

Patient Participation Group  
Minutes of AGM Meeting  
18<sup>th</sup> Sept 2024

**1. Welcome:** The Chairman welcomed everyone

**2. Present:** Theresa Banks (TB), Julia Bateson (JB), Dominic Burke (DB), Jane Chase (JC), Jasmine Fulcher (JF), Jill Fysh (JFY) Ian Gutteridge (IG), Stella Gutteridge (SG), Roger Hailey (RH), Kathy Laurence (KL), Ann Lemmon (AL), Rachel Seakins (RS), Pat Simpson (PS), Roger Smith (RSm), Sylvia Cliffe (SC), Joel Thewson (JTh)  
**SJMP :** Kathy Laurence (KL), Alison Boykew (AB), Dr Nelicia

**Apologies:** Wendy Border (WB), Will Border (WBo) Sue Burke (SB), Richard English (RE), Karen Goult (KG), Penny Hipkin (PH), Ann Hornby (AH), Nina Stewart (NS), Janet Taylor (JT), Margaret Worledge (MW)

**3. Minutes of Last AGM Meeting:**

These were reviewed by the chairman. JF proposed that they be accepted as a true record. This was seconded by JC and agreed by all.

**4. Minutes of previous July meeting:** These were accepted as a true record. Proposed by DB and seconded by SC

**5. Matters Arising:**

RSm updated the group on the Breathe Easy event. He wasn't sure how useful it had been but some patients had been pleased they were able to talk to our physios about problems. He also mentioned the Tulip Centre at Tapping House which deals with a range of life limiting conditions. IG enquired whether any of the practice GPs were pulmonary specialists and KL said there was currently no GP specialist in that field. RSm thought that some patients might have been put off by there being too many PPG members on occasions. Perhaps we need to think about this for future events. RSm had spoken to the Social Prescriber, Stacey, who visited the event. She said 20% of all GP appointments could be dealt with by Social Prescribing and felt it needs to be promoted more. Stacey has also done a course on PIP (Personal Independence Payment) and could be introduced to a CAB (Citizens Advice Bureau) representative. RSm reported that he had been informed by Practice Nurse Hannah that the practice has now recruited someone to do Spirometry and he asked whether there was now an annual recall for checks. AB replied that this was now the case and the spirometrist is working through the patients. Generally, RSm felt that the event would have worked better with more promotion but IG felt it had been useful as good connections had been made. IG thanked the volunteers who had assisted

**6. Election of Officers:**

There were three nominees from incumbents who are all willing to stand again, as follows:

Chairman – Ian Gutteridge  
Treasurer – Stella Gutteridge  
Secretary – Theresa Banks

The Committee were asked to approve the nominees, as a whole, and this was carried unanimously.

## 7. Chairman's Address:

IG said it was an exciting year because of the move and it was good to see the practice resettling. Volunteers had helped welcome and directing patients during the first two weeks of operation.. The PPG had conducted one event – the Lung information day, organised by RSm and supported by Breathe Easy. The group is unable to fundraise with books or DVDs anymore so this curtails our ability to raise funds. IG thanked everyone for their attendance and contributions throughout the year, especially our new members. It had been another fine year for the group.

## 8. Treasurer's Report:

KL has approved and signed the annual report.

Reserve Account Balance @18/9/24 **£74.39**

Current Account Balance brought forward 20/9/23 **£843.50**

### Income

26/3/24 Book money **£33.55**

### Expenditure

Reimbursement to IG re PPG liability Insurance Premium **£135.84**

**Current Account Balance 18/9/24 £741.21**

**Total Balance @ 18/9/24 £815.60**

The PPG has been asked to consider purchasing a bench for outside the practice. SG has researched this and feels we can afford one. We need a 4-seater with arms. Two providers were sourced.

A grey recycled bench from NBB cost £576 (inc VAT), deliverable immediately. An anchoring kit was a further £20 +VAT  
A bench (various colours available) from TDP cost £558 + VAT, delivery by 10<sup>th</sup> October.

These are both composite, no maintenance benches. SG will give the details to KL and the partners will fund a second bench if necessary. The practice will order the bench and the costs will be met by the PPG.

SG proposed we order the bench, seconded by AL with all in agreement. RSm suggested we have a plaque for the bench to show 'Funded by PPG.'

This leaves the PPG with sufficient funds for next year's insurance. Hopefully we will have a Christmas event such as a cake stall to boost funds.

## 9. Practice Update

Flu jabs are taking place from 3/10/24 to 24/10/24. On 5/10 there will be a session from 8am – 1pm. There will be 4 Saturday clinics on 5<sup>th</sup> October and the AB asked whether members could be available on the day to assist in directing patients to the various clinic rooms. This would allow the PPG members to promote the group. A5 leaflets will be available on the front desk. SG suggested that when any PPG members came for their jabs they could also hand out leaflets.

IG will send out an email to volunteers to see whether they could be available.

Eligible patients are also being called in for the RSV vaccine. 79-80 YO are being called first. 75-79 YO will be called from 1/9/24 and 80+ patients will have until August 2025 to get vaccinated. The RSV vaccine cannot be given at the same time

as the flu vaccine unless there are special circumstances. Pneumonia vaccines will be offered to eligible patients at the same time as the flu vaccine.

SG asked about the shingles vaccine. Only patients aged from 65+ or between 75-79 are offered the vaccine.

Acoustics problem: The practice have been through a two stage process to install equipment to help with the acoustics . There are big pads under the ceiling and a third stage will now be installed. TB asked about the problem of hearing staff through the screen. Patients have to lean down to speak through the hole which negates the anti-infection aspect of the screen as patients are shouting close to the face of staff.

KL said one piece of glass will be removed as a trial but if the staging works, then the glass will be returned. She added that the practice is considering various other options to solve the problem.

Appointments: AB gave a summary of how the system works. Managing the balance between acute and routine appointments is tricky. If routine appointments are given less priority these may turn into acute appointments later. The practice tries to redirect patients where appropriate. There are various appointment options for patients.

The practice is also looking at the effective use of resources and some improvements have been made. For example A GP assistant looks at blood tests and can give advice. Physician associates are specialist nurses who can see acute patients.

TB asked about dispensing nurses but there are none currently at the practice and KL said they were also very expensive to employ. She also added that some patients view themselves as acute when they are not. Pharmacies can deal with a range of conditions but patients are often reluctant to consult them.

RSm gave feedback from a friend who had excellent service from a care coordinator and was seen quickly. JF reported that she had been able to get through quickly but she was experiencing problems doing prescriptions online. She was very frustrated with IT.

AB responded that patients can come into the practice and can be set up on a nearby computer in a private area where they can be assisted to order prescriptions. JC praised the ring back system and said it had worked brilliantly. TB also felt that it was easy to get through quickly even when given a high queue number. Patients should not be put off as the practice has a number of phone lines and responds as quickly as possible.

RSm asked whether patients were directed to GPs with particular specialisms when they stated their symptoms. AB responded that the practice does not do this but there are specialist nurses in key areas. AL asked what training GP assistants had. KL said their role was more like a Health Care Assistant. They were trained in some areas such as cholesterol management but they do not make decisions.

## **10. Queen Elizabeth Hospital Update: (IG,TB,PH)**

IG gave a brief summary of news extracted from communications documents. He displayed photos of the new buggy which will operate from 9am – 3.30pm Monday to Friday. Patients wait at various places and the buggy also stops elsewhere on the route as needed..

- The Queen Elizabeth Hospital (QEH) has won the regional award for Excellence in Education and Training in the NHS Parliamentary Awards 2024. This is an incredible achievement, and we will now advance to the national finals, which will take place on 14 October in London.
- The Education Faculty has also been shortlisted for the *Best Workplace for Learning and Development* at the Nursing Times Workforce Awards. This marks the fourth consecutive year that QEH has been recognised for its commitment to fostering a dynamic learning environment for our staff.
- The Let's get moving campaign has been relaunched. This is an initiative to get patients keeping active, mobile and feeling their best to improve their recovery and prevent issues caused by immobility over a long time. The campaign

has already significantly reduced falls and improved recovery. This links in with falls prevention week which is this week.

- A new external information board has arrived to site which will allow the hospital to update patients and staff on urgent matters. Keep an eye out for this if you visit the hospital.
- The new Peddars Way end of life unit is due to open in October. The new five bed unit will provide patients with a more dignified and comfortable place to receive care in their last days and hours of life. The space has been specially designed to provide a calming and peaceful space away from busy hospital wards. A number of hospital staff are undertaking a 26 mile walk on 28/9 to raise additional funds to enhance the unit.
- Work is continuing to take place to address the RAAC panels in the walls (as well as the roof)
- The buggy has been out of action but is now back in service.
- The trust is working hard on recruiting to the permanent staff to reduce its reliance on bank and temporary staff and consequently contain costs. This initiative is proving to be successful.
- Efforts also being made to reduce patient's length of stay with the object of making sure people receive the right care in the right place which could be at home rather than in hospital.
- The hospital is supporting the World's biggest coffee morning on 27<sup>th</sup> September. This is Macmillan's largest fundraising event and hospital staff and visitors are encouraged to support it.
- The hospital continues to work towards a smoke free site. Despite signs many people continue to smoke and it is interesting to note how many smokers attend the hospital.
- Planning permission has been granted for the new car park and the management is confident the new hospital will be built.
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#### 11. A.O.B:

SG commented on a recent campaign about the rise of preventable childhood diseases. These are on the increase and SG asked Dr Nelicia whether it was an issue locally. Dr Nelicia responded that no major problems had been seen locally.

The meeting ended at 5.25pm

**The next meeting is on 20th November at 4pm.**