

**BELSIZE PRIORY MEDICAL PRACTICE  
MINUTES OF PPG MEETING**

27<sup>th</sup> March, 2018

<b>Present:</b>	
Name	Title
Dr Mansukh Shah	General Practitioner
Mrs Janet Taines	Deputy Practice Manager
Miss Zena Al-Tamimi	Admin Clerk
Mr H M	PPG Member
Mrs E M	PPG Member
Mrs A A	PPG Member
Mrs M W	PPG Member
Mr P W	PPG Member
Mrs B G	PPG Member
Ms A	Camden Care Navigation and Social Prescribing Representative
Ms K S	Camden Care Navigation and Social Prescribing Representative

	1.	Introduction to PPG meeting
<b>REVIEW AGENDA</b>	2.	Introduction to Camden's Care Navigation service with Age UK
	3.	Topic of Frailty
	4.	Topic of Obesity
	5.	Discussion about Bowel Cancer Screening and Cervical Smears, Flu vaccinations and Child Vaccinations

	6. General discussion and updates
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<b>AGENDA ITEM</b>	<b>Discussion</b>
<b>1.Introduction to PPG meeting</b>	<p>Deputy Practice Manager led the discussion. She introduced the new PPG members and gave her thanks to all members for attending.</p> <p>JT apologised on behalf of MW and NH who was unable to attend and explained Dr MS will lead the discussion in her absence.</p>

## 2. Introduction to Camden's Care Navigation service with Age UK

In the last PPG meeting on 28.03.2019 JT introduced Age UK's Camden Care Navigation and Social Prescribing service.

Members from the Care Navigation service led the discussion.

The service helps patients to receive the right support at the right time through –

- 1) Care navigation
- 2) Signposting to community and voluntary organisations
- 3) Information and advice

The service acts as a single point of access working to assess the patient and get an understanding of the patient's needs. The needs of patients will all be different and subjective.

The service first assesses the patient face to face – at home or at a given appointment.

Then, the Care Navigator will use this assessment to understand which services will best benefit the patient.

Sometimes the patients are not aware of all the services and advice available, so the Care Navigator will share this advice and guidance.

Some specific examples were given of ways in which the Care Navigator can help -

- 1) Self-Management – they can refer onto a District Nurse or a carers service or Falls clinic etc
- 2) Home management – possible referrals to the Occupational Therapy team who assess patients to see if they can have any furniture in their home adjusted to fit their health needs
- 3) Benefit assessments – advice and guidance of any allowances the patient's may be entitled to which will help with financial support
- 4) Social Isolation – support and ways to improve this are available
- 5) Unemployment and general housing issues is an area the Care Navigator can help with
- 6) Any substance misuse issues – drugs and alcohol, advice and referrals to local services can be made

If a clinician sees a patient and feels they would benefit from this service, a GP referral will be done and the patient will be contacted to arrange an appointment date and time. Patients can also self-refer. A leaflet was circulated to the group with the self-referral number : **0800 193 6067**

Further Inclusions of the service include :

- 1) Age 18+
- 2) Of a Camden Residency

### 3. Topic of Frailty – ways to combat and help prevent frailty

Dr MS led this discussion.

There are patients who are at risk of developing frailty.

There are preventable factors involved – one being is a person's level of fitness / daily cardiovascular exercise

Dr MS circulated two sheets to the group. The sheets had 6 examples of exercises that were simple and deemed to be able to be done by the majority of patients.

The exercises can be done at home with no equipment or weights. All that is needed is a stable chair. The exercises included several repetitions once or twice a day – some examples of the exercises include :

- 1) Calf raises – lifting your heels off the floor and back onto the floor
- 2) Toe raises- lifting your toes off the floor and back onto the floor
- 3) Squatting onto a chair then standing back up
- 4) Standing on one leg, balancing, then standing on two legs as usual

This will reduce the risk of falling, as once a patient has had one fall it is very likely they will have more frequent ones if nothing is done to help prevent this risk.

Conversation between the Practice and the local Falls clinic can be done to identify any further exercises or small simple things that can be implemented at the Practice.

Possibly if the Practice starts to hold short clinics weekly/monthly where frail patients are invited in small groups and these exercises are done. Or if general advice is given – mini workshops. This can be trailed and the effectiveness can be judged. If the clinics are effective then a more long-term clinic can be arranged.

#### 4. Topic of Obesity – what help is out there ?

One preventable factor of frailty can be a person's ill health with regards to their choice of nutrition or diet.

Being clinically Obese is when a patient has a Body Mass Index of more than 30; their bodies will contain high levels of body fat.

Obesity is most high risk when it is paired with another medical illness – examples are high levels of smoking, alcohol consumption, hypertension, Diabetes etc. There are 40 medical illnesses related to obesity.

It is an extremely unhealthy illness to have and you are seen as a high risk patient, especially if this is found in conjunction with another illness as stated above.

There are services available for people who have a desire and a want to change their daily routine to better themselves. Diet and fitness is a lifestyle and a patient must have the determination and ambition to achieve their weight goals.

Dr MS saw a patient recently who he has not seen in several years. The last time he had seen her she was severely over weight with Diabetes. She asked him for advice and he simply told her 'you need to lose weight'.

When he saw her recently he was both shocked and amazed – she had lost an extreme amount of weight and now her blood sugar levels are well controlled to the point she no longer is Diabetic. She reported she went online and found a diet/fitness/health blogger. This YouTube blogger had a certain diet and lifestyle and she copied it. Her hard work had paid off and she had regained her health.

Dr MS suggested how useful it would be to have a patient like this to share their story with other people who are ready to change their bad eating habits and lifestyle.

There are numerous services available the GP to refer to if the patients are eligible: Dieticians, Nutritionists, Diabetes Prevention Programmes for Pre-diabetic patients, weight management for children and adults.

Patients can seek help from private services: personal trainers, private nutritionists.

There is a whole fitness and diet industry.

For patients who are busy with children and work and general day to day stresses – simple short walks, or getting the bus instead of driving or keep moving, daily will really help a patient's fitness levels.

<p><b>5. Discussion about Bowel Cancer Screening and Cervical Smears, Flu vaccinations and Child Vaccinations</b></p>	<p>JT thanked AA for helping the Practice to circulate cervical smear information and leaflets for women going in her community (Somalian). The number of female patients who have done their smears has greatly increased which is very positive news.</p> <p>JT inquired with AA if possible to bring child vaccination leaflets and bowel screening programme to promote in her community.</p> <p>Currently the Practice has a very low number of patients who attend their Bowel Screening appointments. These are automatically generated letters sent to those patients who are over 50years old. Majority of patients are not responding this bowel screening invitation. .</p> <p>There are also issues about parents refusing routine child vaccinations.</p> <p>AA explained she is not completely trusting of vaccinations. She is aware of cases whereby child immunisations are linked to the child developing learning difficulties ie Autism.</p> <p>Dr MS explained there was a doctor who did some research in the Royal Free Hospital who claimed that this was true. His research was quickly disregarded and discredited to be completely false.</p> <p>With any form of treatment there can be implications. For vaccinations for example it can be short bruising, swelling, a spot of blood etc. However there is no link between children being vaccinated and then developing further illnesses. In the time of the First World War a great deal of people died due to Influenza. It is reported more people died due to Influenza than the number of people who were lost during the First AND Second World War. This in turn, is why the Flu vaccination is so highly advertised and promoted by the NHS through your GP Practices and TV, newspaper advertisements.</p> <p>To not be vaccinated is a choice of the individual in the UK – as it is not yet a legal requirement to have these vaccinations done. However it is putting you and those around you in the community at great risk. Especially crucial are child immunisations.</p>
<p><b>6. General Discussion and updates</b></p>	<ul style="list-style-type: none"> <li>• The new building for the Practice is in Stage2 and building should commence soon- more specific dates to be announced</li> <li>• The area was discussed – all the new renovation to come to the Abbey/ Belsize Road area is very exciting</li> </ul>

**Next Meeting: TBA**

