

Patient Participation Group Minutes of Meeting 17th January 2024

1. Welcome: The Chairman welcomed everyone.

2. Present: Theresa Banks (TB), Wendy Border (WB), Jane Chase (JC), Pat Fraulo (PF), Jasmine Fulcher (JF), Ian Gutteridge (IG), Stella Gutteridge (SG), Penny Hipkin (PH), Sheena Johnson-Banks (SJB), Kathy Laurence (KL), Ann Lemmon (AL), Dr Arafat Mansour (AM), Malcolm Powell (MP), Margaret Worledge (MW) Apologies: Will Border (WB), Richard English (RE), Jill Fysh (JF), Karen Goult (KG), Rachel Seakins (RS), Roger Smith (RS)

3.Minutes of Last Meeting: These were agreed as a true record. Proposer: JF, Seconder: PH.

4. Matters Arising: None

5. Treasurer's Report:

Reserve Account Balance @17/1/24	£73.85
Current Account Balance @17/1/24	£843.50
No income or expenditure	

No meome or expenditure	
Total Balance	£917.35

The practice has requested some equipment and its purchase was agreed at the last meeting.SG is awaiting an invoice from SJMP for this, which KL will send.

6. Practice Update:

Staffing: KL reported that the practice is now fully staffed with admin, nursing, and GP staff. A new GP, Dr Tristan Courtis has been appointed.

Patient Matters: KL reported that the practice is changing the appointment system at the end of the month. The number of daily acute appointments will be decreased and routine appointments will be more available.

PH complimented the surgery on her recent family interactions with the surgery. She felt it had been excellent in dealing with her situation.

<u>Newbuild</u>: The build completion date has been pushed back and the new practice will open probably in mid-March. The practice is providing new info call screens and equipment in every room. The screens will be able to provide a great deal more information than at present. SG asked about the upstairs fire wall. KL said there was no issue with this and it looks very good.

KI asked whether the PPG could do some fundraising. PH asked if there would be rooms available for Health Information days and cake sales. KL said there was lots of available space for this.

MP suggested that screens could be used for advertising revenue and bus times. KL said the practice would consider this. IG said he had a meeting with Natalie Johnson and one of the bus companies(West Norfolk Community Transport) next week.

MP asked when posters would be put up about the move. KL replied that a whole Communications package informing patients will be placed in newspapers and media outlets when the opening date had been confirmed. This will be in English but consideration will be given to communication with non-English speaking patients. The practice will continue to be known as St James Medical Practice.

KL raised the issue of when meetings should take place once the new build is open. She suggested that, with plenty of available meeting rooms, the meetings could be moved to afternoons instead of evenings. IG will contact PPG members to get their views on this proposal.

7. Volunteers for new surgery:

When a date is decided, IG will prepare a rota of volunteers to meet and greet patients. KL has obtained high -viz jackets to be used by volunteers

8. Queen Elizabeth Hospital Update:

SJB celebrated various QEH successes. There had been a huge amount of donations from the public and local businesses and she read out a list. In particular, SJB mentioned the late Mr Gavin English's huge contribution to QEH fundraising over the years. Some causes for celebration were the baby births on Christmas Day and New Year's Day and a ceremony held to celebrate 48 members of staff who had 800 years of combined service between them. The CEO is keen to focus on staff achievement and 500 long service awards were presented to staff.

SJB cited the QEH Certificate from Healthwatch Norfolk for helping to improve communications with patients and the community, and for improving patient safety.

There has been much disruption due to industrial action from 20-23rd December and 3rd-9th of January. Inevitably, this affected patient care, and the Trust had increased costs due to extra locum usage.

The CEO has signed a pledge to make the QEH site completely smoke free. Smoking shelters will be removed. IG asked whether this applied to the entire site and queried how it would be policed. It was suggested that people will ignore the rules. TB asked whether the ban included vaping. SJB thought so but will seek clarification on this.

There was an update about EPRS (Electronic Patient Records). The Trust is one of the most digitally immature in the country but it is continuing to work towards having an EPRS system. This is functionally difficult and time consuming with the current outdated filing system. The EPRS system is much more interactive. QEH is undertaking a joint exercise with the James Paget, and Norfolk and Norwich hospitals. There will also be more interaction with GP systems and SJB reported that Meditech is providing the software. Hopefully, the system should be active from 2025 and a new Chief Digital Information Officer has been appointed.

AL asked how notes were shared with other hospitals. SJB said this depended on which hospital but the usual method was to copy and send them on. Some hospitals have electronic systems in place.

The new hospital programme is ongoing and the next stage involves moving the helipad. The existing one will be retained until the new one is operational. Preparation for the new car park has begun and this will be built in one single stage. The project is on track. The new Discharge Lounge project is also on track and a new Resus area has been established. It has been expanded into the medical records area and is much more modern and fit for purpose. Patients who need monitoring can be placed there, and there are 4 new resus bays, a separate utility room, a relatives' room, and a nurses' area. The new Diagnostic Assessment Centre is progressing well and is on track. This will provide up to date CT, MRI, X-ray and imaging services.

Staff car parking has been expanded and charges will be reintroduced from April, on a sliding scale. SJB said this provided a considerable source of revenue. A separate car park has been provided for contractors.

SJB commented on problems created by the Pharmacy and the Discharge Lounge in the discharge of patients. Patients are often waiting all day because they are waiting for medicines. TB commented on how the Pharmacy deals with prescriptions. Although they expect prescriptions to be sent through electronically by clinicians, no prescriptions will be issued until a paper notification is brought to the pharmacy. They are understaffed and unlike external pharmacies, cannot put a member of staff onto checking the prescriptions are they are sent so have to be told that there is a prescription on the system. This applies to the whole hospital although outpatients are also given blue prescriptions to take to pharmacy. This must slow down the system considerably.

The League of Friends has provided a new ultrasound machine and new denture pots. They make over £100,000 annually and are very significant contributors to QEH.

9. A.O.B:

None

10. Date of next meeting:

TBC once moving date is confirmed.