Minutes of Open Meeting of the Primrose Hill Patient Participation Group held on Tuesday 14 July 2015 at 6.30pm in Primrose Hill Community Library.

Present: Barbara Wood (chair), Barbara Rosenbaum, Doro Marden,

plus 22 members

Apologies: Sylvia Jacobs, Eleanor Sturdy, Theresa Hallgarten (committee members)

In attendance: Dr Abanti Paul (partner, PH Surgery) Dr Nomani ( consultant psychiatrist - speaker)

**Introductions**

Barbara Wood welcomed all to the meeting and introduced Dr Paul and Dr Nomani

**Update on Surgery**

Dr Paul said that she was 3 months into her new role as partner. She reported that Dr Alkazwini, who had attended the last meeting as a potential new partner, had not taken up this role.

A new male salaried GP, Dr Warlow, had started, and would be joined by Dr Richard Dawson in August.

Dr Sa was going on maternity leave from 31 July and a cover had been recruited for her. Dr Olivia Bailey was back and Dr Allison would be starting mid August. With Dr Lim this would make a team of 6 doctors, and non urgent appointment waiting times should stabilise at about 2 weeks which is the average for Camden.

Unfortunately the nurse practitioner who had been going to start in June had taken another position in the private sector at the last minute. This had resulted in cancellations of appointments. Two new nurses would be starting soon plus health care assistants for health checks and vaccinations.

Simla Patel had returned as practice manager for 3 days a week.

**Questions and comments:**

* It was asked that a board should be put up in reception to say which doctors were on duty on that day and how late they were running, as happens in many hospital clinics.
* People would like information and photos of the new doctors in the waiting room area as well as on the website. They would also like to know the regular slots when individual doctors worked.
* Regular appointments could be made with the preferred doctor, but emergency appointments were with whoever was on call that day.
* It was asked that last minute cancellations should be made by phone as well as by text message, especially for older patients.
* There were 6,000 patients registered to the practice, over 75s had to have a named doctor who was a partner, so this would be Dr Lim or Dr Paul. Hospital letters were distributed to the doctor on call, not necessarily to the doctor addressed on the letter. NHS England ruled that the ratio of patients to one doctor should be 2,000.
* NHS England also ruled that appointments should be 10 minutes long, there was a 20 minute gap every few patients but with overruns there was not always time to read a patient’s notes before they came into the consultation.
* There was some concern about liaison between the pharmacist, receptionist s and doctors about prescriptions, there didn’t seem to be a way of letting the surgery know that an item was not available and prescriptions could ‘bounce’ back and forth. Dr Paul said that there was a meeting of the ‘medicine management team’ at the end of the month at which this could be discussed, repeat prescriptions online could help the process.
* The surgery had been allocated (though had not yet received) a grant for improvement of the premises, which would include another level entrance and the division of the consulting room at the front into 2, giving an extra room. It was suggested that drawings for this should be displayed in the library.
* Dr Paul reported that PH Surgery was applying to become a training practice, which would give an extra doctor - these were often experienced hospital doctors seeking to become GPs and would contribute skills and experience as well as receiving training themselves. The outcome of this would be known in September.
* A Walk in the Park: GPs could now refer people for an hour’s guided walk starting at the surgery on Monday mornings at 10am.
* Appreciation was expressed for the receptionists who had been found to be extremely helpful.

**Dementia - Diagnosis and Management**

Dr Nomani was a consultant community psychiatrist working in Brent, specialising in elder care.

She said that at 65, there was a 5% chance of memory problems, this rose to 20% at age 80. Most people diagnosed managed to continue living independently with a bit of support.

The first port of call for someone worried about themselves or a loved one was the GP. They could do a short test at the surgery, and refer on for further tests such as a scan and other services such as the Memory Service and Admiral Nurse. Blood tests would not give a definitive diagnosis though they could eliminate other causes. Early diagnosis helped to keep a normal way of life going, there were medications which could slow but not reverse deterioration.

The best prevention was diet, exercise, diabetic and blood pressure control and very importantly social activity, ‘use it or lose it’. Herbal medicines such as Gingko and Ginseng had some research to recommend them, but should be discussed with your GP as they could clash with other medications. She recommended being sceptical about advertisements for cures.

There was support through Age UK - such as ‘dementia cafes’, benefits were not means tested and there were many aids for memory such as large clocks, calendars, pendant alarms.

Dr Nomani answered questions from those present and was warmly thanked for her contribution.

**Patient Participation**

Barbara Wood thanked everyone for coming and said that there were vacancies on the committee for organising the PPG, and if people were interested in getting involved in consultations at the Clinical Commissioning Group level there were many opportunities for those interested. They could contact the committee either through the surgery or on the email primrosehillppg@gmail.com.

Suggestions for topics for future meetings were also welcome