Patient Group Meeting - Wednesday 7th December 2016 6pm

Attendees:SubhashWidge; Rob Spensley; Rowena Sutcliffe; John Lawrence; Cheryl Benson; Pat Foster; Sue Thomas; Sylvia Rae; Barbara Davies; Brenda Benjamin; Colin Benjamin; Alan Pound; Nicola Jones

1. **Closed session**–Cheryl Benson had previously contacted members for any items they wished to raise, none were tabled. Therefore due to time constraints a closed session was not held.

2. Apologies: - Monica Grizzle, Vivyan Brake& John Perry

4. Notes of meeting held 7th September 2016
The minutes of the last meeting were approved as a true record.

5. Flu Campaign & Patient Group Involvement/Community Event
SMon thanked the Patient Group for the continued help in serving teas & coffees at the Saturday morning flu clinics, without their help we would not have been able to do this.
SR fedback that the refreshments, tombola (Majority of gifts donated by Rowena Sutcliffe) and the many cakes baked by the group had raised £235.00 this year. There is a balance in the account of £20.96 left from last year and SR suggested we take £5.00 from the balance to make a total of £240.00 that we could give to charity this year and suggested giving £120.00 to two charities.
The group voted on which two charities to support and agreed upon The Great Western Air Ambulance Charity and the Prostrate Cancer care Appeal at Southmead Hospital.

6. Julie Davidson, Nurse Practitioner
Julie explained that her role is an unusualrole but one that is becoming more common as primary care looks to explore new ways to meet rising demand with no corresponding increase in GPs. She explained she has many years' experience as a community matron prior to joining us and that she has had additional training which enables her to prescribe, assess and examine a patientfor medical problems that she has been trained in.She advised she gets lots of support and mentoring from the GP's in the practice too.

When she started Julie had chronic disease advance training mainly in respiratory diseases and has now also become highly knowledgeable in her management of diabetes. She is trained to start patients on insulin or other injectable alternatives, this is a typical service that historically been carried out in a hospital setting but is now becoming more commonly delivered in a primary care environment.

Messages we heard about diabetes:

Julie explained there are two main types of diabetes type 1 & type 2 and they develop for different reasons.

- Type 1 is generally found in younger people and is where the body's immune system attacks and destroys the cells that produce insulin, patients with type 1 diabetes often present very unwell and poorly when diagnosed.
- Type 2 – this is where the body doesn't produce enough insulin, or the body's cells don't react to insulin. This is thetype of diabetes affecting themajority of the patients on the diabetic register. – Generally presents in middle age, but is increasingly being found in obese children. If you have a family history of it you are more likely to get it and you don't necessarily have to be overweight to get it, ethnicity can be .

Basically as you eat food it is broken down into sugar and your body produces insulin. If you have decreased production of insulin your sugar stays in blood stream and makes you unwell. Lots of people may have it but because they don't have obvious symptoms, theydon't know. Typical symptoms are increased thirst; feeling tired and using the bathroom more frequently.

It is measured using a blood test called HBA1C which takes an average over 3 months of your sugar levels. The measurement threshold is any value of 48 or over would indicate that the patient may be diabetic. If your first test shows 48 or above a second test is carried out to confirm a diagnosis. You are only diagnosed if you have two tests with a score of 48 or above.

If you ignore symptoms/treatment it can cause microvascular damage – mainly to eyes/kidneys and nerves to feet. Part of the management and reviews is to regularly check eyes/kidney function and feet .

Type 2 can be reversible – mainly through weight loss, a healthy diet, increasing exercise and obviously cutting down on sugar in diet. – It seems to be if people can lose at least 7kg's it helps reverse it.

Here at the surgery if a patient's HBA1C score comes out between 42 – 47 and they have not already been diagnosed with diabetes, they are classed as "at risk" of developing it. Julie and Karen Dyer have been inviting these patients into a group pre diabetes education session to talk through what action they can take to help prevent them going on to develop it.

More information regarding diabetes can be found at these websites

http://www.nhs.uk/Conditions/Diabetes/Pages/Diabetes.aspx

http://www.diabetes.org.uk/

7. Update on Practice News

No update this time – quarterly newsletter was circulated and advised in waiting room for all to pick up too.

8 AOB

Pat Foster spoke about Healthwatch and how the PPG's across Bristol wanted volunteers to work with other PPG's. She introduced a new patient group member, Nicola Jones, who has volunteered to become our representative, who will act as the link between the patient group and Healthwatch. Nicola introduced herself and told us about her experience of working with health care organisations locally. The other group members were supportive of Nicola providing this link role and being our Healthwatch volunteer champion.

9. Next meeting is Wednesday 1st March 2017 – with suggested dates for other quarterly meetings of 7th June; 6th Sept and 6th Dec 2017 - 6pm