



**Patient Participation Group
Minutes of Meeting
Wednesday January 15th 2020**

1. Present: , Theresa Banks (TB), Paula Bell (PB), Enid Bright (EB), Jane Chase (JC), Jasmine Fulcher (JF), Karen Goult (KG), Ian Gutteridge (IG), Stella Gutteridge (SG), Penny Hipkin (PH), Natalie Johnson (NJ)- Deputy Operations Manager, Colin Johnston (CJ), Anne Lemmon (AL), Dr Arafat Mansour (AM), Margaret Worledge (MW)
Visitors: Lyn Cook (Primary Care Network Development Manager CCG), Emma Burkinshaw (CCG)

2. Apologies: Kathy Foley (KF), Rachel Seakins (RS), Pat Simpson (PS)

3. Speaker: Lynn Cook, from the CCG, outlined the changes that are taking place. Phase 3 of the restructure is almost complete and there will be only one CCG in Norfolk. However, the West Norfolk area team will remain in place. All work will take place around the PCNs (Primary Care Networks). In each PCN there will be a Skills Network and the aim is to achieve integrated services, with other support services as part of the network. Other roles will be Social Prescribers, Clinical Pharmacists, Physiotherapists, and attached Paramedics.

Lyn explained that she will be appointed to the King's Lynn PCN and that this change is necessary because of staffing and resource challenges. The aim is to be "working better and smarter." There will be innovation around digital platforms also. For example, patients may be able to contact GPs online with queries. If these can be responded to quickly, this will free up GPs to deal with more complex situations, or patients. SJMP was going to participate in a digital trial but are now waiting to see how this operates at other practices, before considering such a move.

Discussion ensued on the pros and cons. IG raised the possibility of GPs being overly conservative when dealing with patients on a digital platform. There might be a reluctance to diagnose, in case of mistakes. IG also pointed out that patients may be concerned at the use of "arms-length" practices.

It was pointed out that Skype type online consultations are not available currently and CJ asked whether there would be a future phasing out of online appointments if a digital triage system is put in place. NJ reassured the group that online appointments will remain.

IG enquired about footfall statistics and asked what percentage of patients don't really need to see their GP. AM said a lot of patients don't require an on-the-day, emergency appointment, but last week the practice had to fit in a lot of 5-minute appointments to meet demand, which was not safe practice. He felt that a digital triage system might help to avoid this and, thereby, reduce stress and pressure. IG asked the CCG for an explanation of how such a system might work. Lyn Cook explained that, after the patient had telephoned or messaged the practice, their query would be put into the system, looked at, and responded to within the hour. Where this system is in operation it is working well. It is similar to the 111 system.

IG also mentioned 'Consultant Connect'. This system allows a GP to refer to an available consultant, anywhere in the country, or ask for information, in real time. This is intended to help to decide upon the most appropriate approach that may reduce referrals to the hospital to the benefit of the NHS as a whole and patients. In practice it is an excellent resource but many GPs are not aware of it. Lyn Cook accepted that communication to GPs needs to be improved.

IG also pointed out that, currently, resources, such as Social Prescribers, are inadequate. At the moment, one Social Prescriber is being shared amongst all the practices. Lyn replied that the aim is to have one prescriber in each practice, and that everything is being introduced to reduce pressure on GP practices.

TB asked about the distribution of funding to the various areas. Would there be fairness, given that the centre of the CCG will be in Norwich. Lyn assured the group that West Norfolk would not suffer financially, although she did admit that the amalgamation of CCGs into one had been a money-saving exercise.

IG thanked Lynn Cook for her presentation and she said she would be happy to make further visits and respond to any concerns the group might have.

4. November minutes/ Committee update :

IG went through the minutes and updated the group on the Committee meeting. The minutes were accepted as a true record.

5. Matters Arising – none

6. Practice Update / Newbuild:

-Staffing: NJ reported that Dr Sherwood is retiring on 28th January and there is a book for patients to write in. Patients should not make any donations for him but personal presents are acceptable. A Romanian GP is completing her training in Spring and is currently completing language exam requirements. She will be working with Dr Mitra and Dr Antonia. The new registrar is also doing very well. There is a new practice nurse, Sian, who works in the treatment room, and a new administrator, Tammy, who works in the back office, on reception and on GDPR work. More staff are being trained in Workflow to ease pressures on the GPs. The admin staff seem very happy, despite the pressures.

-Patients: The Endoscopy unit has received its JAG accreditation and there is a new HCA at the unit.

-NJ reported that there had been 5306 missed appointments to the Practice in 2019, despite patients receiving various types of reminders. This equates to one full time GP for 110 days, or 5 months. Although this is about 400 missed appointments per month, it is a DNA rate of just 5.5%.

-Newbuild: The process is going very well. There is a survey ongoing which will close at the end of the month. There are survey sheets at reception and online digitally. All the data will be accumulated and processed. The Practice is planning an Open Evening. Simon, Kathy, Dr Mitra and the Quadrant Project Managers are having interviews this week with prospective developers. The appointed developer will own the building and NHS England will pay the rent. The building will be leased under contract to the Practice. TB asked about due diligence and scrutiny of the developer. This will need to be very thorough. NJ said that Quadrant was very experienced in this. It was anticipated that building would start in November 2020, with completion in 2021. NJ added that the new build was “definitely happening” and that more information would be available at the public meeting.

CJ asked what would happen if the majority were found to be opposed to moving. NJ replied that feedback was not yet available but it was highly unlikely that the results would oppose the Newbuild. IG pointed out that there will be a public consultation from May to June 2020.

-TB asked for an update about the UTI protocol. The CCG will be discussing this.

7. QEH Update:

PH reported that winter pressures were enormous but that these are now easing. Attendances in ED have increased by almost 9% on last year and emergency admissions are up by 4%. Over 4 times as many patients have suffered with flu but actions taken to prevent spread in wards have been effective.

The Trust is near to reaching its financial target. This would provide an extra £30m funding for new beds in Feltwell. Emergency Department work is underway to provide a new and improved ED. The main work starts in February and temporary areas will be provided whilst work is under way. A Same Day Emergency Care unit (SDEC) has opened next to the Ambulatory Emergency Care unit to provide extra space for patients who require emergency same day bedded care.

The Trust is celebrating its 40th birthday and everyone is invited to get involved in celebrations. James Wilder, the new MP for NW Norfolk, visited and met with the Executive Staff. He toured various departments thanking staff and expressing his support for the hospital.

PH reported that there has been much more recognition of the work of volunteers.

8. Treasurer's Report:

Revenue from book and DVD sales in October/ November: **£66.92**

Balance in Reserve Account at 15/1/20: **£72.71**

Balance in Current Account at 15/1/20: **£680.77**

Current total balance of both accounts: **£753.48**

9. A.O.B:

IG reminded everyone of The Lions Message in A Bottle donations and asked how Lions would be informed when more bottles are required. He distributed information on the new Lions initiative – a simple but effective device to help the less able to pull an electric plug out. IG asked the group's opinion on whether these would be useful. If so, some devices could be provided for the Practice to distribute to suitable patients. Generally, everyone thought this was a good idea.

10. Dates of Next Meetings:

Committee Meeting 11th March 2020 2pm

PPG Meeting 18th March 2020 6pm