

PPG Meeting

1.2.2023

16 Participants:

Odetta (O), Debbie McCarthy (DMC), Dr Deere (JD), Ali Pharmacist (A), and 16 participants (participant)

Agenda:

- Role of practice pharmacist
 - raise awareness of national GP patient survey
 - Develop patient practice participation
 - the local private walking centre
 - the impact on the Elgin Clinic and the Health and Quality Research Project.
-

O: Introduced herself and her duties: helping practice developing patient participation for the past 4 years. She offers any kind of support relating to patient group and meetings and how they can be improved.

She introduced the patient participation group purpose: to help reaching out to patients and obtain their inputs. To get patients to share their general experiences at the surgery. To help patients engage into the practice services of the practice and obtain feedbacks on how to improve them and speak to other patients.

Announced that the chair of the meeting is unable to be join for health reason and suggested that a co-chair should volunteer but many other roles that can also be volunteered for, such as analysing surveys.

She confirmed that the recording is for minute taking purpose and will be deleted once minutes are typed. She thanked all attendees with this meeting having the highest number of participants so far. She presented the agenda.

DMC : introduced herself as practice manager at the Elgin Clinic. She has been working at the Elgin Clinic for many years. She thanked everyone for joining and was delighted to see so many attendees. She reiterated the purpose of the patient participation group and how important this space is for patients to share their experiences, not necessarily their personal experience as it is not a forum for medical issues but more generalized experiences. She confirmed that Dr Deere and the practice pharmacist will be introducing themselves.

JD: introduced himself as one of the GPs at the Elgin Clinic.

O: asking if participants have completed in the long questionnaire/survey about your GP practice.

DMC: confirmed that patient survey comes out yearly and that Elgin Clinic does its own survey as well.

O: stated that national survey is done on behalf of NHS England for GP practice in order to understand patients' needs and measure patients' expectations and satisfaction. The survey is out in January and running until March, it is not sent to every patient, the organisation select a number of patients from different demographic and ethnic groups. It's important to complete it despite its length and variety of questions, even if services mentioned on the survey are not used that often. All answers contribute to the understanding of patient needs. Results will be discussed in the next meeting. Historically the Elgin has received good responses from the survey.

Next subject in the agenda is the practice pharmacist with several questions from patients being passed on such as role of the pharmacist, what to expect from a clinical pharmacist.

DMC: introduced the practice pharmacist.

A: Ali has been a pharmacist for last 7, 8 years with a background in community military as well as primary. He Has been a GP pharmacist for the last 3 years.

Pharmacists need to study for 5 years at University. A pharmacist can have various roles from medicine management, prescribing, supplying medications in accordance with UK law and make sure medication is safe before dispensing. They can also do preparations, provide advices on medications and lifestyle and if medication is safe and appropriate. They check interactions (major or minor) , usage, and dosage. They also monitor medications as patients might require regular blood tests and BP checks and they can also cut the number of tablets patients are on if necessary. They are also involved in processing surgery tasks and documents, such as discharge summaries from hospitals and action them. Some pharmacists can process blood results. manage long-term conditions ie diabetes, blood pressure, asthma and do medication review.

Pharmacists work in different environments such as hospital prison, military industry, community pharmacy, GP surgery, universities and researchers.

O: thanked Ali. Asked for questions from participant.

P: mentioned her experiences in participating in a local film relating to Ali's description of his tasks.

O: Asked if everyone should have medication review?

A: Anyone on medication should have a review. Frequency of medication review varies depending on the medication patient is taking, it could be every 3 or 6 months.

O: How long does a medication review take?

A: From 10 min to 15 or 20mns, it varies depending on the number of medications patient is taking.

P: Stated that it is essential that older generation are aware of Ali's role so as not to bother GP about medication queries. Asking what the Elgin Clinic is doing about this?

xxxx

DMC: Confirmed that the service is signed post as much as possible but that unfortunately there was an awful lot of push back and resistance. The service is promoted to patients when they ring for various requests, pharmacists are promoted as first port of call, especially on Saturdays. It is also mentioned on the surgery website as this is an invaluable service.

A: confirmed that they also educate patient when pharmacist call them.

P: acknowledge that there is a lack of understanding about the length of training pharmacist have, and how very capable of working with alongside GP there are. Thanked the surgery for doing a good job.

DMC: gave an example, to offset the heavy load work they have been promoting the pharmacist role but patients regularly stated that they wanted to speak to their doctor as pharmacist to not know them. She asked for ideas to send the message across as the resistance is very frustrating.

JD: confirmed that there is 2 important distinction between the use of community pharmacists and the pharmacist attached to the surgery. Both are trained pharmacists and have gone through the same degree of training, but they have slightly different roles. Pharmacists attached to the surgery really utilizing their expertise for complicated patients taking substantial amount of medications, they allow the Doctors to prescribe safely and appropriately as well as do all the monitoring being better than the GPs at dealing with these issues. He reiterated the importance to utilize the pharmacists as they are a huge opportunity for patients to be looked after with a sort of double layer.

O: There is a difference between clinical pharmacists working in Gp. Practices and the community pharmacies. So not to be confused or mixed up. She asked if patients can book an appointment directly with the pharmacist?

DMC: if patient needs a medication review, they are automatically put on a pharmacist list but doctors also sign post the patient needing a review, or text the patients to let them know. Patient are told that they will get a phone call from the pharmacist and a time slot is also given to the patient.

A: Patients can be booked in for review for any other concerns, should we not be able to help we will always ask Doctors to review and assist.

P: Suggested that local surgeries should collaborate to promote this service to the local council magazine which is sent monthly. He also agreed that elderly will always want to see their GP.

O: Thanked the participants and confirmed that the more patients will know about the practice pharmacists and use this service, the more they will promote it among the other patients, also that it is was worth thinking about promoting in local council magazine.

P: responded by saying that patients react differently, depending on their backgrounds. That they want to see their doctor because they built up a trust and a rapport but not necessarily know the pharmacists so might not trust them. So reactions will depend on the patients a lot of the time.

JD: remarked that this comment was very reasonable mostly for elderly patients and that there are many patients on more than 10 medications a day every day. The scope for interaction and for medications to cause problems, side effects, etc if not monitored properly was potentially huge. Doctors are not trying to avoid patients by asking pharmacists to call them but simply want to offer patients a safer and more effective way of doing a Medication Review.

P: asking why a long term prescribed medication can suddenly be stopped and needed to be purchased over the counter.

DMC: explained that due to NHS England deficit, they have been asked to optimize prescribing. Therefore medications which can be bought over the counter have been taken off prescriptions but it is also on a case by case basis.

A: confirmed that some medications are cheaper to buy over the counter then prescribed over the NHS. As clinicians, patients' care is the main priority and budget issues are not always prioritised, so medications can also be kept on repeat list depending on the patient's circumstances.

P: how to request a medication review?

JD: A pharmacist is probably best but either of the clinicians can do it. When a medication is put on the on the system, the computer will automatically generate a recall date for the medication to be reviewed before it is reissued. When medications are ordered on line, a message will let the patient know when a review is due. Reviews can generally be done over the phone but for some medications a face to face review might be necessary.

P: Is it possible to have face to face with pharmacist at least once?

DMC: Pharmacists work remotely at present and are shared within 7 practices. From April, a room at the surgery should be available for the pharmacist on a Monday where they could potentially see patients.

P: presenting 2 questions: Are patients asked why they don't want to speak to a pharmacist? Is a pharmacist ever involved at the beginning of the prescribing process?

JD: Sometimes but more often than previously to utilise their expertise.

D: confirmed that patients are demanding emergency appointments for medications. They are encouraged to speak to pharmacist but the resistance is massive.

O: This conversation was really useful. The aim is to spread the message.

Chair joining from hospital.

DMC: mentioning 2 other subjects on the agenda, the local private walking centre and the impact on the Elgin Clinic and the Health and Quality Research Project. The nearby walking centre is private but several patients got a consultation there and came back to the Elgin Clinic requesting blood tests to be done under the NHS. She pointed out that should patients request investigations, they will have to follow due process from the NHS.

JD: Patients are shocked when they are told prices for investigations such as blood tests and scans via a private provider. In many ways it is useful as they become aware of the costs and suddenly realize that that medicine is not cheap.

O: Patients should be aware and understand that they will have to follow NHS procedures for investigations and she asked what would be the best way to communicate this info. She also confirmed that the Health and Quality Research project can be approach on next meeting due to time limitation. She also asked if patients would like to be involved in small working groups with Debbie and herself.

DMC: Confirmed the surgery email address is wlccg.elginclinic@nhs.net and asked for participants to send their email addresses in order to be added to the mailing list.

O: thanked everyone for their participation and their interesting input. She encouraged everyone to become more involved into various roles.