



## Patient Participation Group Meeting Minutes

Meeting Title	<b>PPG Meeting</b>				
Meeting Location	Mannings Suite				
Date of Meeting	19 <sup>th</sup> September 2024	Start Time	11:00	End Time	12:00
Attendees	Tom Micklewright (TM), Alison Durrant (AD), Sarah Glicksman (SG), Stephen Lyons (SL), David Mannings (DM), Diana Salisbury (DS), Lorraine Taylor (LT), Dr Laura Bennett (LB), Chloe Gray (CG)				
Apologies/Absent	Robin Gundry				
Additional Distribution	N/A				
Minutes prepared by	Amanda Hulse				

Agenda Ref:		Action Status
1.0	Welcome and introductions TM welcomed everyone and thanked them for coming. He introduced Chloe Gray who would be giving a vaccine programme presentation	
2.0	Minutes and actions from previous meeting held on 3 <sup>rd</sup> July 2024	
3.0	Vaccine Programme Update CG gave a presentation on the vaccine programme. She explained that the Covid and flu campaign would take place midweek afternoons and Saturday clinics over six weeks. Nurses will visit care home residents and housebound patients during the week. A questionnaire was sent out to eligible patients asking whether they wanted the Covid and flu vaccines and whether they wanted them together or separate which has made the clinics better to organise. She explained that there was a new vaccine this year called RSV, which was available to patients 75-79, and women who are more than 28 weeks pregnant and the midwife would undertake this.	

	<p>Shingles vaccine is available to those over 65 plus patients who are severely immunosuppressed and pneumonia vaccines are available to those over 65 plus children and adults at high risk of getting seriously ill.</p> <p>TM said that the up to 2-year-old vaccinations were 95% complete and up to 5 year olds were 92% complete.</p>	
4.0	<p><b>Chronic Kidney Disease</b></p> <p>TM introduced Dr Laura Bennett, the Chronic Kidney Disease Lead who gave a presentation to the group on Chronic Kidney Disease. She explained that she was currently undertaking coding all patients with this condition and explained that chronic meant ongoing, persistent and long term and that the kidneys were not working properly as they used to. She stated that there could be many reasons for this including diabetes, high blood pressure and ageing. Chronic Kidney Disease can be diagnosed by a blood test. When the patient has been coded, they will be offered a yearly blood and urine test, which would include a diabetic, blood pressure and cholesterol check. Patients recently coded and new patients will be sent a letter explaining the condition and offering support and lifestyle checks with CV the Wellbeing Advisor at LTS. The yearly checks are important in preventing end stage kidney/renal failure and dialysis. Treatment/preventative measures includes good blood sugar level control, blood pressure control, the correct medication and good cholesterol. Patient group discussions may be held in future if needed. It was explained that there was a crossover with CKD, hypertension and diabetes.</p>	
5.0	<p><b>System Connect</b></p> <p>TM stated that due to staff leave this had been delayed until October and thanked members for their responses/feedback to the dummy.test.</p>	
6.0	<p><b>Staff Changes</b></p> <p>TM said that Dr Bhagi had now retired and Dr Rajkumar was leaving at the end of next week. He stated that both had been replaced with experienced doctors. Dr Lilly Kaheebu would be starting at the beginning of October and Dr Heatherington, who was currently a locum at the surgery, would become a salaried GP in November. LT congratulated TM with replacing the leaving doctors with experienced doctors.</p> <p>TM stated that two new male reception staff had joined and that a male student had been recruited to undertake the evening sessions. TM said he was hoping to recruit a respiratory nurse but that the appointment had recently fallen through.</p>	
7.0	<p><b>AOB</b></p> <p><u>Findon Valley 5K</u></p> <p>DM and LT said that the 5K run had been well attended with 100 runners taking part including children. LT thanked TM for the use of the surgery and understood that because the event was on a Sunday there were few volunteers from LTS. LT said that £1000 was raised for the PCaSO charity (Prostrate cancer</p>	

	<p>support organisation). DM said he was hoping this would be an annual event with more LTS involvement. AD said that the park run could be recommended to patients as this can also be walked and was good exercise.</p> <p>LT said she was thankful that the defibulator had now been replaced outside the Findon surgery.</p> <p><u>LIVI</u></p> <p>TM said that LIVI would continue over the winter period and would see if it was value for money for the future.</p> <p><u>Merriman Grange Care Home</u></p> <p>TM said that the Merriman Grange Care Home were doing a phased opening and had community space to offer to groups.</p> <p><u>Community Garden Project</u></p> <p>LT stated that £5000 had been awarded for the community garden project from the CiL (Community Infrastructure Levy) but could only be used at the Goring site and that the monies needed to be spent within 18 months. TM said that the Lime Tree Charity could match the funding for a Community garden project at Findon. LT said she would forward the contract to TM and TM asked that a meeting be arranged to discuss this project.</p>	<p><b>AH to arrange a meeting with TM and LT to discuss the community garden project</b></p>
8.0	Date of the next meeting would be 28 <sup>th</sup> November at 11am.	