

BEECHWOOD MEDICAL PRACTICE

PATIENT GROUP MEETING

Wednesday 5th December 2018 at 6pm

Attendees: Cheryl Benson, John Lawrence, Pat Foster, Sue Thomas, Sylvia Rae, Sarah Monteith, Sarah McKay and Dr Victoria Sanderson

Agenda

- 1. Closed session for Patients (PPG members only)**
-as a visitor at meeting today this did not happen
- 2. Introductions & Apologies (Practice Reps join meeting)**
– Apologies received from Rowena Sutcliffe; Barbara Davies and Monica Grizzle.
- 3. Visitor – Dr Victoria Sanderson, Dementia Research at Bristol Brain Centre, Southmead Hospital Matters arising from closed session**
*-Dr Victoria Sanderson introduced herself and advised she is a GP and finished medical school 10 years ago. She moved to Bristol in October. This is a new job for her.
Handout attached was passed around.
ReMemBr – stands for **R**esearch, **M**emory and **B**rain
Dementia is a hot topic. The term dementia is used to describe problems with memory or the brain. Most common form is Alzheimer's. Other types are vascular dementia and lewy body dementia (which can be due to Parkinson's)
Diagnosis is made by: - Family history; tests; imaging (i.e. MRI or CT); blood tests and lumbar puncture tests.*

*Q – What is the advantage of having a diagnosis?
A – Treatment options and medication available at certain points.
Research is focused on medication that could delay the onslaught of dementia. Plus diagnosis can help with future care planning for a person i.e. setting up lasting power of attorney – allowing people to make choices for their future whilst they are still able to.*

*Q- How young are people with it
A – Early onset is classed as people under 65. Most would get it late 70's to 80's.*

Q – *Is there a range in timeframes in development?*

A – *Late onset can be a terminal diagnosis. Average is that people live for 8 years after diagnosis*

Research is trying to get new treatment options and to do this are looking for volunteers. You do not have to have memory problems to be involved in research.

Why get involved in research? – It helps increase knowledge, which links to improvements in medical care. Individually you could understand more about your own health and have opportunities to take new medication.

There are lots of trials running all the time. The current one is the Generation Study which is sponsored by a pharmaceutical company.

First part of trial would be to find out your genes. Certain gene types are more likely to get dementia, but if you have that gene type it does not mean you will definitely get it. If you have 2 copies of the gene type you would move onto second part of trial. The trial is set to run for 5 years. As memory problems manifest slowly monitoring needs to take place over a fairly significant time frame.

What is involved in the trial? – going to a site once every 3 months for tests – likely to be at site for half a day each visit. Age group between 60 and 75. Certain medical conditions may exclude you from taking part. There is no payment for participation, however expenses will be paid and there is a free parking space available close to the research unit.

Currently the trial has screened over 100 people and currently has possibly 5 that will continue onto the full trial.

Q – *Is there anything we can do to help ourselves prevent dementia developing?*

A – *What is good for the heart is good for the brain. – A healthy diet; exercise; good control of blood pressure and keeping active mentally.*

Hand out attached gives details of website if interested in this trial and will also give details of other trials. Some of which are for older or younger age groups too.

4. Notes of meeting held 5th September 2018 & any matters arising

-All present were happy with the notes from the last meeting.

5. Finance Report & donation to Sense Charity

-Sylvia Rae gave an update on finances following the flu clinic coffee mornings. Very successful 4 weeks raised a total of £132.00. SR suggested £65 be given to prostate cancer research and SENSE, the two charities agreed on by the group earlier in the year, and this will leave a small balance in the account.

-Sarah Monteith gave an update on the flu campaign. It has been a very fragmented campaign this year with the two different flu vaccines and we ran more clinics during the working week than usual. Did receive

feedback from some of those attending during the week that they were upset there were no teas or coffees.

-Special thanks to Sylvia; Sue and Barbara for all their efforts serving tea and coffee; the baked goods supplied to sell and the raffle prize donations, as well as helping patients check in on the machine. We really appreciated you giving up your time to help.

6. Discussion Items

-If anyone has any suggestions of future discussion items for the group, please let Sarah Monteith know.

-Pat Foster advised one of the items that has come Healthwatch's attention is the cessation of prescribing for some medication/illnesses. We explained this was a CCG initiative to reduce ineffective prescribing, encourage patients to take responsibility for their own simple health needs and reduce unnecessary workload. We have been working in this way for quite some time now. There are large posters in the waiting area/corridors highlighting the medication GP's will no longer prescribe for as often cheaper to buy over the counter.

7. One Care Patient Reference Group

-Pat Foster informed the group that she has not been to a meeting recently and explained that One Care are working with all practice across Bristol, North Somerset and South Gloucestershire (BNSSG) sharing good practice and resources

8. Update from Healthwatch representatives

-Pat Foster highlighted the quarterly report from Healthwatch, which she had brought with her, a copy of which is attached. Plus raised that two organisations they have been focusing on are The Harbour and Breast Awareness in the BAME (black and minority ethnic) community – see handouts attached.

- They had also visited 'Riverside' young people's mental health unit and Pat reported that it had been a very interesting experience to go into the unit and meet the young people in there. Although the unit is local to the practice often the young people in there are not from the local area, so have limited visitors from family and friends.

9. AOB

-Live Well project – pre-diabetic referral organisation. They have received many more referrals than projected and have now moderated their criteria for the pts being referred in for the support group /meetings sessions.

JL feedback his experiences of these meetings and felt that they could be condensed into less time – which would mean they could facilitate more groups. ACTION – SM to ensure this is feedback to the organisation.

-MH Pilot - SM advised the group we are taking place in a pilot with two other local practices, where a mental health practitioner comes into the surgery, currently 3 times a week, to conduct a face to face, one to one session with patients with mental health issues that do not hit the criteria

to be referred into the service. The practitioner devotes an hour to speak to each patient and helps to signpost them to activities or organisations that may be of help to them. This pilot has been brought in as these types of patients take up a lot of GP time and unfortunately GP's do not have enough dedicated time to spend with them.

10. Date & Time of next meeting - to be agreed by group

-Sarah Monteith suggested the dates for next year's meeting be 6th March; 5th June; 4th September and 4th December 2019 at 6.00pm.