**Open meeting of the Primrose Hill Surgery Patient Participation Group**

**Thursday 16 May 2019 at 6.30pm at Primrose Hill Community Library**

**Present:** *Committee members:* John Nutt (chair), Doro Marden (retiring secretary), Jennifer Moates, Sally Mackenzie, Lillian Shapiro.  *Apologies:* David Nissan

**Members & other attendees**: 16 people attended in addition to committee members and surgery staff

**In attendance:** Dr Abanti Paul, Tracy Martin, Eddie Davison, Dr Hannah Redhouse, Dr Krish Kandya

1. **Welcome and Introductions**

John Nutt welcomed those present and introduced committee members and staff of the surgery. He expressed appreciation to Dr Paul and her team for all that they have been doing, especially during the past 18 months, in developing the services the Practice offers to patients.

Dr Paul, in particular, has worked tirelessly and without a partner (since Dr Lim left the Practice in February 2018) to share the burden of:

* running the Practice
* securing the Surgery premises lease
* building up a team at a time when it's difficult to recruit doctors and specialist staff

1. **New Primrose Hill Surgery Website**

Eddie Davison presented the new website. Eddie works with the GP Federation (a group of general practices or surgeries forming an organisational entity and working together within the local health economy). The PH Surgery is one of 17 in this group.

* The GP Federation has funded and drafted the website for all the individual practices
* 85 pages on website, in easy to understand sections
* Common sections automatically update as NHS updates the content
* Also available as a smartphone app
* Comprehensive Self-help section
* Website goes live tomorrow afternoon and will be generally available by Saturday: [www.primrosehillsurgery.co.uk](http://www.primrosehillsurgery.co.uk/). Comments to [eddie.davison@nhs.net](mailto:eddie.davison@nhs.net).

**Q:** who replies to email queries?

**A:**  Admin team will be checking email queries

**Q:** How long to get a reply?

**A:** Ideally within 72 hours. Eddie will put something on the website about expected time of reply

**Q:** is the patient database up to date?

**A:** Dr Paul said there may be some people who are no longer patients at the surgery still in the database, as the surgery is required to keep them on the list for 18 months after they leave.

1. **Update on Primrose Hill Surgery**

Dr Abanti Paul thanked everyone for their time in attending the meeting, and said it is great to see their interest in the Practice.

**Premises**

Dr Paul reported that we are in the final stages of the negotiation; the delay is mainly due to the two solicitors taking longer than anticipated.

**Staff**

* Dr Maria Sa will be away for a year
* Dr Himashi Papalia will be returning from maternity leave in June
* Dr Simran Kaur is with the Practice until February 2020 when she will complete her training
* New Nurse - Megan Davis *(unfortunately Anne had to leave for personal reasons)*
* New Practice Manager – Tracy Martin, responsible for day to day running of the Practice; Tracy works part-time but is available at the Practice 5 days a week

**New Developments**

* **Primary Care Network (PCN)** – a new NHS initiative to provide central services such as social prescribing and Clinical Pharmacist, with a clinical lead. The aim is to make services for patients more equitable. Practices with Primrose Hill will be Belsize, Abbey Road, Swiss Cottage and Daleham Gardens.
* **Clinical Pharmacists & social subscribing** – we will be offering this through the PCN
* **Mental Health** – Dr Duncko will be attending the practice every Thursday afternoon to review patients with complex mental health issues
* **Paediatric Service** – we are in the process of setting up a similar service so that patients can be seen earlier than the waiting time for a hospital appointment

1. **Presentation: PH Practice Inhouse Psychiatrist**

**Dr Paul introduced Dr Roman Duncko**, PH Practice’s new inhouse psychiatrist, who will be at the surgery every Thursday afternoon.

Dr Duncko works in the Camden Primary Care Mental Health (PCMH) Service, which started on 1st April; it has been in development for a few years. It includes psychiatrists and nurses covering the Camden area. Dr Duncko has a mental health nurse working with him.

Camden PCMH will be a borough wide service comprised of the following agencies:

* Camden & Islington NHS trust
* Mind in Camden
* Camden Council
* Hillside Clubhouse

Dr Duncko will be available to see patients at the PH Practice every Thursday afternoon. Patients have to be referred by their GP and will be seen within 21 days.

Dr Duncko’s role is to see people as quickly as possible to assess their needs and advise and refer to appropriate professionals. He may see a patient 2-3 times, but not longer. He will refer them to secondary care for longer, more severe conditions.

**Q:** How to see Dr Duncko?

**A:**See your Doctor first, then if she/he thinks appropriate they will refer you.

**Q:** Do you also assess children?

**A:** No - Dr Duncko only sees adults, 17.5 years is the youngest.

Dr Duncko is very excited about this new development; discussion with GPs provides useful feedback and educational teaching. Dr Paul agreed, and commented that patients will be more comfortable at the surgery rather than somewhere else.

1. **Presentation: Mental Illness**

**Dr Pierre Taub** is Consultant Psychiatrist at Nightingale Hospital and East London NHS Foundation Trust. He has worked with the street homeless for 10 years and is an expert on certain types of mental illness. Dr Taub is a crisis consultant at Homerton; he now tries to treat patients in their own homes.

Dr Taub gave an overview of common mental disorders (which are generally described as disorders of emotion and cognition, or feeling, thinking and learning)

* Mental illness
* Personality disorders
* Learning disabilities

**Depression**

This is the most common mental illness. Diagnosis depends upon how long sadness lasts – need to be sad for at least 2 weeks to get diagnosis. Otherwise normal sadness. And not due to an event such as bereavement (where sadness can last up to 12 months).

* Depressed mood
* Anhedonia *(without hedonism, nothing cheers you up)*
* Weight change *(usually weight loss)*
* Disturbed sleep
* Reduced energy
* Worthlessness, guilt
* Impaired concentration
* Thoughts of death or suicide

**Treatments**

* Mild depression – antidepressants **or**CBT
* Moderate to severe: antidepressants **and** CBT

Part of the problem is diagnosing mild depression – it is easy to spot moderate or severe. Can usually pick it up from a patient, you feel sad for them.

**Anxiety**

This is an extreme of a normal experience; we have all had it!

* Hyper-arousal state
* Fight-flight reaction – *problem is if you have it for minor threats or no threat at all. If it lasts after the event has gone, it is not normal*
* Excessive worry
* Physical symptoms – *nausea, heart racing*

**Types of anxiety**

* General anxiety disorder – *anxious for no reason*
* Panic – *most severe, totally overwhelmed by the anxiety, think you are going to die*
* Phobias – *scared of something you shouldn’t really be scared of, e.g. spiders*
* Social anxiety – *unable to be in a room with people, Pierre had it regarding giving presentations*
* OCD (obsessive compulsive disorder) – *makes you anxious if you don’t do the repetitive action that you need to do, e.g. checking the door is locked*

**Q:** What is anxiety neurosis?

**A:** Dr Taub explained that neurosis is an old term that we don’t use any more. We used to talk about anxiety neurosis. Describing someone as neurotic now tends to mean anxiety.

**Treatments:** exactly same as for depression

**Bipolar Affective Disorder***(used to be called manic depression)*

Can be genetic. If one twin has it, in 80% of cases the other twin also has it.

* The presence of both manic and depressive symptoms
* Mania: elevated mood, racing thoughts and speech, increased energy, increased self-esteem, risky behaviour

**Treatments:**

* Mood stabilisers – it is not going to get better without medication
* Talking therapy*– not so much; this is more effective with depressives*

**Psychoses**

There is no such thing as a mild psychosis, it is always a severe mental condition

* Losing touch with reality
* Hallucinations – *seeing things that aren’t there is relatively uncommon*
* Depression, mania, schizophrenia, delusional disorder, organic *(a physical condition, e.g. tumour, urinal infection)*

Psychosis can occur in a number of illnesses, often don’t need to treat it because treating the symptoms often cures it.

* unclear what causes it, might be something to do with brain development
* Positive symptoms – relatively easy to treat
* Negative symptoms – hard

**Treatment**

* psychological and social support.
* Without medication unlikely to get better
* if a person with schizophrenia is talking to you how do you handle it?
* You don’t want to alienate them, but it is better not to go along with their delusion.

“A characteristic way that an individual thinks, feels and behaves, and how they respond to situations”.

E.g. shyness, confidence, anger, generosity, emotional display, sensitivity, pernickety

**Personality Disorder**

Maladaptive personality traits that cause distress and difficulty to an individual or others.

Personality doesn’t change much after the age of 6. If there is a big change, it could be due to a mental disorder, most often caused by drink or drugs, but it could be schizophrenia.

**Emotionally Unstable Personality disorder**

You have to have ALL of the following symptoms in order to get this diagnosis. People with this disorder usually have not had the love and support they need when they are young. They may have been abused.

* Emotional instability
* Disordered relationships
* Feelings of abandonment
* Self-harm and suicidality – *pain is better than feeling nothing*

**Treatment**

* talking therapy
* hardly any role for medication

**Q:** Is feeling terror at climate change an emotional disorder?

**A:** May be rooted in reality, so normal human reaction.

**Q:** how to get the right therapist?

**A:** it depends on the assessment - medication, talking, CBT

**Q:** Is hoarding a sign of Asperger’s

**A:** Hoarding is a symptom, it depends why they are hoarding. Could be depression, schizophrenia, or autism spectrum. Training can help. Some screening tools help to diagnose Asperger’s.

**Q:** What happens to schizophrenics who used to go in an out of hospital, now there are no longer many mental hospitals?

**A:** Dr Taub said that was true; more money is spent on crisis care now instead

**Q:** Are there any new developments?

**A:** Yes – Pharmacogenetics. 30-40% of people don’t respond to first medication. Pharmacogenetics enables you to target – via a cheek swab. Personalised medication.

**Meeting Close:**

John Nutt thanked Dr Duncko and Dr Taub for very informative talks, and thanked the attendees for coming.

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