

**South Edinburgh Health Forum
Notes of Meeting of 12 March 2009**

Present: Pat Abel (PA), Ian Clement (IC), Heather Goodare (HG), Norman Tinlin (NT), Patricia Robson (PR), Ruth Stroud (RS) and Chris McGregor (first half of meeting)

Apologies: Councillor Elaine Aitken, David Davies, Helen Ogg, Helen Zealley

In the Chair: NT (Note taken by HG)

1	<p>Chair It was agreed that NT should take the chair for the meeting.</p>	Action
2	<p>Minutes of Previous Meeting The minutes of the meeting of 12 February 2009 were approved, with minor corrections.</p>	
3	<p>Matters arising</p> <p>1 SEPPF Co-ordinating Group HG reported that the last two meetings of the SEPPF Co-ordinating Group had been disappointing, with no administrative support, first owing to illness, and then to a misunderstanding about the date, time and venue of the meeting held on 9 March, which was attended by four people. David White (Assistant General Manager, CHP), had presented a proposal on 5 February for Neighbourhood Partnerships to be 'one of the main mechanisms for the further development of the South Edinburgh PPF'. NT and HO, as well as HG, had commented unfavourably on this proposal, though other Co-ordinating Group members thought it had some merit. So far HG had had no response from David White to her comments and those of NT and HO. The next meeting was scheduled for 9th April, but no venue or time had yet been fixed.</p>	HG
4	<p>Dementia Chris McGregor, Vice-Convener Alzheimer Scotland and Board member of Alzheimer Disease International, was welcomed to the group, and gave a very helpful and interesting presentation about the problems of patients with dementia, and what still needed to be done to help. A brief summary of the points she made is given below.</p> <p><i>Early diagnosis</i> GPs were not always good at picking up the early signs of dementia, which included confusion, character change, depression, as well as memory loss. Often there was denial in the early stages, by both patients and carers. Early diagnosis is important, and partners/family should alert GPs, since diagnosis gives the person and family the ability to plan ahead. .</p>	

There was now a push to giving more teaching on dementia to medical undergraduates, nurses and social workers. Dementia itself was not necessarily a death sentence: patients would probably die of something else – *with*, not *of* dementia

Treatment

The aim was to keep patients at home as long as possible. Drugs can only slow the progression of the disease, not cure it. Some Dementia nurses were being recruited and funded for three years by Alzheimer's Scotland before funding was taken over by the NHS. There were now many self-help groups in Scotland that were doing an excellent job. But sometimes people did not want to take part in group activities or go to day centres: the choice was theirs.

Good news

There was now much greater awareness of dementia, and less fear. The Scottish Government had declared dementia to be a priority in their programme. Chris was about to set off to Singapore, where the annual Alzheimer International Conference was being held. As part of the programme people with dementia were themselves to be keynote speakers, and would be presenting a film 'Seize the Day' about a self-help group. The only Dementia Services Development Centre in the country is at Stirling University, and was founded by collaboration between the University and Alzheimer Scotland. Poetry, life stories and so on were valuable therapeutic avenues to explore.

Risk factors

Familial dementia is thought not to be too significant. Possibly lifestyle may be contributing, possibly diet. It was important to keep an active brain as long as possible. Alzheimer's was responsible for 70% of cases, some others being vascular dementia and Lewy body dementia.

What could SEHF do to help?

IC mentioned that the new scanner at the RIE would help with early diagnosis. It was suggested that Chris might be invited to talk to the public/patient group at the RIE, since emergency care for people with dementia was a current concern. We could also keep an eye on what the Scottish government was doing with regard to dementia. Alzheimer's Scotland was there to be used: Chris distributed a number of helpful leaflets.

Chris was warmly thanked for her contribution.

5	<p>Website NT reported that he had now sorted out various technical problems, and that it should be 'ready to go' at the weekend after final testing.</p>	
6	<p>Emergency Contraception The paper prepared by HG was circulated. Since writing it she had discovered that pharmacists may give emergency contraception to girls as young as 13, without informing GPs, and that schools are also giving it out to girls under 16, without parental consent. At the same time parents are consulted about relatively trivial matters such as administering basic first aid. We needed more information about educational and pastoral care policy on such matters, but could take the opportunity offered by the Maternity Services consultation to highlight the issue. HG had taken up the matter of the inaccurate information in the FPA leaflet with Jamie Wallace, of the SEPPF Co-ordinating Group, who was in touch with the FPA as Assistant Branch Co-ordinator, Education, for Caledonia Youth, and had promised to raise it with them.</p>	
7	<p>Other business Counselling was suggested as a future agenda item.</p> <p>NT drew attention to the proposal for a garden and seat in memory of Suzi Wong. Contributions were being collected by the Morningside Community Council.</p> <p>He also drew attention to the current Science Festival programme, which had some interesting lectures, on diabetes, cancer treatment etc.</p>	
8	<p>Dates of future meetings These were agreed as follows:</p> <p>2 April, 7 May, 4 June, 2 July. No meeting was planned for August.</p>	