

## Upwell Health Centre Patient Participation Group

# Minutes of the PPG Meeting held on Thursday 14 November 2019

**Present:** John Richardson (Chairman), Gordon Diffey, Sue Cowling (Treasurer), Janet Roden, Elaine Robinson, Brenda Titmarsh, Sheila Forth, Jill Bliss (Deputy Chair), Pauline Hawksley, Nadia Emmony, Sue Richardson, Judy Stallard, Steve Reeves and Jake Fretwell (for the Practice), Lynn Cook (NHS West Norfolk CCG)

**Apologies:** Marlen Moss-Eccardt, Betty Lewis (QEH), Megan Bowyer Wake

**Matters arising:** It was brought up by members of the committee who helped with the sale of raffle tickets during the flu jab clinics that on several occasions they were the recipients of abusive and rude behaviour and some unnecessarily colourful language from some members of the public. The first clinic was under attended whilst a later one was dramatically overloaded which meant that people were queuing for long spells of time. John had contacted and met Steve about this matter.

**Chairman's Report:** The Chairman welcomed the members of the PPG and in particular new member Judy Stallard. He also introduced Lynn Cook who was present as a Primary Care Transformation Officer with the NHS West Norfolk CCG.

**Treasurer's report:** The Treasurer reported that the raffle raised £1325.00 in total and that the balance of the two accounts stood as follows:

Business Current Account - £1337.49

Business Savings Account - £135.01

**Practice Update:** Steve began his report by thanking the members of the PPG and apologising for the issues that occurred at one of the Saturday flu clinics. The under-booked one was unfortunately an admin error and the overcrowded clinic was a combination of problems. It was overbooked but at the normal rate of vaccinations per minute per clinician but a large number of patients arrived before their allotted time slot which is quite common and not normally a problem. The situation was exacerbated by the fact that a great number were under 65's and they could not be vaccinated due to a supplier issue. This all led to making it ridiculously busy and he thanked the members of the PPG for their help during the chaos.

Elaine was concerned about a patient with a compromised immune system, should she have been there? Pauline was surprised at the mixed age groups, why not have all under 65's in one session and the over 65's in another.

Steve announced that the practice will be having a CQC inspection at some point in the next few months. This is because every practice must be inspected every five years and he would be grateful if some members of the PPG would come and speak to the inspectors.

Dr Haine continues to do well with her chemotherapy treatment and the practice is hoping she will be returning to work around April/May time. She sent her regards and best wishes to the group.

Dr Kavan and Nurse Practitioner Penny Burrows are sadly leaving and efforts are being made to recruit a replacement Doctor but it is proving to be very difficult. On a more upbeat note the practice have successfully recruited a Physician's Assistant with a bio medical background who will be able to see patients thus freeing up time to enable doctors to see others needing more involved attention. This will be a developing role within the practice.

The next isolated patient's coffee afternoon is 17<sup>th</sup> from December 1-3pm and is Christmas themed.

On the non-clinical side of the practice we are actively recruiting for administrative roles because this aspect of the practice continues to get busier and busier.

It has been a tough few months with recruitment at the top of the list but there has also been a high level of sickness as well as increasing workloads. Steve emphasised the importance of not only looking after patients but also looking after the team ensuring that they are not stressed and able to deliver the safe care that is needed. A few changes will need to be made in the New Year.

Patients may not be able to pre-book an appointment.  
Patients may be asked more often to call back the next day.  
Patients may not be able to access the clinician of their choice.  
Patients will of course be looked after properly and safely.  
As always, urgent matters will be seen on the day.  
Telephone calls will be limited to four or five per clinician.

John welcomed Jake Fretwell to the meeting. Jake is the Practice paramedic who came to the practice about two years ago and he deals with most problems. His background was as an ex-military medic. He left the army in 2012 and worked as a Physician's Assistant at Addenbrookes Hospital doing patient safety audits as well as working as a paramedic with the Ambulance Service. He became a manager in A&E at the hospital and was there for a further two years. Part of his role was staff support and welfare and he developed a dedicated team to deal with trauma mismanagement.

He continues to develop his skills and will have obtained Practitioner status by next year and will be going on a Prescribing course that will enable him to issue prescriptions to patients.

Despite being married with a small child he still works twice a month in the Emergency Department at Addenbrookes Hospital.

We consider ourselves very lucky to have Jake at the practice.

**New Build Update:** The new consulting rooms are in use, Angela Mills and Jake are about to move into their respective areas. Debbie Craven, the clinical pharmacist has already move in.

**Queen Elizabeth Hospital Report:** An update from the last meeting 12<sup>th</sup> September – The Board are continuing to make changes and updates to the structure of the QEH Team, The Hospital now has 4 divisions - Medicine, Surgery, Women & Children and Clinical Support Services – the Head of each division is a Senior Members of Staff – All have their own professional responsibilities, as well a Divisional responsibilities, they have support from Senior Nursing and Administrative Staff. Regarding the Merger of the Norfolk & Waveney CCG's, NHS England have authorised in principle the merging of the 5 CCG. Further information will follow.

I have undertaken two shadowing events with one of the NED's (Non-Executive Director) one on the Assessment Zone and one in the Emergency Department (A & E), this gives us opportunity to walk around the area, speak with staff and patients, speak about issues and concerns etc. reports are written and forwarded to the relevant managers.

Several Governors have helped with a Call Bell Audit during October and November, there were 9 session where one Governor visited an allotted Ward.

Volunteers continue to work and support various areas within the hospital and the number of volunteers continues to increase. As from January of this year Volunteers have manned the front

Desk in the Main Entrance Area on Saturdays and Sundays, this has been a positive step for those visiting the hospital and has received positive feedback.

I hopefully will be able to give you an update on these matters at your next PPG meeting in January. Should you have any questions please ask John or Sue to email and I will do my best to get the answers. Finally – to let you know that Governor Elections are about to start – those of you who are members of the QEH Foundation Trust are eligible to stand – information should be sent out soon. Nominations open 3<sup>rd</sup> December and close on the 18<sup>th</sup> December, voting papers, for contested seats will be sent out from the 10<sup>th</sup> January and the process closes 30<sup>th</sup> January. Should you require further information – please contact the Foundation Trust Member Office on 01553 613142. I visited several allocated wards – spend 30 mins, noting how many call bells rang and for what length of time, many of the wards were visited on several occasions during the audit. The outcomes and analysis of these visits with the NED and the call bell audits have not yet been issued.

The Assessment Zone is a 30 bedded ward, where patients usually go direct from A & E when it is thought that they need to be admitted into the hospital. A very busy ward with a fairly quick turnover, where the patient is seen, initial tests undertaken and the patient is then moved to the relevant ward. The Hospital continues to be extremely busy in all departments, waiting lists for patients varies according to the specialty, but staff and Doctors are continually working on these times to reduce the waiting time.

Finally I hope your Flu Jab sessions went well and the raffle was successful.

**Any Other Business:** Jill spoke on behalf of Marlen who feels it is now time to step down as a member of the PPG. She is reluctant to do so but feels that due to her age, difficulty driving at night and her hearing problems that the time has come to resign but she is still willing to collect raffle prizes from the Lamb and Flag and the Crown Lodge Hotel.

She will be missed and it was decided that Sue Cowling and Jill Bliss would arrange a delivery of flowers as a thank you for her long-standing and pro-active involvement in the PPG.

John also reminded the members of the PPG that if anyone cannot attend a PPG Meeting they must send their apologies. If three meetings pass with no apologies sent it will be deemed that the member is no longer interested in being part of the group and an email will be sent explaining this fact. This will enable others who wish to join PPG to apply and become more active within the group. The group unanimously agreed this rule.

A query was raised about the return of the bicycle parking but that does not appear to be happening due to lack of space.

Elaine also brought up the point that when the shutters are down in the Pharmacy the notice displaying opening hours is hidden.

Lynn Cook explained to the group what her role as a Primary Care Officer entails which is to link up practices in groups, working to improve conditions and looking at the workforce in general and what is available within the community. This prompted a flurry of ideas and it was decided that at the next meeting of the PPG we would look in-depth at what is available already and what is needed and how to share all this information so it reaches the right people. Information needs to be disseminated.

Nadia asked if the PCN's have a patient representative and a marketing budget, pointing out that CCG's are not short of funds and marketing projects are essential. Lynn did feel that things were moving but slowly.

The meeting ended at 7.30 pm.

**For your diaries the date of the next meeting is Thursday 16<sup>th</sup> January at 6.30pm.**