

The Vale Surgery

Patient Participation Group (PPG) Meeting Tuesday 15 January 2019 1pm – 2pm

Hosts:

Mike (Lead Patient)
Anushia (Assistant Practice Manager)

Attendees (Patients):-

**502863
3440
399
600539
1368
602612
7462
501141
7461
500526
601438
3498
9081
10859
10861
7461
7462
1103579**

Mike opened the meeting by thanking everyone for attending. Mike then introduced himself and informed everyone that he is the named lead patient for our PPG and any suggestions on how to improve the current services can go directly to him. Mike introduced Anushia to the group as the practice PPG Lead Representative.

- **Diabetes 8 Care Process**

Diabetes is a chronic condition where the body does not produce enough insulin to regulate blood glucose levels. According to the National Audit Office the percentage of the adult population in England with diabetes has more than doubled between 1996-97 and 2013-14. In 2013-14, there were an estimated 3.2 million people aged 16 years or older with diabetes in England, of whom 2.8 million (6.2% of the adult population) were diagnosed and 400,000 (1.2% of the adult population) were undiagnosed. Since we last reported on diabetes services in 2012, the number of people aged 16 years or older with diagnosed diabetes has, on average, increased by 4.8% a year. (National Audit Office - The management of adult diabetes services in the NHS: progress review)

One third of people in the UK who have been diagnosed with diabetes do not receive the 'eight care processes' recommended by the National Institute for Health and Care Excellence (NICE). These processes ensure that people living with diabetes are monitored closely to prevent their condition from getting worse and leading to further complications. This monitoring includes checking the effectiveness of their treatment and ensuring it is still working for them. If it isn't, then this must be changed. Other areas that NICE suggest should be closely monitored are, blood pressure, serum cholesterol, body mass index, kidney checks, which includes urine albumin and serum creatinine, smoking and patient's feet must be examined on a regular basis.

- **In-Reach Child Paediatric Clinics**



In-Reach
Paediatric.docx

- **Appointment Attendance/Up To Date Contact Details (DNA - Did Not Attend) Did Not Attend (DNA) Policy**

Patients that do not keep appointments and do not cancel them cost the NHS millions of pounds, they also waste the doctor's time and deprive another patient of an appointment.

We all accept that people can forget appointments. However patients who DNA twice in fairly close proximity will receive a letter. This letter sets out the practice policy, and describes that if a patient should continue to DNA without contacting the practice, they may be removed from the practice list. Should this occur, a discussion will take place with the GP whom the patient consults mostly. The decision whether to remove the patient will be taken on a case by case basis. If the decision results in removal:-

- The CCG will be informed on the request to remove the patient from our list.
- A letter will be sent informing the patient that he/she is being removed from our list and detailing the reason.

Patient factors • No longer need to attend. • Too unwell to attend. • Employment – getting time off work. • Previous experience of the healthcare setting. • Seriousness of illness. • Nature of illness. • Childcare issues. • Cost of travel prohibitive, difficult to organise or public transport difficult to access.



DNA poster.doc

- **Appointment Waiting Time**

There are occasions when the patients consult with our clinical staff about complex medical issues that can take a longer time to deal with. In an emergency there have been instances where the clinicians have to deal with urgent cases and investigate into the patients' health condition during the consultation. Each patient is allocated 15 minutes per nursing appointment; and 10 minutes per doctor's appointment and depending on their medical needs we are able to allocate longer appointment times. If a patient arrives late this can cause a delay to the surgery and the following patients will be required to wait to be seen. The clinical staff will also try to see the patients who arrived on time and ask the patient who arrived late to wait or rebook their appointment; this in turn puts pressure onto the clinician to try and catch up and call the patients into their room on time.

There have been occasions where patients complain about the waiting time to see a doctor.

When patients attend the walk in clinic they have to be prepared to wait because it is a first come first serve clinic. Based on the medical emergency the doctor will use their medical judgement and call an urgent patient before routine patients.

Some of the patients feel that lateness is not acceptable and they feel patients should arrive at least 10 minutes before their appointment.

- **Patient Health Check Campaigns**

The surgery takes part in routine health campaigns.

- Flu campaign

What is flu?

Influenza, or flu, is a viral infection that mainly affects the respiratory system. It is usually characterised by fever, chills, headache, aching muscles, joint pain and fatigue.

When should I get vaccinated?

We encourage those who are eligible to get their flu vaccine when they are called for immunisation, so they are protected for the peak of the season which is usually around January and February, although this can change every year.

This year there has been a phased roll out of the new vaccine for those aged 65 and over. This means GPs and pharmacies have received their order later than usual this season mostly in late October or November. All deliveries have now been received and adults aged 65 and over adults aged 65 and over who have not yet been vaccinated should contact their GP or pharmacist to make an appointment.

The flu season can last into spring depending on which strain is circulating and how fast it spreads, but activity usually dies down from March onwards.

- Annual health checks

People with a learning disability often have poorer physical and mental health than other people. An annual health check can improve people's health by spotting problems earlier.

What happens at an annual health check?

People with a learning disability can sometimes find it hard to know when they are unwell, or to tell someone about it. A health check once a year gives people time to talk about anything that is worrying them and means they can get used to going to visit the doctor.

To find out more you can watch an [annual health check video](#) from the NHS website.

Who can have an annual health check?

Anyone over the age of 14 with a learning disability can have an annual health check. Children would usually see a different doctor until they are 14 years old.

How do I get an annual health check?

To have an annual health check your doctor needs to know you have learning disability. Watch this [video which we have made with Mencap](#) to tell you how to make sure you **don't miss out** on your health check.

- **Over 40s health checks**

You can have an [NHS Health Check](#) if you're aged 40 to 74 and you haven't had a stroke, or don't already have heart disease, diabetes or kidney disease.

If this applies to you, you can expect to receive a letter from your GP or local authority inviting you for an NHS Health Check every five years.

You may also receive reminders about your NHS Health Check appointment by phone or email.

Will I get my NHS Health Check from my GP?

Because the NHS Health Check programme is run by local authorities, how you get your check varies, depending on where you live.

The NHS Health Check is usually carried out in GP surgeries and local pharmacies, but they may also be offered at other suitable and accessible places in your neighbourhood.

For example, in some areas NHS Health Checks are offered to passers-by at mobile units, while in other places they've been offered at leisure centres.

To find out how you can get an NHS Health Check where you live, look up the [NHS Health Check programme in your area](#) or [contact your local authority](#) directly.

Why aren't people under the age of 40 or over the age of 74 eligible?

People under the age of 40 aren't included in the NHS Health Check programme because younger people have a lower risk of the health conditions tested for during the check.

If you're 75 and over, you can ask for a check-up from your GP if you haven't had one in the last year.

Is there anything I can do to get an NHS Health Check other than wait to be invited?

You could ask your GP whether they offer the NHS Health Check and, if so, whether they can let you know when you're due to be invited.

If your GP doesn't offer the NHS Health Check, you could look up the NHS Health Check programme in your area, or contact your local authority directly to find out how to get one.

- Bowel cancer screening

Bowel cancer, also known as colorectal cancer, is a common form of cancer. Screening aims to detect the cancer at a very early stage, even before you start to display symptoms. Early detection means treatment is likely to be far more effective.

More than 90% of people with **bowel cancer** have one of the following combinations of **symptoms**: a persistent change in **bowel** habit – going more often, with looser stools and sometimes tummy (abdominal) pain. blood in the stools without other piles (haemorrhoids) **symptoms** – this makes it unlikely the cause is haemorrhoids.

NHS bowel scope screening is a new test to help prevent bowel cancer. It does this by finding and removing any small growths, called polyps, in the bowel that could eventually **turn** into cancer.

Symptoms of bowel cancer

Identifying bowel cancer warning signs early can go a long way to ensuring successful treatment. Common things to look out for include:

- **Any change in bowel habit**– If you need to go to the toilet more frequently, or your faeces is looser, this could be a sign of bowel cancer

- **Blood in stool**– Coupled with the above, this is one of the most common signs of bowel cancer. You should see your GP immediately if this occurs
- **Abdominal pain**– Are you experiencing persistent tummy pain or discomfort, especially after eating? It's best to get this looked at as soon as you can
- **Anaemia**– This can cause fatigue and paleness of skin due to a lack of red blood cells and can result from rectal bleeding which is otherwise unnoticeable

It is important to remember that though these symptoms could all point to a possible case of bowel cancer, they also can also result from many non-life-threatening illnesses, such as haemorrhoids (piles) or food poisoning.

If you notice any of the above symptoms, don't panic, but make an appointment to see your GP straight away. More than 90% of people survive from bowel cancer for five years or more if it's caught early enough.

Be a healthy weight

Being overweight or obese is a cause of bowel cancer. Try our Body Mass Index calculator to check if you're a healthy weight for your height.

Be more active

Being physically active uses up extra calories and helps you avoid gaining weight. It also helps food to move through your digestive system more quickly, which may help protect against bowel cancer. Try our exercise calorie calculator for ideas on how to be more active.

Don't drink alcohol

There's strong evidence that drinking alcohol is a cause of bowel cancer. Find out more about the link between alcohol and cancer or find out how many calories are in alcoholic drinks by using our alcohol calorie calculator.

Don't smoke

If you do smoke, stopping smoking will reduce your risk. The NHS stop smoking service can help you quit.

Mike then thanked everyone for coming and closed the meeting.