

At the Meeting of the Trafalgar Medical Group Practice Patient Participation Group held at Eastney Health Centre on Thursday 24 October 2019

## **PRESENT**

David Pryke – Chairman

Mrs. Barbara White – Vice-Chairman

Miss Anna Clifford – Admin Manager

Mrs. Margaret Bell; Ms. Astrid Brown; Mrs. Denise Carter; Miss Annette Chipperfield; Mr. John Doughty; Mrs. Claire Farr; Mrs. Gael Freathy; Mr. Mick Freathy; Miss Stephanie Hubbard; Mrs. Joan Kooner; Mr. Magan Patel; Mrs. Shanta Patel; Mrs. Jayne Pryke; Mr. Stephen Rogers; Miss Tatiana Sanches; Mr. David Steele; Mrs. Margaret, Steele; Mrs. Anne Stockham; Mr. Allan Sturmeay; Mr. Richard Trapnell; Mrs. Pat Wainwright; Mrs. Lynne Whicker; Mrs. Janet Wilmot; Mr. Terry Wilson; Mr. Derek Wynne:

Apologies from: Sister Jooles Allison; Mrs. Sally Atkins; Dr.Emily Spencer

### **1. WELCOME**

The Chairman welcomed everyone to the meeting especially Tatiana Sanches who was giving a short talk on noise in the city and coping with tinnitus and Stephanie Hubbard who was giving a short talk on respiratory infections and diseases

### **2. MINUTES**

The Minutes of the meeting held on 27 June 2019 were agreed as a correct record.

### **3. NOISE IN THE CITY AND COPING WITH TINNITUS**

Tatiana Sanches gave a short talk on noise in the city and coping with tinnitus.

Tinnitus could be caused by hearing loss, exposure to loud noises, stress/anxiety and ear infections. It is rarely an indication of a serious disorder, but it is wise to see a doctor if you think you have it and your GP will be able to refer you to an ear nose and throat specialist. Treatments can involve:

Counselling – Techniques such as cognitive behavioural therapy can be helpful, either as a stand alone therapy or combined with sound therapy.

Correcting hearing loss – If your tinnitus is accompanied by any hearing loss, then trying to correct this loss with hearing aids is often helpful.

Sound therapy – If noises seem louder at quiet times, particularly during the night, it may help to have environmental or natural sound from a CD, a sound generator or even a fan or ticking clock in the background. Some people use in-ear sound generators.

Relaxation – Learning to relax is probably one of the most useful things you can do to help yourself. Those who practice relaxation techniques say they reduce the loudness of the tinnitus and help them become indifferent to it.

Mindfulness – Mindfulness is a form of meditation that is all about learning to pay attention to our experience in a different way, It has been proven to make tinnitus less intrusive, to a point where it is no longer a problem for people.

The British Tinnitus Association has a team of friendly advisors who have in-depth knowledge of tinnitus and can be contacted on 0800 018 0527 or via [helpline@tinnitus.org.uk](mailto:helpline@tinnitus.org.uk)

The Chairman thanked Tatiana for her presentation.

#### **4. RESPIRATORY INFECTIONS AND DISEASES**

Stephanie Hubbard along with Denise Carter gave a short talk on respiratory infections and diseases.

Obstructive Lung Diseases can be COPD, Bronchiectasis or Asthma and people with these have shortness of breath due to difficulty exhaling all the air from their lungs. This is because of damage to the lungs or narrowing of the airways inside the lungs, so the air comes out more slowly than normal.

Obstructive Lung Diseases can be viral or bacterial.

A viral infection can make you more breathless, produce more phlegm and /or make your phlegm clear/white/grey/yellow in colour. Your GP or nurse will recommend that you take more of your reliever inhaler and possible start on some steroid tablets. Antibiotics will not treat viral infections.

A bacterial infection could make you more breathless, produce more phlegm green/brown in colour and you will often have a temperature and generally feel unwell. Your GP or nurse will recommend you take more of your reliever inhaler and possibly start you on some antibiotics and/or steroids. Sometimes your GP may even want a sample of your phlegm if the infection proves more difficult to clear.

Everyone can look after their lungs by stopping smoking, having good hand hygiene, looking after yourself in cold weather, keeping active and having a healthy diet. In addition, those with lung conditions should have flu and pneumonia vaccinations, use airway clearance techniques and have pulmonary rehabilitation.

Pulmonary rehabilitation is made up of a physical exercise programme designed for people with lung conditions and tailored for you, information on looking after your body and lungs and advice on managing your condition and symptoms, including shortness of breath, it is designed for people who are severely breathless. The pulmonary rehabilitation team is made up of trained health care professionals such as physiotherapists, nurses and occupational therapists. A pulmonary rehabilitation course will usually last six to eight weeks with two sessions of about two hours each week and are held at local hospitals, community halls, leisure centres and health centres and will consist of groups of 8 -16 people

The Chairman thanked Stephanie and Denise for their presentation.

## **5. CHAIRMAN'S STATEMENT**

The Chairman reported he had attended on Wednesday 17<sup>th</sup> October he attended a presentation at The Marriot Hotel organised by The NHS across Hampshire and the Isle of Wight, to discuss plans for the future of health and care in the area, this included plans to develop mental health, prevention, cancer, physiotherapy, emergency care and GP services among other topics across Portsmouth, Hampshire and the Isle of Wight.

He had also attended the City-Wide PPG meeting on Tuesday where talks were given on IT Development including Online Access, Access to records and NHS App Self Care and Accessing services and IT use in media.

The Chairman mentioned that he had been advised that some patients had been ordering their repeat prescriptions on line only to find that when they arrived at the pharmacy to pick up their prescriptions, on or after the due date, the prescription had not been received at the pharmacy resulting in the patient having to go to the surgery to find out what has happened to it. Also, some patients had requested a prescription to be available to pick up at Eastney but when arriving at Eastney to pick it up it is waiting at Osborne Road for them. All of this causes extra pressure on the already hard worked receptionists.

It was agreed that the Chairman should write to the practice expressing concerns about on-line prescriptions.

## **6. PRACTICE UPDATE**

In Sally Atkin's absence the chairman reported:

### **a. Nurses**

Amy Flatters and Sue Todd had moved on to pastures new and new nurses Chrissy Welch was already in post and Emma Turrell was due to start on 7 November.

The nursing team had faced a very stressful few months, with lack of staff through leaving/sickness. It was hoped to see a big improvement in the near future for staff and appointment availability.

**b. Healthcare Assistants**

Tracey Ryan and Nic Edwards had moved on to pastures new and a new Healthcare assistant, Verity Mcgrath, had been appointed

**c. Doctors**

Dr Kerry Smith was scheduled to leave this week and new Doctors Dr Charlotte Clarke, Dr Rebecca Hughes and Dr Harriet Bellinie had been appointed

**d. Receptionists**

There had been a few leavers and starters. If anyone came across a new member of staff, they were asked be gentle as there is a lot to learn in this role.

**e. Flu Vaccination/appointments**

The Practice would like to apologise to any patients who had their appointments cancelled. Unfortunately, the practice had been let down on more than one occasion when the vaccines were not delivered on the day expected. This caused a lot of work for staff and inconvenience to our patients. There were now some Saturday clinics on at Osborne Road and patients were urged to book their appointments for the flu vaccine now.

**f. Social Prescriber.**

The Practice was now currently advertising for this new role.

Portsmouth South Coast Primary Care Network formed in June 2019 in order to provide integrated services to our local population in Southsea. Our network consists of two practices working together with a range of local providers, including primary care, community services, social care and the voluntary sector. Our aim is to offer more personalised, coordinated health and social care to our patients. Our network is comprised of The Trafalgar Medical Group Practice and The Craneswater Group Practice.

The Social prescriber will work within the primary care network multi-disciplinary healthcare team, providing 1:1 personalised support to people who are referred to them by team members and local agencies. They will help people to work on their wider health and wellbeing, specifically wider determinants of their health, such as debt, poor housing and physical inactivity, as well as other lifestyle issues and low level mental health concerns by increasing people's active involvement with their local communities.

**g. Activity Clinics**

Patients would be referred to these by a GP or nurse.

**h. Twitter Group**

The Practice had now set up a Twitter Account and patients were encouraged to use it.

## **7. FUTURE MEETINGS**

The next of the PPG had been arranged for meeting is on 6 February 2020 at which it is hoped to have a presentation on autism and a talk from the City's Disability Champion. The following meeting will be on 25 June 2020 which would include the appointment of Chairman, Vice-Chairman, Secretary and Committee Members.

Concern was expressed about difficulties in getting appointments and the fact that those people who had to have regular injections were not able to book the next appointment there and then. It was agreed that the Chairman should write to the Practice requesting that a GP should attend the next meeting on 6 February 2020 to answer questions about appointments.