MERSEA ISLAND MEDICAL PRACTICE PATIENT PARTICIPATION GROUP

Minutes for Meeting on Tuesday 14th May 2024

The Mersea Community Support Hall, Melrose Road

Attending:

Maureen Phillips - Chair	Malcolm Ede	Jayne Taylor
Jenny Chalkin	Alan Mogridge	Linda Westley
Christine Chamberlain	Barbara Peter	Martin Westley
Roy Chamberlain	Su Rhys Jones	
Douglas Cooper	Richard Russell-Grant	

Practice Team: Dr Katherine Patel and Kris Culmer – Operations Manager

Apologies: John Akkar; Sarah Hurley; Pamela Wright.

Maureen welcomed everyone to the meeting, including new members Roy and Christine Chamberlain, there is a third new member who was unable to attend this meeting, but will hopefully come to the next one.

The meeting was reminded that personal issues should be raised directly with the practice, this is not a forum for individual issues, we are here to represent all Mersea patients. All were reminded about the need to be kind and respect others in the meeting and that everyone would be heard.

The meeting was recorded and the recording would be deleted once the minutes are completed

Dr Patel Presentation – Cardiovascular Disease Prevention

This was felt to be a subject relevant to many of the PPG members and reflects a lot of activity in Primary Care which is about disease prevention, reducing illness rather than just treating.

Cardiovascular disease is about the blood vessels, basically if you think of this as an internal plumbing system where we have pipes that are feeding this blood supply and oxygen and nutrients to all our organs. Our heart, liver, kidneys, brain. Therefore if you protect the blood supply you are protecting the organs in the body, the aim is to prevent 'end organ damage'. We do know that damage to the blood vessels by having high blood pressure, high levels of sugar, unhealthy lifestyle, cholesterol, will affect the blood supply to these organs. This can then lead to a range of problems like heart disease, chronic kidney disease, strokes, dementia.

The focus is therefore on prevention and one thing we need to do is identify people who are at increased risk. There are many factors that come into vascular disease, and a lot of them are quite silent, so it can be difficult to identify them. We know that high blood pressure is a risk, but unless it is very very high patients don't tend to feel unwell and don't know about it. Diabetes is a risk factor, again not everyone has symptoms. One lady came to the surgery because her optician had seen changes in the back of the eye during her eye check.

Identifying patients at risk can therefore be quite tricky. When patients reach 40, they are offered an NHS health check, there is also a health check offered when patients reach 75. These checks include height, weight, waist circumference, blood pressure and cholesterol and sugar levels. Lifestyle is recognised as very important as well, so this is an opportunity to talk to patients about this. Health Checks can identify people who don't have symptoms and don't feel unwell and would not visit to the GP. The HCAs (Health Care Assistants) carry out the health checks, they are not nurses, but have a proforma they follow, if they find anything we will undertake a more in-depth blood test.

So, as so many of these symptoms are silent and people don't realise, they have them it is really important to attend for the Health Checks when invited. We know it is men in their 30s. 40s and 50s who are the lowest attenders, but men are at greater risk of vascular disease. Our workflow department is run by Trudy and undertake a lot of audits to identify those at risk and make sure those people are contacted to come to their health checks. However, not all patients respond, and we are reliant on them making an appointment when they receive an invitation.

When people do come for their health check, we can look at the results and add other things into a Q-risk calculation which provides an estimate of a persons' overall risk of developing vascular disease in the next ten years. In addition to taking into account the things we have already talked about like

blood pressure, cholesterol and age, it also includes things like post code. Mersea is quite a good postcode as it lowers your risk, we know that people in deprived areas with higher levels of poverty, people's lifestyles tend to be less healthy, which increases their risk.

If we look at individual risk factors like blood pressure, this is the single most important risk factor for vascular disease and strokes. Therefore controlling blood pressure significantly reduces the risk of 'end organ damage'. Again, if we think of the body as having an internal plumbing system, if the pressure in the system is high, the inside of the pipes is going to get damaged. Lowering the blood pressure has a significant positive impact on lowering risk. The medication used to treat blood pressure has been available for many years, and hasn't changed much, but research is ongoing to make improvements, these studies focus on if the impact of treatment is worthwhile and relevant, and as I've already said that treating high blood pressure has been shown to have a big impact on health. We sometimes need to offer more than one medication to control a patients' blood pressure. These work in different ways and sometimes people may be on two or three different medications.

Cholesterol is another factor we look at. The two things that influence cholesterol are genetics and lifestyle, and the balance is different in each individual. Some people have what we call familial hyperlipidaemia, where their cholesterol is super high, which is due to genetics. For most people it is a bit more evenly balanced. We don't just treat cholesterol itself, if your Q risk is quite low (risk of developing heart disease) we may not recommend a statin tablet, because if your risk is already low there is no point in lowering it just a little bit. The risk does change as you age, so for a man over 70 you are more likely to have a higher Q risk due to age and gender. High risk is classified as above 20%.

The other big area we take into account is diabetes and pre-diabetes. Some people have symptoms, like needing to pee more often, feel more tired, but not everyone will have symptoms. It can be another one of those silent conditions, that people don't realise they have. We do see some people who have poorly controlled type 2 diabetes by the time they see the GP. The sugar circulating in the blood can damage the blood vessels, and diabetes is linked to higher risk of things like heart disease.

There are two types of diabetes, Type 1 is seen in younger people, Type 2 is seen at an older age and is linked to weight and diet. As with everything it is not always clear cut, we can see people who are very healthy with a healthy lifestyle who are not overweight who have type 2 diabetes, we can also see people who are overweight with a poor lifestyle who don't have type 2 diabetes. On balance though we do know that generally weight and poor diet present a greater risk of developing Type 2 diabetes.

There is a lot of contradictory guidance out there about diet and weight, NHS recommendations are that we should eat more home cooked food, plenty of fresh fruit and vegetables, avoid too much processed food, eat lean meat such as chicken and fish rather than red meat, avoiding things like sausages and fried food. The government is recommending 150 minutes of activity a week, which if you break it down is not lots over the course of a week.

This has been a very quick overview of things. Are there any questions or anything you want me to expand on a little bit further?

Q&A

Q. If you've got high cholesterol and should be taking statins, but statins upset you, eg muscle aches, what are the alternatives

A. There's not a huge amount. It's quite an interesting topic really. So traditionally, quite a while ago everyone was started on SimvaStatin because that was the one that was off licence. So it's cheaper and The NHS told us that we had to prescribe that, but a lot of people didn't get on with it and it got a lot of bad press. There were some clinical trials undertaken with statins, where they gave some people a statin and some people a placebo and nearly as many people in the placebo group got side effects as the people in the statins because they were expecting to get side effects because of all the bad press and statin had. This type of trial is called a double-blind trial where no one will know for sure which drug they are taking. However, clearly some people do suffer from side effects, but Statins are generally better tolerated than the press would have and some people got an absolutely fine with it so they will still be on it. We tend to start people on Atorva statin as first line now. We can always prescribe an alternative if people don't get on with that one, usually we would try Resuva statin which is generally well tolerated and its very effective at a lower dose which is good news for anyone who has had side effects from other types. As with all medications, new studies find other options for

treatment all the time. One thing you can say about statins is that they lower people's cholesterol really, really well really effectively.

Q. What about Fenofibrates

A. This again used to be used, but went out of favour a little bit. We're still not using them a huge amount. Most people will get on with a statin or patients can decide to live with a slightly increased risk. It does depend on risk and such decisions would be made in discussion with the patient. Fenofibrate and Acetamide are being used a little bit more again, they went out of favour for a while because they weren't very effective, and they aren't as effective as statins. If people have very high cholesterol, perhaps familial hypercholesterolemia, we could refer them to the lipid clinic.

Q. what is classified as high risk?

A. We now look at a person overall risk when deciding whether to treat. Traditionally it used to be total cholesterol over 5, that was the cut off. We also look at the breakdown of cholesterol because you've got good and bad cholesterol, your good cholesterol, which is called your HDL, your high density, high protein, you want quite a high level of that, because that is good for you. It's not so much the total cholesterol figure but something that we call the ratio. If the ratio between the total cholesterol and the good cholesterol we would want the ratio to be less than 4. So if you've got a low ratio, it means that your higher quality cholesterol is making up most of it.

Q. Do you think the Benecol products, the plant sterol tablet that you can buy are a good idea?

A. There's not a huge amount of evidence for it. The evidence is there suggesting that you'd have to have a lot of it for it to make a difference. My advice would always be just be sensible about it. Try to avoid too much in the way of saturated fat. If you're healthy if you cook from scratch if you have lots of fresh fruit and veg and if you choose lean protein options, that's the best thing you can do for your cholesterol and keeping active, so I don't find myself recommending those. Its really up to the individual, if you get on with it, and you want to give it a go.

Q. When I came to the surgery, I noticed the blood pressure machine in the waiting room was unplugged.

A. Yes, we have a new machine, it does half the NHS Health Check for you. Its easy to use, don't be put off, it doesn't announce your weight, Kris will talk more about it in her practice update.

Q. There is some evidence that about 1 in four people in the country have high blood pressure and about 40% of those don't realise, would you recommend personal BP machines or using a wrist tracker?

A. Yes, they are actually incredibly reliable and NICE (the National Institute of clinical excellence) whose recommendations we follow feel they are a good idea. We tend to be guided by them and they give you the targets of blood pressures. I think what we realised quite a while ago now is that when people come into surgery, their blood pressure is often a little bit higher than it is in their home. Some people have very definite what we call white coat hypertension, they'll come into the surgery and their BP will go through the roof, but most people have it to a degree, even with home blood pressure readings. What we do is we ask people to do a series of readings and you will notice that on the first couple of days that they're doing them, they're higher. And then as they get into the habit of it and they're used to it, the readings settle down over the course and this provides a much more reliable indication of what the pressure is doing. So we'll do it over for seven days. I tend to do over four as its better for the patient they say ideally seven. You do two readings each a minute apart in the morning and afternoon. You're getting four readings a day and you take an average of that. With home blood pressure readings the target slightly different to clinic readings. They are quite reasonably priced and are generally quite accurate. Practice BP monitors are calibrated every year, you can always check the reading against one in the practice to make sure they are close.

Dr Patel was thanked for attending the meeting and giving such an interesting presentation before she had to leave the meeting.

Practice Team Report

Kris gave her report on Practice activity. There have been a number of changes over the last couple of months. Emma Gamble recently left the practice, after seven years, she wanted to take some time out. She is missed by all her colleagues at the practice and I'm sure by the patients she was visiting.

Sian had joined the practice before Emma left and she is running clinics alongside the GPs and is also doing some of the home visits. Since Sian joined the practice, we have been able to increase our capacity for appointments. Most days over the last few weeks there have been appointments available into late morning and on some days, appointments were still available late in the afternoon.

Megan, our HCA has increased her days from two to three days a week. She is doing some of the Long-Term Conditions visits, taking bloods, doing blood pressures etc. She has also started doing the over 75 health checks mentioned by Dr Patel. We are asking people to wait for their invite for their over 75 health check. Obviously, if you do have any health concerns, then call the practice to come and see somebody to discuss. Trudy, the workflow manager, is currently identifying patients who need to be invited in for an over 75 health check and sending text messages or an invitation letter to invite people in.

The new machine in the waiting room will take Blood Pressure, weight, height and calculate BMI, then it produces a ticket with the information which patients can take to reception where the patient record will be updated. If there is a problem, this will be flagged and patients will be called in.

Sian has completed her COPD training and she's more than happy now to do COPD reviews. Karen and Megan are both on the course in June so that will provide more capacity for COPD reviews.

Anyone with joint pain can now ask for an assessment with our in-house physiotherapist by calling reception and requesting an appointment. Appointments are available Wednesday or Friday. If patients need pain meds or anything like that, he can task the GP and ask them to prescribe this for this patient.

One of the full-time receptionists left last week after being with the practice for three years. Two new receptionists have joined and are undergoing training with Katie. They are both part time, the practice decided it was better to split the hours between two people as it is a very demanding role to undertake full time.

The changes made to repeat prescriptions has had a dramatic impact on freeing up the telephones, there is still demand from the housebound patients who are unable to get someone to drop off their repeat requests, they are still able to make telephone requests if needed. The important thing for the practice is to ensure everyone has access. This has made it much easier for patients to get through on the phones. Most patients are finding the online requests work very well, but the practice recognises that of not everyone can do that.

There was some discussion about the NHS App not having the facility to re-order long term medications when they reach the end of their 6 or 9 months run. The pharmacist should tell patient when they reach the end of the batch, so the patient can request them at the practice. This is available on line with the Patient Access system. It was agreed this seemed to be an issue with the NHS App and it could be raised with the DAST team when they come out to provide training in June.

There was some discussion about what can be seen on the app, the practice just has to tick authorise for test results etc., This has changed since November when more has been made available on the App. Its always worth checking when visiting the practice that everything is authorised for you.

The increase in appointment capacity has meant that on some days there are about 100 GP appointments and ANP appointments, and that is without the nurse and the HCA appointments. Patients can request either telephone or face to face appointments (sometimes if the patient needs an examination it will have to be face to face.)

Q &A

Q. How will the practice look after palliative care patients now, they used to have Emma visit once a month.

A. If a patient needs a home visit they should contact the practice for a visit.

Q. Do the practice nurses have stoma care training

A. (provided next day). The practice can prescribe, but they would have access to specialist stoma care nurses who they would call on for assistance.

Q. Can the practice confirm that physiotherapy is available at the practice.

A. Yes, there is an on-site physio, who has appointments two days a week, Wednesday and Friday. Patients can ring the practice and ask for a direct appointment.

There was some general discussion about cut backs at the hospital and more work being sent to the practice to action instead of the hospital taking action.

Kris was thanked for her report and the Q&A

Action Tracker

There were a few outstanding items:

The practice was going to explore solutions for patients who were housebound and could not get to the practice to order repeat prescriptions. Kris confirmed that housebound patients who do not have assistance to send in repeat requests can still telephone their requests

Have the practice reconsidered the PPG request for funding membership of the National Association of PPGs. Kris confirmed this has not yet been discussed.

Updating the Website. This is an ongoing task; Kris regularly updates things as they come to light. The PPG minutes and Newsletters are now on the site. If members could let Maureen know if they spot anything that needs addressing that would be really helpful.

Membership Pack: this has now been updated, agreed with the practice and issued to all members. There have been no comments so this is now the latest edition of the membership pack.

Kris was thanked for her update and she then left the meeting

Minutes

Maureen apologised for the large number of documents that were sent out prior to the meeting. The minutes were agreed. Maureen thanked Su for sorting the minutes out for us.

PPG Activity Update

Since the last meeting, there had been a few changes of personnel within the management team. Su, our secretary has stepped down as both Secretary and member of the management team. Maureen thanked Su who had encouraged her to take on the Chairs role, thanking her for her tremendous support both to her personally and to the PPG and to the patients on Mersea. The members joined Maureen and thanking Su as she was presented with a bouquet as a token of our appreciation.

Martin and Teresa had also decided to step down for various reasons over the last few months. Maureen asked everyone to join her in thanking Martin who was at the meeting and Teresa who was not there, for their hard work and support as well. Maureen stated it had been tremendous for her to have so many people around with so much knowledge and background and willingness to support the PPG moving forward.

There are two new members of the Management Team, Christine Cheetham and Jane Morgan. So it's early days, but we've discussed some of the things that we'd like to take forward.

There's a potential project that the practice has asked the PPG to consider, which is to produce an information leaflet for patients on local support groups. This seems an excellent opportunity to work with practice and it will be of benefit to patients. Maureen asked that members let her know of any local support groups that could be included. Suggestions from members included The Parkinson group which has recently started and the carers support group. It was suggested that Carol at the Council may be a good person to speak to. The parish church also runs a bereavement group on a regular basis

The Practice have also been accredited as an active practice, and they're hoping to take part in a local parkrun event over the summer. They were hoping that the PPG might be able to support in marshalling at the event. There is no date yet, but that information will be shared as soon as it is available.

If anybody else within the PPG wants to join the volunteers list, please let Maureen know.

We have also been working with the practice and the digital access support team (DAST) on hosting an NHS App drop in event here at the Community Support Hall on the 19th of June. Patients should

bring along their phone or iPad/notebook to see what the App can do. They will also help people to set up the NHS App. They will be bringing a kit with them so that the Wi Fi will be accessible in the hall. Maureen has sent a message out to the volunteers list to ask for some help on the day with marshalling people just in case there is lots of interest. It's open to anyone, people don't have to be patient at the practice. Advertising material will be issued shortly.

Maureen has also been working with a couple of other Colte PPGs to try and get a Colte wide PPG group started.

Maureen thanked everyone for coming along and closed the meeting.

The next meeting will be on Tuesday 9th July at the Mersea Community Support Hall.