**LOUGHTON HEALTH CENTRE**

**PATIENTS GROUP**

**Minutes of Meeting held at Loughton Health Centre on Wednesday, 29th April 2015 at 7.30pm**

**PRESENT: Dr H U Khan, Dr P Prashner (Chair), Dr Alan Ding, Pat Prichard (Secretary), Ken Hearn, Carol Barrell, Ann Harrison, Elizabeth Prashner, James Dean, Peter House, Ingrid Kirk, Grant Tufnell, Ken Adams, Jean Andrews, Valerie Ellis, Elna Green, Helen Reynolds and Wendy Grainger (Reception Manager)**

**APLOGIES: Apologies were received from David Linnell, Sheema Sherman and Gary Crawford**

1. **Dr Prashner** opened the meeting by welcoming all new members and thanked Dr Alan Ding for giving us a talk on ‘Diabetes and the value of the Diabetic Clinic’. He also thanked Wendy, The Reception Manager for attending.
2. **Dr Khan** reported that he had recently attended a meeting on Integrated Care the aim of which was to provide a more efficient system for dealing with patients with a number of health care and social issues. GPs would be involved in this reorganization and had been asked to submit their views by the 8th May.
3. East of England Ambulance NHS Trust provided non urgent transport to Hospital for eligible patients needing transport to Hospital, eg for OP appointments. **James Dean** commented that Loughton Voluntary Care also provides transport for patients needing transport to Hospital, shopping, befriending and medical appointments. Requests for such transport being made by the patients themselves.
4. At present, in an emergency the Ambulance Service takes patients to the nearest Hospital. For Loughton patients this is Whipps Cross. Often this is inappropriate as the patient has had treatment at another Hospital (usually PAH) and this can prove problematic as WXH has no information about the patient. It was suggested that the HC wrote to the East of England Ambulance Service and asked if they could be more flexible and take into consideration patients’ wishes as to where they would like to be taken.
5. **Dr Alan Ding** gave a very informative talk on diabetes (DM) and the value of the Diabetic Clinic. A diagnosis of DM is made if a patient’s blood glucose is 7 mmol/l or above and pre-diabetes if blood glucose is between 6 and under mmol/l. Diabetes can affect small and large blood vessels and all organs in the body eg eyes, nerves, lower limbs, heart and brain. Type 1 Diabetes is due to the failure of the pancreas to produce insulin and type 2 where the pancreas either produces insufficient insulin or the body doesn’t respond to it properly. The aim of the Diabetic Clinic is to help control DM and prevent its complications. Currently there are 4 members of the Clinic. The Dietician, giving dietary advice, the Chiropodist who checks for signs of vascular obstruction in the lower limbs (including the use of Doppler examination), a Nurse who takes blood pressure and checks weight etc and Dr Ding.

At the Diabetic Clinic the aim isn’t just to control blood glucose but to detect and treat associated problems eg obesity, smoking, raised cholesterol, reduction of sugar and carbohydrates in the diet and advice on taking exercise. Partly because of the increase in the number of patients suffering from DM (from 400 when Dr Ding first became ‘Diabetic Doctor’ to 550 at present). The annual check is now every 15 months.

Another problem is that the Chiropodist (Yash) is retiring shortly. The Health Centre will be training and employing 2 Health Care Assistants who among other things will be able to check the lack of blood supply to the lower limbs including the use of the Doppler.

1. **Carol Barrell** had a problem with Choose & Book. Dr Khan had referred a patient and had suggested he be seen at Whipps Cross Hospital. Choose & Book gave a list of Hospitals where a patient could be referred and this included Holly House Hospital. Because it was more convenient to get to, HHH had been chosen. However, when the patient was seen by the Consultant he was told that they couldn’t treat him there as there was no High Dependency Unit. The patient was then put on the list of an NHS Hospital but was put ‘at the bottom of the list’. **Dr Khan** commented that HHH should have triaged the referral. **Dr Khan** said that patients should always discuss where to go with their GP when making a choice as the GP would know who and where was the best Hospital to go to for a particular problem.
2. **Ingrid Kirk** asked why it was not possible to contact the Practice by e:mail and also whether Receptionists could leave a message to say someone from the Health Centre had phoned. The HC currently did not have a system for dealing with e:mail messages although this might be something for the future. With regard to leaving a message that the HC had phoned there could be a problem with confidentiality but the matter would be discussed.
3. **Wendy** said that the response to the early morning Internet Online Booking appointment system is very positive.

**Date of next Meeting: Wednesday 29th July 2015 at 7.30pm**