

Patient Participation Group
Minutes of Meeting
21st January 2026

1. Welcome: The Chairman welcomed everyone

2. Present: Theresa Banks (TB), Caroline Bateson (CB), Julia Bateson (JB), Will Border (WBo), Dominic Burke (DB), Jane Chase (JC) Jasmine Fulcher (JF), Ian Gutteridge (IG), Stella Gutteridge (SG), Penny Hipkin (PH), Anne Lemmon (AL), Tony Porter (TP), Brian Thompson (BT), Joel Thompson (JTh),

SJMP: Simon Temple-Pollington (STP), Dr M Asif

Apologies:, Wendy Border (WB), Richard English (RE), Jill Fysh (JFY), Karen Goult (KG), Derek Hunter (DH), Carol Hornby (CH), Rachel Seakins (RS), Roger Smith (RSm), Nina Stewart (NS), Janet Taylor (JT), Margaret Worledge (MW)

3. Minutes of Last Meeting/ Matters Arising:

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

No matters arising

4. Treasurer's Report:

Reserve Account Balance @ 21/1/26 £75.77

Income:

Christmas Cake Sale 8/12/25 £178.20

Expenditure: None

Current Account Balance @ 21/1/26 £443.65

Total Balance @ 21/5/26 £519.42

The Committee thanked Simon's partner for supplying two large cakes for the stall, and, also, those members of staff who supported the event by either contributed or purchasing cakes on the day.

5. Practice Update: (STP)

There have been some changes in staffing since the last meeting.

A new HC support worker, Lili-Mai, has joined the team for 4 days per week. HC support worker, Rebecca McHattie, is leaving, and her hours are being distributed to other staff. Prescriptions Clerk, Nicki Simper, has taken on a new role in the Practice as a Workflow Administrator. A new Prescriptions Clerk, Ali Buxton, has been appointed (same role previously at Howdale Surgery) and she starts on February 2nd.

The new AI system, 'Anima' (referred to online as 'Annie') is running well and the Practice has seen a positive effect in the time taken to get letters through the system. TB asked about what safeguards are in place to avoid mistakes with the system. STP said that there were a series of checks in place with a final check to ensure accuracy. The system also learns from errors. TB commented on the fact that Anima seems to place random symbols in the text. This has been noted by the Practice.

The Practice is implementing a new recall system, 'Abtrace', which will automatically recall patients and is approved for use. Abtrace looks at a patient's info and picks up when a check is due. It will then prompt a recall and automatically send it. It also updates patient lists automatically. Patients will be sent a message and a booking link where you can update info (e.g. BP results). Patients are sent a reminder if they don't respond and Abtrace creates a spreadsheet of patients who require a phone contact.

From 15th February there will be no traditional phlebotomists' appointments. These will now be HCA appointments for 15 minutes. At this appointment, patient records will show what tests and checks the patient needs (virtually a one stop shop system). The HCA can approve tests for patients without referring to a GP if the system indicates that a patient needs a specific test. PH said she had used this system successfully.

The Practice is also implementing a new system for managing their policies, staff information, documents etc called Practice Index. This should be up and running by April 2026.

Currently the appointments capacity is very good.

STP was asked about patient numbers and the patient lists. He explained how the patient numbers and catchment system works but the Practice could make discretionary allowance for a patient out of catchment, if necessary.

TB asked about virtual consultations. ACCURX is the system used and Simon will check her conversation with the Practice to check why she appeared not to be offered a virtual appointment.

IG asked about the Healthwatch Norfolk. They visited recently and spoke to patients, after which a report was produced. IG asked whether SJMP had responded to the report. STP said he was not aware of any outcome with this.

JB asked about regular diabetic checks. STP said these are now being done every 6 months. She also asked about the onsite Spire clinic. STP replied that they were increasing the clinics here until 8pm and, if you are local, they will try to fit you in. He also said there was a Dressings clinic every Saturday at the Health Hub. JB also asked whether prescriptions can be delivered. STP said some local pharmacies, such as Rainbow Pharmacy, do deliver.

6. Queen Elizabeth Hospital Update: (TB)

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

Group Model for Norfolk Hospitals

The new hospital group's inaugural board meeting was held on 17th December, representing the official launch of the new hospital group and ending the interim transition period.

There have been a number of executive changes and appointments recently. The principal ones are:

QEH executive Director, Michelle Arrowsmith
Group Interim Chairman, David Roberts
Group Chief Medical Officer, Dr Rob Sherwin
Chief nurse for Group, Rachel Cocker (1 year secondment from Norfolk and Norwich Hospital)
Interim Chief Operating Officer, Richard Parker
Group Interim Group of Corporate Affairs, Ian Walker
Various non-executive Directors

Hospital New Build

There is some doubt as to whether the hospital will be completed by 2032 as the Government has not categorically confirmed this. It was also announced by the Group director that the hospital rebuild will now be combined into a 'single, unified programme' with James Paget Hospital.

However, a number of developments are underway towards the new build:

The helipad has been relocated and is operational, allowing the new car park work to go ahead.

58 new parking spaces are being created in the former helipad area and this work is expected to be completed by mid-February

Engineering and digital cable work has been completed, allowing contractors to move forward with the car park.

The new car park designs have been on display at the hospital and the design is both impressive and aesthetically pleasing. The contractors have said that all existing car park space will be maintained for as long as possible and all car parks other than the main one will be retained in the future.

Hospital News:

Some very good and some fairly negative reports recently.

- It has been widely reported that there are serious concerns with the General Surgery department. A report conducted by the College of Surgeons revealed some serious failings, in particular 'a toxic culture' and a lack of effective leadership. Whilst there was no evidence of widespread patient harm, there were 'unacceptable delays in spotting complications' in some cases and questions over surgical competence for some procedures. The hospital has now paused robotic surgery and steps have been taken to make the surgical service safe again. All general surgery is being led and monitored by Norfolk and Norwich for the time being

On the positive side.....

- QEH has been praised for its maternity services. We achieved strong results in the 2025 National Care Quality Commission Maternity Survey
- The QEH has been recognised for excellence in patient safety and data quality, achieving Gold level status in the National Joint Register Quality Data Provider awards. This reflects the hospital's outstanding commitment to accuracy, completeness and timeliness of surgery data submitted to NJR.
- The QEH THRIVE programme which supports early careers of healthcare professionals has won the 2025 Nursing Times Workforce Award
- The Community Diagnostic Centre (CDC) has been crowned as Best Healthcare Development under £25m at the Building Better Healthcare awards which recognises innovation and outstanding achievement in the Healthcare built environment. The CDC is expected to process 40,000 outpatient appointments each year.
- Discharge and wait times in hospital have reduced, thanks to a new rehabilitation programme launched with a number of health organisations.
- I recently visited the new Central Sterile Services Department (CSSD) building with a group of governors. It is due to go into operation soon and is an incredibly impressive state of the art facility for the future. It is very big and will provide and sterilise all equipment used on patient procedures (but not external items such as needles, syringes etc). Everything flows through the building seamlessly so that there is no possibility of any contamination. It has its own air-conditioned systems and every single part of the building has been designed for absolute infection control. It was an amazing visit but, unfortunately, can never be repeated as, once it is commissioned, it will be closed to the public.

Weekly Operational Update @ 16/01/26

Emergency Care:

- 4-hour performance was 62.7% with non-admitted performance at 76.1% and admitted at 30.8%
- 253 attendances on average each day
- 60 ambulance trips per day on average with 42.5% of ambulance handovers completed within 30 mins. 24 handovers were delayed over 4 hours.
- 55 patients are awaiting a supported discharge with 286 UEC discharges from core wards.

Elective Care:

- The waiting list has increased slightly to 26501 (but it was 28.801 in Sept). The number of patients waiting longer than 52 weeks is 506

Diagnostic and Cancer Services:

- Diagnostic performance is at 61.8% but activity is at 113.2% 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 improved to 72.3%
- 31 Day performance has improved to 93.48%
- 62 Day performance has improved to 55.25% and the number of patients over 62 days has reduced to 166.

7. A.O.B:

- IG asked whether Dr Mitra will be running a Diabetes Awareness event. STP said he would ask him about this. JF informed the group that there is an article in the latest KL Magazine about Dr Mitra's trip.
- A patient has raised the problem of respiratory patients having significant problems renewing their blue badge every three years. Despite having ongoing and worsening symptoms this patient often has their application refused without further qualifying proof. In the past, the QEH respiratory team would supply a qualifying letter but they are no longer able to do this. The patient has asked what can be done to help them and fellow sufferers. Dr Asif responded that sometimes GPs will write qualifying letters, and STP said he will investigate possible options for helping with this problem.

The meeting ended at 5.17pm

Date of next meeting – AGM 18th March 2026.

4pm at SJMP