

Notes of Virtual PPG Meeting – 23rd February 2022

| | | | | | |
|------------------------|---|-----------------|---------|-----------------|---------|
| Attendees | Ian Gutteridge, Stella Gutteridge, Theresa Banks, Margaret Worledge, Richard English, Ann Lemmon, Jane Chase, Colin Johnstone, Penny Hipkin, Kathy Foley | | | | |
| Apologies | Karen Goult, Rachel Seakins, Malcolm Powell, Julia Bateson, Pat Simpson Carol Ludlam. | | | | |
| Welcome | IG welcomed attendees and thanked them for their time in attending the meeting. | | | | |
| Minutes | The minutes of the previous meeting were taken as read | | | | |
| Matters Arising | <p>IG asked whether the practice had decided how to keep patients and the general public advised as to progress with the new build project. KF advised that this is still being considered. The business case has been put to the CCG and once agreed, a decision as to this issue will be taken.</p> <p>IG asked about the messaging point that was raised at the previous meeting. KF has been in discussion with Alison at the practice but a resolution has not yet been achieved. She will discuss the matter further.</p> <p>RE asked two questions about communication as he had received messages providing a link to Mjog but when he tried to follow these he found a message saying that Mjog has been discontinued. No other options were given.</p> <p>KF thanked RE and said this would help her in discussions internally.</p> <p>TB mentioned that her husband had received a message asking him to contact the practice to arrange an appointment but when he did so the practice had no record of the reason that the message had been sent.</p> <p>On the other hand she had received a separate message and the practice did know what she was calling about when she rang</p> <p>The general consensus was that an improvement in patient communication is needed as this will help all parties.</p> | | | | |
| Treasurer | <p>SG reported the balances as:</p> <table><tr><td>Reserve account</td><td>£ 72.99</td></tr><tr><td>Current account</td><td>£676.72</td></tr></table> | Reserve account | £ 72.99 | Current account | £676.72 |
| Reserve account | £ 72.99 | | | | |
| Current account | £676.72 | | | | |
| Practice Update | <p>KF advised the meeting that:</p> <p>New Build</p> <p>The full business case for the new build has gone to the CCG</p> <p>The design stage is going ahead now</p> <p>The tender process should start on 29th April and last 6 weeks</p> | | | | |

A contractor is due to be appointed by 1st July 2022 with a site start date of 1st August 2022

KF asked any locals whether they had noticed trees being removed. None have but IG offered to take a quick look over the next day or so.

The design process will include specifying the equipment / furniture required for each room. The practice is also looking at items such as flooring / colour choice etc.

SG asked whether the design was as initially specified and communicated and KF said that it remains as originally set out but there could be some minor space changes to cater for additional admin that needs to be catered for.

Other matters

Dr Steggles is leaving his post as a salaried GP but will continue to work at the practice 2 days per week as a locum.

One salaried GP (Dr Kalill) is starting with the practice in May 2022.

Dr Wordsworth is also a new locum

IG asked what the general situation re GP's is at the practice and KF explained that securing GP's remains a challenge as there seems to be a reluctance to work as salaried GP's. Most seem to prefer locum work.

TB asked about the additional work that KF had talked about earlier in the meeting. KF advised that some trained members of the admin team are reviewing pathology results and other correspondence received from hospitals and other sources. This is to free up the GP's time to spend on patient care.

TB expressed concerns as to whether admin staff could be expected to correctly assess this type of correspondence / test results etc and to refer as needed to the GP. KF said that there is an audit process in place to ensure that the work is being done correctly.

Note:

It should be noted that the staff training & pathway that used are NHSE (NHS England) approved.

KF mentioned that the practice is reviewing the Footfall system and she is actively considering other providers. A question as to whether there could be any patient involvement in this process was asked and KF said that as things progress patients will be asked to get involved.

KF reported that she had been in touch with the QE to see whether any endoscopy patients could be referred to SJMP. The practice has additional capacity that could be used to spread the load and get people their procedures more quickly. Unfortunately the efforts made had not to date yielded any positive results.

The consensus of the meeting was that attendees were surprised that the hospital were not engaging with this sort of offer particularly in the light of the additional pressures caused by the pandemic.

QE Update

PH advised the meeting:

The hospital is now out of special measures. This reflects the work done by the whole staff lead by the board under CEO Caroline Shaw and Chairman Steve Barnett. The hospital has been rated good in Well Led, Caring and Effective in the 3 areas inspected. The meeting agreed that this is a very positive step forward.

There are still some minor issues to attend to but these are vastly reduced as compared with earlier inspections. Excellent progress.

Steve is leaving now to take up a post at Peterborough and an interim chair (Graham Ward) has been appointed.

PH mentioned that an "Integrated Care Service" (ICS) is being progressed and will take over from the CCG. It is early days and the structure is not yet clear. It is intended, however that the three Norfolk hospitals will work more closely together to improve patient care in the county. A new board to run the ICS is to be formed.

The hospital is increasing weekend scanning activity to try and address the backlog caused by COVID.

The Sandringham hospital is being used for elective surgery. This provides two additional theatres.

There are currently 50 – 60 Covid patients in hospital

The staff / volunteers & governors are being given free parking for another year in recognition of the efforts made during the pandemic

There is to be a hot food provision for night staff

KF mentioned that she has had recent experience on one of the wards and found the care to be excellent.

TB mentioned that there are still problems in some areas where, for example, Doctors fail to introduce themselves or even tell the patient what they have come to consult about. She had seen instances where patients had been left confused in such situations.

IG mentioned that he and SG had attended a meeting with the chief nurse and other senior staff from the hospital where this point was raised. It was accepted at that meeting that some clinicians tend to be condition focussed and they need to consider patients as individuals rather than just as their condition.

PH will feed this back as it is an ongoing issue that the hospital has been trying to address for some time.

RE mentioned that in his case he had found that the clinicians that he dealt with had introduced themselves and so this illustrates that the message is getting through that is a good thing.

AOB

IG asked whether anyone had attended the CG zoom webinar on their research project and none of the attendees had.

The consensus was that it must be challenging for GP practices to get too involved at present due to other pressures but it was recognised that research is an important area that should be supported where possible. It was felt that, in general this would be through secondary care / specialists and it was noted that the QE has achieved some excellent results though their research endeavours.

There being no further business the meeting closed at 19.15 hrs.