

Patient Participation Group

Minutes of Meeting held on Tuesday, 20th March 2018

Present:

Ann Lewis	Patient Services Lead (AL)
Gary Cunliffe	Practice Manager (GC)
Marjorie Willoughby	Patient (MW)
Donald Clough	Patient (DC)
Peter Leedale	Patient (PL)

Apologies:

Simone Wood	Patient (SW)
Beverley Clark	Patient (BC)
Stephen Gomersall	Patient (SG)
Gillian Wood	Patient (GW)
Dr J Pollock (JP)	

1-2. Minutes of the last meeting and matters arising from the meeting

The minutes and actions from last PPG Meeting on February 13th 2018 were discussed – no issues raised from the minutes. Actions – Member of Blackpool Victoria Hospital forms (return to Ann in Beverley's absence). Final Draft Survey – group are happy with the final version and dates need to be confirmed for members of the group to come to the surgery and get patients to fill out the survey (AL to send dates after Easter Break).

3. Details of next PPNG Meeting & TOR

The next meeting of the PPNG will be held on Wednesday, 28th of March 2018 at the Meeting Room, Tesco Supermarket, Clifton Retail Park. Members of the group who would like to attend need to be in the foyer of Tesco at 1.15pm. Anyone from the Bloomfield PPG can attend and are encouraged to represent the group and it's an opportunity to meet other PPG members from other surgeries. AL also gave out the PPNG Terms of Reference (TOR) that was discussed in the last meeting.

4. Care Quality Commission (CQC) Inspection

GC discussed the recent inspection at Bloomfield on the 15th March 2018 by the CQC.

The CQC conduct inspections every 5 years but Bloomfield have been selected to be inspected again after only 2 years. 10% of surgeries who were rated good or outstanding in the last assessment have been selected again for inspection.

Preparation for the visit took place over a period of 2 weeks with all staff being involved and worked hard to ensure the inspection would be successful.

Bloomfield will see the report before it's published in about 4 weeks. The public will be able to access the report.

Initial feedback is good and positive. Small issues were highlighted such as a Fire Risk Assessment hadn't been done and the Emergency Drugs should be kept in a bag and not in a tray – these are quick fixes.

The inspectors were impressed by the PPG at Bloomfield and commented on the readiness of paperwork from these meetings such as minutes and agendas. They had also spoken to a member of the PPG over the phone to ask questions in relation to the PPG, the result of which was positive.

5. Peter Leedale – Men & Boys Health and Well Being

Handouts (below) were given to the group on the subject of facts and figures about men and boys wellbeing.

Some facts and Figures about Men and Boys Well-being.

Men have a shorter Life Expectancy.

- Data from 2014 to 2016 indicates that the life expectancy for men is 79.2 years and 82.9 years for women. (*Source: National Life Tables, UK, Office for National Statistics. Accessed 18/03/2018*).
- Baby boys born in Blackpool can expect a lower life expectancy than elsewhere in the UK. (*Source: National Life Tables, UK, Office for National Statistics. Accessed 18/03/2018*).
- In the UK, one man in five dies before he reaches 65. (*Source: Men's Health Manifesto, Men's Health Forum, 2014*).
- Older men are half as likely to live to be 100 years old. (*Source: Number of future centenarians Department of Work and Pensions. 2010*).

The above figures vary from region to region and are influenced by socio-economic factors, i.e. poverty and deprivation. In the most affluent areas a rich woman's life expectancy is 10 years longer than the poorest man.

Some of the problems.

A very quick review of the relevant literature and other sources identify that boys and men's health problems are contributed to by the fact that:

- Men and boys are reluctant to appear 'vulnerable' and avoid utilising the services offered by their GP and other medical services. (Source: *European Men's health Forum*).
- Men are more likely to live unhealthy lifestyles, which include, 'hazardous drinking' and addictions to alcohol and drugs.
- Approximately 80% of rough sleepers are male. (Source: *Office for national Statistics, Statistical Bulletin: National Data on Rough Sleepers in Autumn 2017. Accessed 18/03/18*).
- Men have difficulties in coping with mental health problems, men are THREE times more likely to commit suicide than women. 71% of suicide victims are men. (source: *Samaritans, Suicide Statistics Report 2013. Data for 2008-2011*).
- The medical services are claimed to be not 'male - friendly'. (Source: *European Men's health Forum*).
- Funding for boys and men's health is considerably less than that for girls and women, for example, it has been claimed that there is three times more money spent on researching female cancers than male cancers. (Source: *Cancer Inequality: 3 x More Funding for female Cancer Research, Helping men Blog, Thursday 7 February 2013*).
- 96% of people who die at work are male. (Source: *How Fair is Britain, Equality and Human Rights Commission triennial review 2010*).

Some recommendations / suggestions as to how things can be improved for boys and men at a local level.

- Use Facebook to inform about Male health issues, for example recently Stephen Fry and Bill Turnbull had videos about their diagnosis of prostate cancer. Prostate cancer is now the most common cancer in men in the UK with over 40,000 new cases diagnosed every year. More men die from this cancer than women die from breast cancer.
- Facebook also has men's health groups on which have very useful information.
- Have a 'Men's Health and Well-being display on the notice boards.
- Consider strategies of creating ways to change boys and men's reluctance to seek help by involving the 'WAGS' (wives and girlfriends) also mothers and sisters. This invaluable source of wisdom and persuasion can work wonders, the technical term is by the ancient art of 'nagging', a very effective strategy!
- Look for examples of best practice in helping to improve the health of boys and men.

More suggested reasons why men die earlier than women.

- Men's health has less than its 'fair share' of support. Of Medical Research Council funding of sex-specific research, just 27% goes to studies researching men. *Source: Men's Health Forum search of MRC website: MRC-funded projects making explicit reference to men, women, boys or girls (2009-13).*
- "Ironically, charities such as Cancer Research – which flags up these issues – still ban men and boys from some of their annual fundraisers. Its women-only Race for Life event raises money for research into all 200 types of cancer, but bars men from taking part, despite the fact we are three times more likely to get liver cancer, six times more likely to develop bowel cancer, 58 times more likely to be diagnosed with brain cancer, and 27 per cent more likely to get pancreatic cancer". (*Source the Telegraph online, Accessed 18.03.2018.*)
- It has been claimed that there is three times more money spent on researching female cancers than male cancers. (*Source: Cancer Inequality: 3 x More Funding for female Cancer Research, Helping men Blog, Thursday 7 February 2013.*)
- Prostate cancer is now the most common cancer in men in the UK with over 40,000 new cases diagnosed every year. Black men are more likely to get prostate cancer than other men in the UK, they have a 1 in 4 chances of getting the disease. Other men in the UK have a 1 in 8 chances of being diagnosed with the disease. (*Source: Prostate Cancer Website. Accessed 18/03.2018.*)
- Research in 2009 found that there are four times more services targeted at helping women than men. (*Source: Men and mental health, get it of your chest, Mind Week 2009.*)
- Men are less likely to access health services that are open to all. According to some men's health experts this is because we don't invest enough time and energy making sure these female -friendly services are also man friendly. Barriers to better health, why men's' health is so poor, (*Source: European Men's health Forum.*)
- 96% of people who die at work are male. (*Source: How Fair is Britain, Equality and Human Rights Commission triennial review 2010.*)
- *Men are THREE times more likely to commit suicide than women. 71% of suicide victims are men. (source: Samaritans, Suicide Statistics Report 2013. Data for 2008-2011.*
- For young men in the UK suicide is now the biggest single cause of death. (*Source: Homelessness Link Response Consultation On Preventing Suicide in England: A Cross Government Outcomes Strategy To save Lives, 2011.*)
- Compared with women of the same age boys and young men are four times more likely to kill themselves (*Source: poverty.org.uk*) and three times more likely to be murdered. (*Source: Office for national Statistics, Statistical Bulletin: Focus on: Violent Crime and Sexual Offences, 2011/12.*)

6. Surgery Updates

Facebook – official page is up and running. Updates are put on daily in relation to DNA issues, Health Reports, Awareness Days etc. We will be using this tool a lot more to reach out to our patients at Bloomfield. If any of the group wants to send articles etc. to upload please email them to AL.

New Self Check In Screens – the new screens are now installed – they look a bit different and patients are asked different questions at the check in stage. May be an idea to have members of the group to come in to reception to show patients how to use the screens as many people are still a bit wary of them.

Baby News – our very own Dr Paul Collins has become a Dad, baby George was born a little early but is doing really well and is now home from hospital and Dr Collins is enjoying his paternity leave.

7. Any Other Business

DC has received an email that he will pass on to AL regarding ‘operations for veterans’ – serving and ex-service – mainly focusing on hips and knees. Referrals can be done through GP Surgery. Need to raise awareness of this service. Surgery wouldn’t be done locally, but in Oswestry, Shropshire.

Details of Next Meeting: Tuesday, 17th April 2018 at 5.00pm

	Outstanding
	In Progress
	Completed

DATE	ACTION	ACTIONED BY	DATE TO BE COMPLETED	
20/03/2018	Final draft of Survey approved - AL to send out dates (to be sent after Easter Break) for Group members to attend surgery to get patients to fill out survey	AL	ASAP	
20/03/2018	Member of Blackpool Victoria Hospital Forms - return to AL in BC's absence	AL	ASAP	
13/02/2018	Interested members of the group to fill out application for Become Members of Blackpool Victoria Hospital	ALL	ASAP FOR BEVERLEY	
13/02/2018	Group members given copy of final draft of survey for comment - final decision to be made at next meeting	ALL	20/03/2018 Finalised	
13/02/2018	Policy of Assisted Conception given out to Group along with Survey - group to read and send surveys back to Ann	ALL	28/02/2018 Surveys have been returned and sent via post.	
09/01/2018	Finalise Survey in readiness for next meeting	Ann Lewis	13-Feb-18	
21/11/2017	Send Nathan email address of all Bloomfield PPG Members - to be invited to PPG Network Meetings	Ann Lewis	Completed	
21/11/2017	Survey - group members to look at example surveys and feedback to the group on which one is best to use at the next meeting	Ann Lewis		

			By 9th January 2018 By 13 February 2018	
21/11/2017	Develop Facebook Page	Gary Cunliffe	ASAP Completed	