

# Patient Participation Group

Minutes of the Full Meeting on 15th June 2021

Meeting held by Zoom at 7:00 pm

**Leader:** Rosie Chisnell, **Minutes:** Graham Fothergill

- 1. Present:** Amanda Preedy, Rosie Chisnell, Graham Fothergill, Joy Hall, David Wilkinson, Ken Spooner, Barry Hall, Angela Dormer, Graham Dormer, Robert Sprigge, Penny Berry, Janet Bell, John Bell, Tony Dollimore, Malcolm Cooke, Chrissy Cobbold, Sheila Stowe, Kay Loveless, John Stead, Sally Elliott, Ros Sherry, Gill Bartlett, Dave Bartlett, Jane Walker, Lynda Martin, Phyl Stevens, Lynne Drake, Mike Pye, Ron Walker (Bedwell & Roebuck PPG), Patrick Williams (Prostate Cancer UK), Mark Taylor (Prostate Cancer UK).
- 2. Apologies:** John Townend, Jan Burt, Renata Crome, Brenda Davies, Tony Stowe, Vivienne Fountain, Matt Charles (PCN Business Manager), Allison Seymour (Practice Manager, Bedwell and Roebuck Practice).
- 3. Declarations of Interest:** None.
- 4. Minutes and Matters Arising from Meeting held on 18th May**

The Minutes were agreed as an accurate record of the Meeting.

There were no matters arising that would not be covered by today's Agenda

## **5. Presentation by Patrick Williams – Prostate Cancer UK**

With the aid of a Powerpoint presentation, Patrick provided an excellent presentation on prostate cancer and on his personal experience of the condition. A copy of Patrick's slides is appended to these Minutes.

On behalf of the PPG members, Rosie thanked Patrick for his presentation. Patrick and Mark Taylor left the Meeting at this point.

## **6. Covid Vaccination Update**

Ken confirmed that the programme of PCN-based vaccination sessions at the Roebuck surgery was now at an end and that all patients in the younger age groups were being directed to Robertson House or other similar local centres. The Practice will not be involved in this but they will make a note of any patients who are unable to reach Robertson House and may arrange for a small vaccination clinic at one of our surgeries for these patients. Ken reported that the take-up so far in our Practice was well up with the national average (>60%).

Graham mentioned that there seems to be some confusion locally as to when vaccination centres were offering walk-in sessions or had spare capacity; Ken agreed that this did seem to be somewhat disorganized and that there were problems of communication.

In response to a comment from Robert, Ken confirmed that generally the uptake in BAME patients was quite low and that only 45% of these patients in our Practice had been vaccinated. When asked about the levels of Covid infections in this area, Ken commented that these are relatively low but are increasing slowly.

## 7. Practice Update

Ken reported that Practice clinics are steadily getting back to normal and that the special clinics for joint injections had now restarted. As from now, there is a regular phlebotomy clinic at Knebworth surgery as well as at Marymead. However, Ken explained that there are now no walk-in phlebotomy clinics at the Lister, QEII or Hertford County Hospitals; these are by appointment only and have to be pre-booked online or by telephone. Ken asked for patients to report their experiences (good or bad) of this new system.

Ken confirmed that there is no problem with face-to-face appointments at the Practice provided there is a medical need, but telephone/video triage will remain and this is likely to continue to be an arrangement for the future.

Ken said that he was concerned that training sessions that had been imposed by NHS England were wasteful of the staff's time which could be better used in clinics and in the conduct of normal duties. He reported that the Practice is about to appoint a Healthcare Assistant who would be trained in-house up to Nurse Associate level and would, hopefully, then become a fully-fledged Practice Nurse. He explained that within the GP nursing profession there was an age profile problem and that it was important to employ and train younger nurses.

As a consequence of the effects and after-effects of Covid, Ken stressed the important role of the PCN's social prescribers, assisting in the management of issues such as low level depression which might otherwise have to be dealt with by GPs. Similarly, the PCN's care co-ordinators are taking over some of the work with care homes that would previously have been taken by a GP.

A new version of the Practice website has now been implemented; Ken will meet with David and Nic Dungan to consider any amendments or adjustments that will make it more user-friendly.

With the increasing use by patients of eConsult, Ken, Graham and David will meet to develop a patient survey on the use and problems of the system.

Ken mentioned that the Practice was turning more and more to the use of NHS-approved internet methodology, such as Medlink which is now being used for six- and twelve-monthly reviews of "at risk" patients.

Ken reported that there had been a recent glitch with the new telephone system when some hardware had been installed for the broadband to default to 5G; this fault has now been rectified. It is hoped that it may be possible to put a call-numbering system onto the telephone system. Following a number of complaints about the length of the introductory message on incoming calls, Ken agreed to see if this could be shortened whilst retaining the essential messages. He commented that the intro message at his own Practice was about 30 seconds longer than the Knebworth and Marymead one!

Ken explained in some detail the new NHS initiative to capture data on all patients in GP Practices and to use it for commercial purposes. In particular, it was stressed that unless patients positively opted out before the deadline (1st September) their data would be collected, including any information that the patient might consider to be particularly sensitive. In response to a question, Ken said that, by law, the Practice would have to agree to participate in this data capture. Concerns were expressed by the meeting as to how the data would be used, what safeguards there were on the anonymisation process, how patients would be informed of this scheme and how to opt out if they wished to do so.

## 8. Health Walks

Rosie reported that the most recent walk (15th June) was led by her and Angela, with Mandy as the “extra” leader. The number of walkers was up on the previous one, and this time refreshments were provided afterwards by the Knebworth Bowls Club. It was noted that some walkers are still having problems booking onto the walks.

## 9. Speakers/Topics Planned for Future PPG Meetings

Graham provided brief information on the planned speakers for forthcoming PPG Meetings; the subjects will include social prescribing, bowel cancer, care co-ordination, cervical cancer screening and Admiral nurses.

## 10. Any Other Business

Mandy reported that the Knebworth surgery defibrillator would be installed at the corner of London Road and Station Road (on Burgess's property) on 2nd July.

Joy and Chryssie both expressed their thanks for the excellent service that they had recently received from the Practice.

The Meeting closed at 8.35 pm.

**The next PPG Meeting will be on Tuesday, 20th July at 7.00 pm, by Zoom.**

## Patrick’s Powerpoint Presentation

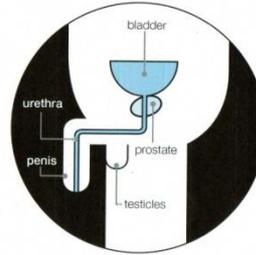


## What is a prostate?

It's a gland that sits beneath the bladder, its main job is to help make semen.

The following people have a prostate:

- men
- trans women
- non-binary people who were assigned male at birth
- some intersex people.



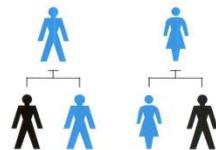
## Conditions that can affect the prostate

1. An enlarged prostate
2. Prostatitis
3. Prostate cancer



 In the UK, 1 in 8 men will be diagnosed with prostate cancer in their lifetime

You have a family history



You are a black man



Age 50 or over

## 3. Does prostate cancer have any symptoms?



## Common symptoms of a prostate problem

- Needing to wee more often than usual, day or night
- Difficulty starting a wee
- Straining or taking a long time to finish weeing
- A weak flow
- Feeling that you haven't emptied your bladder properly
- Needing to rush to wee – sometimes leaking before you reach the toilet
- Dribbling urine after you finish weeing.



But most men with early stage prostate cancer have no symptoms at all.



## 4. Take action



## You have the right to a PSA test if you are over 50

If you have a family history of prostate cancer or you're black, you are at higher risk. Call your GP to talk about the pros and cons of a PSA blood test.



## What you can do

If you are at high risk of prostate cancer you can:

- Speak to your GP about the pros/cons of a PSA test
- Speak to one of our Specialist Nurses on [0800 074 8383](tel:08000748383) or chat to them online
- Share this information with people you know



# Prostate cancer: Check your risk in 30 seconds



## COVID-19

GP surgeries and hospitals are maintaining social distancing and have strict infection control measures in place to keep you safe.



## Any questions?



## Thank you

