

**Patient Participation Group
Minutes of Meeting
23rd July 2025**

1. Welcome: The Chairman welcomed everyone, including our guest, Tony Porter who was observing and may join the group. IG said that we would be joined by Helen Morton from the ICB Lung Cancer Screening programme at 4.30 pm via Teams.

2. Present: Theresa Banks (TB), Julia Bateson (JB), Jasmine Fulcher (JF), Ian Gutteridge (IG), Stella Gutteridge (SG), Penny Hipkin (PH), Derek Hunter (DH), Anne Lemmon (AL), Rachel Seakins (RS), Pat Simpson (PS), Roger Smith (RSm), Nina Stewart (NS), Janet Taylor (JT), Joel Thompson (JTh), Tony Porter (visitor)

SJMP: Kathy Laurence (KL), Dr F Tigchelaar (FT)

Apologies:, Wendy Border (WB), Will Border (WBo), Dominic Burke (DB), Jane Chase (JC), Richard English (RE), Jill Fysh (JFY), Karen Goult (KG), Mavis Horner (MH), Margaret Worledge (MW)

Sue Burke (SB) and Roger Hailey (RH) have left the group.

3. Minutes of Last Meeting/ Matters Arising: : These were agreed as a true record.

TB informed the group that the bus shelters have now been installed. IG said that our insurances have been cancelled and the group is now covered under SJMP insurance. He also updated the group about Dr Mitra. He and SG went to the send off but there has been no news on Dr Mitra's progress yet. Dr Mitra has a website and IG will circulate details as soon as possible.

4. Treasurer's Report:

Reserve Account Balance @ 21/7/25	£75.38
Current Account Balance @ 21/5/25	£265.45

Total Balance @ 21/5/25	£340.83
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5. Norfolk and Waveney Lung Cancer Screening Programme (Helen Morton via Teams)

Helen outlined her involvement in the programme, both at the pilot stage and now as part of the N and W ICB project. The programme, after being piloted in the ten most deprived parts of the country, is now being rolled out gradually across all areas. The project has been operating in Great Yarmouth and Gorleston but is now moving to the Kings Lynn area in August. The target group is smokers and ex-smokers from the age of 55-74 inclusive who will be invited to an initial health check (probably via telephone). The participants will be questioned on a variety of risk areas, such as length and nature of smoking habits, family health history, occupational risks such as asbestos, and may then be offered a low dose CT scan if they are deemed to have a higher risk of lung cancer. This scan will be repeated after 24 months but if any abnormality is seen after the first scan the patient will be referred to their local hospital for a high-density CT scan. So far there has been two million invitees and around 7000 early cancers have been detected. The second scan at 24 months is now beginning to pick up cancers not seen at the first scan and the project is regarded as highly successful. In 2023 the government agreed to make this a national programme. At least 110,000 invitations will be sent out in Norfolk.

Whilst some areas can involve the local hospitals in the initial screening, this is not possible in all areas, due to shortage of facilities and staff, so a managed service is being provided by TIC Health. In Kings Lynn, a large unit will be stationed on Hardwick Sainsburys carpark.

TB will be the first invitee in Kings Lynn to test out the process and she will be contacted in due course with a screening invite.

IG and KL thanked Helen for taking the time to give us an excellent presentation.

6. Practice Update: (KL, FG)

KL reported that the practice now has 12 GPs as of 6th June and Dr Wilson will be joining on 1st September so the practice is fully staffed. The practice list is increasing as patients are moving from other practices. There are approximately 18000 patients on the system.

A Paramedic Practitioner, Sarah Claydon, has started and she will make home visits and be available for on the day appointments.

Flu vaccinations start from 1st September and can be booked from 23rd July. In addition to daily appointments, there will be two additional sessions on Saturday 4th and 11th October from 8am to 1pm. PPG volunteers were invited to help with the Saturdays, 3 to each session. IG will circulate details to the group and invite members to volunteer. KL reported that RSV vaccinations will be done for eligible people in September but the practice will not be offering Covid vaccinations. She was unable to say where these vaccinations would be done.

JTh asked about cortisone injections. He had asked at the desk if Dr Tigchelaar did them and had been told no. However, KL said that Dr Tigchelaar, Dr Wells and Dr Gulfraz all do them and they are working through the backlog with 2 sessions per week.

JB mentioned that, although the practice opens at 7.30 am, the desk is not manned until 8 am so people just stand there waiting for someone to come. She suggested that a notice explaining times is put on the desk.

Finally, KL handed around copies of the NHS England GP surgery survey results for the Kings Lynn practices. SJMP performed excellently in most categories, in comparison to National and Local stats, and, overall, the statistics were very positive.

7. Queen Elizabeth Hospital Update: (TB)

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

Norfolk and Waveney University Hospitals Group

There will be a regular monthly update from the executive on progress, and more info can be obtained on the QEH website. First priorities for the new group trust will be improvement to patient pathways for Urgent Emergency Care, Cancer Care, Frailty, Stroke Care and Maternity. There is ambition to create a university hospitals system that will be recognised nationally, internationally and locally for excellence in care, education, research and training. The Group is well placed to help deliver the priorities set out in the government's new ten-year plan for the NHS.

Key leadership roles have been filled – Group chief executive, Group Chief Finance Officer, Group Delivery Officer. The posts currently filled by interims (Group Chair, Non-executive Directors, Group chief Nurse, a Group medical director and Executive Managing Directors for each hospital) will be permanently recruited through open advertisement. The Group is working on a clinical strategy for the whole of Norfolk and on ways to share resources. It is also progressing existing joint projects such as implementing EPR.

Dr Andy Wood, the interim Vice-Chair has left the trust to take up the position of Chair elsewhere and he has been replaced by Graham Ward (from Sherwood Forest Hospitals.) as interim Vice -Chair. In May a contested election took place for Lead Governor and Dr Antonia Hardcastle was appointed as Lead Governor for a 3-year term.

Industrial Action: The BMA has announced that its resident doctors (formerly Junior) will take industrial action from 7am on 25th July to 7am on 30th July. QEH has put robust measures in place to ensure patient and staff safety with close co-ordination between consultants and speciality doctors to ensure safe staffing levels. However, some routine and elective procedures, and appointments, may need to be rescheduled.

Hospital News:

- The QEH has successfully completed the quality assurance process and is becoming a teaching hospital. With the support of the QEH board and key partners, preparations are underway to adopt a new name, Queen Elizabeth Teaching Hospital King's Lynn NHS Foundation Trust.
- Optimising Care: QEH has launched a new campaign starting on Elm Ward that aims to put the patient at the centre to promote independence, dignity, and faster recovery. It is linked to the Trust's Lets Get Moving campaign and mirrors the approach in the community by implementing a single carer approach. £36,000 in funding has been secured to purchase specialist equipment which enables patients to stand, be turned in bed or whilst standing, and for purchasing hoists, slide sheets and handling aids. QEH is the first trust in Norfolk to implement this model of care.
- Atkins Realis has been named as Technical Advisory Partner for the new hospital and RG Carter has been appointed as contractor for the preparatory stage of the new car park.
- A £60,000 state-of-the-art newborn simulator, called a SimBaby, funded by The QEH Charity, designed to help teams train to provide safe care for the tiniest patients has arrived at The QEH Simulation Suite. SimBaby breathes, cries, and responds like a real baby, helping teams practise critical, life-saving procedures in a realistic and safe environment.
- New ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) policy across Norfolk and Waveney Health Authority will be implemented. This helps patients and healthcare professionals work together to plan ahead for emergency situations- especially when the patient may not be able to express their wishes.
- The Trust attended a Royal Warrant Holders' Charity reception at St James Palace in London, following a £3000 Medium Grant awarded to support Peddars Way. This has helped to provide luxury finishing touches to the unit.
- £30,000 has been awarded to date in 2025 for frontline staff ideas for improvement. This is funded by the QEHLK charity and has made a real difference to patient care and the working environment. Grants of up to £5000 have been made to such ideas as – Fall alarms, adaptive cutlery, maternity milk fridges, more welcome outpatient areas, and better signage for the buggy service, to name but a few adopted this year.

Site News:

- Temporary move of Macmillan Service and the Discharge Lounge: From Monday 21st July the Macmillan Team will be moving into the Discharge Lounge, opposite the unit, for approximately 8 weeks, while refurbishment takes place. This will not affect clinic appointments, only treatment and chemotherapy visits. Clinics will continue to be held in the Macmillan area as before.
The Discharge Lounge has been relocated to Leverington Ward during this process.
- **Costa Coffee** has reopened! This will be good news for all!

Weekly Operational Update (@ 18/7/25)

This data changes from week to week and fluctuates in both directions all the time but this is the most up to date. Emergency Care.

- 4-hour was 57.8% (down on previous week) with non-admitted performance at 69.7% and admitted at 25.4%
- Attendances on average at 260 per day.
- 50% of ambulance handovers took place within 30 minutes / 5 handover delays over 4 hours
- An average of 66 ambulances per day.

- There were 46 patients awaiting supported discharge and 296 UEC discharges . 57 patients were discharged via the Discharge Lounge

Elective

- The elective waiting list is approx. 27,185 and 658 patients have been waiting longer than 52 weeks.
- The Trust Referral to Treatment time has improved to 58.68%.

Diagnostic and Cancer services

- The Trust's Cancer 28 day Faster diagnostic Standard improved to 65.69% but 31-day performance has reduced to 90.12% and 62-day performance for treatment has reduced to 49.07%.
- The number of patients over 62 days has increased to 167..

Report: Poor Performance

A summary, published in July, of acute hospital performance across seven key statistics in May and June, including A and E waiting times and diagnostic waits, found that QEH performance was very disappointing. QEH performed poorly in 4 key areas: Cancer faster diagnostic standards, Cancer 62 day Combined performance, Diagnostic waiting times over 6 weeks, and A and E 4-hour waiting times.

The Leadership Team and clinicians are working very hard to turn this around, together with the challenging financial situation. It must be stressed that these are waiting time standards and do not reflect quality of care provided.

And finally.....

The QEH Annual Members' Meeting 2025 takes place on Wednesday 30th July 3pm to 5pm in The Boardroom. This is your chance to hear directly from teams across the Trust about the amazing work that has taken place from April 2024 to March 2025.

TB has attended this on several occasions and it is a most interesting experience which gives the public access to all sorts of info about the Trust. You have the opportunity also to ask questions and meet key members of the Leadership team. There are optional behind the scenes tours of some facilities and from 1.45 you can meet with a range of QEH teams before the meeting.

Information on how to attend and the agenda is on the QEH website.

TB reminded the group that she acts as a liaison between the public and the Governors and is happy to pass on any concerns they wish to raise.

Some members commented on the public events they had attended for the new hospital. These were very good and the presenters were very knowledgeable but members felt that they needed to have more time to think about the proposals. The group was worried about current limitations on parking and transport links. Hopefully, when the new car park is built, the situation will improve.

It is hoped there will be dedicated buggy stop when the bus stop is moved. IG was asked whether they had considered canopies for buggy stops. IG replied that there were sufficient areas for patients to stay dry whilst waiting for the buggy so canopies were unnecessary. The buggy service was regarded by all as excellent. IG reported that there is likely to be a walkway between the car park and the new hospital as this was on the original plans.

JF reported that two of her friends have recently been in A and E and both had received marvellous service both from the ambulance service and the A and E department. TB welcomed this information and would pass this on.

8. Summer Event:

IG reported that there will not be a car boot in the Summer as the preparation and work load for this would be too great. It is hoped that Dr Mitra will lead a health event on his return from his trip.

9. A.O.B:

TB and RSm both expressed concern that Healthwatch Norfolk is ceasing. They felt that it raised useful local and national health concerns although other members did not feel that it had been very influential.

The meeting ended at 5.50 pm.

**Date of next meeting – AGM 17th September 2025.
4pm at SJMP**