

Forest of Dean Health Forum

Notes

Tuesday 1st February 2022 at 7.00pm

Topic - Diabetes Care - Prevention and Management

Speakers:

Gary Deighton - Health Delivery Lead
Jo Edginton - Lead Practice Nurse
Zoe Hamilton - Clinical Programme Manager -CCG
Lin Waters - Wellbeing Support Coordinator (Diabetes)
Sarah Hughes - Dietician

Present:

Albert Weager - Chair	Jim Spiers - Treasurer	Linda Vaughan - Secretary
Di Martin - Committee	Terry Hale - Committee	Sylvia Francis - Committee
Nick Penny	Jim Rollinson	Claire Smeeth
Doug Battersby	Deborah Vaughan	Jackie Frost
Hilary Bowen	Lorna Carter	Caroline Smith
Bren MacInerney	Oma Watkins	Chrissie Johnson
Louise Fletcher	Jackie Jenkins	Marcia Gallaher
Anthony Midgeley	Lena Maller	

Zoe Hamilton- Senior Programme Manager - began by explaining the two main types of diabetes and the other much more rare conditions.

- There is an NHS national diabetes programme for people at risk of developing Type 2 Diabetes which is delivered in Gloucestershire by Xyla Health & Wellbeing, which can be accessed by direct referral from GP/nurse, Self-registration following being informed they are at risk by their GP or completing the Diabetes UK "Know Your Risk" questionnaire. Group sessions can be delivered through MS Teams, there is a digital 1:1 service provided by Oviva.
- For people with Diabetes, management is usually by annual reviews by GP practice, yearly eye screening provided by Specialist Eye Screening Service. Targets are HbA1c < 48mmol/mol, Blood Pressure < 140/80mmHg and prescribing statins for combined prevention of CVD.
- Smartphone Home ACR Testing can be done where the patient can be given a test kit alongside a smartphone app.
- Structured Education is there to help people with Type 2 diabetes to understand and manage their condition. It is delivered by Diabetes Health Educators within the Specialist Diabetes Team at Gloucestershire Health & Care Trust. There are three different sessions that are delivered face to face in venues within each district.
- Ki-Activ is an online services giving remote mentor support for 12 weeks to encourage patients to increase their physical activity if they are living with diabetes and hypertension and have BMI 30+ or living with pre-diabetes and hypertension with BM 30+, or are living with COPD.

- The Low Calories Diet Programme for T2 Diabetes has a 12 month programme going from a 12 week Total Diet Replacement - 800 kcals per day, then 4 week food re-introduction and a maintenance phase for the rest of the programme. The Integrated Model of Care for Diabetes is a single, fully integrated, multidisciplinary, community based diabetes team which now has a Community Consultant Diabetologist.

Jo Edginton explained how things are organised in General Practice in order to prevent and manage Diabetes. Most GP practices aim for 6 or 12 monthly checks, but she explained that there has been an inevitable backlog due to practice staff delivering the Covid vaccinations. Practices aim to call patients in their birthday month, but of course they can call the surgery if they have any concerns. The causes of Diabetes can be genetic, lifestyle and weight or a combination. Checks are done on Blood Pressure, weight, foot examination, with a blood test for kidney function, cholesterol and blood glucose. Eye tests carried out by an optician. Home testing gives a snapshot of the blood glucose level but the blood test done in clinic gives a reading over a longer period of time. For pre-diabetic patients there are a range of services to help and with lifestyle changes it is possible to go into remission.

Gary Deighton explained that the FODDC in conjunction with the wider Community Wellbeing Team, can offer exercise on referral under the social prescribing service. There is a really good system offering non clinical support and support for people with learning disabilities and autism. There is a Get Out and Get Active scheme as well.

Lin Waters explained her role in supporting, raising awareness and providing links between medical and non-medical care provision. There will be a focus on the Cinderford area where NHS data shows there is a prevalence of Type 2 Diabetes. The aim is to engage with local residents to explore and understand the motivations for people and the barriers they feel they have. A diabetes and wellbeing forum has been set up through Facebook <https://www.facebook.com/groups/354697301235661> A face to face support group starts on 1st March at Forest Sensory Services. Connection to be made with Social Prescribing team referrals, the Community Diabetes Team and with Glos Wildlife Trust with their various projects.

If anyone has any queries or would like to discuss their experience of living with diabetes, please contact Lin directly on:

Tel: 01594 812447

Email: lin.waters@publicagroup.uk

Sarah Hughes talked about the stigma associated with weight and diet, and the ways in which blood glucose can be monitored. Jackie demonstrated a device which is put on the skin which can give regular readings throughout the day which helps people to regulate their levels. In order to reach people who are not engaged it is hoped that the Fire Service will help as they go into homes to do safety checks etc.

The comments from members included the importance of Patient Participation Groups, the use of practice newsletters and the need to respect the patient's wishes and not impose.

The pressures at GP practices were noted including shortage of staff, shortage of vials and the shortage of time.

Louise Fletcher will follow up on the Patient Participation Groups as this is a requirement.

The full presentations will be sent out separately by email.

1. Apologies - Bill Evans, Anthea Tawney, Louise Penny.

2. Peggy Jordan - Condolences were expressed at the passing of Peggy who had been a member of the Forum for many years. Her funeral arrangements will be notified to members as soon as they are known. The Forum will send flowers if there are to be any.

3. Matters Arising - correction to December notes - Marcia Gallagher attended in her capacity of Non-executive director of Gloucestershire Health and Care and also Chair of Crossroads FOD. Marcia asked to be put in touch with Dr Saran Braybrook.

4. Members Reports - Cross border problems with communication from ambulance in England to GP in Wales.

This has been reported to Caroline Smith who is investigating.

5. Questionnaire for Lydney Health Hub- this is only intended for the patients at the 2 Lydney Surgeries.

6. Chair's Report - attached

Albert gave a summary of some of the work he has been doing on our behalf and felt that the Integrated Care System was coming together well in the Forest with good links between Health and Social Care.

- He is due to attend the Ageing Well Board meeting.
- He noted that there is a monthly Hearing Aid and Ear cleaning clinic at Foxes Bridge Cinderford
- It was noted that FVAF are doing a lot of excellent work in the Forest and the Community Connectors meetings are well attended and very informative.

7. Financial report - Balance of £1564.30 - Change of bank account. Our bank is setting a charge of £5 per month to hold the account plus a charge for cheques. No other bank appears to be doing free banking at present for the type of account we need and so we will stay where we are for the present.

8. Any Other Business

Next meeting on Tuesday 1st March at 7.00pm via Zoom

Topic: Forest Health Forum - March Meeting

Time: Mar 1, 2022 07:00 PM London

Join Zoom Meeting

<https://zoom.us/j/94860468992?pwd=OFd6MXZwUUVqSGsweUlybGxsWE90Zz09>

Meeting ID: 948 6046 8992

Passcode: 241823

Chair's Report to Forest of Dean Health Forum 010222

All meetings have been virtual ones.

There have been meetings relating to the Forest Integrated Locality Partnership and Forest Connectors.

Within the ILP there have been discussions on identifying needy Forest residents who might benefit support intervention. These discussions have focused on alcohol and substance abuse and the prevention of type 2 diabetes.

I was part of the discussions/debate on diabetes 2 and these were led by Zoe Hamilton and Forest PCN (Primary Care Network) specialist nurse, Joanne Edginton.

These meetings embraced the underlying rationale, within the context of Population Health Management,(PHM) leading to a change in behaviour. A considerable amount of data was presented at the two meetings which enabled a cohort of identified people, suited to meaningful interventions.

It was recognised that this would be a transformational process against a campaign background on 'Healthy Lifestyles' and a cohort of people was established.

A full meeting of the ILP looked at pain management and we heard from Joy Lavender, CCG Clinical Programme Manager, on pain management. There is a resource pack available and an exercise referral scheme principally for 'pained' people and some 140 have been referred, primarily from Primary Care. Social Prescribing is a good example of this in action. There are links to the Ageing Well Programme and there is also a resource pack for diabetics.

There was also a mention of 'Warmth on Prescription' (early days) and likely beneficiaries from Gloucester and the Forest are being sought .There were also updates on the Community Well Being Service with referrals mainly due to Mental Health. This is linked to a 'Lets Talk' service which aims to boost confidence and self-esteem.

Long term conditions (LTCs), social isolation and loneliness, particularly amongst the elderly, were part of a busy agenda which noted that our two PCN social prescribers had referred 57 children under the age of 16.

My other meetings were on Forest Connectors, managed by FVAF, these have feature news of a Forest Mental Health project run by Simon Price, good discussion and debate on this helping to

shape an action research project. We also learned about the Wild Town project being run by the Gloucestershire Wild Life Trust. Cinderford features. The establishment of community hubs came our way as did news of a community newspaper for Tidenham Parish, aimed at connecting communities.

Albert Weager Chair 010222

Monthly Financial Report
January 2022. (24th. December – 23rd. January)

Meeting Date. 1st. February 2022
By Zoom due to Coronavirus

Opening Balance. **£1564:30p.**

Income.

Outgoing. **£150:00p.** **Andrew Jordan. (Website Registration)**
£ 5:00p. **Bank Charges.**

Closing Balance. **£1409:30p.**

James E.Spiers

Treasurer