

Patient Participation Group
Minutes of Meeting
18th January 2023

1. Welcome: The Chairman welcomed everyone to the first meeting in the new year 2023.

2. Present: Theresa Banks (TB), Jane Chase (JC), Pat Fraulo (PF), Jasmine Fulcher (JF), Ian Gutteridge (IG), Stella Gutteridge (SG), Penny Hipkin (PH), Ann Lemmon (AL) Dr A Moussakou (AM), Malcolm Powell (MP), Simon Temple (ST), Margaret Worledge (MW)

Apologies: Richard English (RE), Karen Goult (KG), Rachel Seakins (RS)

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

4. Matters Arising:

IG informed the Committee that TB had been awarded the Volunteer of the Year Award and she was congratulated on this.

PH sent an email amendment on the 5th December, to her November QEH update. IG emailed members accordingly (as below).

Penny has provided some updated information.

Please see the below:-

- 1. "I have asked QEH if the disabled spaces could be used at the Inspire Centre when vaccinations are not taking place. However I have had no reply as yet so at present they are still coned off".*
- 2. "I note that the 20 minute spaces outside the main entrance have been changed to disabled spaces and there are only 2 drop off spaces there now".*

5. Treasurer's Report:

Income received: £28.88 Book money
£161.40 December Cake Stall

Reserve Account £72.96

Current Account £893.50

Total Balance £966.46

IG thanked all those who had contributed to the Cake Stall by, either making or donating cakes, or helped with the event in any way.

The PPG funds will be held until they can be allocated to the New Build unless transferable items can be purchased.

6. Practice Update:

ST reported that there has been considerable input recently following an Infection Control audit and, as a result, the Practice can no longer sell second hand books to raise PPG funds as these were found to be quite contaminated. Some problems were also found in the Injection and Treatment Rooms but these were resolved. MP pointed out that QEH also distributes books but ST said that the medical practice could not take the risk.

The new phone system, Wavenet, has been commissioned but not yet installed as there have been some software issues.

Two new Health Care support workers have been appointed and there will be extended access to both Health Care and Phlebotomy from 7.30 am – 8 am, each day.

AM reported that there will also be new GP training starting in February. 4 new trainees will be commencing their GP careers. Two will be training on Mondays and Tuesdays, while the other two are trained on Thursdays and Fridays. TB asked whether these were British medical graduates. AM replied that they were international graduates from Nigeria. There are not enough British doctors taking up GP training.

There will be late night clinics, until 8pm, on Mondays and Tuesdays for Women's Health, and there will also be a Saturday GP clinic shared across the PCN, with SJMP offering one week in three. This is bookable and there will be phone appointments available. Alison from Admin can book a face-to-face, or telephone, appointment in advance.

Patients can also have a same day appointment but there must be a telephone triage first. ST reported that there were 120 contacts to the surgery last Monday and the Practice is trialling different ways to deal with the increased demand. 20% of telephone appointments are converted into face-to-face meetings.

TB asked whether blood tests could not be incorporated into home visits to avoid elderly, vulnerable patients having to travel to the surgery or the hospital after the home visit. AM said that blood tests were conducted on some visits but it all depends on the time of the visit and how many visits the practitioner has to make. Samples must be sent to the lab by a certain time each day as tests cannot be kept for a long time and must be stored properly so it not always possible to do them.

There is now a 24hour ECG service for all the surgeries and this has now been extended to provide a 7-day ECG monitoring service. Patients must be referred and the information will be uploaded and reported on in 7 days.

NICE has recommended that patients take their own BP at home for more accurate readings so the practice loans out monitors to suitable patients. Dr Antonia asked that patients be reminded to return the BP monitors. A patient record is kept of borrowers. Return reminders could be posted on social media also. She reported that DNAs have increased, particularly for phone appointments where patients cannot be contacted. Dr Antonia said she had lost 50 minutes of her time trying to contact patients, to no avail. ST said the practice was reviewing the process and monthly reports are run. Currently, the Practice is considering when to send out letters to DNA patients.

IG asked whether any follow up to check the reason for the DNA was done and ST said they did not do this. He added that there was a problem with latecomers who are marked as DNA by nurses. He has asked nurses not to do this as the system will pick it up anyway.

PH asked about problems getting an appointment with a respiratory nurse. When she was unable to get one, she asked about getting appropriate medication and was informed she must have a GP appointment first. PH did not realise she could make a special request for medication online. Receptionists need to inform patients about this. ST replied that there is only one respiratory nurse and they are trying to appoint another. In the meantime they are having to use an Interface nurse.

TB asked about the resumption of diabetic clinics. She had been questioned by a patient about this. He has not been seen for 2 years since the start of lockdown and has been told that he will be contacted in due course. The patient is in his early 80s and is anxious to avoid problems that could land him in hospital. ST said that patients are invited for an appointment in their birth month and that the Practice is catching up with the backlog. Patients can email the practice to ask when their appointments will happen.

IG pointed out that patients currently cannot contact the Practice via online services as the messaging facility shows a mismatch between the message service and the opening hours of the practice. When he tried to use it, he was informed the practice was now closed. ST and AM will check this out.

In April the website will change to PATCHS for electronic submissions. This will allow a more tailored website.

New Build: There will be a steel signing ceremony instead of sod cutting. Simon and Kathy have done a site visit and everything is running to plan. MP was concerned about the lack of publicity about the New Build. He felt signage indicating the new surgery site would be helpful. ST said he would look into this. The Comms team for the ICB are currently considering who might open the new surgery.

IG thanked ST and AM for the high quality of the Practice update.

QEH Governors Update:

PH reported that this is her last update as she is retiring as a governor. She will continue as Chairman of The League of Friends and is staying on as a PPG member.

PH provided some current statistics. Electives are now on track to deliver 104 and 78 week targets although high levels of trauma has resulted in the cancellation of some elective work. The two week wait rates for Cancer appointments has significantly improved.

Urgent Emergency Care attendances have dropped by 162 to 1481 weekly.

Rates are higher at the weekend. Triage times for patients being treated within target times have improved from 45% to 57% . However, bed occupancy throughout the hospital remains very high all week. There has been a press release for Maternity Services which show that Survey results indicate continued dedication to providing best patient care. Results published on 11th January 2023 demonstrate progress and improvement to the birthing experience for patients and families at QEH Foundation Trust. The 2022 National Maternity Services Survey results show that, regionally, the QEH was consistently among the top five performing trusts. QEH scored highest in the region across questions regarding ante-natal check-ups, and came second for care during pregnancy. More info can be obtained by going to the website link: www.gehklmediahub.com

As reported in the EDP, the new hospital, if agreed, will be modular, which poses a question as to its durability. All new hospitals will have 'single room only' wards. The Committee thought this could be quite isolating and vulnerable for patients, especially if there are staffing issues. The hospital Board believes things are moving forward and RAAC hospitals will be given special consideration. The Inspire Centre is to be demolished in February. This means the helipad will disappear, however. It is hoped to receive planning permission for the new carpark which will go on this site, but no funding has been received for this yet. Two new modular buildings – a new children's nursery and a vaccination centre - are being constructed.

The physio/hospital gym has been utilised as an expansion of the Same Day Emergency Care Unit (SDEC) and the physio department is being rebuilt. A new modular unit, with gym facilities, will be provided. There is a great deal of movement of facilities, generally, at the moment. Currently, there are only 2 substantive board members and the role of substantive CEO is being advertised in

February. This person needs to be in place before the new board is established. It will be at least the middle of 2003 before a substantive board is in place.

IG thanked PH for all the excellent work she has done as our QEH Governor representative.

8. Open Meeting:

IG met with the Chair of Heacham PPG and reported that their committee is run differently. They have a PPG Committee to organise things and then this is followed by open meetings for all patients. IG has discussed this with ST and KF and asked for their views. IG suggested that we trial this, for the March meeting, with current members and anyone else who would like to attend. We would need to advertise this on the website and via social media.

JF pointed out that the group tried something similar many years ago but it didn't work. However, IG thought it was now time to try it out again. SG thought we should hold it but have a representative from the Practice to give a talk about the New Build which might draw people in. IG thought this was an excellent idea. KF thought we might use the Methodist Church Hall for the meeting but MW pointed out that it might be in use so we should check availability. There is plenty of parking and we could offer refreshments.

9. A.O.B:

SG asked about the possibility of reminding patients, who retain Practice equipment, by flagging it up on their records. When records are looked at by staff, for example when patients are checking blood tests or making appointments, they could then be reminded directly to return the equipment. ST thought this was a good, viable idea.

10. Date of next meeting:

This will depend on the availability of the venue but is likely to be on, or around,

15th March 2023.

Venue to be arranged