**St John’s Way Medical Centre – Patient Participation Group (PPG)**

**MINUTES OF SJW PPG Meeting on 8 April 2021**

**Patient Representatives**

**Chair: Frances Tomlinson**

**Staff: Jan Lenny (JL) - Operations Manager**

**Visitors:** Caroline Humphries (CH) **minute taker**, Stephen Wood (SW),Viv Ducket (VD), Natalie Ayodele (NA), Christina Sanchez de Beggs (CSB), Frank Jacobs (FJ), Brendon Wall (BW), Adam Roberts (AR)

**Guest:** Dinithi Perera (DP) representing CHARIOT

Apologies – Mary Slow (MS) and Jan Pollock (JP)

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| **Agenda Item** | **Action** |
| **Agenda Item 1 – Introductions & overview of Agenda from the Chair**SW handed the chair over to FT as he was unable to stay for the full meeting. FT gave an overview of the meeting and asked attendees to introduce themselves. The meeting was quorate.  |  |
| **Agenda Item 2 – Previous minutes and matters arising**The minutes of meeting 03 December 2020 were approved.  |  |
| **Agenda Item 3 – Dementia talk from Chariot**DP introduced The Cognitive Health in Ageing Register*:* Investigational, Observational and Trial studies (CHARIOT) run by the Ageing Epidemiology (AGE) Research Unit at Imperial college which aims:* To build a register of 'cognitively healthy' individuals aged 50-85 who are interested in research
* To provide opportunities to participate in investigational, observational and clinical trials specifically aimed at predicting and preventing diseases of ageing
* To facilitate research into Alzheimer's disease and dementia prevention

DP explained that dementia is not a normal part of ageing. It is normal to become forgetful as we age. This condition may progress to ‘Mild Cognitive Impairment’ (MCI). Some but not all people with MCI go on to develop dementia. AGE has identified that it is probably a mix of factors increasing the likelihood of dementia, including heart disease and social isolation. One in fourteen people over 65 will have dementia and one in 79 of the whole population. Despite the extremely high cost of caring for a person with dementia (mainly born by families), funding for research is significantly lower than that available for research into causes and treatment of cancer and heart disease. Participants joining the register may be offered regular check-ups, family history, or offers to participate in trials. Studies are in progress and an annual progress report is included the AGE newsletter. Following the meeting JL forwarded DP’s email which included a CHARIOT leaflet and ‘participant information sheet’. For further details email dementia.prevention@imperial.ac.uk .Following the presentation there was a group discussion on support for people caring for those with dementia. BW took a course run by the Wicking Institute [www.utas.edu.au/wicking](http://www.utas.edu.au/wicking) which he found helped. CH recommended taking the Dementia Friends short on-line course and reading Contented Dementia by Oliver James (a practical guide to understanding and caring for people with dementia) |  |
| **Agenda Item 4 – Updates from the GP practice during Covid**JL explained that at one point during the pandemic 75% of the reception staff had covid and thanks to the practice pulling together SJWMC were able to run the surgery although it was not easy. Fortunately, all of those who had covid have made a good recovery. No doctors have had covid. All staff have flow tests twice a week and lots of the staff have been vaccinated. AR asked, in light of the contagiousness of Covid, how the surgery is preparing for more face-to-face appointments whilst keeping staff safe. JL explained that precautions (hand gel, wiping seats, temperature checks etc) are likely to be in place for a long time. Some consultations will be over the phone and if necessary, patients will be asked to come into the surgery.  E-consult – although the surgery was mandated to use this service the practice has found that they were inundated with enquiries which took up a lot of time. In CSB’s experience, the blended service allowing patients to call in for test results had worked well. FJ had concerns of the system of referrals to hospital after finding he had not been placed on a waiting list for a procedure despite being advised by the GP that the request had been passed on. FJ asked that the surgery look into what went wrong so this does not happen again.  |  JL   |
| **Agenda Item 5 – Wellbeing projects**a) Singing group – no further activities have been planned for this project. b) Gardening Group – Cripplegate, the funder for the wellbeing projects, has been in touch asking for an update on activities and plans for the future. CH and FT put together a proposal to re-start the ‘Grow for health’ project. The proposal recommended commissioning Octopus Community Network to provide a specialist community gardener experienced in running community gardening sessions. These sessions would run weekly from May until late September. In principle the proposal was agreed, however there was a discussion on how the hourly rate and contact hours should be presented. CH, FT and CSB agreed to discuss this and report back. | CH & FT |
| **Agenda item 6 – suggestions for next meeting**The meeting asked if the SJW MC lead on mental health could outline the practice’s approach and support available to patients. JL stressed that there are robust policies in this area of health; however, the meeting expressed concern that there will be increasing demand as the lockdown comes to an end and from the trauma many patients may have experience during this pandemic. |  |
| **Agenda Item 7 – Dates and Chair for next PPG meeting**Chair – Stephen Wood. The proposed date for the next meeting (AGM) is to be confirmed. The PPG AGM is due to be held in June. |  |