

Open Meeting – 20 September 2023 – Minutes

Text in underscored italic is post meeting information

Present: Jean Alden, Matt Edwards (Practice Manager), Joe Hamilton, Keith Marshall (Chairman), Noreen Marshall, Harsha Mortemore (Vice-Chair), Phiroze Munshi, Bharti Sadhu, Mark Turkish

Apologies: Sennen Chiu, Lyn Duffus, Rhian Ingram

1. Welcome

1. Keith welcomed everyone.

2. Minutes of the Previous Meeting

1. The minutes of the Open Meeting on 18 July 2023 were agreed and signed.

3. Patient Experiences: Sleep Apnoea

1. Keith talked about his experiences of sleep apnoea since 2002; what it is; and how it can be treated. [The slides are attached at the end of these minutes.]
2. Harsha observed that currently her experience is that there is a two year wait for a sleep study.
3. Harsha also mentioned other sleep disorders like sleep paralysis and narcolepsy. If confirmed, narcolepsy means being banned from driving.

4. GP Patient Survey

1. Keith briefly talked about the Practice's results from this year's GP Patient Survey, which was conducted by Ipsos in January-March. [Slide attached at the end of these minutes.]
2. Highlights include:
 - 71% satisfaction with the overall experience of the Practice, in line with the national and our Primary Care Network (PCN; 11 practices).
 - For many questions the Practice performs as well or better than the national and PCN average scores.
 - However the Practice scores only 34% satisfaction with the ease of making an appointment; this is way below the national score of 50%, and PCN score of 54%. Matt pointed out that recent changes to the phone system should help improve this; see below.
 - Overall the Practice ranks second in the PCN. We have been consistently first or second in the area for some years.

5. Members Feedback & Issues

1. Joe pointed out, and others corroborated, that when reaching number one in the queue the phones sometimes ring constantly and then go dead.

Matt was aware of this and reported that the problem appeared to have been some of the reception team not switching their phones over correctly. Hopefully this has now been addressed and the number of missed calls has recently reduced considerably.

2. Harsha asked about face-to-face appointments and telephone triage.

Matt responded:

- The system in use is what the clinicians have decreed; reception are doing as instructed in implementing this.
Receptionists do not make up the rules in flight; they must not be abused for doing their job!
- The system is that all patients will receive telephone triage first. Then if the clinician feels a face-to-face appointment is needed this will be arranged (either directly on the phone, or by the patient being sent a choice of times).
- Triage and face-to-face appointments will be scheduled depending on urgency; they can (and do) happen on the day if that is required.
- Patients cannot just demand a face-to-face appointment without triage.
- This model is in use across the whole of the PCN.

3. Mark reported an issue he'd had with a local pharmacy over the electronic receipt by them of a repeat prescription.

Matt commented that while this does sometimes happen, it is much less frequent now Paresh and Sandip have good relations with all the local pharmacies.

4. Noreen commented on the good experience and care she'd had from Shannon the Physiotherapist.

6. Practice Updates

1. Staff Updates

- One of the receptionists has recently handed in their notice, largely due to the level of abuse reception receive from patients.
As a result the Practice now needs to recruit two receptionists.

2. Phone System

- Matt reported that a number of changes have been made to the phone system which should see the system improve.
- Matt is also trying to arrange for the phone announcement messages to be rerecorded; one of our members has volunteered to do this.
- The PCN is looking at a joint "hub" phone system to cover all the network's practices.

3. Waiting Area

- Keith asked if we could now return to using the noticeboards, and providing magazines and books.

Matt is of the opinion that magazines are an infection & safety risk and pointless as people spend the short time they're waiting using their mobile phones.

Matt will consult the partners about resuming use of the noticeboards and restarting the book exchange. Action: Matt

If agreed BPV will undertake to resume managing the noticeboards and books. This would also help a return to talking with patients in the waiting area. Action: Keith

4. *Room 6 Wall*

- The damaged outside wall of Room 6 is due to be repaired in the next couple of weeks.

5. *Flu Vaccine*

- Vaccines have now arrived.
- Saturday clinics are being arranged and eligible patients will be invited.

7. Other Group Updates

1. *Barnabas Bulletin*

- Sending text messages to patients with a link to the September issue has been delayed; it should happen over the coming weekends.
- Keith would like ideas and contributions for the December issue, please. Action: All Members

8. Matters Arising, AOB

1. Noreen thanked Matt for ensuring the front hedge was made safe and not obstructing the footpath.
2. Keith still has a list of topics for future talks.
3. Keith also still has to check and update any out of date documents on the group website.
4. Harsha asked about venues for in person meetings for the group.
 - Contact has still not been made with the church.
 - Keith is not aware of any other suitable nearby facility, and wishes to keep meetings close to the Practice and within the catchment area.
 - It was suggested that we might be able to hire space at one of the local schools. This might fit with doing outreach with the schools. Keith will investigate. Action: Keith
 - As an alternative it was suggested that next year we hold alternate meetings on a Saturday morning at the Medical Centre (if the Practice agrees) and mid-week lunchtime over Zoom. Action: Keith
5. Next Open Meeting: Saturday 18 November; 11:00; at the Medical Centre.

Keith C Marshall, Chairman

22 September 2023

2023 Meeting Dates

- Saturday 18 November, 11:00; at the Medical Centre ****NOTE CHANGE****

2023 Informal Call Dates

- Thursday 26 October; 10:00
- Monday 18 December; 17:00

Zoom Link: <https://us02web.zoom.us/j/7279594414?pwd=VmYwODdoWGg2eTFvTlVjVlZyRmhSQT09>

Meeting ID: 727 959 4414

Passcode: 149417

Sleep Apnoea

What is it?
Why is it important?
What can be done about it?

Keith Marshall

September 2023

Disclaimer. Nothing contained in this presentation is medical advice.
It is based purely on the author's personal experience.

Personal Checks

1. Do you snore? Loudly?
2. Has anyone ever said you stop breathing in your sleep?
3. How Sleepy Are You? [Epworth Sleepiness Scale]

How likely are you to doze off or fall asleep in the following situations?

For each situation, decide whether or not you would have:

- No chance of dozing = 0
- Slight chance of dozing = 1
- Moderate chance of dozing = 2
- High chance / certainty of dozing = 3

1. Sitting and reading
2. Watching TV
3. Sitting inactive in a public place (eg. theatre or a meeting)
4. As a passenger in a car for an hour without a break
5. Lying down to rest in the afternoon when circumstances permit
6. Sitting and talking to someone
7. Sitting quietly after a lunch without alcohol
8. In a car, while stopped for a few minutes in traffic

Add up your scores.

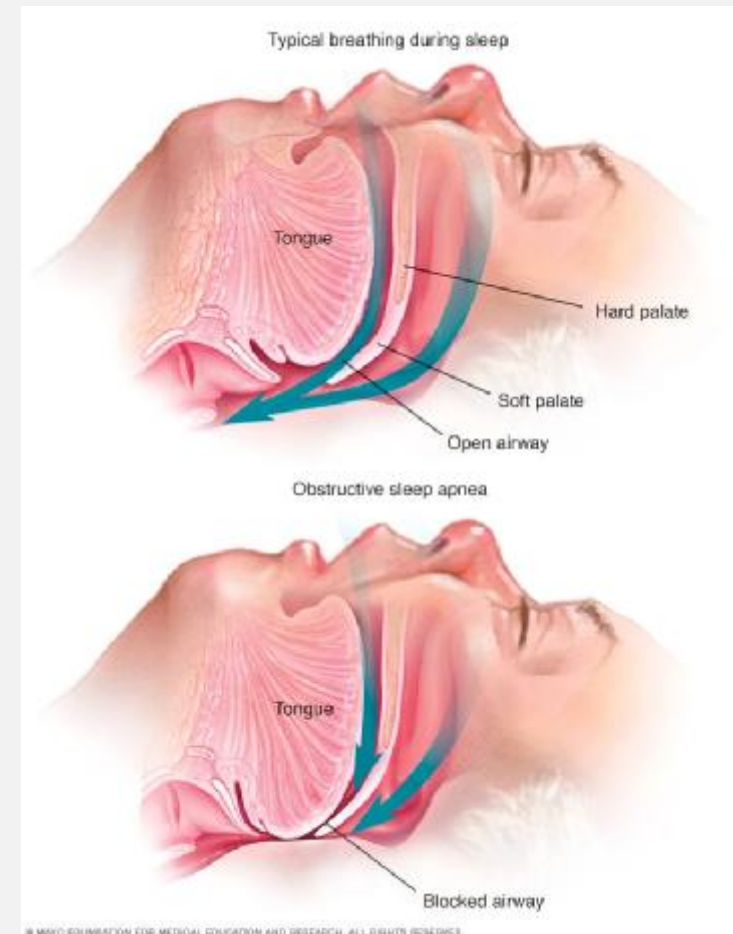
What is Sleep Apnoea?

When we sleep our muscles relax and lose tone
But some tone remains to keep the airways open

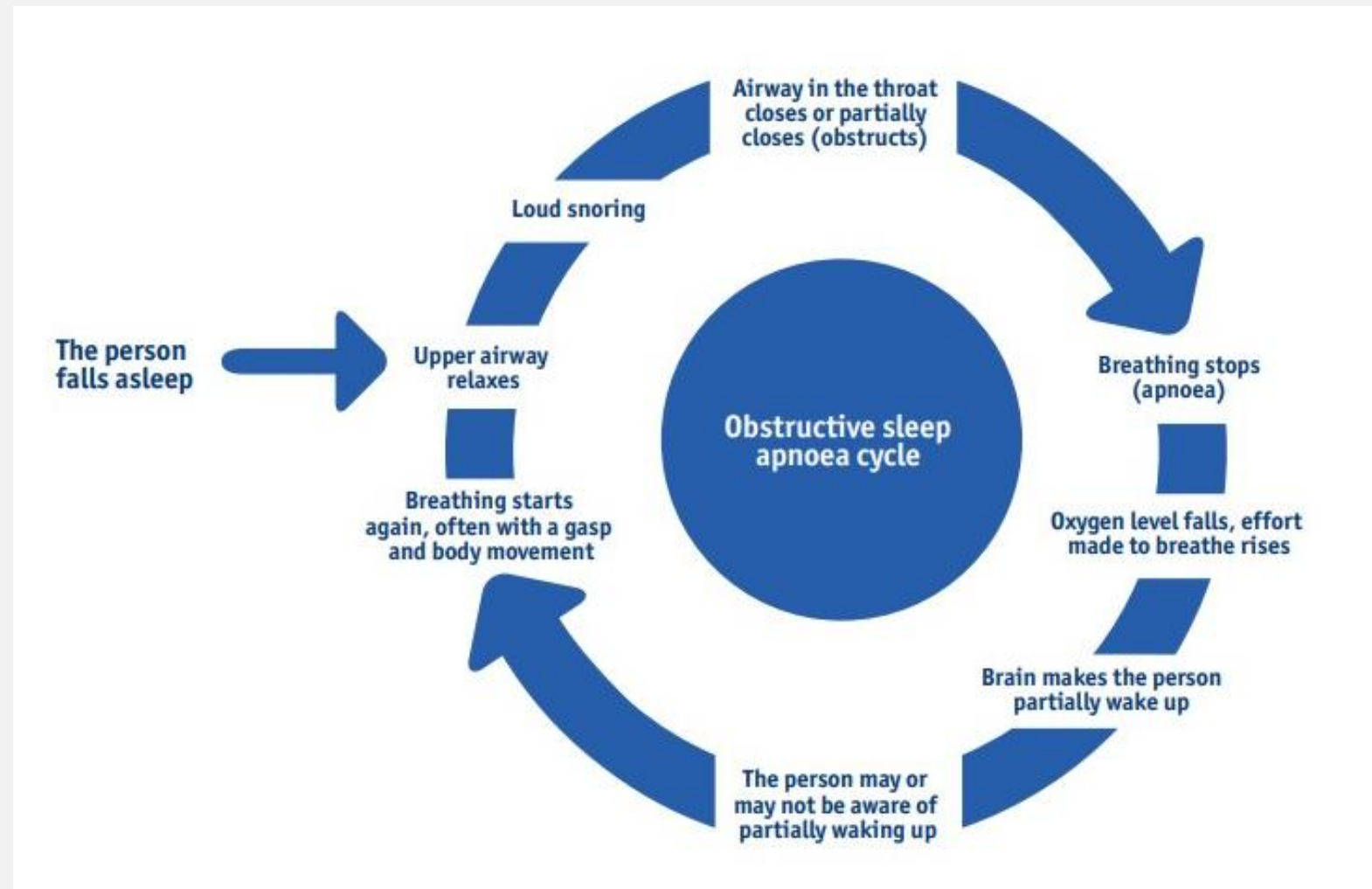
If this fails, the airway collapses and breathing is obstructed
This is **apnoea** – a loss of breath
Oxygen levels in the body fall ...
... CO₂ levels rise ...
... we start to suffocate

So the brain senses the lack of oxygen ...
... rouses us just enough to restore muscle tone ...
... and we start breathing again
You're not fully roused, only just enough, so you're unaware

This disrupts sleep, so we never get our restful repose ...
... and it puts us at high risk of cardiovascular problems ...
... and complications from Covid



Sleep Apnoea Cycle



Facts & Figures

Sleep apnoea is much more common than realised ...

- ... Sleep Apnoea Trust estimate up to 20% of adults affected ...
- ... up to 50% of type 2 diabetics ...
- ... 85% of those affected are untreated

Risk factors include ...

- ... Obesity
- ... Neck circumference
- ... Diabetes
- ... High blood pressure
- ... Age
- ... Male
- ... Family history

Can be serious ...

- ... high risk of cardiovascular problems
- ... daytime sleepiness impacts employment; machine safety; driving ...
 - ... estimated 15% of HGV drivers affected
 - ... possible implications for insurance
- ... quality of life

So you think you have sleep apnoea ...

Talk to your GP ...

- ... If necessary they will refer you to a Sleep Clinic at hospital
(In 2002 I was referred to the specialist Brompton Hospital)

At the Brompton, I saw the senior consultant ...

- ... who did all the usual checks ...
- ... would have banned me from driving ...
- ... and arranged a sleep study

Sleep study is usually 1 night in the sleep clinic being monitored ...

- ... wired up with electrodes ...
- ... to measure things like ECG, pulse, breathing rate, body temperature, O₂ levels ...
- ... and left to sleep all night

Next morning the data (collected on a PC) was analysed ...

- ... I had 500 episodes in an 8 hour night – that's severe – 1 a minute!

And then ...

- ... the most usual treatment is Continuous Positive Air Pressure (CPAP) ...
- ... it's a quick, but effective, fix ...
- ... and I was sent home, there and then, with a CPAP machine

CPAP is the most effective intervention, but suffers from poor compliance

How does CPAP work?

Basically it's a machine with a pump ...

... to push air into your airways to keep them open ...

... which means you have to wear a mask – every night

3 types of mask – nasal, full face, nostril pillows

Although a nuisance it's good – non-invasive and effective

My first machine had the pressure set manually by the technicians

Many modern machines are AutoPAP ...

... which dynamically adjusts the air pressure as required

Modern machines also record data ...

... and upload it like your smart meter ...

... for you and the hospital technicians to view

You can also have a humidifier ...

... to stop your nose and throat getting dry

Machines & spares are not cheap ...

... my mask & headset is £105 + VAT & delivery ...

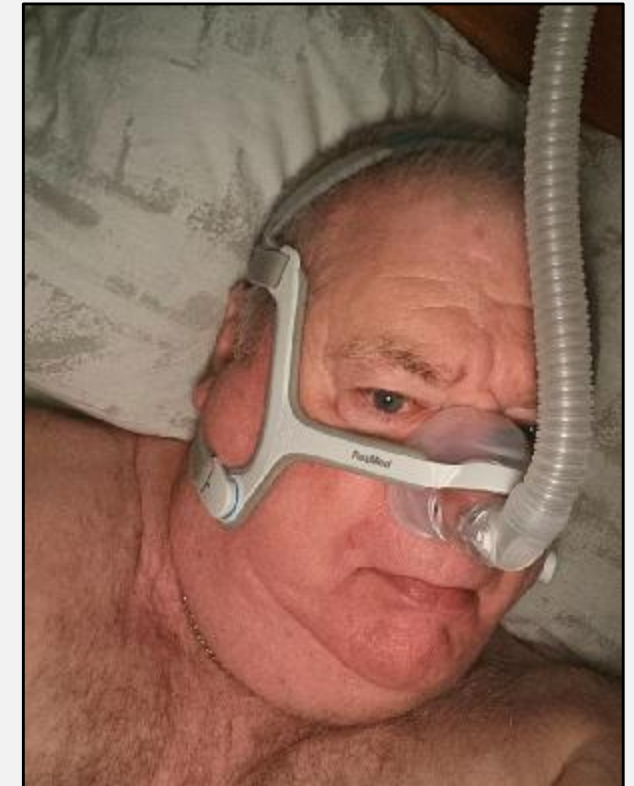
... my machine + humidifier is £675 + VAT & delivery

Masks & headsets generally replaced annually

If there are problems, can call sleep technicians ...

... they'll usually despatch spares if needed

Brompton use ResMed machines; there are other manufacturers



CPAP Advantages & Disadvantages

Advantages

- § Simple
- § Effective
- § Non-invasive
- § Quick results
- § Low ongoing costs
- § Cost effective

Disadvantages

- § Nuisance
- § Poor compliance
- § Initial cost of machine
- § Comfort
- § Dries airways without humidifier
- § Can be noisy

Other possible treatments

Mouth guard

- often designed by your dentist
- worn at night
- adjusts the position of your jaw/tongue to keep the airways open

Surgery

- surgical procedures (uvula-palatoplasty; tonsillectomy) to widen the airways
- invasive
- they seem not to be as effective

Implant

- implanted in chest like a pacemaker with lead to under the chin
- breath-synchronised mild stimulation of hypoglossal nerve to control tongue & airway muscles ...
- ... to keep the airway open during sleep
- very new – like in the last few months

Lifestyle Changes

- weight loss
- sleep on your side
- may help if apnoea not too severe

Moral

It matters

If in doubt ...

... get checked out

It's very easy to treat

GP Patient Survey 2023

			Barnabas	National	NGP PCN
Q32	Overall experience	Good	71%	71%	69%
Q1	Easy make appointment	Easy	34%	50%	54%
Q2	Reception helpful	Helpful	78%	82%	77%
Q6	Appointment time satisfactory	Satisfied	45%	53%	53%
Q8	Preferred GP	Always/a Lot	50%	35%	37%
Q15	Appointment choice offered	Yes, a Choice	67%	59%	65%
Q16	Appointment offered satisfactory	Yes	62%	72%	68%
Q21	Make appointment experience	Good	53%	54%	56%
Q25	Appointment seen on time	Early	5%	5%	9%
		On time	83%	67%	65%
		Late	12%	28%	25%
Q27a	Enough time	Good	84%	84%	77%
Q27b	Listening	Good	84%	85%	79%
Q27c	Care & concern	Good	86%	84%	79%
Q28	Mental health needs	Yes	77%	81%	74%
Q29	Involved	Yes	90%	90%	86%
Q30	Confidence & Trust	Yes	96%	93%	90%
Q31	Needs met?	Yes	91%	91%	87%
Q33	Avoided making GP appt	Yes	45%	10%	11%
Q40	Last 12 months support	Yes	56%	65%	61%
Q3	Online services used	Access Med Records	16%	17%	17%
		Book appt online	27%	23%	25%
		Order repeat prescription	32%	33%	29%
		Filing Online Forms	22%	11%	11%

	Best in PCN
	Worst in PCN
BLUE	Barnabas better than or equal national average