

Patient Participation Group
Minutes of Meeting
18th March 2026

Welcome: The Chairman welcomed everyone

Present: Caroline Bateson (CB), Julia Bateson (JB), Roger Smith (RS), Dominic Burke (DB), Jane Chase (JC), Ian Gutteridge (IG), Stella Gutteridge (SG), Penny Hipkin (PH), Anne Lemmon (AL), Tony Porter (TP), Joel Thompson (JTh), Nina Stewart (NS), Janet Taylor (JT)

SJMP: Kathy Laurence (KL),

Apologies:, Wendy Border (WB), Will Border (WBo), Richard English (RE), Jill Fysh (JFY), Carol Hornby (CH), Rachel Seakins (RS), Margaret Worledge (MW), Theresa Banks (TB), Jasmine Fulcher (JF).

Minutes of Last Meeting/ Matters Arising:

These were agreed as a true record. (Prop. DB, Sec. JB)

No matters arising

Treasurer's Report:

Reserve Account Balance @ 21/1/26	£75.77
<u>Income:</u>	None
<u>Expenditure:</u>	None
Current Account Balance @ 21/1/26	£443.65
Total Balance @ 21/5/26	£519.42

JC asked whether we could find a use for the funds rather than have the balance sitting in the accounts. Following discussion there is no pressing need presently but KL will review and let the chair know should a request be made.

Practice Update: (KL)

Dr Agra Rajapaskse will be leaving the practice on 1st April to practice in Canada. She currently works six sessions per week. These sessions have been reallocated to other practitioners at the practice.

There was a discussion around the way that such changes are managed. KL explained that patients are reallocated to other GP's (their normal GP) but will see appropriate practitioners when

appointments are needed. The appointments will be allocated to individuals within the practice who could be GP's, Nurse Practitioners, Advanced Paramedics as suitable.

DB asked whether patients are notified when their normal GP changes. KL advised that the practice does not do this.

The current patient list totals 18400 that is 200 up on the list at the previous practice. The British Medical Association standard is for patients to be allocated "per session" at 232. Currently SJMP has 216 patients allocated per session.

The practice has a full complement of GP's and other staff currently.

Dr Shakeel Gulfraz is to become a partner on 1st April 2026.

The Abtrace system as described by Simon at the last meeting is going very well currently (See January 2026 minutes).

SDG asked whether clinicians review all incoming correspondence now that the AI system is in use. KL explained that if the correspondence indicates that everything is normal in terms of the relevant issue this would not be reviewed by a GP but the item would be checked by the admin team before being put on the patient record. If anything of concern is flagged this is referred to a clinician for the necessary action to be taken.

DB asked whether any bugs have been noted with the system. KL advised that nothing has arisen so far and the system is continually learning from the work that it does. She noted that the system is in use in multiple healthcare settings throughout the UK.

RS mentioned an issue that had recently arisen when a hospital letter incorrectly reported on a recent procedure by stating that it had been performed on the wrong part of the body. He asked whether the Annie system would pick this up having regard to the original referral (that stated the correct procedure). KL advised that the system would not pick up errors like this that originated at the hospital.

KL will note this issue and look into the capabilities of the system. Members agreed that it would be a good safety backstop if the system could look backwards and note any anomalies such as the one described.

Members raised the issue of obtaining prescription medication as the local Asda pharmacy is still inundated following the closure of the Jhoots pharmacy. It was reported that the Pharmacist at Asda hopes to catch up asap but currently members are waiting long periods for their medication.

It was noted that the Jhoots premises have been taken over but it is not open yet. KL reported that the practice has received various indications as to an opening date but this keeps slipping. She also reported that the application for a pharmacy at the practice has been rejected on the grounds that the facility is not needed locally.

IG raised a query concerning referrals for MRI scans. He had been made aware of a referral to Norwich where there is apparently a longer wait time than at the QEH. KL advised that she was not aware of this as she is aware that scans at "Coral" in Norwich can generally be carried out much more quickly than is the case at QEH. She advised that referrals are made on the e-referral system that offers a number of providers. Patients can select the care provider having regard to the wait times and other relevant factors.

The dressings clinics mentioned at the last meeting will come to an end on 31/3/2026 and it is not known whether Norfolk community healthcare will want the practice to reinstate the service in the future. These clinics have been run at the health hub in South Lynn.

Queen Elizabeth Hospital Update: (TB)

TB had already circulated the following report for members in advance of the meeting: The report is reproduced below.

Norfolk Hospitals Group:

- QEH is set to receive extra support after being placed in an NHS England turnaround programme for the most challenged hospital trusts in the country. The Trust is one of 9 nationwide added to the National Provider Improvement Programme ,aimed at improving performance and patient care. Parallel to this, an intensive two-year programme is underway across the group's hospitals, targeting improvements in key areas, including urgent and emergency care, and cancer treatment pathways.
- NHS England has recently reported on Cancer Treatment waiting times and QEH was placed in the bottom five. However, there is little difference in the % waiting times nationwide for within 62-day treatment as only a quarter of trusts achieved above 75% and only three trusts surpassed the 85% Government target. Norfolk and Norwich hospital was only a few places above QEH, and only James Paget achieved mid table (68.5%) of patients being treated within 62 days. The figure across England as a whole is 69.1% (QEH 54.2%, N and N 57.6%)
- Dawn Collins has been appointed as the Interim Chief Nurse, on a 6-month secondment from Norfolk and Suffolk NHS Foundation Trust where she has been Director of Nursing and Infection Prevention and Control. Previously she had acted as Interim Chief Nurse of that trust.

QEH News:

- QEH has been awarded £715,000 as part of a national initiative to fund clean energy upgrades, reduce energy costs and improve operational efficiency. The investment will be used to modernise and standardise the hospital's building management system, providing greater control over heating, ventilation, and water systems. Once installed, the upgraded system will enable staff to monitor and manage systems efficiently, supporting more consistent, comfortable, safer, and healthier spaces for patients and staff.
- QEH Endoscopy unit has earned national accreditation from The Royal College of Surgeons Joint Advisory Group (JAG) following an assessment of the quality and safety of its services. Accreditation was awarded in February 2026 and lasts for one year. Almost 10,000 patients used the service over the past year.
- From March 5th Martha's Rule will be live across all areas of the hospital. It ensures that patients, families and staff are listened to, and that concerns are acted on quickly and consistently. It is named after a teenager who died of sepsis in London as a result of concerns about her deterioration not being listened to. The Trust wide application of this rule replaces the QEH Call4Concern campaign.
- 'Breast of Friends' charity has raised £43,000+ to support cancer patients at QEH. Last year, the hospital's Cancer Care Unit was refurbished and Breast of Friends helped make this possible with their fundraising efforts, alongside other contributors. The charity has also donated money to help purchase a specialist reclining couch for the Breast Care Unit at QEH and the remainder of the money has been used to purchase 108 specialist post-surgery bras for patients who have needed a mastectomy.
- Three infant feeding peer support volunteers - all experienced mothers - will be available on the Maternity ward to promote breastfeeding and support mothers in the early days of feeding. More volunteers are in training and recruitment is ongoing for additional volunteers.

- Young patients at QEH are being given toys and games to make hospital visits a little easier. Norfolk County Council donated £2000 worth of toys, games and sensory items for children undergoing surgery or receiving treatment at the hospital. The donation came as a result of a parent of a child treated at QEH nominating the hospital for funding.
- A cohort of Nursing Associates has completed the 2-year apprenticeships course, delivered through Anglia Ruskin University, at a Satellite site at the Trust. The aim is to train up to 30 nursing students every year.

Site news:

- Oxborough Ward has been relocated to Necton ward, until Mid-August.
- Frailty SDEC has been relocated to the Discharge Lounge on the ground floor.
- The Maple Midwife Community maternity service has relocated to King's Lynn Health Hub.

Buggy

- In February the buggy carried over 2000 passengers.
- Since new (24 Dec 2024), the two buggies have travelled a total of **22,978 miles** which, as the crow flies, is the distance from King's Lynn to just over halfway around the world.

Weekly Operational Update @ 6/03/26

Emergency Care:

- 4 -hour performance was 65.1% with non-admitted performance at 77.3% and admitted at 28.8%
- 282 attendances on average each day
- 70 ambulance trips per day on average with 58.1% of ambulance handovers completed within 30 mins. 24 handovers were delayed over 4 hours.
- 53 patients are awaiting a supported discharge with 319 UEC discharges from core wards.

Elective Care:

- The waiting list has reduced to 25,566. The number of patients waiting longer than 52 weeks is 366. The Trust is aiming for a Referral to Treatment benchmark of 62% within 18 weeks.

Diagnostic and Cancer Services:

- Diagnostic performance is at 58.6% with activity is at 112.7% with increased activity at weekends and evenings to reduce diagnostic referrals. The main areas of concern are echocardiography and audiology.
- The Trusts Cancer 28 day Faster diagnostic standard has reduced to 60.9% t
- 31 Day performance has improved to 90.97%
- 62 Day performance is 54.31.% and the number of patients waiting over 62 days is 153.

Members noted the report and thanked TB for providing this in advance of the meeting.

There was a general discussion in which members noted a number of concerns and shortcomings as a result of receiving care at QEH. It was felt that, in many instances the care received fell well short of expectations and a number of members feel that standards have slipped over the years to the point at which patient care is affected.

PH commented that the newly appointed interim chief nurse (Dawn Collins), who she worked with some years ago, is a dynamic person well aware that things need to change and PH feels that she will be a positive influence going forward.

A.O.B:

Blue Badges

KL reported that Joanna Cuthbert from the DWP is now available at the practice on Wednesday mornings from 08.00 – 13.00 to assist with blue badge enquiries plus a wide range of other issues. Patients can turn up and wait to see her or make an appointment. She is agreeable to extending her visits if demand is there.

JB also reported that blue badge applications are available from the Gaywood library also. Members also felt that LILY at the borough council can also offer support. The below is a link to the relevant page on the LILY website. This can be copied and pasted into a browser.

<https://asklily.org.uk/kb5/westnorfolk/cd/service.page?id=oJf1Ly2pPo&newcommunitychannel=3-5>

Members noted that the practice can no longer provide letters for the borough council as they used to but they can provide a summary of a patients health. Other enquiries can be made but would be chargeable and subject to a waiting period.

Scan Results

SDG asked whether it was right that practice staff tell patients waiting for scan results that “no news is good news” in the event of delays in results being provided. This stems from a situation where a patient was waiting for CT results over several weeks and made contact with the practice on a number of occasions asking about them. In the event the results showed an issue that required further investigation. KL advised that this is not normal practice and offered to review the particular case if the patient gives permission for the records to be accessed. SDG will make further enquiries and get back to KL separately.

KL confirmed that the practice is not able to follow up with the provider in the event of delayed results. The patient can contact the hospital or other provider as necessary.

Basic Life Support

Following the last meeting Simon mentioned that he is now providing this training to practice staff and he is willing to run a session for PPG members. IG will circulate members are ask for expressions of interest so that a session can be arranged if members would like to attend.

Dr Mitra

There is a possibility that Dr Mitra will run a session on his recent adventure (drive to India) and also a diabetes awareness session. Both are in the early stages of discussion and further details will be provided in due course if either, or both, go forward.

The meeting ended at 5.15pm

Date of next meeting – 20th May 2026 4pm at SJMP