

PATIENT PARTICIPATION GROUP MEETING
Held on Tuesday 12th February 2019

1

Bristol Brain Centre

Dr. Victoria Sanderson is a doctor based at Southmead Hospital researching dementia. There are two specific research programmes.

The European Prevention of Alzheimer’s Dementia Consortium EPAD

Alzheimer’s disease is a progressive degenerative disease that results in a loss of brain cells. It is the most common form of dementia in the elderly. According to the World Alzheimer Report 2016, there were 46.8 million people worldwide living with dementia in 2015 and this number will reach 131.5 million in 2050.

While there is no cure for Alzheimer’s disease, the U.S. Food and Drug Administration (FDA) has approved two types of medications – cholinesterase inhibitors (Aricept, Exelon, Razadyne) and memantine (Namenda) – to treat the cognitive symptoms of Alzheimer’s disease. However, despite intensive efforts over many years and significant global investment, no new drugs have been approved since 2003.

There is now compelling evidence that Alzheimer’s disease takes hold in the brain decades before dementia symptoms appear, providing a window of opportunity for preventative intervention. As a result, today’s research increasingly focuses on this pre-symptomatic phase, with the aim of delaying or preventing the disease.

The European Prevention of Alzheimer’s Dementia (EPAD) consortium is an interdisciplinary research initiative that aims to improve the understanding of the early stages of Alzheimer’s disease and deliver new preventative treatments.

The largest ever public-private partnership in Alzheimer’s disease research, EPAD transcends disciplinary boundaries to combine knowledge and expertise from 39 European partner organisations across multiple sectors. Together, we are developing the EPAD platform on which new therapies can be tested in a streamlined and efficient way, delivering more effective, targeted interventions that can slow or stop dementia.

The GENERATION PROGRAMME is looking for individuals, aged 60-75 years, who have not been diagnosed with any memory impairment, but have a specific form of a gene that may increase the risk of developing Alzheimer’s.

	<p>Only people with the genetic results the programme is looking for can take part in the Generation Program. Participation is voluntary and you are able to withdraw from the program at any time.</p> <p>The trials will run for between 5 and 8 years. It's a long commitment, but it's only by running such extensive studies that we can determine if our investigational treatments may be able to help fight Alzheimer's.</p> <p>The ReMemBr Group (Research into Memory, the brain and dementia).</p> <p>The team includes neurologists, psychologists and researchers from both University of Bristol and North Bristol NHS Trust.</p> <p>The group diagnose and treat patients with dementia and also offer research opportunities to people with and without dementia. The research focuses on early diagnosis of dementia, understanding how memory is stored in the brain how this can be enhanced, and clinical trials of treatment in dementia.</p> <p>The term dementia is used to describe symptoms of memory decline and difficulties with thinking, problem solving or language that are severe enough to affect daily life.</p> <p>There are many different causes of dementia, the most common cause being Alzheimer's disease.</p> <p>Clinical trials are vital to the process of improving medical care by improving scientific knowledge. Individuals benefit might include gaining a better understanding of their own health, access to new treatments, and care and support from the research team.</p> <p>The team is looking for people aged 45 or over who are interested in taking part. Participants may have no memory problems, may have been diagnoses with mild cognitive impairment or Alzheimer's or be a carer or relative of someone with dementia.</p> <p>Those interested can obtain further information by phoning the team on 0117 414 8238, emailing research.volunteer@nbt.nhs.uk and from the websites http://www.generationprogram.uk/index.htm and http://ep-ad.org</p>
2	<p>2.1 Acceptance of Minutes.</p> <p>The minutes were accepted with the following clarification.</p> <p>Improved Access</p> <p>4.4.a The aim is for patient access to be available 7 days a week. At present the access is 8am to 8pm Monday to Friday and 8am to 12pm on Saturday. Sunday and Bank Holidays are currently excluded.</p> <p>See further clarification of WMG operating hours can be found in 4.4 below.</p>

3	<p>Matters Arising</p> <p>3.1 BREXIT and its impact upon medical supplies.</p> <p>Patients unable to secure prescription drugs should refer back to their GP who may well be able to prescribe alternatives. In critical circumstances report to A&E.</p> <p>3.2 RSVP</p> <p>The programme is on going and targeted for implementation in the final quarter of the year.</p> <p>3.3 Virtual Participating Patients Group</p> <p>There is no virtual PPG at WMG currently.</p> <p>3.4. One Care Patient Information Videos.</p> <p>Information on the One Care patient videos are now on the waiting room screen.</p> <p>3.5. Information leaflet access and display.</p> <p>The is now a notice board and table in the waiting room to facilitate information and the supply of leaflets on various conditions and deceases.</p>
----------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

4	<p>Practice Report</p> <p>4.1 Staff update.</p> <p>The Practice Manger will be leaving in March after 10 years at WMG.. The PPG would like to thank her for all her support over the years, we have been exceedingly fortunate to have someone as professional and with such a profound depth and understanding of the health system and an ability to communicate that to the PPG membership.</p> <p>A new Practice Manager has been appointed working along side the existing manager during the handover period.</p> <p>2 new members to the reception team will start in March</p> <p>One doctor is leaving and another is off on maternity leave. Two existing part time doctors and a locums will cover for the absences.</p>
----------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Physician Associates have been operating in the surgery over the last 4 weeks providing 20 minute appointment followed with a consultation of 10 minutes with a GP. The Practices benefits from additional funding and additional availability of appointments, although some GP availability is reduced due to the supervision required.

4.2 Research Projects.

The practice is actively involved with research under the leadership and management of Dr Stephen Granier. The current project are:

ARTIC PC – A randomised control trial looking at the effectiveness of antibiotics for children with a cough. The practice wants to understand when the GP can reassure parents and children that they will get better without treatment and when the GP needs to give antibiotics to prevent illness from getting worse. This is the first time this type of study has been carried out anywhere in the world and has the potential to change the way we treat millions of children with coughs and bronchitis around the world.

RAPID test – this is an exploratory study looking at how GPs use an in-house rapid test analyser to identify a number of common viral and 3 less common bacterial infections in primary care and whether this can reduce antibiotic use and target antibiotics more appropriately to patients likely to benefit.

CATRIC – this is a qualitative study using video analytics of consultations where GPs talk to patients about referral for cancer investigations or provide safety netting information to patients regarding what symptoms may mean that a review in surgery is appropriate.

ANTLER – this is a study at how effectively we can reduce antidepressant use for patients on long term antidepressants.

TEST study – this is a pilot study looking at whether a structured allergy history and food allergy testing can reduce eczema severity in children compared with usual care.

Barack D – this is a randomised control trial of spironolactone (an existing medication used to treat high blood pressure and heart failure) versus usual care for patients with chronic kidney disease stage 3b. We have finished recruiting for this study but the follow up will continue until August 2021.

4.3 Telephony

The BISTECH telephone system is being implemented and targeted to go-live mid year 2019.

Back office process changes have been made in the operation of the current manual telephone system to improve the patient experience, improving telephone answering and reducing the dropped call rate.

	<p>4.4 Improved Access.</p> <p>Improved access extends the availability of appointments to patients. The aim is for access to be available 7 days a week. The system operates across the entire Locality by sharing the resources of the 16 Practices within the Locality.</p> <p>Hours of operation at Whiteladies Medical Group are as follows</p> <p>CORE HOURS – WMG patients only.</p> <p>Monday to Friday 7:30am to 6:30pm</p> <p>EXTENDED HOURS – WMG patients only.</p> <p>One day a week from 6:30pm to 7:30 pm, appointments only.</p> <p>One Saturday in three 8am to 11:30am, appointments only.</p> <p>OUT OF HOURS Open to all patients. 111 service operated by BrisDoc.</p> <p>Monday to Thursday 6:30pm to 8am next day.</p> <p>Friday 6:30pm to Monday 8am</p> <p>IMPROVED ACCESS – open to all patients within the Locality.</p> <p>Monday to Friday 6:30pm to 8pm appointments only.</p> <p>Weekends and Bank Holidays - contact surgery for latest availability.</p> <p>4.5 Open Access Surgery</p> <p>The PPG were asked their opinion concerning the Open Access service provided at WMG. (Open Access being the ability to walk into the surgery each morning without an appointment). It was the opinion of the PPG that we are extremely fortunate as many practices had long since dropped the service.</p> <p>Open Access is highly valued by the patients and we would not want to see it removed.</p> <p>4.6 CQC – Care Quality Commission.</p> <p>The CQC is the independent regulator of health and social services in England. The CQC monitor, inspect and regulate health and social care services. Details concerning the CQC can be found at https://cqc.org.uk.</p> <p>A visit from the CQC is imminent and the PPG will be part of that inspection.</p>
<p>5.</p>	<p>5.1 Pharmacy awareness</p> <p>The pharmacist is now an integral part of the health system and the treatment offered by the practice but is not as widely publicized.</p>

<p>6.</p>	<p>Project Reports.</p> <p>6.1 One Care</p> <p>The latest meeting of the OCPRG (One Care Patient Representative Group) met on January.</p> <p>One of the initiatives underway at One Care is the Continuity of Care programme. The project will focus on improving continuity by increasing the number of patients that see the same health professional or small team over a period of time. Details of the programme can be found at https://onecare.org.uk/?s=continuity+of+care</p> <p>WMG have expressed an interest the programme. It is unknown what the resource implications are at present.</p> <p>One Care are changing to a subscription based service model, all practices within the Locality have agreed to this in principle. Toby has followed up with One Care and the following clarification has been received:</p> <p><i>Since 2017, One Care has been funded through taking a proportion of the improved access contract we manage on behalf of our practices. This has enabled us to manage that contract but also to provide a wide range of other additional services to support our practices.</i></p> <p><i>Form 1 April 2019, this will no longer be the case. The contract will be held directly with the practices.</i></p> <p><i>Therefore, to continue to receive our services, we are asking practices to pay £1 per patient subscription fee each year. This will give them access to everything they get from us now and some new support services too. This has been met positively by practices. We expect the funds to be given to us from new monies that practices will have access to this year - this will be above and beyond their normal income.</i></p>
<p>6</p>	<p>Any Other Business</p> <p>6.21 Next Meeting</p> <p>The next meeting date is scheduled for date 16th April 2019.</p> <p>Reminder: All meetings start at the new time of 5.30 p.m.</p>