

Notes from the PPG meeting 10th November 2017

Present: Anne Pidgeon, Meg Sutton, Jo Fulton, Pat Constable, Paula Brady, John Hackett, Ingrid Reid, Derek Hutt, Pam Gant, Shelagh Clarke, Sam Wilson, Sheila Elson, Pauline Sault, Dave Groom, Edward and Helen Skardowa, Mary Spencer, (Practice Manager) and Heidi Beard, (Practice Nurse).

Apologies: Amanda Roberts, Jane Herring, Peter Loewenstein, Irfan Malik, Stella Nickolay, Charlie Wilson

Dr Mark Orme and Maxine Whelan came to talk about research into the uses of technology in COPD and T2 Diabetes.

Type 2 Diabetes

Using available technology like glucose sensors alerted people in the study to monitor their blood sugar levels in pre-diabetic patients. The idea is to allow patients to self monitor and increase their awareness of what is going on in their bodies to enable them to take action which will alter their glucose levels. There would be a sort of traffic light system to display where they are. For example a higher level might encourage them to take a walk or take some exercise. A lower level might give them a chance to take a snack.

The glucose sensors are but the size of £2 coin and are taped to the upper arm. They can be read by a smart phone and the results displayed to the patient, rather than the current pin prick and blood-letting.

There was a short discussion about the different types of diabetes and with Type 2 diabetes patient awareness could lead to changing behaviour to recover from the condition. This was felt to be very important in the current climate of obesity awareness.

COPD

With COPD – Chronic Obstructive Pulmonary Disease – the technology of a Fitbit is to help predict people who are at risk and send a message to a professional to alert them so that the patient can be contacted to see how they are. Hopefully this would prevent a more serious intervention at A&E. A band which is fitted around the chest area monitors heart rate, breathing, temperature and activity rates. It would also help confirm those patients who are at risk as previously identified by a health professional.

In both sets of research the samples were small and it was hoped that these could be expanded to produce better results from larger samples.

The NDPP (National Diabetes Prevention

Programme) <https://www.england.nhs.uk/diabetes/diabetes-prevention/>

triesto stop people developing full blown diabetes, (having been indentified as "pre-diabetic") through education programmes etc. Our surgery was a pilot site locally for this, and quite a few patients have already taken part or expressed a willingness to do so. The National Diabetes

Programme [https://www.diabetes.org.uk/preventing-type-2-diabetes/prevention?gclid=EAlaIQobChMlr5PP1P-](https://www.diabetes.org.uk/preventing-type-2-diabetes/prevention?gclid=EAlaIQobChMlr5PP1P-51wIVyb3tCh30aQBREAAYASAAEgJ0dfD_BwE)

[51wIVyb3tCh30aQBREAAYASAAEgJ0dfD_BwE](https://www.diabetes.org.uk/preventing-type-2-diabetes/prevention?gclid=EAlaIQobChMlr5PP1P-51wIVyb3tCh30aQBREAAYASAAEgJ0dfD_BwE) Offers good support for those who are recently diagnosed with diabetes 2, which is reversible.

The meeting really appreciated the double act of Mark and Maxine who answered many questions.

Pharmacy Medication Reviews

Paula Brady brought up issue of medication reviews being carried out, ostensibly free, at local pharmacies, but are actually charged to the NHS. It was felt that there was a certain amount of deception because it was not made clear at the outset that the reviews were charged to the NHS. More extensive medication reviews are available from our GP's.

Sustainability and Transformation Partnerships

Dave and Pauline reported back from a public meeting about Sustainability and Transformation Partnerships, STP's. They are a smokescreen for cuts, but there are also plans also to have more partnership working between Health and Social Care.

The worry is that there are organisations with the title of Affordable Care Organisations which are not locally accountable, (through Health and Wellbeing Boards), that are going to take over from accountable Clinical Commissioning Groups, CCG's. These changes are not being discussed and there are no locally elected councillors on their management bodies. Keep Our NHS Public is trying to do something about keeping the CCG-type representation and accountability going in these new organisations.

Access to free NHS services

In addition Dave reported that from April 1, 2018 there will be a need to produce some sort of identification to prove that we have access to treatment free at the point of delivery. It is designed to reduce "health tourism" and ensure those not eligible, pay for their treatment. However the cost of administering such a system might well be more than the costs associated with the treatment and the system might be open to abuse.

The meeting ended at 3.30pm

Our next meetings:

- Friday 15th December 2017 2pm Liz Whitmore. She's an optometrist in Arnold and will chat about her work and good eye health
- Wednesday 7th February 2018 6.30pm Liz Socketwill be coming to talk about her latest research into tiny bacteria that naturally invade and eat the pathogenic bacteria that cause skin ulcer, burn & pressure sore infections in people. This is very up-to-the-minute research.
- Friday 9th March 2018 2pm Sue Hall Antimicrobial Resistance
<http://www.telegraph.co.uk/health-fitness/body/truth-antibiotics-do-really-need-take-full-course/>