

Belford Medical Practice Patient Participation Group

Minutes

Belford 27 April 2016 at 2.00pm

1. Apologies: Stuart and Elaine Robertson, Joy Cooper, Elizabeth Nicholson, John Bardsley, Judy Taylor (Brown), Sheena Trotter, Fiona Reid
2. Present: Rosemary Ellis RE, Anne Gladstone AG, Dennis Cromarty DC, Marjorie Turner MT, Brenda Stanton BS, Geoff O'Connell GO'C
3. Resignations: Margaret Coleman – ill health, John Bardsley – other commitments, Elizabeth Nicholson – moving house
4. Welcome to new members: Apologies from Judy Taylor; RE told group that Brenda Friers would also like to join.
5. Presentation by Debra Daglish, Health Professional Engagement Facilitator (North of England), from Cancer Research UK.

RE welcomed Debra and thanked her for coming to speak to group.

Debra introduced herself and explained her role with Cancer Research UK. This is a brand new post introduced to improve cancer awareness set up because international benchmarking has shown that when similar Health economies/survival rates are compared across the world, UK is not as good as France, Canada...CRUK are trying to raise cancer awareness nationally because early diagnosis is important in survival. CRUK is also finding Primary Care.

Debra explained cancer staging:

- 1 and 2: survival rates are good and the cancer is contained within the organ
- 3: cancer cells may have migrated to lymph nodes
- 4: metastases in other organs.

Ten year survival rates:

- 1996 – 1 in 4 lived for 10 years after diagnosis
- 2016 – 2 in 4 lived for 10 years after diagnosis
- 2026 – 3 in 4 will live for 10 years after diagnosis hopefully

CRUK are funding GP practices to improve diagnosis, better inform patients to encourage them to visit GP early and prevent emergency admissions where

the prognosis is poor. Demographics within a practice area are significant – older patients and low income are more likely to develop cancer.

There are 200 types of cancer: breast and prostate are in top 4 – both are treatable if diagnosed early. Pancreatic cancer is difficult to detect.

Belford Practice has a high number of patients over 65 – 30% of population – yet cancer prevalence is the same as the rest of Northern CCG; screening in Belford is higher than the rest of CCG – 65% of cancers will be detected by screening. Even though Belford has good results, the practice will audit their results and guidelines to see if they can be improved.

Bowel cancer is 4 most common form of cancer; 1 in 20 people will be diagnosed with bowel cancer in their lifetime; bowel screening lowers risk of dying of bowel cancer by 16%; experts predict it will save 2000 lives each year by 2025; if caught early, 9 out 10 people survive bowel cancer for five years or more; 98% who submit test are clear. Screening shows up blood from polyps in the bowel, precursors of cancer, so this allows early diagnosis and treatment. CRUK are trying to encourage more people to do the test.

Risks of developing bowel cancer can be reduced by eating less red meat and processed food; maintaining a healthy weight, (obesity causes hormone changes); being active; reducing alcohol intake – excess is linked to 8 cancers.

Debra will send presentation to BS to forward to the group and hopefully add to the website page, together with links to helpful ‘cartoons’ to encourage people to take part in screening.

Link to the bowel screening test cartoon recommended by Debra:

https://www.youtube.com/watch?v=m2f-wY0C_1Q Please do share it with your friends and family!

Link to the CRUK website page from Debra, which when you scroll down goes through all the different causes of cancer, cancer controversies & accompanying research: <http://www.cancerresearchuk.org/about-cancer/causes-of-cancer>

6. Minutes of last meeting – draft minutes for 2 February 2015: circulated by e mail to those who attended and gave apologies. Agreed as a true record.

7. Matters arising: RE asked if patients could be informed when normal service is resumed.

8. Dentistry in Belford:

Geoff O'Connell had concerns about local Dentists: he is very busy and would like to extend by employing a second dentist but his current assessment would not allow him to pay a sufficient. This is a historic assessment and GO'C wondered if PPG could exert any influence or had any contacts. BS suggested Wellbeing and Scrutiny Committee at NCC. Lorraine Douglas may know who GO'C could contact.

GO'C presentation below

I do not know whether the Patient Participation Group relates to this medical practice alone or to other matters which can affect other groups of medical patients being served by the NHS in Belford

The welfare of the community of Belford and its surrounding area has always been a priority of mine BUT I am the bearer of bad news which could have a profound effect on all NHS dental patients in Belford and beyond if it is economically forced to withdraw its services to NHS patients and to offer only private-patient care.

The Belford Dental Practice has, for a long time, suffered from the assessed category of dental practice into which it was placed many years ago.

When it was originally set up, I understand it operated as a part-time surgery and was categorised-thus accordingly.

That has never changed despite changes of dental practitioners.

This means that although the patient list has seen profound growth under our present dentist, he now treats 800 more patients than the average dentist sees in Berwick or Alnwick yet the NHS pays him 30% to 40% less than they are for identical dental treatment.

When the present dentist took over the practice he was ordered by dental regulators to remain closed until significant changes were made to the standard of all of the dental equipment which were deemed wholly inadequate and out-of-date. This involved the additional expenditure of £200,000 by him.

Recognising that the demand for dental services based in Belford was growing exponentially our dentist decided to equip and open extra available space as a second surgery adjoining the Belford surgery and set about recruiting an additional dentist.

To his amazement, he discovered that, because of the out-of-date classification of the surgery's status the NHS would only allow him to pay a new dentist up to 40% less than would be paid to a newly-recruited dentist in either Berwick or Alnwick. Unsurprisingly, no-one applied and the ambition remains unachievable.

He has endeavoured to get the dental authorities to review the classification of the Belford Dental Practice without any success so far and I believe that it is time for the representative body for patients in Belford and around to register their concerns over the situation with the dental authority before NHS dental services are lost to our community.

9. Clinical Commissioning Group Locality meeting: BS had forwarded prompt from Alan Bell for next meeting.

10. BMEF meeting dates: -AGM – 12 July, 2016 at 6.30, followed by Trustee meeting, 12 October, 2016 at 6.30

11. AOB :

12. Date of next meeting(s): 28 June, 2016, 2pm at Seahouses