MINUTES OF THE OPEN MEETING OF THE ASHLEA PATIENT PARTICIPATION GROUP (PPG) HELD AT ST MICHAEL'S CHURCH HALL, ASHTEAD ON THE 13th OCTOBER 2016

Richard Garrard, Chair of the AshLea PPG, welcomed those present and thanked them all for attending. There were approximately 50 patients at the meeting.

Apologies for Absence

The following had registered their apologies for absence: Susan Eddelson, Maurice Baker, John Barclay, David Loxton, Vanda and John Moyer and L Chang.

Interim Chairman's Report

This is an Interim Report following our AGM held on the 14 April 2016

Surrey Downs Clinical Commissioning Group Review of Community Hospitals.

Surrey Downs CCG Main Board selected Option 2 as their preferred way forward. This has now gone to Public Consultation and is also subject to a separate NHS Estates Review. We await the final outcome. Your PPG remains focussed on ensuring that there is no backsliding on the commitment to develop Leatherhead Hospital and to upgrade its status to a Planned Care Centre.

Eye Appointments

To recap - some patients were being sent to St Helier when it appeared they could have been treated at Epsom General Hospital. The SDCCG had assured us that, on the closure of Sutton Eye Hospital, patients would continue to be offered treatment at the hospital of their choice and unless the treatment was of a complex nature, be treated at their most convenient location.

The reality of this has turned out to be far more complex! If a patient is booked through SDCCG Referral Support Services (RSS but previously known as Choose & Book), the patient would be given a choice which, unless there was some late change (i.e. due to consultant illness etc.), would be at the most convenient time and location. If the Practice books direct with the Hospital, the booking is dealt with by a team called "POD " who would manage the bookings across both St Helier & Epsom. Whilst every effort would be made to follow any request from a Doctor for a particular location, the prime objective of the POD unit is to meet specific waiting times for patients, imposed by NHS England, to avoid being fined. This would mean that patient choice could be limited.

Currently 29 out of 32 GP Practices use SDCCG Referral Support Service for booking patient appointments. AshLea Medical Practice is one of the 3 Practices who continue to book direct. It is the intention of the PPG to discuss this point with the Practice.

Appointment Process.

Following the Patient Survey undertaken last year, we made some minor suggestions on how we believe the Appointment Process could be improved for both patients and reception staff. Everybody accepted, by and large, that the current procedures work well but there appeared to be difficulties in booking non-urgent appointments for up to seven days in advance, insufficient availability of on-line appointments and the necessity to phone at 8.00am regardless of the urgency.

Following further feedback from patients and discussions with the Doctors, we established that not all patients realise that non-urgent appointments can be made with the receptionists up to 7 days in advance at any time. Most patients wrongly believe that the only way to make an appointment is to start telephoning the surgery from 8am for a same day appointment. The Practice have retrained the reception staff to make sure patients are aware of this so, in future, patients should let the reception staff know whether they require a same day (urgent) appointment or whether an appointment within the next 7 days would be more acceptable.

Hopefully this will help everybody involved and stop urgent and non-urgent needs competing for the same appointment. It should also mean that only patients requiring a same day/urgent appointment have to phone the surgery at 8.00am. The Practice has also agreed to slightly increase the number of available on-line appointments. Care has to be taken to get the balance right between on-line and ordinary appointments but the situation will be monitored and adjusted where necessary.

Practice Newsletter

As I hope you are aware, your PPG has taken over the production and publishing of the Practice Newsletter. Our first edition was issued in May 2016. Anybody who has not received a copy please let us know.

Work is almost complete on our second edition which will be available in early November. This latest edition has been increased from 8 pages to 12. We plan to have two issues each year – a Spring newsletter and an Autumn newsletter. If you have any suggestions for future articles, please let your PPG know.

Ashtead Village Day

Hopefully, many of you will remember that the PPG had a stand at Ashtead Village Day. Our aim was to publicise what we do and how we can help both patients and the Practice. It also gave us the chance to meet more patients and to encourage more to support us as “interested patients” and to agree to receive electronic updates from us.

Signposting Local Support Services.

A little while ago, the Practice asked the PPG to help provide, to both patients and Doctors, information on the wide range of support services and help available to patients. Our initial research indicated that much information was already available - the problem was how that information could be accessed. Working with Dr Lynne Davies, we have produced a Signposting leaflet showing where and how patients can contact care and health support services. Copies are available from both Linden House and Gilbert House Surgeries.

Phlebotomy Services

At the end of August, and at very short notice, the Practice received a letter stating that the Phlebotomy Service would be withdrawn and the majority of blood tests would need a trip to Epsom General Hospital. This was obviously unacceptable both in terms of the lack of consultation and the short notice period. With much input from Lucy Khabarovsk, your PPG immediately contacted Chris Gray ling, MP for Epsom & Ewell who, in turn, contacted the SDCCG with the result that the decision was put on hold. However, communications were not all they should have been within the SDCCG as no phlebotomy service was provided to the Practice between 22 August & 13 September. In the interim patients were sent to Epsom General Hospital, only for them to be referred back to the Surgery! The full phlebotomy service is now back to normal. However, the Practice and the PPG continue to monitor the situation. Your Chairman has written to the SDCCG asking for an explanation and apology.

Communication & Social Media

We continue our exposure on social media websites and our thanks go to all the local groups who support and publicise our activities.

Contact with Other PPG’s

Your Chairman has attended several meetings with other PPG’s since the AGM. These are proving to be more helpful than originally thought likely. The main benefit is to learn from other PPG’s and to exchange ideas and actions.

Questions and Answers:

At the conclusion of the Chairman's report, there followed a short time for Q & A's and the first

point concerned the SDCCG and its meaning. Richard explained that it stood for Surrey Downs Clinical Commissioning Group and they are responsible for commissioning all the services not covered by the Practice.

Another question concerned Eye Care Services and where was the nearest emergency clinic.

St Helier offers an emergency clinic but the Practice can also send emergency problems to Guildford and Kingston as well as St Helier.

The meeting responded favourably to the production of the Newsletter but on hearing that the second newsletter would be 12 pages and with a circulation of 2000, the question of cost arose. Richard Garrard confirmed that we have become self funded and this edition will contain 5 medically related advertisements. The money raised will enable us to cover the cost of printing. The actual compilation of the newsletter has been done by the PPG and all time given voluntarily.

One patient expressed, on behalf of many others, concern that for those hard of hearing it was often difficult to hear their name being called in the surgery when their doctor became available. It would be most useful, they felt, if a digital board could display the patient's name and which room to go to. The PPG felt this was a valid point and will be discussed at a future Committee meeting.

Talk on Diabetes by Margaret Stubbs and Joanne Sewell

The second part of the meeting followed with a talk and presentation on Diabetes. Richard introduced Margaret Stubbs and Jo Sewell, both Surrey Downs CCG Specialist Diabetes Nurses who support the Practice on specific days during the week – Margaret at Gilbert House on Wednesday and another colleague Caroline Morgan covers Linden House.

The aim of the talk was to highlight the types of diabetes, the causes, the prevention and how to manage the condition.

Margaret told the meeting that there are three types of diabetes – one is preventable but the others are not. Type 1diabetes mainly affects younger people and means that the pancreas stops working and therefore results in almost no insulin being produced. This is a non-preventable condition at the present time.

Type 2 diabetes is preventable and affects many people of all ages. One of the main causes is fat around our middles, which collects around our organs and results in insufficient insulin being produced and our sugar levels increase, often to a dangerous level.

Gestational Diabetes manifests itself during pregnancy. It often corrects itself once the baby has been born but it is important to have regular checks afterwards to ensure it doesn't recur in the form of Type 2 diabetes.

What are the symptoms? 90% of patients with diabetes have Type 2 although more cases of Type 1 are being diagnosed later in life. The patient may notice various symptoms: thirsty, frequent urination, tiredness, distinctive breath smell, weight loss and thrush.

The patient will be required to undergo various tests to confirm diabetes and this can include blood tests, random sugar tests (both fasting and non-fasting) and checking for glucose in urine. Long term blood tests can diagnose levels of sugar in the blood over several months and hence it is important to see your Practice Nurse (diabetes) at least every six months.

Not only will the Nurse check your sugar levels during your visit but also your feet, urine, blood pressure and weight. It is also very important to have regular checks with your Eye Clinic as uncontrolled diabetes can lead to blindness as a result of a bleed behind the eye and damage to the retina.

It is not uncommon for patients with diabetes to lose a limb through changes and damage to nerve endings and it is therefore most important that feet are regularly checked. High blood sugar levels can lead to numbness, cold feet, burning or tingling and at an annual diabetes check, the Nurse will check the pulse in the feet to monitor potential nerve damage.

Urine checks will monitor molecules of protein which could indicate kidney damage and a high blood pressure could result in heart attacks or stroke. It is also important to maintain a low cholesterol level.

Medication:

Type 1 diabetes results in daily injections of insulin and checks on sugar levels prior to having a meal are important to gauge the amount of insulin required at any specific time. With Type 2, you can manage well purely with a healthy diet but often various drugs are required or even insulin injections.

Both Margaret and Jo, along with other member of the Surrey Downs diabetes team, run a one day Diabetes Education Course (20 courses per year) under the name of DESMOND – Diabetes Education for Self Management, Ongoing and Newly Diagnosed and the course covers all topics including:

Food:

- Healthy Diet
- Regular Meals with limited amounts of sugar
- Intake of carbohydrate foods which release sugar levels slowly, i.e. brown, granary, and seeded breads
- Control of alcohol levels
- Levels of fat – these can affect high blood pressure and diet. It is important to remember that quite often, low fat foods contain high levels of sugar hence the reading of labels is very important!
- Intake of dairy produce

Exercise:

Exercise is important for everyone but particularly so if you suffer from diabetes. 30 minutes per day is essential and walking or swimming is ideal as a starting point.

What can I do?

Both Margaret and Jo stressed that initial small changes to our way of life can be effective. No food is prohibitive but just to reduce intake by 100 calories per day would be a big difference. It was also a question of getting the right balance and an ideal way for a patient to understand this would be to join a local Diabetes group and hence pool both ideas and resources.

Your Specialist Diabetes Nurse will be able to point you in the right direction for all help and advice and both Margaret and Jo recommended information on www.diabetes.org.uk as a valuable starting point. It is also important for both the patient and partner/spouse to attend meetings together as the patient will need much encouragement and support in living with diabetes.

The following questions were raised by the audience:

Are sweeteners OK to use? These don't affect the blood sugar and so the answer was yes, they are OK although it was worth remembering that whilst tests have been carried out on the various makes, they are mostly chemicals. TRUVIA was considered the safest to use but like anything else, if used in excess they can be harmful.

Diabetic Foods: Margaret did recommend steering away from specific "Diabetic" foods as they are full of sweeteners and can have a laxative effect, as well as being rather costly. Just eat normal food but with less butter or margarine.

Is Diabetes Hereditary? Margaret said there was no cross-over between Type 1 and Type 2 diabetes but it was possible that each type could be a hereditary condition and therefore if a family member has diabetes, extra care should be taken.

How to deal with a Hypo? Should a patient suffer from a hypo (sudden drop in blood sugar), it is

important to give them something to drink with a high sugar level, i.e. fruit drink, normal cola or tea with added sugar. It is not a good idea to give chocolate as the fat in chocolate slows the impact of the sugar. A diabetic patient cannot pass out with high blood sugar, only low and it is a good idea for any patient to carry a card indicating that they are diabetic and should they have a hypo, it is essential to give them sugar to raise the level very quickly.

Is it possible to cure diabetes? Diabetes can go into remission if very well controlled but there is no cure. Strangely, some ethnic groups have a higher risk of diabetes than white Caucasian but it was stressed that cases of diabetes are rising quite rapidly and it is important, as discussed during the meeting, that everyone takes care of themselves to reduce that risk.

Richard concluded the meeting with a vote of thanks to Margaret and Jo, not only for a very informative and constructive talk but also for the time taken to make us aware of the causes, management and worries of this growing illness.

Lynda Feeney

PPG Secretary

24th October 2016