

Patient Participation Group  
Minutes of Meeting  
22<sup>nd</sup> May 2024

**1. Welcome:** The Chairman welcomed everyone, particularly our new members.

**2. Present:** Theresa Banks (TB), Wendy Border (WB), Will Border (WB), Sue Burke (SB), Dominic Burke (DB), Jane Chase (JC), Jasmine Fulcher (JF), Ian Gutteridge (IG), Stella Gutteridge (SG), Penny Hipkin (PH), Ann Hornby (AH), Kathy Laurence (KL), Ann Lemmon (AL), Dr Prabir Mitra (PM), Roger Smith (RS), Janet Taylor (JT) Margaret Worledge (MW)

**Apologies:** Sylvia Cliffe (SC), Richard English (RE), Jill Fysh (JFY), Karen Goult (KG), Roger Hailey (RH), Rachel Seakins (RS), Pat Simpson (PS).

**3. Minutes of Last Meeting:** These were agreed as a true record.

**4. Matters Arising:** IG thanked all the volunteers who had helped to 'meet and greet' at the new surgery. There was much positive feedback.

**5. Treasurer's Report:**

Reserve Account Balance @ 22.5.24	£74.12
Current Account Balance @17/1/24	£843.50

**Income**

Book money found during move on 26/3	33.55
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No expenditure

Total Balance at 22/5/24	£951.17
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**6. Insurance:**

IG stated that it is necessary to have insurance for public liability purposes and the lowest cover available is for £2 million. The insurance company suggested increasing the amount but, after discussion, IG felt this was unnecessary. The premium will remain the same as last year, at £135.84. IG asked whether the practice would be prepared to fund the premium this year.

Questions were raised about planned activities and whether we would be covered for them. IG said none were planned at present and the current policy covers future activities of the type done previously as most are relatively low risk.

In the past, the practice insurance could not be extended to cover group activities. Members wondered whether this had changed. KL agreed to contact the practice insurers to determine whether the present policy can be extended

IG proposed that we keep the same insurance unless the practice policy can be extended. This was agreed. There will have to be a covid assessment according to the conditions and IG will do one for the files although attendees felt that this should not now be necessary.

KL will liaise with IG so that a decision as to how to proceed can be made prior to the renewal date on 1<sup>st</sup> June.

**7. Practice Update**

KL said that the move to the new building had gone very well and had been well planned through excellent teamwork. She thanked the volunteers who had helped with the initial two week meet and greet exercise.

As it is a new building, there are some snagging issues which are being worked on. There is an internal system in place for staff to raise any concerns. Any issues are being dealt with and there are no ongoing concerns.

Everyone has settled in and there are no changes planned. The management group is now able to get on with normal tasks such as efficiency planning, finance etc. IG asked about staffing and KL reported that there is a full complement of both clinical and administrative staff.

JF asked whether the trainees were happy. KL said there is only one (although there will soon be another) and they have settled in well. SG asked whether any rooms would be used for private practice. KL said she was unable to respond to this at present but there will not be a pharmacy.

TB asked about the acoustics and the very high screen. The screen is necessary but staff and patients are having difficulty communicating through it. Conversations conducted on one level are easily overheard on another also and generally it is very noisy. As many elderly patients may have hearing deficiency this could be quite a problem. KL said a technician was coming to advise on what can be done to improve the situation.

IG said he had received feedback from those members that had participated in the meet and greet and this had been passed on to the practice for consideration.

PH asked about patient numbers. KL said that more patients have joined than have left as a result of the move so GP sessions have been increased to cope with this. Numbers have increased by approximately 1400. PB felt, as a GP, that it was quite challenging dealing with expectations of patients from other practices.

AL asked about the ability to book online. KL said this would not be possible and staff are trained to signpost patients to the most appropriate service. Capacity has been streamlined as a result. TB asked whether it would now be possible to email a GP. KL replied that patients should email reception who will direct the query to the right place. She reminded the group that the staff were now seen as Care Coordinators rather than receptionists. Information can be obtained from the NHS app also as the practice has opened up its information.

IG asked about accessibility if a patient does not have a smartphone. KL said they can contact the practice by normal phone lines and the new phone system, computer based, can arrange for call backs and keep the callers place in the queue.

Prescriptions can still be ordered through online services but patients who are not online would have to come to the surgery for repeat prescriptions. There is a prescription box installed near the front desk and one just outside the main gate that can be used out of hours.

WB suggested that the practice might consider texting patients who have an appointment if there are road works or major traffic problems outside the surgery. KL replied that the practice holds appointments if patients ring in to say they'll be late but thought the idea had merit and she would speak to her team.

PH asked about the volume of phone calls, especially first thing. It is not necessary to ring at 8am for non-acute appointments and if patients wait until later they should get through fairly quickly.

SG asked about how up to date the website is. KL said there will be a new draft website. Currently, the description of the surgery is not quite accurate. AL asked whether there would be an official opening. KL said no date had been set but enquiries had been made. It was better to open after the staff were well settled.

Finally, RS pointed out that there were sometimes problems when patients logged in for their appointments at the practice, only to find that they were seeing a different doctor. KL said patients might sometimes have to be moved to a different doctor if there were unusual circumstances.

### **8. Queen Elizabeth Hospital Update:**

There was no report from the QEH governor for this meeting and the following updates were provided by PH and IG.

IG provided an update – See appendix to these minutes.

PH reported that the hospital is in the process of building an end-of-life unit for patients who are likely to die in a hospital setting. There will be 6 ensuite rooms with space for relatives and this is to be funded from QEH charitable funds and by the League of Friends who will be responsible for the decorative elements.

Following the update PB commented that the partners and management team feel that there was not a need to continue with a report on the QEH as activity there does not relate to the practice or the PPG.

IG and others commented that it is felt that there is a need for a QEH report as it is important for patients to know what is happening in their local hospital. This could impact on their care and, as such members are interested in hearing about topical issues.

PH said governors were asked to attend meetings at their own practices as this would maintain links between hospital and primary care. It was suggested that our governor could be given a brief for meetings.

SG suggested that we ask for a bullet point type of report which IG could then distribute.

IG said that it was a two-way process as the hospital is also interested in our feedback to them. He felt that patients would generally assume that a good relationship between primary and secondary care providers is important to their care.

The group did not reach a conclusion as to whether a QE report should be included for future meetings although IG commented that he felt that, in some format it should continue.

## **9. Meeting Times:**

Most people are happy with the new meeting time although it does exclude people who are at work. This means younger members find it hard to attend. KL said we could be flexible about meeting times if more, younger, working people join the PPG. The July meeting is likely to be moved from 17/7 to 24/7/24 to coincide with the practice afternoon staff training day.

## **10. A.O.B:**

WB commented on prescription wastage because patients do not check prescriptions before leaving the pharmacy. He suggested that patients could be reminded to do this on their issued prescriptions.

TB enquired whether the practice had been aware of the roll out of a national lung cancer screening programme which was announced last year. The intention is to screen higher risk patients at an early stage before they develop symptoms. Patients whose records show that they have a higher-than-average risk will be invited for a medical examination and a lung CT scan to follow depending on circumstances.

The screening is in an early stage and is currently being trialled in more deprived areas of the country but the results have been very good and many potentially fatal lung cancers have been detected at an early treatable stage. PB said the practice was not involved in such a programme but this would likely be hospital rather GP based. TB was concerned that GP practices should update higher risk patients records so that they would then be invited for screening. Information on this screening programme is available on GOV.UK

KL asked whether the PPG would be doing a summer fair. It was suggested we could have another Health Information Day. WB suggested getting other health support groups to have a stall as we have plenty of space but it was felt this could be organisationally challenging.

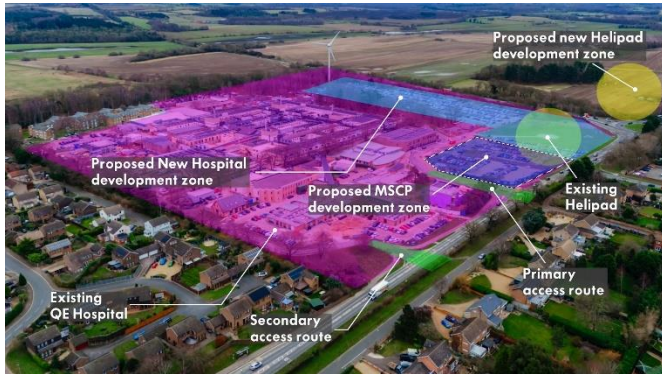
It was suggested we could start with a Respiratory Day that RS said the local breathe easy group (chaired by him) could organise. He could liaise with the respiratory nurses. RS said that he could also provide some information for the practice screens about this. There was general approval for this idea.

IG thanked everybody for their attendance and KL and PB for their input and the practice update.

## **10. Date of next meeting:**

## QE Hospital Report May 2024

### Making the most of the QEH site



### Community Events – June

Public engagement events are to be held to discuss progress with the new hospital project.

11th June / 13th June / 17th June / 19th June / 25th June

#### Venues

Dersingham / Sutton Bridge / KL Football club / Swaffham / Gaywood Comm Centre

### South Lynn Health Hub

External building work on the new King's Lynn Health Hub in South Lynn has been completed. Next there will be focus on the complex electrical and mechanical fit-out inside the building.

This modern healthcare facility is located off Nar Ouse Way. The QEH will use the Health Hub to deliver some of our community maternity and adult rehabilitation therapy outpatient services. It will give patients and staff a modern, purpose-built NHS clinic to deliver services in a location that improves access for our local community.

This new facility is an investment by the Norfolk and Waveney Integrated Care System (ICS) for West Norfolk, providing a range of health services to meet the growing needs of the town.

The Health Hub, which is due to open this September, will be a net zero carbon building, meaning it will use less energy than it generates.

### QEH digital transformation continues

The digital transformation across the Trust continues with some excellent results being seen for both patients and staff.

#### Patient Observation Management System,

Started a year ago, has now taken more than 200,000 patient observations improving patient safety and quality of care across our wards.

#### The Shared Care Record (ShCR)

Launched in collaboration with the Norfolk and Waveney Integrated Care System. This system allows healthcare workers at the Trust access a wide range of information they need about a patient in one place, changing the way they can deliver care.

The ShCR brings together information on a patient's medication, allergies, treatment, and care from a range of organisations in one, safe and secure place.

This system allows QEH staff to see relevant information about someone's care and medical history from different professionals. This means that, at the touch of a button, they will have access to information they need to make informed decisions about the best treatment for that person.

#### Diagnostic Centre Fit out – Open Autumn 2024

MRI / CT / Ultrasound / X-Ray facilities

This is a collaborative project with the three acute hospitals in Norfolk and Waveney, with similar facilities being built at the James Paget University Hospitals in Great Yarmouth and the Norfolk and Norwich University Hospitals

#### RAAC

The exercise to safeguard the hospital by installing props etc goes on.