



**Patient Participation Group  
Minutes of Meeting  
Wednesday June 22<sup>nd</sup> 2022**

**1. Present:** , Theresa Banks (TB), Julia Bateson (JB), Kathy Foley (KF), Pat Fraulo (PF), Jasmine Fulcher (JF), Ian Gutteridge (IG), Stella Gutteridge (SG), Penny Hipkin (PH), Colin Johnston (CJ), Anne Lemmon (AL), Brian Thompson (BT), Dr Frank Tigchelaar, Margaret Worledge (MW)  
Present via Zoom: Richard English (RE), Karen Goult (KG)

**2. Apologies:** Enid Bright, Jane Chase, Carol Ludlam, Malcolm Powell, Rachel Seakins, Pat Simpson

**3. Minutes of Last Meeting:**

The last meeting was on 21<sup>st</sup> April via Zoom. The minutes were accepted as a true record.

**4. Matters Arising:**

As requested at the last PPG meeting PH had contacted executives at the QEH about the possibility of utilising the spare capacity in the services provided by local practices, i.e. endoscopy, cataract removal and hernia repair.

KF was contacted by Sarah Harvey for discussions regarding this, and these discussions are ongoing.

MJOG: RE had raised an issue with Simon and a problem was identified and resolved. IG said he had received a text asking him to give feedback and he did so, but the link went to Mjog and did not work. Therefore, it would seem the situation has not yet been resolved.

Dr Khalil will be starting on 27<sup>th</sup> June as a salaried GP 4 days a week.

**5. Treasurer's Report:**

Current A/C = £676.72                      Reserve A/C= £72.79      Total = £749.51

SG reported that there had been no activity on the account for some time. KF said books were continuing to be sold and the practice would email SG about money collected.

**6.. Practice Update:**

KF said the practice would be closing on Wednesday afternoons 1-5pm to allow for admin catch up and training. Work will be picked up by Southgates and Gaywood surgeries.

Becca is going on maternity leave in August and cover has been put in place.

Decorating is taking place in public areas. The practice is running out of space, also, because there are more clinicians and the changing room has been transformed into an office for 4 people.

There has been a considerable increase in admin staff as patient demand has increased. IG asked whether demand for additional services is putting pressure on the core services. Dr Tigchelaar responded that the pressure on the practice to perform is not keeping up with what can be offered and the practice is struggling. GPs are seeing the same number of patients as before but patient needs are more complex.

TB asked whether the triage system was adding to the burden. KF said this has now been discontinued and is only employed with emergency or home visit requests. Patients can now request a direct face to face appointment without telephone triage. TB said she did not think patients were aware of this yet. KF reported that patients would be able to book appointments online from October 22<sup>nd</sup>.

There was a question about how to cancel appointments. IG said that phone / text reminders issued gave the option to cancel. Patients can also telephone the practice if a cancellation becomes necessary.

Various issues were raised about how data and patient information is managed.

TB asked whether GPs would review 'no further action' letters from hospital referrals and tests. FT and summarised the position.

TB also referred to recent serious errors with data input of patient information and conditions caused by admin staff clicking on the wrong drop-down responses. She felt that not enough care was taken to check that the right info had been typed in and that the consequences could be important later. KF replied that the practice always dealt with these errors but that given complexity of computer systems errors are likely to occur. IG supported TB's concerns about this as patients will be worried about mistakes that relate to their health. PH supported the practice view that although errors will be made, learning occurs and the situation is rectified. TB replied that the errors she highlighted had only come to light by chance and had not have been spotted by the practice. She wondered whether many more, similar, errors remained undetected.

JB asked about recent health checks conducted in various locations other than the surgery, such as Fairstead and libraries. She queried the accuracy and professionalism of these checks, given her own experience of them. KF replied that these checks had been contracted out by the CCG to a private company and were not connected to SJMP. She will feed back JB's concerns to the provider. JB will show KF the letter she had received from the provider and KF will follow this up. The practice gets the results of the health check.

TB asked about LIVI, the private GP service contracted into by the CCG. KG has used the service and found it to be efficient. It operates from 8am – 9pm and at weekends. IG has also used the service and was very pleased with it. FT said it was one of the many initiatives introduced to deal with workloads. A LIVI GP can prescribe electronically to a pharmacy and look at patient records. IG asked how the practice viewed this service. KF felt that patients must accept that a personalised GP service no longer exists. The Practice is struggling to get GPs and only two GPs are full -time.

BT asked whether these problems had arisen because of the Pandemic. KT said numbers of doctors and nurses had not changed but the way they communicate now is very different. He felt that older patients,

who make up the majority of patients needing regular contact with the practice have been badly affected by the increasing use of IT systems. However, the Practice no longer gets DNAs as a result.

### **7. New Build Update:**

The District Valuer's report is now in and tenders have been sent out to 3 contractors. Contractors are reluctant to take on such a project because of rapidly rising building costs and problems with supplies. Tenders are due back in July. After this there will be one week to examine them before a Full Business Case will be made. After that, building will go ahead as soon as possible. The Practice holds regular whole team meetings now to ensure progress is as efficient as possible. It is expected that work will commence on site in September 2022.

### **8. QEH Update:**

PH reported that the QEH is completely full and that recently 35 -40 patients had to wait for A and E beds.

There were currently 25 Covid patients (up from 5) so a Covid ward has had to be re-established.

Masks are now required compulsorily in clinical settings and patients are allowed up to 2 visitors between 2pm and 8pm. Visitors must check with the ward before visiting.

The new Endoscopy Unit has been delayed because of a shortage of building materials. It will now open in September. The unit will also contain some new theatres so existing ones can be repaired. It is intended that the Management offices will move into the new building so that their present office space can be utilised to expand the Accident and Emergency department

The new eye centre is open and the facilities are wonderful. Rooms are light and bright and 17 optometrists were invited to an evening meeting to view the facilities. GP surgeries were also invited. The old eye clinic will now be used for other purposes.

All wards will have to be 'decanted' eventually so they can be repaired and propped. This is happening on a gradual basis. West Dereham has been completely refurbished as a frailty and dementia friendly ward, together with West Newton ward.

PH reported that although the new hospital longlist has not yet been published, a committee has been established to plan a multi-storey car park as a new hospital first phase. All new areas will remain once a new hospital has been built.

Dr Frankie Swords has been appointed to a role with the Integrated Care Board and, unfortunately, is leaving QEH as a result.

TB asked about the Tree of Life. PH said it was not officially opened yet and pointed out that, although it is situated outside the Cancer Care and Treatment Centre, it is not part of Macmillan. It was commissioned and purchased by the League of Friends and the plan is that anyone who has lost a relative will be able to buy a leaf to commemorate their loved one. TB said it is a magnificent artwork and is much admired by patients and staff. The 'tree' is very large and inscribed with many delightful artistic motifs. She encouraged people to go to see it as any photo does not do it justice. (see attached picture).

### **9. PPG Insurance:**

IG thanked the Practice for funding the PPG insurance which cost £140.

**10. A.O.B:**

IG thanked Kathy Foley and Dr Tigchelaar for their input and for coming to support the meeting.

**11. Date of Next Meeting:**

The next meeting is likely to be in August and IG will send out information nearer the time.