

Open Meeting 15 March 2025, Medical Centre Minutes

Text in underscored italic is post meeting information

Present: Sennen Chiu, Lyn Duffus, Matt Edwards (Practice Manager), Joe Hamilton, Sheila Hayles, Rhiann Ingram, Keith Marshall (Chairman), Noreen Marshall, Phiroze Munshi, Bharti Sadhu, Ewa Siwiec

Apologies: Jean Alden, Harsha Mortemore (Vice-Chair)

1. Minutes of the Previous Meeting

1. The minutes of the Open Meeting on 22 January 2025 were agreed and signed.

2. Talk: Prostate Cancer [Sennen Chiu]

1. Sennen gave an interesting talk on prostate cancer. Key points included:
2. Sennen was diagnosed with prostate cancer 20 years ago, and he's still here! So cancer is not a short-term death sentence – which was also emphasised by Joe.
3. The key to long-term survival is to catch the cancer early and then self care.
4. Like many people Sennen said his initial reaction was anger, which it took him two years to overcome. Depression is another common psychological reaction.
5. You need to be strong, not give up, and find quality of life.
If possible join a support group.
6. These days there are a number of possible treatments for prostate cancer ranging from do nothing, through various radio-therapies to radical surgery.
7. The choice of treatment should depend not just on the oncologists' advice, but also the patient's choice, balancing risk with quality of life, and what is important to the patient.
This needs the patient to engage with the disease and the treatment process.
8. All therapies have side effects. Radio-therapy can damage nearby organs; surgery leaves scar tissue and can have other side-effects on the urinary system.
9. Patients should not listen to anyone peddling dietary supplements, vitamins, etc. as a cure (common on the internet) – because they aren't cures; at best they will mask symptoms.
Sennen's only dietary restriction is to avoid red meat due to the hormone levels, as hormones can affect the cancer.
10. Exercise is also important as it stimulates the immune system.
11. Patients should trust their doctors, engage with the process, and share everything as it may just be relevant.

12. Many men have no symptoms, so the cancer is too often detected late.
Metastasis is initially to the bones which is painful and not good.
13. The PSA blood test is unreliable with many false positives and false negatives. It can most reliably be used as a series of blood tests to track the trend for increasing PSA protein.
However many prostate cancers do not cause elevated PSA.
14. Positive PSA tests often trigger a GP to refer the patient to a specialist, which can result in further invasive tests.
15. MRI scans are also a useful diagnostic tool.
16. However many prostate cancers are slow growing and never cause problems; they will generally be monitored.
17. Although 10,000 men a year in UK die from prostate cancer, it is estimated that 80% of men die with the cancer but not because of it.
18. Many thanks to Sennen for a very useful and interesting talk.

3. 2025-2027 Plan

1. Keith presented the proposed plan for 2025-2027, previously circulated.
2. The plan is in 3 sections, each with sub-sections:
 - *Patients*: Engagement; Communication & Education
 - *Practice*: Engagement & Teamwork; Service Improvement; Assistance
 - *Other*: External Engagement; Governance; Meetings etc..
3. The plan has been built based on the current 2023-2025 plan, members survey from January (especially useful for setting priorities), the last meeting, input from the Practice, and other relevant feedback received.
4. Task item status has been simplified:
 - Active = active or ongoing
 - Hold = active but currently on hold
 - Pending = we're waiting to start
 - Wishlist = things we would like to do or which are for the future
5. There is no expectation that we can or will do everything in the plan:
 - Some things may turn out not to be relevant
 - Priorities (for the group and the Practice) may change
 - Activity is dependent on the number of willing volunteers available
6. The plan was approved.
7. Keith to finalise and publish. **Action: Keith**

4. Members Feedback/Issues

1. Keith commented, in response to a question about the recent announcement of the abolition of NHS England:
 - Although the announcements said NHSE was being “abolished”, it isn’t. It is being merged back into the ministry, from which it was spun-off in 2012.
 - Think of it like a merger between two large companies:
 - There will be many duplicated roles, which will need to be merged & rationalised to produce savings (ie. mostly jobs).
 - The merger will take time (2 years has been quoted).
 - The merger will cost money in the short term, and the savings won’t be realised until the merger is complete.

- NHSE is the top level management layer controlling the NHS, while priorities may be changed we should not expect clinical care to change significantly overall.
- 2. Matt was asked if our clinical pharmacists could diagnose and treat minor ailments under Pharmacy First.
Answer, no. They are not trained to do this, whereas community dispensing pharmacists are.
- 3. Ewa questioned the current usefulness of the “Meet the Patients” sessions, as the waiting area is currently so quiet and few patients engage with us.
She suggested we have a “banner” advertising our presence to encourage people to stop and talk.
Keith to consider. **Action: Keith**
- 4. There was discussion about the way doctors handle the timing of telephone calls – sometimes late; sometimes early. Hopefully this will improve with the revision of the appointments system – see below.

5. Practice Updates

Staff Updates

1. We have a new Phlebotomist starting next week to do 3 days a week.
2. Nurse Assistant Palvi is now on maternity leave, so the Practice may be looking for a locum nurse.
3. Chris Sodhi, Medical Secretary, retires this month. Receptionist Izzy is taking on the role.
4. Practice is interviewing 13 candidates during week beginning 17/03 for 3 receptionist roles.
5. Receptionists are now getting additional training to help improve signposting.
6. The Practice cannot recruit more doctors: (a) there is no funding available and (b) there is no consulting room space available.
7. Doctors cannot efficiently work from home, as this would mean handing off anyone needing a face-to-face, following a phone call, to another clinician – which is not helpful or efficient!

Appointments System etc.

1. The Practice is planning to revise the appointments system from April.
Plan is that all eConsults will go to the “duty doctor” who will assess and decide urgency and how/who to action. This system is used by many practices across the country and is reportedly more efficient and makes better use of available appointments.
2. Matt was asked about 15 minute appointments. While this would be helpful for individual patients, it would mean fewer appointments overall – 4/hour instead of the current 6/hour.
3. The BMA safety guidance is for doctors to have no more than 25 patient contacts a day. Our doctors are routinely doing over 30/day. (Many practices run at 50-60 contacts a day which is considered very unsafe for the patients and the doctor.)
However the Practice is determined to increase the number of face-to-face appointments.
4. Practice is considering using SystmConnect as an alternative to phone calls to the Practice.
Members may be asked to assist with testing any new system.

Real Estate

1. Matt expects applications for improvement grants to open in April/May.
2. Meanwhile the lighting in waiting area, lobby & consulting rooms has been upgraded to modern LEDs.
Hopefully the rest of the building will follow over the coming months.

6. Other Group Updates

1. *Barnabas Bulletin* is delayed due to year-end workload at Practice.
Keith & Matt have agreed to move to issues in April and October.
2. The Book Exchange is now running again, and is being used.

7. Any Other Business

1. Keith asked how much work the Practice receives which is pushed back from secondary care, and whether the doctors could just bounce this work back to secondary care.
Answer: it's huge. However doctors feel they cannot bounce the work back because in many instances it would not be safe for the patient.
2. It was agreed to start future Saturday meetings at 10:30 to allow more time.
3. **Next Open Meeting:** Saturday 17 May; 10:30; at the Medical Centre.

Keith C Marshall, Chairman
19 March 2025

Scheduled 2025 Meeting Dates

- Saturday 17 May; 10:30; Practice (AGM)
- Saturday 19 July; 10:30; Practice
- Saturday 20 September; 10:30; Practice
- Wednesday 19 November; 13:00; Zoom

**Dates/times may change, particularly depending on the availability of the Practice.
Please watch the Members' Monthly Update for confirmation of dates and venues.**

Link for all Zoom Meetings

Link: <https://us02web.zoom.us/j/7279594414?pwd=VmYwODdoWGg2eTFvTlVjVlZyRmhSQ09>
