

Patient Participation Group
Minutes of Meeting
19th March 2025

1. Welcome: The Chairman welcomed everyone, including our guest, Jenifer Saravanan.

2. Present: Theresa Banks (TB), Julia Bateson (JB), Wendy Border (WB), Will Border (WBo), Dominic Burke (DB), Sue Burke (SB), Jane Chase (JC), Jasmine Fulcher (JF), Ian Gutteridge (IG), Stella Gutteridge (SG), Roger Hailey (RH), Mavis Homer (MH), Pat Simpson (PS), Roger Smith (RSm), Nina Stewart (NS), Janet Taylor (JT), Joel Thompson (JTh), Margaret Worledge (MW)

Norfolk and Waveney ICB: Jenifer Saravanan

SJMP: Kathy Laurence (KL), Dr Muhammad Asif (MA)

Apologies: Valerie Brown (VB), Richard English (RE), Jill Fysh (JFY), Karen Goult (KG), Penny Hipkin (PH), Anne Lemmon (AL), Rachel Seakins (RS), Brian Thompson (BT)

Jenifer addressed the group and explained her ICB role. She is working across the entire group to improve patient participation. She took on this role as a result of her experience as a Covid patient and she described her lengthy recovery from a serious illness. Jenifer is aiming to reach every kind of patient: non-British, children, youth, workers etc and to bridge gaps on the Patient Participation Panel with representatives from all groups in the community. This project is in its infancy and a recruitment phase is coming next. No expertise is required as there will be access to virtual/digital platforms and training will be provided. Access can be anywhere, anytime or face to face. It will be flexible and in multi languages with translation apps, as well as British Sign Language for sight impaired people. JB asked where it would take place. JS said it would be in various areas of the ICB. Member of the PPG can contact JS if they are interested. IG thanked her for her time and presentation.

3. Minutes of Last Meeting/ Matters Arising: These were agreed as a true record. (Prop. JB, Sec. JF)

KL reported back on the reception screen. The glass cannot be moved so a company is providing quotes for a microphone system. There is also a hearing loop in place. Some members commented that the acoustics upstairs had not improved and there was, therefore, a lack of privacy.

RSm has spoken to Asthma UK re the problems with bronchiectasis treatment. The management of the condition is very patchy in the UK. The number of people making 5 or more emergency visits per year has almost tripled in parts of England. RSm quoted comments from Asthma UK about the need for better clinical guidelines to tackle the root causes of respiratory ill health and the fact that the UK had the highest death rate in Europe from lung disease.

He reported that in some quarters it is felt that people with lung conditions were being "shunted between primary care and hospitals" in a very unsatisfactory way that was highly detrimental to patients. Deprived areas were especially poorly served. RSm also cited an article in the British Medical Journal (18th March 25) which gave clinical guidelines that need to be followed to avoid patients being hospitalised. He recommended the rehab classes at the Parkview Resource Centre to the group.

4. Treasurer's Report:

Reserve Account Balance @ 18/3/25	£74.93
Current Account Balance @ 15/1/25	£265.45
Total Balance @ 15/1/25	£340.48

5. Practice Update:

IG, SG and MW attached a plaque to the bench in memory of Enid.

KL reported that Dr Mansur is leaving at the end of the month on 28th March as he is moving with his family to Qatar. He has been a long serving and valued GP at the practice who will be much missed. The Practice has advertised for a replacement and is doing a recruitment drive with a view to appointing 2 more GPs and an Advanced Nurse Practitioner or Practising Paramedic.

Dr Mitra is going on a 4-month sabbatical from 9th June to the 9th October. A locum, Dr Ramona Ibrech, has been booked. She has worked for the practice previously.

The Practice is participating in reception cover at the new South Lynn Health Hub together with 2 other practices. One receptionist is going there on a 'off' day. Some appointments, such as with a clinical pharmacist, will take place at the Hub.

Some group members asked about online appointments. Some can be made but not with a GP. IG asked the group what their feelings were with regard to the appointment system. Most were very happy with it. TB reported that she had been able to make a same day appointment, even though the introductory phone message was saying that there were none left. KL said the practice would like to return to a rolling release system for appointments.

Most people reported that they are able to get text appointment reminders but some members reported that they had not received one. KL will investigate why this occurred.

SG asked whether the System One prescription ordering system went to the pharmacist and that any free text notes were available to them. KL said it comes to the practice initially which then prescribes accordingly. KL / MA will look into this to see how patient free text requests can be taken into account.

TB said she was unable to tick required medicines and, at the same time, add notes when clicking on the custom box. You can only do one of those actions at any time. KL will investigate as to why this is.

JTh reported comments he hears from patients as he is a Community Driver. Some patients comment that the waiting rooms are not busy, some receptionists can be grumpy., and name tags cannot be easily read. They were also unhappy about lack of privacy in the waiting rooms. KL responded that an interview room can be made available upon request if more privacy is required.

There were some comments on the screen adverts. It was felt that some are too small and move very quickly. KL said the speed can be altered. The practice is getting a totem pole, which is like a large mobile, which can be registered on.

MH felt that signage, particularly for exits and room indicators could be improved. She also asked whether the Practice has more than one doctor to do joint injections. KL said Dr Tigchelaar can do these injections.

6. Queen Elizabeth Hospital Update: (TB)

TB had already circulated the following report for members in advance of the meeting:

QEH Hospital Report March 2025

Group Model for Norfolk hospitals

The most significant item is the announcement of the proposed Group model for the three Norfolk hospitals –QEH, Norfolk and Norwich, and James Paget. There has been a press release. It is hoped this group will improve patient care and outcomes and reduce variation in care across the county. Resources can be shared more effectively and it should enable more effective use of the workforce.

There will be a single leadership group, with an executive CEO and a Group Chairman, both drawn from the three hospitals. There will be an interim Group Chair, appointed in March, and a substantive Group CEO and hospital Executive Managing Directors being appointed in April. After that, future structural planning can go ahead. All three hospitals will retain their autonomy and will have their own CEOs and Governors.

More information can be obtained on the QEH website.

- The hospital has received top rankings nationally for the excellent outcomes for patients, and its approach to care, for joint replacement surgery. For full knee replacements, QEH is 4th best for the shortest lengths of stay in hospital, and 8th for hip replacements. This follows the groundbreaking achievement of becoming the first hospital in Norfolk to perform pioneering same day hip replacement surgery in September 2024.
- A team of volunteers are helping to ensure that people in West Norfolk do not forget their hospital appointments. Volunteers telephone patients a few days ahead of scans and check that they can attend. They also help the patients to feel confident about asking any questions. Currently, the project is focusing on radiology, ultra-sound and DeXa bone scan density appointments. It is hoped to scale up the service to include all appointments in the Community Diagnostic Centre.
- Martha's Rule (established nationally in memory of a young patient who died) which aims to empower patients and relatives to ask for a second review if they believe the patient is deteriorating and they are not being taken seriously, has been implemented at QEH. There is a Call for Concern helpline service to the Critical Care Team, which operates 24/7. From Sept to December, there were 17 calls made with changes to care made after 3 of them.
- There is a fitness programme for Cancer patients operating in partnership with Alive Leisure. 123 patients have been helped in last 3 years, some of whom were terminal. It helps patients to maintain strength and as much fitness as possible, and is funded by the QEHKL charity. More info is available on QEH website.
- The state-of-the-art Diagnostic Centre is expecting to treat 40,000 patients this year.
- The new wheelchair bay is almost complete and is visible at the entrance to the hospital. Ten new wheelchairs have been ordered and the project has been funded by the QEHKL charity.
- There has been great praise for the Peddars Way Unit from patients and their relatives. Over 120 patients have been looked after in this beautiful and peaceful environment.

Performance Data @ 15th March:

Emergency Care:

- 4-hour performance 61% with 73.5% of non-admitted patients seen within 4 hours. 243 attendances per day on average.
- 80.5% of ambulance handovers took place within 30 mins, no delays over 4 hours. On average 58 ambulances per day.

Elective Care:

- Elective waiting list is around 25,182 but the number of patients waiting longer than 52 weeks has reduced to 620. The Trust aims to have no patient waiting more than 65 weeks, other than by choice.

7. A.O.B:

Electronic Patient Record system: RS asked when the Electronic data system would come into being. GPs are often unable to see hospital scans. Dr Asif replied that if scans are not signed off by a consultant, then it will be delayed.

Bus Shelters: TB reported that Abel engineering has been given a commission to install the bus shelters once the stands are in place. KL asked that any workmen ask permission if they need to park on site.

The meeting closed at 5.30 pm.

Date of next meeting – 21st May 2025.