

## **Park Farm Medical Centre and Vernon Street Surgery**

### **PATIENT PARTICIPATION GROUP (PPG)**

#### **Minutes for Quarterly Meeting, Wednesday 9<sup>th</sup> July 2025**

The meeting opened at 19.00 in person at Park Farm Medical Centre plus on Microsoft Teams where preferred.

Attendees: Val Haylett, Roger Haylett, Richard Smith, Simon Jones, Nigel Aspdin, Vanda Vickers, Jean Moon, Michelle Young, Steph Clarke, Margot Keats, William Keats

**Val Haylett (Chair)** welcomed everyone to the meeting.

Apologies:

Andy Ronaldson, Sue O'Key, Susie Ekins, Lin Morris, Ian Pettit, Eileen Pettit, Dev Anand, Madhu Anand,

The minutes of the previous meeting Wednesday 23<sup>rd</sup> April 2025 were agreed.

**Matters Arising & Actions from the last meeting-**  
None

**Speakers: Admiral Nurses Stephanie Clarke and Michelle Young**  
**Topic Dementia**

Stephanie and Michelle, who both have many years' experiences working within the NHS, explained their role as Admiral Nurses.

They are specialist dementia nurses supported by Dementia UK to provide clinical & personal support work at all stages from pre diagnosis to end of life care.

They have a range of diagnostic tools to help support their client and family navigate through other agencies such as social services, housing, care companies, general advice – finances, obtaining Power of Attorney, inform DVLA, making a will, apply for eligible benefits e.g. blue badge etc.

Admiral Nurses have access to GP systems and if they haven't the expertise in a particular area they are well situated in The Council House to access other agencies.

It is a huge remit.

What is dementia? The umbrella term describes a range of symptoms caused by damage to the brain. All cases are individual and different. No two cases have the same symptoms.

There are many branches of dementia.

The most common is Alzheimer's - poor short term memory, lose directions, keys, mobility and ability to do personal care

Vascular dementia [through stroke] – problems thinking & planning, balance and some behavioral problems

Mixed dementia – Alzheimer's and Vascular Dementia.

Lewy Bodies Dementia – hallucinations, falls, cognitive decline – problems with memory, thinking and reasoning and mood changes

Dementia is a progressive disease and does get worse.

The majority suffer from memory, speech 'sun-downing' – symptoms getting worse in the late afternoon and the evening.

When the Admiral Nurses do assessments, their focused outcome is the best Person-Centered Care.

Admiral Nurses use the CEASE framework:

Communicate

Environment

Assess

Support

Evaluation

Pain/infections are very significant factors they can cause behavioural changes

It is important to see the Human Being/person and to maintain the dignity of that person.

Routines are very important.

Steph and Michelle have their own caseloads so they can establish trust with the person and their family.

Never correct a person with dementia who has 'got it wrong'.

*Therapeutic Lying* may be engaged so as not to re traumatize the patient.

40% cases could be prevented by modifying the risk factor - early interventions are important.

Modifiable Factors:

Hearing checked regularly – lack of brain engagement

Manage blood pressure and cholesterol levels.

Looking after general health

Alcohol consumption

Smoking

Caffeine consumption

Regular exercise

Diabetes management

Healthy eating

Sleep Hygiene

There is lots of information online e.g. Alzheimer's Society

A patient may be referred to the Memory Assessment Clinic, have a scan to assess the health of brain blood vessels and then a Psychologist considers all the information towards making a diagnosis.

**Q:** Is it hereditary? There is some genetic links to early onset by age 65.

Over 65 it is more likely to be because of modifiable factors

Services in Derby & Derbyshire:

2 Primary Care Network Admiral Nurses

Alzheimer's Society

Mental Health Team,

Memory Clinic

Rapid Response Crisis team for older patients – support that person and those around them

Living Well Programme – cover lots of aspects of Modifiable Factors

Cognitive Stimulation Therapy

Dementia Palliative Services/Team

Medication and Hospital are a last resort

Once you get diagnosis – what next? Eg Lasting Power Of Attorney, inform DVLA, making a will, apply for eligible benefits eg blue badge

**Stephanie and Michelle used a slide presentation which you will find attached.**

Val thanked Stephanie and Michelle for their very informative presentation. We hope they will return later in the year so more PPG members can hear them and raise further questions.

## **PPG/Derby Primary Care Network (PCN) update**

**Val Haylett**

There have been many PCN cutbacks that are impacting contracts within the Integrated Care Board (ICB). The cutbacks on the ICB, are creating some uncertainty. For example, Rapid Health, the online booking system, has not rolled out yet – hopefully it will be by the late Autumn – more updates at next PPG meeting.

## **Practice Update - Simon Jones**

Staffing – 2 registrars currently but they will be moving on, and replacements will be made in September.

We are looking for a replacement for Dr McKay who is due to retire in the Autumn. Dr McKay is the Senior Partner and Dr Boshell will take over this role.

Dr McKay will be present as the speaker at the next PPG meeting in October, which will be his last.

We have new receptionists who will cover for the experienced receptionists who are moving into new positions e.g. medicines administrations – please note this new role makes no clinical decisions

**A.O.B:**

**Q:** Where can I find information about the Practice staff?

**A** There are staffing lists on the Practice website, but we are currently looking to improve it e.g. by adding photos

**Q:** Shingles vaccine for the severely immune compromised – does it include Crohn's disease? –

**A** Provided after the meeting to give the correct information

**Definition of severe immunosuppression for the Shingrix vaccine programme Individuals with primary or acquired immunodeficiency states due to conditions including:**

- acute and chronic leukaemia, and clinically aggressive lymphomas (including Hodgkin's lymphoma) who are less than 12 months since achieving cure
- individuals under follow up for chronic lymphoproliferative disorders including haematological malignancies such as indolent lymphoma, chronic lymphoid leukaemia, myeloma, Waldenstrom's macroglobulinemia and other plasma cell dyscrasias (N.B: this list not exhaustive)
- immunosuppression due to HIV/AIDS with a current CD4 count of below 200 cells/ $\mu$ l.
- primary or acquired cellular and combined immune deficiencies – those with lymphopenia (<1,000 lymphocytes/ $\mu$ l) or with a functional lymphocyte disorder
- those who have received an allogeneic (cells from a donor) or an autologous (using their own cells) stem cell transplant in the previous 24 months
- those who have received a stem cell transplant more than 24 months ago but have ongoing immunosuppression or graft versus host disease (GVHD)

**Individuals on immunosuppressive or immunomodulating therapy including:**

- those who are receiving or have received in the past 6 months immunosuppressive chemotherapy or radiotherapy for any indication
- those who are receiving or have received in the previous 6 months immunosuppressive therapy for a solid organ transplant
- those who are receiving or have received in the previous 3 months targeted therapy for autoimmune disease, such as JAK inhibitors or biologic immune modulators including B-cell targeted therapies (including rituximab but for which a 6 month period should be considered immunosuppressive), monoclonal tumor necrosis factor inhibitors (TNFi), T-cell co-stimulation modulators, soluble TNF receptors, interleukin (IL)-6 receptor inhibitors., IL-17 inhibitors, IL 12/23 inhibitors, IL 23 inhibitors (N.B: this list is not exhaustive)

**Individuals with chronic immune mediated inflammatory disease who are receiving or have received immunosuppressive therapy**

- moderate to high dose corticosteroids (equivalent  $\geq 20\text{mg}$  prednisolone per day) for more than 10 days in the previous month
- long term moderate dose corticosteroids (equivalent to  $\geq 10\text{mg}$  prednisolone per day for more than 4 weeks) in the previous 3 months
- any non-biological oral immune modulating drugs e.g. methotrexate  $>20\text{mg}$  per week (oral and subcutaneous), azathioprine  $>3.0\text{mg/kg/day}$ ; 6-mercaptopurine  $>1.5\text{mg/kg/day}$ , mycophenolate  $>1\text{g/day}$  in the previous 3 months
- certain combination therapies at individual doses lower than stated above, including those on  $\geq 7.5\text{mg}$  prednisolone per day in combination with other immunosuppressants (other than hydroxychloroquine or sulfasalazine) and those receiving methotrexate (any dose) with leflunomide in the previous 3 months

**Individuals who have received a short course of high dose steroids (equivalent  $>40\text{mg}$  prednisolone per day for more than a week) for any reason in the previous month.**

With regards to the specific query regarding Crohn's patients, Crohn's disease itself does not make the patient eligible for a shingles vaccine, but the medication that a Crohn's patient may take, potentially meets the criteria. The vaccine is available for patients regardless of health conditions for anyone that turned 65 since 1 September 2023 and for patients aged 70-79.

Meeting closed 20.15

**Next meeting**

Wednesday 8<sup>th</sup> October 2025 at 7pm  
Speaker – Dr N McKay

In person in the meeting room at Park Farm Medical Centre and available on Teams

If you are unable to attend but have a question or query for the meeting, please contact Val Haylett, either by email or by leaving a message at one of the practices.

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