

MINUTES OF THE AUCHTERARDER & DISTRICT COMMUNITY HEALTH GROUP

13th November 2018

Minutes of the meeting of 11th September 2018 had been circulated in advance of the meeting. Unfortunately some members of the group had not received these minutes in advance of the meeting. There were no specific issues that were not covered elsewhere in the agenda.

ST. MARGARET'S HEALTH CENTRE

Flu Vaccine Update

Dr. McLeay updated the group that over 600 vaccines had been administered on the Saturday drop in clinic. It was noted that there had not been enough vaccine for the over 75 group and that this was expected to be delivered in the next few weeks. There were still sufficient vaccines for shingles and pneumococcal. A member of the group had stated that they would have circulated information about the immunisation clinic if this had been forwarded but it had not. This will be noted for future immunisation clinics. Dr. McLeay had information on the vaccination programme including frequently asked questions which explained why different vaccinations were being used for different age groups. His understanding is that the vaccine currently being used for the over 75s, will be rolled out to other age groups in the future but that there is a limited supply of this vaccine at the moment. The over 75s are being targeted as they have a lower response to the vaccine because of a poorer immune response and the vaccine that they are being given has a booster in it to improve this response. The question was raised as to whether people with neurological conditions who are under 65 are eligible for the vaccine. Dr. McLeay has since found information from the current recommendations on immunisations which states that the immunisation should be made available to those patients with the following *“Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning disabilities, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.”* The question was raised as to whether someone could go to the pharmacy and get the better vaccine if they were willing to pay for it. Dr. McLeay explained that the pharmacist would have to give the vaccine that it deemed most appropriate for the particular age group within Scotland.

Meeting with the Head teacher – David Lambert

Dr. McLeay had met with David Lambert to discuss better lines of communication between the Health Centre and the School. The possibility of 6th year pupils becoming more involved for example at the Health Group was discussed and he will be finding out from the pupils at the school what services would suit them better. This raised issue of capacity and confidentiality as Dr. McLeay was keen to ensure that school pupils would know that their confidentiality is maintained at the health centre. Capacity is something that is assessed by Doctors and other health care

professionals on an individual basis and may mean that some younger people can be seen without a parent or guardian. The minimum age with regard to capacity in Scotland is set at 12 years. A member of the group agreed that they would write a confidentiality paragraph which might be of interest to the school for their newsletter.

NHS Tayside Finances

Dr. McLeay had circulated information in advance of the meeting on the current NHS Tayside finances. The Cabinet Secretary for Health had recently announced a new 3-year budgetary cycle which will begin from 2019 to 2020 and health boards will be given a “clean sheet” at the start of this, with all prior loans written off. This is a change from the current system of budgeting for one year at a time. NHS Tayside will still have to return the organisation to financial balance and avoid the debts continuing to accumulate in future years. It is hoped that the move to a three-year financial cycle will allow for better planning.

NHS Tayside Waiting Times

Dr. McLeay circulated information on NHS Tayside waiting times for inpatient and day cases as well as out patient clinics. He noted that these are freely available on a monthly basis from the NHS Tayside website. It was pointed out that emergency care often leads to a lengthening of the waiting times for elective care. The general feeling is that this has worsened over the last 4 or 5 years. It was noted that the waiting times for out patient clinics for cardiovascular risk sit at 52 weeks, gynaecology at 35 weeks and neurology at 36 weeks. Members of the group asked whether these waiting times could be shortened if there were concerns about a patient’s condition? Dr. McLeay did reassure members of the group that urgent referrals could be made and referrals re-prioritised by contacting the consultants directly. Certain clinics also prioritise certain conditions for example patients with a new diagnosis of epilepsy would be seen urgently rather than waiting in the routine neurology referral queue. This led onto a discussion about the use of private health care to speed up investigations and treatment. Some concerns were raised that patients might be able to access private health care for investigations quickly and this may allow them to jump the queue in terms of treatment.

New telephone messages and triage system

Three members of the group had already used this system and found it helpful. Questions were raised as to whether patients could give formal feedback on the system. Dr. McLeay did explain that he had concerns about the workload that this might involve for the staff. One option might be to use a comments box in the waiting room and he would raise this with the Practice Manager.

AOCB

A member of the group raised the issue of cannabis oil and how this had been reported in the press recently and in particular the fact that it could now be used for certain conditions. Dr. McLeay

explained that it is now approved for very limited conditions under the guidance of a hospital consultant.

A member of the group asked about the use of Melatonin for jet lag. Dr. McLeay explained that this can be obtained online and can be effective for some people in reducing jet lag. It is a form of sedative which can be used on prescription for very selected groups of patients, most commonly in children.

A member of the group asked about the provision of meals at St. Margaret's Hospital. Sometime ago, members of the group did a taste test for certain meals. Dr. McLeay explained that this model had not been implemented but he would raise it again with the Senior Charge Nurse.

Another member of the group mentioned the differences of opinion that patients may have about the services that are delivered by the Health Centre. One patient had mentioned they had been very unhappy with the service they had received and another one had been very positive in the face of that negative feedback.

A member of the group asked about whether Well Person checks are available for over 50 year olds. Dr. McLeay explained that these were, for a time, part of the GP contract in England and have been piloted in certain parts of Scotland. However, there is no good evidence that they improve outcomes for patients. Having blood tests done in patients who are well, unless there is a very strong family history of heart disease (for example someone in their 30's) does not lead to any intervention that would not be given as general health advice which as most people know includes losing weight, stopping smoking, taking more exercise, and drinking in moderation. The only check that Dr. McLeay recommended having done every 5 years is a blood pressure check as high blood pressure can go undetected and treating it does reduce the risk of strokes and heart attacks.

A member of the group commented on the fact that they felt that the general health and social care system is failing patients with dementia. Home care packages allow only 15 minutes for a visit and this is not enough time to spend with somebody with dementia to allow them to be encouraged to do as much as they can for themselves. There are concerns regarding the level of training for carers. The member of the group who raised it is liaising with the Joint Integration Board. They did point out that there is no direct support from Alzheimer's Scotland in Perthshire. However, it was noted that the Archway Café at the Church which runs every week has become busier and was originally set up with dementia patients in mind. A social worker is present at each of the sessions.

Date of the next meeting: Tuesday, 15th January 2019 at St. Margaret's Health Centre at 7.30pm