

## **Primrose Hill Patient Participation Group**

**Notes of OPEN MEETING held on Tuesday 13 November 2018, 6.30pm at Primrose Hill Community Library, Sharpleshall Street, NW1 8YN**

**Present:** John Nutt (chair), Doro Marden (secretary), Jenny Moates, David Nissan (committee members), plus 14 members.

**In attendance:** Dr Abanti Paul

**Speakers:** Martin Emery (Camden CCG), Dr Eli Collis (Camden Patient and Public Engagement Group member), Dr Arjun Ghosh (consultant cardiologist, UCH and Barts)

### **1. Welcome**

John Nutt welcomed those present and introduced Dr Abanti Paul, presently the sole partner of Primrose Hill Practice.

### **2. Practice News**

Dr Paul gave apologies from other staff who had prior commitments.

She reported that the leases for both the premises, 97 and 99 Regents Park Road, used by the surgery were in the final stages of NHS England approval, with the rent level already agreed and accepted. In answer to questions, she said that both landlords were supportive and rent was being paid.

A new salaried GP, Dr Hannah Redhouse was working 3 days a week, a new Health Care Assistant who was working to become a doctor, and a trainee GP from the Royal Free were also in post. The surgery was open from 8am, with appointments available early and late on a Monday.

Practice staff were receiving various forms of training to become more efficient and well managed, with some specialist training for the receptionists also planned.

The phlebotomy service was being offered to high need patients who would find it difficult to get to hospital for blood tests.

On the suggestion of the PPG, a 'Comments Book' was now in reception for feedback, both positive and negative, with responses for all to see.

The Care Quality Commission had visited for an inspection on 31 October, they had indicated that the results would be positive, and that welcome improvements had happened since the last visit a year ago. The full report will be published on the surgery website.

Dr Paul clarified that repeat prescriptions were not being offered on the phone, but by email, in person and electronically to the pharmacy.

### **3. Self Care Workshops**

Dr Eli Collis (an anthropology PhD rather than a medical doctor) of the Camden Patient and Public Engagement Group talked about the 'Self Care' workshops which she was helping to promote. These lasted 2 and a half hours, and were run by a GP and a pharmacist. Their aim was to help people in making better decisions about their health and about where and when to access medical care. The last workshop in the series was due to happen the following week, but she hoped that more would be available. Leaflets about the workshops were available in the surgery, chemist and would be put in the library.

#### **4. Patient Participation in Camden**

Martin Emery, deputy head of engagement for the Camden CCG, spoke about the ways in which patients can get involved in the CCG. Camden CCG was established in 2013, and was formed by the 34 General Practices in Camden to buy and commission health care – including hospital care, GPs and community services.

The Camden Patient and Public Engagement Group was composed of 12 representatives of local patient participation groups, as well as Health Watch, Camden Carers Service, Camden Disability Action and Voluntary Action Camden – a link for the more than 2 and a half thousand community groups in Camden. Representatives from CPPEG can sit on every Camden CCG committee, and the Care Quality Commission (which inspects all health and social care organisations every 2 to 3 years) rated Camden CCG's engagement as outstanding. There is a regular newsletter which goes to all PPGs and is forwarded to members, and 4 meetings a year which are open to all PPG members. There are many opportunities to take part in consultations.

Martin spoke about the transfer of services from the Royal Free Hospital to the newly rebuilt Chase Farm Hospital. Patients were being transferred for elective procedures and some outpatient appointments. Barnet CCG was the lead for the Royal Free rather than Camden CCG, but Camden CCG was due to hear about concerns including patient experiences the following day. There was considerable disquiet expressed by those at the meeting about having to go to Chase Farm, a very long and difficult journey.

#### **5. Blood Pressure and Matters of the Heart**

Dr Arjun Ghosh was welcomed by the chair. He is a consultant cardiologist at University College and Barts Hospitals. His interests include cardio oncology – caring for the heart issues of cancer patients, and advanced cardio imaging, as well as teaching.

Blood pressure (BP) is a measure of the pressure of blood against the walls of your arteries, and is expressed as the systolic measure (when your heart is beating) and the diastolic measure (when your heart is at rest). BP is affected by age, ethnicity and stiffening of the arteries, and can increase the risk of stroke, heart attack, kidney failure and vision loss. High BP at a young age (in your thirties for example) can affect you 30 years later.

BP of 140/90 is considered high, with 120/80 a normal reading. For under 80 year olds, a reading of 140-159/90-99 is treated if there is organ damage, established cardiovascular problems, renal problems, diabetes or high risk of heart attack or stroke. There is a way of calculating risk taking into account weight, smoking and other factors, called the jbs3 calculator, which gives you a notional 'heart age'.

Treatment is individualised and there are many different kinds of drugs, including ACE inhibitors and diuretics, more than one type of drug may be necessary, and adjustments can be made if there are side effects. Tablets should be taken at the same time every day. Over 80s need a more gentle approach as they are more sensitive to medications.

National Institute for Clinical Excellence are due to produce new guidelines for treatment in 2019.

Beetroot juice had been hailed as a BP 'cure' in the press, but the research had not yet confirmed this, at least it would do no harm.

BP could be called a 'silent killer' as it mostly is asymptomatic, so Dr Ghosh and Dr Paul encouraged patients to check their BP in the waiting room of the surgery. If there was a one off high reading the practice had 3 Ambulatory Monitors which could be lent out for 24 hour recording of BP. Dr Paul said that at the moment people with high BP were being sent texts inviting them to come for a review.

## **6. Close of Meeting**

John Nutt thanked all the speakers for their interesting contributions.