**Adelaide Medical Centre Patient Participation Group**

**Notes of patients open meeting held on 27 Nov 2024**

In addition to the advertised topics (the roles of Physician Associates and Clinical Pharmacist ) we also covered the role of the Social Prescriber.

1. **Physician Associates: their role education , training and supervision: Presentation by Dr Miller**

Introduction

PAs (Physician Associates) are innovative health professionals who work alongside the GPs, nurses, and pharmacists at the surgery. They play a crucial role in enhancing the efficiency and effectiveness of healthcare at the practice.

Education

After completing a BSc in life sciences, biomedicine, or other health related BSc, they undertake a postgraduate master’s degree from an accredited university at a cost to each of over £24K

Throughout their work they engage in continuing education and renew their certification. Our PAs have weekly three-hour training sessions with one of the GPs in our PCN (Primary Care Network) and with an external speaker quarterly. Our PAs have been with us for 4 to 5 years and are now classed as a senior PAs.

Areas of work

Each of our PAs have specialist areas of interest and have been trained in these areas e.g. cervical smears, cryotherapy (alongside Dr Dunlop), patients in care homes. mental health etc. along with undertaking routine general practice consulting.

Until the sad case in the news, their role was emerging and-expanding.

They are trained in the medical knowledge model and can perform procedures such as venipuncture, smears, interpreting x-rays and blood results etc.

Regulation

There is the faculty of PAs which is part of the Royal College of Physicians . From 30/12/24 They will be regulated by the LMC.

Supervision

PAs are always supervised by a GP usually Dr Miller or Dr Katz and only when these GPs are away by other GPs in the practice . They have allocated time to supervise them and make sure they are always flexible and available for help (even, if necessary, when on holiday ) . The majority of the interactions with patients are discussed . While the PAs can write out a prescription all these must be signed off by a GP as are investigations such as Dexa scans or xrays.

Additional information arising from patient questions

* All reception staff and PAs are briefed to ensure that patients know that they are consulting a PA . This includes the information on the door of the consulting room that a PA is taking that session. This will be reinforced as one patient in the meeting reported that she had not been informed that she was consulting a PA.
* The reception staff, in consultation with the patient, decide when a PA appointment is the most appropriate way forward; and whether it is a telephone appointment or face to face. The reception staff are all trained in this role.
* All PA consultations are reviewed with a GP (usually Dr Miller) on the same day as the clinical session
* Some PAs do go on to be trained as fully qualified doctors and their PA training is taken into account towards this.
* The employment of PAs releases GP time for the more the more complex consultations
* There is always a GP available for a PA to consult at the time if uncertain about a patient issue/treatment
* PAs are highly valued by the GPs
* The feedback to the Practice from patients about their experience of PAs has been impressive and positive.
* In conclusion: the Practice was congratulated about the way that PAs are managed . supervised and have continual ongoing training.

Conclusion

See also the entry on the Adelaide Practice website about the role of PAs

1. **Clinical pharmacist role. Presentation by Dr Katz**

Introduction

Currently we have a new clinical pharmacist in the role - Aisha Musse – who started in November 24 as maternity cover for Philippa Apeagyei-Addo. Aisha is here Wednesday to Friday; in addition, we have Jonathan Winship who is covering Mondays for Phillipa.

 Outcomes

According to the BMA, employing clinical pharmacists many practices have been able to:

* Improve diagnosis of common ailments,
* Reduce A+E admissions
* Reduce wasting and overuse of medications.
* Improved access to healthcare in general

 Working with patients

Clinical pharmacists in General practice help to resolve day-to-day medication queries. They consult directly with patients, both telephone and face-to-face appointments. This includes providing help to manage long term conditions and for patients who are on multiple medications.

Clinical services

* Working with GPs and patients to address medicine adherence.
* Reviewing patients on complex medicine regimens.
* Triaging and managing common ailments.
* Responding to acute medicine requests.
* Managing and prescribing for long-term conditions (often with the practice nurse).

Prescription management

* Dealing with medication for patients recently discharged from hospital.
* Helping the practice deliver on the QIPP (Quality Incentive Payment Programme) and the [QOF](https://www.bma.org.uk/advice-and-support/gp-practices/funding-and-contracts/quality-and-outcomes-framework-qof) ( Quality and Outcomes Framework ) agenda and [enhanced services.](https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/enhanced-services-gp-practices-can-seek-funding-for) [Enhanced services are defined as primary medical services other than essential services, or additional services or out-of-hours services]
* Delivering repeat prescription reviews.
* Being the point of contact for all medicine-related queries
* Overseeing the practice’s repeat prescription policy.
* Taking over clinical medicines reviews from GPs.
* Audit and education.
* Medicines management.
* They also help to manage medication shortages and suggest suitable alternatives where appropriate

Detailed examples of ways to utilise pharmacists’ medicines-related expertise

* medication review in people with multimorbidity and or frailty, ensuring a holistic person-centred approach and appropriate polypharmacy
* medication reviews to optimise therapeutics for those with long-term conditions such as cardiovascular disease, atrial fibrillation and anticoagulation, those with persistent pain and people with renal impairment at risk of acute kidney injury
* clinical audit and improvement of processes and systems within the practice to ensure adherence to good practice, national clinical guidelines and reduction of risk (eg, actioning safety alerts, increasing safety and efficiency of repeat prescribing processes, meeting needs of Care Quality Commission inspections).

Conclusion

 They  are helpful and appreciated by the practice

It was suggested that a description of their role should be put on the practice website – agreed

1. **Social Prescribing . presented by Dr Katz**

Heather Allen is a social prescribing link worker attached to AMC

What is social prescribing

Social prescribing is about helping people find ways to improve their health and wellbeing by linking them up with what’s going on in their local area.

Social prescribing seeks to move away from a medical model and towards a holistic person-centred or family-centred view of wellbeing, identifying the root causes of the individual’s and/or family’s issues and tackling them head on. The aim of this is to connect the individual and/or family into community-based support and help them to make the most of community and informal support.

Social prescribing link workers spend time with patients to identify their needs, preferences and wellbeing goals, and then support them in accessing community services. Anyone can link patients with community services and patients are also able to self-refer.

Eligibility Criteria

Inclusions

Camden residents aged 18+ who:

* want or need support with issues that impact on their lives, such as social isolation, support with self and home management, support with finances, grants, unemployment, transport, food provision, liaising with social services and care package requests
* have trouble navigation the complex health and care system
* wish to be more independent and want to be more active in their communities
* want/need to improve their overall health and wellbeing.
* Hospital discharge patients (Camden residents) who: are being or recently have been discharged from hospital and need support with self-management while recovering, including shopping, hot meal delivery, prescription delivery, general amenities such as heating checks, gas top-ups and information and advice about topics including debt, benefits, and employment.

Exclusions

* Patients whose primary reason for referral is mental health and who should be refer to [Camden Primary Care Mental Health Network (C-PCMHN)](https://gps.camdenccg.nhs.uk/service/camden-primary-care-mental-health-team-c-pcmh).

How to Refer

Camden residents can be referred to the service in the following ways:

· Online referral form(s)

· Managed referral via EMIS · Secure e-mail via [camccg.socialprescribingreferral@nhs.net](mailto:camccg.socialprescribingreferral@nhs.net)

· Telephone – Freephone 0800 193 6067

The types of activities included in social prescribing are varied, but often include:

* art classes
* singing classes
* gardening groups
* faith groups
* volunteering and employment support
* walking groups.

 Conclusion

Heather has extensive knowledge of local groups. She deals with referrals to local groups and voluntary organisations as well as providing information for patients about how to deal with problems relating to isolation, transport difficulties, hospital discharge letters,  benefits and care packages after hospital stays

**4 Postscript**

This was a lively and informative meeting.

The practice was congratulated by all attendees on their excellent work and care for patients.

hl/Nov 24