JOINT PATIENT PARTICIPATION GROUP

Weeping Cross Health Centre, Beaconside Health and John Amery Drive Surgery

Minutes of the Meeting held at Weeping Cross on 31st July, 2019

PRESENT: Liz Ashfield, Ann Broadfield, Maggie Brocklebank, Gareth Edwards, Barbara Evans, Richard Exton, Margaret Hale, Dr. Stuart Lloyd, David Montgomery, Mohammed Parekh, Mary Parker, Sue Scarlett, Norman Spearman

GUEST: Alicia Asprey

APOLOGIES FOR ABSENCE: Cllr. Ann Edgeller, Val Hollins, John Moore, Ruth Noyes, Jenny Poulton, Angie Reeves, Rachel Stokes

ALICIA ASPREY, DIABETES NURSE: Alicia addressed the meeting regarding diabetes type II. Alicia is a specialist nurse employed by UHNM. She regularly interacts with GPs and Practice nurses as well as covering hospital wards. Approximately 90% of patients with diabetes have Type II. It is a widespread problem.

When we eat carbohydrates, our body converts this into sugar (glucose) which overworks the pancreas, which responds to this by releasing insulin. If we take in too much sugar, it will get stored in the liver as fat. The blood cells develop "rusty locks" to which the key to opening the cell does not work properly and the sugar becomes locked in the blood stream. The liver starts leaking sugar when we do not need it. Our brains do not recognise these rusty locks and tells the pancreas to make more insulin. This can eventually tire the pancreas out, meaning that the body makes less and less insulin, which causes even higher blood sugar levels.

Losing weight is the best way to lose the rusty locks. The amount of carbohydrates eaten needs to be reduced. Weight, diet and genetics are all causes of diabetes. Vegetables and lean protein meats such as chicken and fish should be eaten. You cannot become non-diabetic but diabetes can be put into remission.

Many more people have blood sugar levels above the normal range, but not high enough to be diagnosed as having diabetes. This is sometimes known as pre-diabetes. If your blood sugar level is above the normal range, your risk of developing full-blown diabetes is increased. It is very important for diabetes to be diagnosed as early as possible because it will get progressively worse if left untreated.

Some meals may seem to be healthy but are not necessarily so. For example, a jacket potato can equal 18 teaspoons of sugar.

Alicia and her colleagues use the Desmond approach for dealing with diabetes. Desmond stands for Diabetes Education and Self Management for Ongoing and Newly Diagnosed. Desmond also has an online course for diabetes.

Further information on diabetes can be found on the Diabetes UK website. https://www.diabetes.org.uk/

In Staffordshire, there is a high referral rate (90%) for diabetes but only about 50% of patients take up their referral.

ELECTION OF OFFICERS:

The following were proposed and re-elected:

Chair: Maggie Brocklebank

Secretary: Liz Ashfield

Representatives on the DPPG: Maggie Brocklebank and Liz Ashfield. Maggie indicated that she would like to stand down from this role next year.

MINUTES OF THE MEETING HELD ON 24th APRIL – these had been agreed by email.

MATTERS ARISING: The CCG were reviewing their anti-coagulation policy after we took the matter up at DPPG and Patient Council level.

PARTNER UPDATE: LOCALITY NETWORK: Dr. Lloyd was the clinical lead for our locality and spoke positively about the network, which would be used to commission more services for patients. There would be about 25 extra hours per locality.

A clinical pharmacist was due to start in the locality on 1st September. This pharmacist would be working within the practices and in nursing homes, etc.

Social Prescribing- Funding was available for taking on a key worker. Our locality was working with an agency based in Lichfield who had expertise of working with the voluntary sector and community services. Eventually it was hoped to have five workers within the network, which would include one for mental health.

The practice was hoping to work within the Daffodil Scheme, which was concerned, with the end of life care (more information here: https://www.mariecurie.org.uk/professionals/working-in-partnership/royal-college-of-gps/daffodil-standards).

It was hoped that work within the network would help to realign community services with primary care.

One of the advantages of the network over that of the previous locality would be that there would be funding for pharmacists and for a programme expander (to assist with digitising the service).

The aim was to be small enough to care, large enough to matter.

PRACTICE MANAGER UPDATE: The CCG inspection had proved positive and the CQC regulatory interview had lasted for two hours on the 'phone.

The merger with Castlefields had been postponed until 1st April but work would be continuing on harmonizing elements of good practice.

The Patient Access Service online would be starting on 1st September and it was hoped to get more patients registered on this service.

Flu jabs would begin during the second week of September; there would be two types of injection as before.

Staffing. There was a new admin worker starting soon and a new ANP nurse as well. It was hoped that there would eventually be an on call doctor available to the practice as well as having more telephone consultations.

Medication reviews were in the process of being switched to the patient's birth month.

MEETING REPORTS: As most of the salient points from the meetings had already been circulated, discussion on these was left due to the lateness of the hour.

ANY OTHER BUSINESS:

MRI scans can be referred from the practice. There was some discussion that GPs were not referring people soon enough for cancer treatment.

Ultrasound was based at Beaconside and a vasectomy service was now at Beaconside.

Speaker – it was agreed to find a speaker on dementia for the next meeting.

CCG AGM would be held on 6th August at Entrust.

BioLink – Mohammed mentioned BioLink and would forward the link to Liz: https://www.ukbiobank.ac.uk/

DATE OF NEXT MEETING:

WEDNESDAY, 23RD OCTOBER, 2019 AT BEACONSIDE SURGERY