer? Invites Allied and PA's (IM?), physio, etc. With the purpose of trying to get away from the mentality of "I need to see a Doctor" - **to address at next meeting when more members present**

SB- Has spoken to the ICB recently and emphasised the need for education regarding this. Notes that Doncaster social media is very up to date with this but Rotherham has seen some recent improvement.

MH - How is our GP's and other clinicians mental health faring now that they are seeing more and more complex patients and fewer of the easy wins.

RH - On the HR side for surgery is there support available?

SB - Wellbeing is hot topic this year and we have a dedicated support page on our Agilio Teamnet (intranet) for staff with links to lots of free services for NHS staff both locally and nationally.

IM - Points out the great team support that Swallownest has with GP's and other staff meeting twice a day all together at morning break and over lunch. Many surgery's don't have this type of peer support anymore.

TF - on a brighter note wanted to mention the wonderful support he had recently during a meeting he attended run by Alexander Stafford MP who had mentioned our surgery and asked what's wrong with there? TF introduced himself and his role in the PPG and what we had been working on recently and several members of the public present stood up and put forwards their own good experiences especially with acute issue. He had a good feeling of support from the room. Including a story from one patient who son saw a PA recently and was off the back of this appointment was immediately sent to hospital which saved his life.

TF thanks IM for her input today

TF - lets Skip the Notice Board and Patient engagement sections today as we have very few members present - **to address**

at next meeting

Practice Update - SB

Staffing

We have a GP job advert out after our ANP recently left and the partners wanted to replace with another GP instead. There has been lots of interest in this and SB has shown round 8 interested candidates so far.

For reception we have one part time staff member starting soon but the other candidate we had was withdrawn so another advert has gone up. This has seen a huge amount of interest with 39 applications to date, SB and Reception manager will be going through these shortly. The other issue currently is nursing staff. we have recently had 3 nurses retire (2 earlier than expected) leaving us with 2 nurses at present one of which is due to go on MAT leave. We did have two candidates due to start in the new year but unfortunately these fell through. One job is back up for the nurse Lead and another will be going back on shortly. For the time being we have obtained some Locum nurses one who stated today and one starting tomorrow. Hopefully one of the nurses who locums may express a wish to stay and this would be considered.

Building -

TF No formal response from the council. TF engaged labour candidate for our area who escalated to chief exec at council but we only received a standard letter back from them unfortunately.

SB - Feels there is some changes/restructuring? happening in the council at present. We do have caretakers present a few afternoons a week now and some issues have been sorted but others not. SB had meeting with ICB in January and they are concerned about the CQC and building issues, SB will send them an up to date list to approach council with via ICB.

TF - to renew pressure on ward councillors

All present agreed we cant back down on this issue and need to keep pushing

SB - ICB wont give extra funding for additional space (which we have requested on the ground floor and the council are interested in us expanding) until remedial works have been completed.

TF - There is an event in the library downstairs 14/2/2024 where all the ward councillors will be present, Rotherham Healthwave, Joe our Link worker at the surgery, Allied pharmacy and other services will have stands present also. TF will attend.

Next meeting date - to be arranged.

Close.

Related actions

Title	Notes	Current Activity	Due date	Assigned to	Date completed
SB to send council list of outstanding building issues				Sarah Buckley	
posters audit	- add consideration to alter names of clinicians and roles to include what they see patients for e.g. specialities?			Care- Coordinators	

Associated documents:

- <https://healthmedia.blog.gov.uk/2024/02/01/pharmacy-first-what-you-need-to-know/>

- <https://www.fparcp.co.uk/about-fpa/who-are-physician-associates>

- [Swallownest Health Centre Staff Health & Wellbeing](#)
