

MERSEA ISLAND MEDICAL PRACTICE PATIENT PARTICIPATION GROUP MINUTES

10th September 2025

In attendance:

Maureen Phillips	David Cooper	Maggie Whittaker
Sue Rhys Jones	Martin Sellens	Geoff Whittaker
Julie Pearson	Barbara Peter	Pamela Wright
Jessica Dally	Jenny Chalkin	John Akker
Lorraine Carter	Alan Mogridge	

Apologies for Absence: Karen McIver-Jones; Hubert Siefert; Roy Chamberlain; Colin and Pat Tucker; Martin and Linda Westley; Sarah Hurley and Malcolm Ede

Maureen welcomed everyone to the meeting and reminded them of the agreed conduct and content of the meeting.

Declarations of Interest: There have been no declarations of interest.

Minutes: The minutes from the 8th July 2024 were agreed.

Action Points:

Contact with Mersea Refresh has been made, practice to progress.

The Diabetes Event for newly diagnosed patients was well attended and a monthly support group has been established. Mersea Town Council Office have kindly offered the use of their meeting room for this monthly meeting. The first meeting took place in August, we have more patients who wish to join and the practice Diabetes Nurse will be contacting patients who might be interested.

Practice Update: The practice confirmed that physio is now by self-referral, patients can ask at reception for contact details. There was a discussion regarding the long wait for appointments. It was confirmed this was partly due to increased demand on the service as a result of service changes. Referrals for hip and knee replacement require physiotherapy attendance prior to seeing a specialist and the new Hip/Knee/Back surgical service also requires pre and post operative attendance at physiotherapy.

Two new reception staff have been recruited, following a team member relocating.

Next Practice shut-down will be on 30th September closing at midday for staff training.

New Registrar Dr Senna Hazzal has joined the practice.

There is no further progress regarding the surgery development on either site at present. Discussions regarding Barfield Road continue and the practice are awaiting a response from the ICB regarding the expression of interest for the development of the main surgery referred to at the last meeting.

Flu vaccinations will begin at the practice on 2nd October and invitations will be going out to the patients; booking has already begun.

A patient had raised a question about the surgery process for travel vaccination. Patients are asked to contact the practice at least 8 weeks before they travel, they will then receive a text message and form to complete. The nurse will get in touch with the patient and provide travel advice and vaccination requirements and offer an appointment at the travel clinic.

The Practice website is for information only.

A patient asked for clarification regarding ANIMA, this is only being used via the website for medication queries. There was some general discussion regarding other practices and how they are using ANIMA for appointment booking and online consultations. There are no plans to implement any changes at the Mersea practice at the moment.

The Care Advisor provides a range of support for patients, she is not based at the surgery, so support is telephone based, if patients ask for a referral at reception, they will organise a phone call to the patient. The waiting time for her to respond is around five weeks.

There have been a number of compliments from patients, no complaints.

A patient referred to the excellent support she received from a member of reception staff when she was having difficulty ordering extra medication using the online form as she was going away.

Patient Questions

There was a question regarding patient age profile and whether this reflects an aging population on Mersea. The latest available figures from the NHS demonstrate that Mersea Practice has 46% of patients over the age of 60 and if we add the over 50s this jumps to 61.5%. The Chris Witty's annual report of 2023 was focused on the impact of an aging population on health services, particularly in rural and coastal areas where people often move to later in life.

There was a query regarding pharmacies part dispensing and then not fulfilling prescriptions later, and also accepting prescriptions knowing that the shortage of items will mean they cannot dispense and being unable to return the prescription to the spine for patients to seek it elsewhere. A member gave two specific examples and this generated considerable discussion. The Practice acknowledged there were some issues and will discuss this further at their next Practice meeting.

It was recommended that patients should always check their medication is correct at the pharmacy, an example was given of a controlled medication being issued to the wrong patient. There was also a discussion about wastage, people receiving medication they no longer need and whether this can be returned once issued, it cannot. It was agreed that the PPG would add a reminder to the next PPG newsletter.

GP Presentation – Lifestyle Medicine

There is a lot of interest in Lifestyle Medicine, there is even a specialist Department for this now. It is basically focusing on lifestyle and what people can do for themselves to help prevent and treat disease. There more and more studies on the influence of lifestyle on overall health, some of it is quite dramatic. There are a lot of things that patients can do that will be significantly better than any single medication, that is not to say that there isn't a place for medication, but as clinicians we would always look first at lifestyle advice. We do know of course that being healthy does not always stop illness, as there can be other compounding factors.

Mersea Practice is a Park Run practice and this takes place at Cudmore Grove on Mersea, 9am on a Saturday morning people can walk or run the 5k. It's entirely volunteer led, very friendly and social. The plan is to hold the next one on 27th September, come along and take part or volunteer to help. Age is no barrier, we had a 91year-old who did their first park run a few weeks ago. You can bring your dog on a lead.

Non-infectious disease is responsible for $\frac{3}{4}$ of deaths globally and about 40% of that is cardiovascular disease and 22% cancer and the remainder mostly respiratory disease and diabetes. We think 80% of these are at least partly attributable smoking, poor diet or lack of physical activity, particularly linked to premature death (ie under 70 years).

We are not just looking at early deaths/mortality rates, there is an average lifespan in this country and a statistic that talks about 19 years of poor health before death. The Chris Whitty report referred to earlier focused on what can be done to reduce time spent in poor health.

The six Pillars of lifestyle medicine are:

- Nutrition
- Physical Activity
- Sleep
- Mental wellbeing
- Reducing risky behaviours
- Maintaining Social connection

There has been research into the 'Blue Zones', specific areas in the world where people live long and healthier lives. One of interesting features is that these areas are so different, Okinawa in Japan, Sardinia in Italy, Nicoya in Costa Rica, Ikaria in Greece and Loma Linda in California. These are really diverse populations with very different diets, but what they all have in common is a varied plant-based diet, very little reliance on meat and animal products, daily movement - they tend to stand up for large portions of their day, and they have excellent social connections. They tend to have extended families and a sense of purpose in their lives.

There was a research study done in 2021 in over 500,000 people where they looked at exercise, diet and not smoking. They found that those things alone increased life expectancy by over 7 years.

The other significant impact on health is around health inequalities. Mersea is quite an affluent area for the most part, people can afford food, they have good housing and there are good levels of support. In poorer places the ability to access healthcare, the ability to get good nutrition, to get exercise, living with poor stress levels, lots of drug taking and alcohol use - all of those things mean that actually those communities are significantly more poorly than more wealthy ones.

There was a question as to whether more deprived areas get extra funding, they do, to a degree, but it is probably not enough to make a big difference.

A book called 'Poor' by Katrina O'Sullivan provides some real insight into being brought up in poverty and the influence it has on every aspect of life and every decision. It is easy for people from a more privileged backgrounds to assume that other people are making poor choices in nutrition etc., but the reality is that in deprived areas, they do not have access to those choices.

The first pillar we are looking at is **mental well-being**, that's not just the absence mental illness, but it's about enjoying life, having a sense of purpose, connection and fulfilment. It also means looking at anxiety, mood and stress and how our bodies respond to these pressures. Not all stress is bad, but when it is long term that can have quite significant impacts on the body, it affects something that's called the autonomic nervous system, so it's not the nervous system that we have control over, it's one that controls us. So being very stressed we tend to move a little bit quicker, perhaps have palpitations perhaps, and if that goes on for a long period of time it can have quite a significant impact on our immune system. It causes inflammation throughout our body, it can increase our chances of high blood pressure and memory problems, it can decrease our bone density. It also reduces insulin resistance, so it makes us more prone to weight gain. All of those things, just caused by chronic stress. Obviously, there are going to be lots of factors that we cannot change to alter our stress levels, but there are things that we can change and also there are ways that we can manage our stress and understanding the impact that can have on our body and being able to access help is hugely important.

The research also focused on things like adverse childhood events. About half of the people in the UK have experienced at least one adverse childhood experience, that could be abuse, parental separation, neglect, substance misuse anything like that. 9% of the population will have more than one such experience, if you have six or more that can decrease your life expectancy by 20 years. It has such an impact on your stress as an adult. There are a lot of things we can do to help, so there is CBT (Cognitive Behavioural Therapy) which can be accessed through the 'Therapy for You' website. There are apps that you can pay for that cover things like mindfulness and breath work. Cold water immersion has also been identified as quite helpful. So going for a swim in the sea throughout the winter has been linked with a reduction in stress. Physical activity, connection with nature, creative hobbies, community involvement - all of those things enable people to manage stress better.

Lots of studies have shown links between diet and mental health. For example, Serotonin, which is a chemical that helps with keeping us happy, 80% of it is produced in the gut. There is a lot of research on how healthy the gut is and the impact that has on our mental health. The SMILES trial put people on a plant-based diet which showed significant improvements in major depression within just two weeks, it's not going to help everybody but it can have significant impacts for some and the results were statistically significant, the same as using an antidepressant.

Nutrition: There's a lot of misinformation going out through social media and that's leading to a lot of confusion, I think people just don't know what to do to be healthy. There is also the rising obesity epidemic and the impact that is having on our health as a nation. We have got more overweight and obese children than ever before and that's going to have massive knock-on effects for their health as adults.

There is a lot of statistically significant evidence that supports that we should have the mostly plant-based diet and that animal products should only be a small proportion of our diet. Animal products that we do eat, should be lean, such as chicken and fish. We shouldn't be eating too much bacon and sausages or processed meats. We should all be focusing on fruit and veg, herbs and spices, and beans and lentils and lots of seeds for the majority of our diet. Diversity will ensure we get all the micronutrients we need. This type of diet is naturally high in fibre and pre and pro-biotics and it's naturally low in chemicals, low in sugar and lower in saturated fat. If we focus on this type of diet, we know that you're reducing your risk of cancers; particularly bowel cancer, breast cancer, and you significantly reducing your risk of cardiovascular disease. It has been found that in some cases where people have these diseases but follow this type of diet, they can reverse disease.

We need to reduce our consumption of saturated fats (solid at room temperature), sugar, salt and trans-fats. Interestingly the majority of salt the average person intakes comes from ready-made meals and ultra processed food. Cutting out these from our diets and making things ourselves will naturally reduce our salt intake. We

don't eat anywhere near enough fibre and that is very important for our health and there are easy ways of doing it. Other things we need are Calcium, potassium and vitamin D. Vitamin D is the only supplement that we would advise that people still take because over the winter months you just don't absorb it. If you are housebound or don't go out much, take it all year round.

There have been studies that indicate lower levels of processing of food makes things easier to digest. Processing food can mean a lot of things, cooking a food is processing, preserving or freezing food falls into this category too. Ultra-processed food is of more concern, usually anything that comes in a packet. Supermarket bread, cakes, crisps, biscuits - all of those things are ultra processed and so they're typically high in salt, fat and sugar. Typically, also very cheap, very accessible and often marketed towards children and they're addictive. Manufacturers have done lots of studies to look at the amount of fat, salt and sugar hits the sweet spot. Scans have shown amounts and combinations that light up our brain and it is like an addiction.

Studies indicate that for the average UK citizen, 57% of their diet will be ultra processed foods. What is really concerning is the impact on children. There are studies into how this affects our brain health and how that affects our gut microbiome. Basically, all of the bacteria from everything that's inside our gut is what makes it work properly. We need good bacteria inside our guts and so we can feed that good bacteria or we can kill that good bacteria. We can kill it off with antibiotics unfortunately, so we don't really want to be taking them unless we have to. Studies indicate that ultra-processed food and alcohol can kill off our good bacteria and we feed it with whole foods, fibre and fermented foods such as Kombucha and Keffir are getting more popular. There is increased recognition that when that microbiome is more damaged it is linked to things like autoimmune disease, allergies and inflammatory bowel disease.

Should you be eating organic food? I would argue that just eating fruit and vegetables for the majority of the population is the best bet, but if you can afford organic, we do know that organically grown vegetables tend to have a higher nutrition content because obviously they are grown in better quality soil. However, for the majority of people, just eating more fruit and veg would be a good start.

Physical activity and the importance of that. The most common reasons we hear from people for why they can't be physically active most of the time it's pain or disability of some sort. Many patients suffer with arthritis, back pain etc., and that is going to limit what you can do. Lack of time as well. Evolutionarily, we move because we have to and because it's fun. We do know that an active lifestyle will reduce

- dementia by 30%
- hip fractures by 68%
- depression by 30%

- colon cancer by 30%
- breast cancer by 20%
- and all-cause mortality by 30%

Research indicates that if we sit for large portions of the day that's really bad. If we stand more often for example, if we stand up every 30 minutes that we're sitting, if we do a quick 10-minute walk. You don't have to be walking 10,000 steps a day you need to be doing what you can and actually a little is better than nothing at all. So even if you're just doing a bit, it's much better than not doing anything. They recommend preschool children just have 3 hours a day, school kids to 18 should have 60 minutes a day, for all adults they recommend 150 minutes of aerobic activity over the course of the week. If you're over the age of 64 then strength training is really important as well. Although all adults would benefit from strength training there is a focus on the elderly population because you lose muscle mass so much in that age group.

An extra 500 steps a day reduces cardiovascular disease by 2.2% to 9%. Housework and gardening are both physical exercises, carrying shopping is strength exercise. Standing for two hours a day reduces your risk of dying by 10%, and reduces the risk of falls. You don't need to do it all at the same time.

There is a 'Train with Joan' app which is specifically designed for women. Joan, at the age of 70 was struggling with quite a lot of health conditions, she was a bit overweight and she decided that she was going to do something about it so she started to exercise with the help of a daughter who is a physical trainer. A couple of years ago she was on the cover of Women's Health magazine, she's now very fit, very healthy. Whilst this is obviously an extreme case it just goes to show that age is not a barrier to starting something and there is a lot that you can do to get active. It has been found that people who have a cancer diagnosis or are living with cancer, if they exercise regularly, they have better prognosis, and a reduction in the symptoms.

Sleep is another important factor in healthy lifestyles. Sleep hygiene is a big one. As a GP we get so many consultations from people saying they can't sleep and it's obviously a really complicated issue because there's so many reasons why people can't sleep. It could be noisy neighbours, hot weather, stress, pain. We need our sleep, it regulates our hormones, helps us recover, improves our ability to perform tasks, reduces accidents and injuries. Ideally, we would be getting between 7 – 9 hours per night, that does vary from person to person. We think a lot of problems people have with their sleep is that there is some form of disruption to their Circadian rhythms. As it gets dark, we get drowsy and then sleep follows. Obviously in this day and age we've electric lights and we have a lot of blue lights from all of the devices that we use. This all of tends wake us up and tricks our brain into thinking that it's daylight and so our melatonin is higher all of those things can upset our sleep pattern. There is lots of help on sleep hygiene out there there's quite a lot on

the NHS website. Having a good bedtime routine, getting up at a similar time every day, not having screens on towards the end of the day. Dim lights, cool rooms wherever possible. Some exercise in the day, getting outside and getting fresh air can all help. There is an app called 'Sleepio' it's a cognitive behavioural therapy for insomniacs, which some people have found helpful.

Social connection is important. I think that's something that I think we are quite lucky with for the majority of patients on Mersea. There is a good community here a lot of people will have some form of family here as well and if they don't there's lots of clubs and services on offer. Social isolation and feeling of loneliness can have a significant impact on our mental health. CT scans have shown that indicated that loneliness and isolation will light up the same areas in the brain as physical pain, it actually hurts to be lonely and not to have that support. Loneliness can increase the risk of premature death comparable to smoking a significant number of cigarettes a day. People with good social networks tend to live longer, have less dementia and better prognosis. There was a study that they've done in America where they've noticed that happiness is contagious and it's much more contagious than unhappiness. A happy person within a social group can pass it on. Obviously, there are risk factors for loneliness in older people, but increasingly we are seeing more young people are feeling lonely as well. Online communities are increasing loneliness because we're not having the quality social engagements we used to have. There were other things like, socioeconomic backgrounds, ethnic minorities, poor mental health, disabilities, being a carer, which can also have an impact and create loneliness. The practice don't currently have a social prescriber but there are other good community supports locally.

Reducing risk behaviours: You would think this would be obvious wouldn't you. Smoking, drugs, alcohol, so it causes cancer there is no benefit to alcohol. We like to think of glass of red wine might actually help a little bit but there's nothing to support that. There was a study a long time ago and it hasn't been backed up since. Alcohol weakens the immune system, disrupts the gut microbiome and decreases bone density. The thing with alcohol is it's a socially acceptable drug. It is not just legal, its socially acceptable and it's more socially acceptable almost within more affluent communities. That is definitely true for the population of Mersea, if we're looking at substance misuse we should worry about. The majority of the evidence states that alcohol is not good for us.

One of the interesting things about alcohol is the impact it has on the quality of our sleep. It reduces the amount of R.E.M. sleep which is really important for creativity, critical thinking and focus etc. You do meet more and more people who do not drink alcohol now and it will be interesting if this goes the same way as smoking.

There was some general discussion about non-drinkers and then this moved onto smoking and the effect of Vapes. Although this is too new for any long-term studies

of health impact, it is generally accepted that it's not good for you. Whether it is as bad as smoking remains to be seen.

Social media and smartphone addiction is a huge problem. It is possible to place limits on phone time to stop yourself checking the phone all the time. At a recent school discussion about study skills and limiting phone use during revision as it disrupts concentration, they had a statistic which is if you check your phone six times an hour (that's every 10 minutes) it can reduce what you've taken in by 50% because you're getting distracted and losing concentration.

In America 44% of young people identified as having problematic social media use and that is strongly associated with depression, 76% teens experience bullying online which is associated with anxiety, depression, poor sleep, low self-esteem.

There is something called 'the upwards comparison theory' where people are presenting a life on social media or Instagram with clips of how beautiful home their home is or their high achieving children and other people look at it and think they're surrounded by a chaotic kitchen that hasn't been cleaned for several days and they think well why can't I do that. So that's the 'upward comparison theory' where we are negatively comparing ourselves to other people. There's a 'Displacement Theory' and that's where actually we just we're just not there in real life anymore and so we're not engaging in constructive ways. All of those things can have significant impact.

There was considerable discussion about how parents can limit screen time for their children, and some apps have their own limits.

There was an TV programme on Channel Four that was based at Stanley School (probably last year) that focused on time limits on phones.

It is difficult to limit screen time for secondary school age children as so much of their homework etc., is done by teens on their phone or laptop and they do need to learn how to navigate and function in the world they are growing up in.

There was some group discussion regarding AI and programmes like Chat GPT and the dangers to young people as a lot of social media is designed to keep people engaged.

It is interesting that AI has become so much part of our lives.

There are some benefits of social media, for instance, for people who cannot go out it allows them to feel a social connection with others.

As GPs we can give lifestyle advice and those patients that really take it on board can in some cases reverse their diabetes, not everyone's going to be able to because of those genetic factors. Some people can reverse their high blood pressure.

There was a group discussion about improvements in medicines, which could make some people disinclined to take or act on lifestyle advice. A good example of that could be recent weight loss medication, where people can take the meds to lose weight, but don't necessarily change their lifestyle. Early studies suggest this type of medication can be really beneficial for certain people, but it can provide what is seen as a quick fix for some who don't want to make changes to their lifestyles.

Whilst there are a number of conditions where lifestyle is the first recommended option, not everyone can or will want to change things, and it is the choice of the patient. It is sometimes hard for people to make changes, some try to change their diet and perhaps fail because they try to do too much in one go. People might decide to go to the gym five times a week, but it just gets too overwhelming. Incremental changes may be more achievable for long term change.

Maureen thanked our GP for a very interesting and engaging presentation that has already generated a lot of discussion.

Update from PPG

We will have a stand again this year at the Community Open Day on the 11th October at the MICA. It is a really good opportunity to learn about everything that's going on in the community, all the clubs and societies.

There was an NHS Confederation online meeting in August on how to empower the public to contribute to the delivery of the new NHS plan and I think some of the things that were in the presentation tonight really fit in well with what the plan is trying to achieve. One of the things that there is a heavy focus on which we alluded to earlier is the future of digital health. We were saying we've got an elderly population here. Whilst many people may have a mobile phone, they may not feel confident in using it to access the NHS App or other NHS information. Maureen asked if anyone had ideas on what support we could give beyond having the events at the library.

There was some discussion about individual difficulties, whether the Patient Access App was going to be phased out – it appears that it will remain alongside the NHS App at least for the time being. A member felt that with an aging population some people might forget how to use the NHS App or if they don't use the service much might forget as well. Maureen reiterated that although there was a significant investment in the NHS App with the idea this would be the digital front door to the NHS, the digital lead at the NHS has reiterated that people will still be able to use traditional means of contacting and interacting with the NHS. We discussed whether there was any way to calculate the level of digital access or those that are not digitally enabled on the Island. There is nothing at present, perhaps it will be up to the PPG to undertake some kind of survey in the future. Maureen referred to some data produced by the NHS at practice level for number of individual log ins to the NHS App, which looks high at over 6,000 per month, but the actual figures for

individuals who are registered does look somewhat low, and there is no break-down of ages, these figures need more work. The practice are trying to access the figures for us, they come from the OKTA system which is only accessible with an NHS log in.

One of the things we are working on is a potential carers event, working with Healthwatch and bringing together a range of resources available to carers. Healthwatch have suggested a drop in tea/coffee and cake event.

We talked briefly about the National Patients Survey that takes place each year organised by MORI. A random selection of GP patients are contacted to take part. At individual practice level the sample is very small, for our practice 135 were returned, a response rate of 45%. The results indicated good patient experience, but an item of concern from our very small sample is that 42% responded that it's either difficult or very difficult to use the NHS App, if that is reflected across the practice it raises concerns about use of the App.

Maureen has been working with Tiptree patient participation group, their group disbanded over during Covid and the Integrated Care Board asked if we could talk to them about PPGs and collaborative working with their GP practice. The feedback from the ICB was very positive and Tiptree have found it valuable to hear from another local PPG.

Our next meeting is the 11th of November and we will be talking about the difference between the UK NHS and the US Insurance based health system.

The Meeting closed at approximately 7.15pm

Date of Next Meeting: The next meeting will be on 11th November 2025 at the Community Support Hall 5.30-7pm

Contact Maureen Phillips for more information about joining the PPG or joining the email list; MerseaPPG@hotmail.com