Draft

Notes of the Open meeting of the Primrose Hill Surgery Patient Participation Group on Tuesday 12 June 6.30pm at Primrose Hill Community Library

Present:
Committee members: John Nutt (chair), Doro Marden (secretary), David Nissan, Des Pellicena.
Apologies from Jenny Moate and Barbara Rosenbaum

Members: Emmanuel Adeniji, Ofelia Cadavid, Morten Thorsen, Colin St John, Valerie St John, Maureen Betts, Eileen Orford, Muriel Murch, Sue Byrne, Kiki Shiouxios, Alison Hardenberg, K Allen,Yumu Haffen Schid, Clare Wright, Sue Bolsom, Helen Newnham, Patricia Snell, Christin Kay, Anthony Wills, David Bardega, Ann Rosenthal, Nada Nutt, Bruce Hunter, Jurgen Kehn, J S Duke, Jonathan Triessman
Apologies from Joan Joan Steinhouse, Caroline Cooper, Sue Bird and Lorna Fowler

In attendance: Dr Abanti Paul, Dr Maria Sa, Dr Himashi Papalia, Simla Patel (administrator)

1. **Welcome and Introductions**

John Nutt welcomed those present and introduced committee members and staff of the surgery. He took this opportunity to express appreciation to Dr Paul as sole partner of the practice and all the staff for their hard work and determination in keeping the practice going through difficult times in the last months.

2. **Notes of Meetings**

Doro Marden said that the notes of open meetings were posted on the Primrose Hill surgery website, and displayed in the waiting room.

She reported on a matter arising from the last open meeting: the application to LB Camden to list 99 Regents Park Road as an 'Asset of Community Value' had not been successful, this was because the criteria for listing were social rather than medical.

3. **Role of the Patient Participation Groups**

John Nutt gave a presentation about the role of PPGs. A major task was to be a channel of communication between the surgery and its patients, and to this end the PHPPG was having input into the website revisions, sending regular emails to members, publishing articles in On the Hill magazine, and holding meetings such as this one. The PPG was not a channel for complaints, but feedback on how it felt to be a patient of this surgery was an important role. They were also supporting the surgery to help people prevent ill health.

4. **Update on Primrose Hill Surgery**

Care Quality Commission

Dr Paul reported NHS England and the Camden Clinical Commissioning Group were happy with evidence of implementation of the improvement plan following the CQC inspection. The surgery was prepared for the next review.

Premises

Dr Paul said that the District Valuer had visited on 8 June, she was waiting for a formal report which would be the basis for negotiating a 15 year lease with the owners of both buildings. She was hopeful of a positive outcome.

Once the lease was signed, there was an application going in for money to refigure the premises to create a new consulting room or rooms

Staff
Two long standing members of staff were leaving, Dr Olivia Bayley was emigrating to Canada, and Gillian Wisdom, receptionist, was moving to France. Dr Papalia was going on maternity leave. Primrose Hill Surgery had regained its status as a training practice and a new registrar trainee would be starting in August. A health care assistant had been appointed to do checks such as diabetes foot checks, smoking cessation, NHS health checks and routine blood pressure readings.

Opening Hours
Simla Patel reported that opening hours were now 8.00am to 6.30pm every day (including Thursdays) and to 8pm on Mondays. Reception was still closed between 12.30 and 2pm, but they were looking into being open at lunchtimes as well. Camden GP Hubs offered GP and nurse appointments every evening and at weekends, the number to ring is on the website and the nearest hub to Primrose Hill was Swiss Cottage Surgery.

Communications
At the moment the practice email address was for repeat prescriptions only.

There was a query about 'named doctors'. Dr Sa clarified that patients could see any doctor they chose, however hospitals still asked for a named GP, and often did not update records. Patients who had been under Dr Lim would now be listed as under Dr Paul. Patients could call or visit the surgery to confirm which GP was named for them. Any communications that came from hospitals were directed to the appropriate GP who had made the referral, regardless of who they were addressed to.

Simla Patel said that there was now a full time dedicated administrator for referrals, and from October they would be done electronically. Training on referrals for all staff was happening soon.

Simla said that feedback on the website revisions would be welcome. The grouping of 14 Camden practices, Central Health Evolution, was trying to get some uniformity in their sites.

There was a revised complaints procedure outlined on the website and in leaflets at the surgery.

Positive feedback was also welcomed and could be posted on the surgery website and on the NHS Choices website.

5. **Presentation on Bowel Cancer and Inflammatory Bowel Disease**

Dr Lakshmana Ayaru, consultant gastro enterologist at Imperial College Healthcare NHS Trust, was welcomed to the meeting.

Dr Ayaru said that bowel cancer was the third most common cancer in the UK and the second most common cause of cancer death, after lung cancer. It was more common in men, and over 50s were most at risk. The bowel cancer screening programme reduces bowel cancer deaths by 16%, the chance of surviving for 5 years was 95% if a cancer is detected by screening, but only 50% if detected as a result of an emergency such as bowel blockage.

A new screening test was now being sent out every 2 years to people aged between 60 and 74, this would only require one stool sample (the old one required 6 samples from three stools) and was likely to have a higher take up. The take up in London was only 40% at present and the aim was for 75%. It was important for GPs to get the message over of how important it was to do the test.

People over the age of 74 could request the test by going to the bowel cancer screening website (NB the number is 0800 707 6060).

If blood was detected in the stool, a colonoscopy was offered, during which any polyps could be removed, hopefully before they have turned cancerous.

There was also an offer of a signoidoscopy to look at the left bowel at age 55, UCH was a screening centre, but this offer was not universal.

Inflammatory Bowel Disease was an inflammatory illness, diagnosed as ulcerative colitis or Crohn's Disease. Causes were not clear but probably genetic, an immune system reaction to the bowel itself. Diagnosis could not be made through one test, investigations included endoscopy, MRI and blood tests. Treatment aimed to heal inflammation by suppressing the immune system. Crohn's Disease was increasing among young people in urban populations, possibly because of environmental factors.

In answer to questions, Dr Ayaru said that about one third of bowel cancers were related to lifestyle factors, eating red meat, smoking and weight gain were all possible causes, and eating a balanced, Mediterranean diet high in fruits and vegetables and fibre, and keeping weight down were preventive.

There is a lot of research going on about the microbiome and gut flora, but no scientific papers had yet been published in this field with proof of what exactly was preventive or curative.

Irritable Bowel Syndrome was probably caused by the nerves around the gut and their links to the brain, unlike in the case of IBD, inflammation was not visible. Diverticulitis was a pouching of the bowel wall linked to a Western diet, in some people inflammation in the pouches caused problems, and it could be treated with antibiotics.

6. **Thanks**

Dr Ayaru was thanked for a very informative talk.