



## Minutes of the Patient Group (PG) Meeting Monday 29th September 2014, 6.45-8.15 pm at the Charter Medical Centre

---

### Present:

**Practice Representative:** Dr. John Condon (GP), Lucy Albu

**PG members:** Clare Tikly (Chair), Maureen Smalldridge (Vice chair), Maureen Ramsden (Treasurer), Justin Burke (Committee), Jean Gaston-Parry (Committee), June Gillingham (Committee), Nora Mzaoui (Committee), Helen Phillips (Committee), Pat Arditi, Ludmilla Ferguson, Joan Johnson, Nicola Latham, Ann Orkney, Bob Potter, John Ramsden, Richard Scott, Glenys Simpson.

### 1. Introductions and Apologies for absence

The Chair welcomed all attendees and introduced the Committee and Practice representatives Dr Condon and Lucy Albu

Apologies: None

### 2. Minutes of the PG meeting 16<sup>th</sup> June 2014 and matters arising:

These had been previously circulated. There were no matters arising and they were adopted having been proposed by Justin Burke and seconded by Bob Potter.

### 3. Speaker: Susie Bennett, health promotion Advisor with the Sussex Community NHS Trust Cancer Prevention Team

Susie provided information about early detection and prevention, signs and symptoms and the testing programs for the 3 main cancers, Bowel, Breast and Cervical that have screening programmes.

She noted that cancer is an evocative subject and whether through fear or other reasons, people were not undertaking screening tests. The take up of screening in Brighton and Hove is low. The main emphasis of the talk was that ***if cancer is diagnosed early then there is a much better outcome from treatment.***

**Bowel** cancer-both men and women are at risk which increases with age. 8 out of 10 people diagnosed are over 60. The definite cause is unknown but risk is increased by eating junk food, fat and sugar and not enough fruit and fibre, being overweight, smoking and lack of physical activity. Also if someone in your close family has it.

Symptoms include a persistent change in bowel habit, blood in stools, unexplained weight loss or tiredness.

Screening looks for hidden blood in stools and is currently targeting men and women aged from 60 to 69 and will be extended to those 70 to 75 in the future. 2 out of 100 people tested have a positive result and are invited for further testing. Certain problems with the testing method were identified by the audience and Susie noted that this had been reported to the testing centre.

**Breast** cancer is the most common cancer in the UK and mainly affects women, but men can have too. Around 8 in 10 breast cancers are diagnosed in women aged 50 and over. Risk of breast cancer increases with age, family history of the disease, obesity and alcohol, early menstruation, the contraceptive pill and HRT. Be aware of what is normal for you and report any changes such as lumps, puckering of the skin, pain or discomfort, changes in size shape or feel of the breast or position of the nipple to your GP immediately

Screening (mammography) is an x-ray examination of the breasts and generally women are invited every 3 years from 50 to 70.

**Cervical** cancer is the most common cancer in women under 35 in the UK with 2900 new cases in 2010. It often has no symptoms in the early stages but unexpected bleeding such as between periods or after sex may be a symptom. Risk factors include smoking, family history, the contraceptive pill and sexual history. However it has now been determined that nearly all cases of cervical cancer are linked to HPV (Human Papillomavirus) which is a common sexually transmitted virus which will infect most adults at some point in their life.

Screening is offered every 3 years for women between 25 to 49 and 5 years from 49 to 64. Because of the national screening programme the number of new cases is falling. Estimates suggest that screening saves 5000 lives a year. Screening itself does not test for HPV, but this is now done in Brighton and Hove.

Susie summed up by suggesting that the key message is to take up offers of screening and to communicate with your GP. Keep a diary of what is going on. Be clear about your symptoms and concerns.

Susie also drew attention to a series of free art workshops in October to December for people to express their cancer experience and left leaflets in the surgery.

The Chair thanked Susie for a very interesting talk.

### **Refreshment break**

#### **4. News from the Practice**

Lucy Albu informed the meeting that a lot of changes were happening within the NHS, some of which did not have definite information, but at present it was expected that:

- i) As part of a government initiative for the public to see more of their medical records, by 31<sup>st</sup> October, people with on-line accounts would be able to see a summary of their medication, as well as their allergies and sensitivities and by 31<sup>st</sup> March 2015 they would see their detailed medical records going forward.

She thought it was unlikely that past medical records would be available because there are strict rules under the Data Protection Act that the practice must follow regarding third party information and access to personal medical records and it would be too time consuming to edit all medical records and obtain necessary permissions. The on-line records would be from the Practice database and it would not be possible for patients to sit in the surgery and view the database. Only the patient record summary will be presented to patients online as some kind of 'read only' form. She believes blood test results would be available as of 31<sup>st</sup> march. Dr.Condon noted that they were now able to do a text for blood test results.

*Further information from practice manager Phil Plunket: the government has said patients are going to be allowed to view their entire medical record. The practice needs to set up processes that allow them to be able to ensure that only authorised people are permitted this facility, which will take a few weeks at least. He is hoping to be able to do this by the end of the year. However, patients will only be able to see their data from the date that the facility is enabled and will not be able to view their entire medical record.*

ii) All NHS organisations now have to do an anonymous Friends and Family test, which is a 2 question questionnaire. The 1<sup>st</sup> question had to be "would you recommend this surgery to your friends and family". The second question would be determined by the Practice in conjunction with the PPG. Charter has to submit its first analysis of 100 responses in December and the questionnaires would be appearing shortly

iii) EPIC is a collaborative working arrangement under the Prime Ministers Challenge Fund between a number of practices. It covers a number of things such as weekend and evening surgeries. Charter will be providing surgery space. November was the date when Charter would become active, although an audience member noted that at the recent EPIC launch the date given was 29<sup>th</sup> October. Detailed information would be posted on the website as soon as it is available.

iv) Flu jabs-the surgery were still hoping to run the flu clinic on the 11<sup>th</sup> October, although the flu vaccinations had not yet arrived. It was now possible to vaccinate 2, 3 and 4 year olds with a nasal spray. She believed shingles and pneumonia vaccinations would also be available on the day.

*Further information from Lucy: Flu jabs have been delivered. Nasal flu ETA this Friday 10<sup>th</sup> October. We recommend that all healthy children who were age 2, 3, or 4 on 1<sup>st</sup> September 2014 come for a free nasal spray. This is a great opportunity to stop your child catching a bad dose of flu and spreading it to your family. Rumour has it that flu cases have started early this year.*

## **5. Update on some health and care meetings in Brighton and Hove**

This item was not covered due to lack of time

## **6. Opportunities for volunteers**

The Chair suggested attendees take a list of areas where volunteers were required in order to expand PPG activity. One particular area she was interested in was starting a support group for carers of people with dementia

### **7. Future meetings of Charter PG**

Maureen Smalldridge referred people to the Newsletter which contained information on the next PG Meeting on 1<sup>st</sup> December when Kevin-Rozario Johnson from B&H Wellbeing service would talk about what support was available to people suffering from stress related issues, particularly in the Christmas period and an additional open evening on 24<sup>th</sup> November when Sara Callarman from the Speak Your mind Young Peoples Advocacy Project would be available to provide advice to young people who would like to know how to access help for emotional wellbeing.

### **8. AOB**

The Chair reminded people of the Monday Healthwalks and noted that there would now be a monthly hourly "Chat" room where patients could talk directly with a member of the PPG Committee. This could include ideas such as developing the PPG, signposting or helping. The first date was 3<sup>rd</sup> October when she would be available.

The meeting closed at 8.20pm

MS 16 October 2014