

## Upwell Health Centre Patient Participation Group

# Minutes of the PPG Meeting held on Thursday 16 January 2020

**Present:** John Richardson (Chairman), Gordon Diffey, Sue Cowling (Treasurer), Janet Roden, Brenda Titmarsh, Sheila Forth, Jill Bliss (Vice Chair), Nadia Emmony, Sue Richardson (Secretary), Judy Stallard, Steve Reeves and Dr Clarke (for the Practice), Betty Lewis (QEH Governor) Lynn Cook (NHS West Norfolk CCG)

**Apologies:** Elaine Robinson.

### **Matters arising:**

**Chairman's Report:** John asked that reports were kept short this evening as Steve had more to say about the practice and then we would discuss with Lynn possible ways to improve the dissemination of information to the patients.

**Treasurer's report:** Sue confirmed that she had the cheque book ready to write one for £1325.00 to be made payable to the Hunter Rowe Trust. Although not as much as the previous year it was still a good sum of money due to the hard work put in by the committee members who ran the raffle during the Flu jab sessions and Dr Clarke was very pleased to accept the cheque on behalf of the Practice and the Hunter Rowe Trust. The money is already earmarked to buy a 24 Hour Blood Pressure Monitor for the Practice. This will mean less time travelling to the QEH as it can all be dealt with by the Practice

Business Current Account - £36.10  
Business Savings Account - £111.58

**Practice Update:** Steve began his report by explaining that because it is almost impossible to recruit doctors the practice is looking at innovative and creative ways to ensure that all patients receive the best care possible.

A new approach called "On The Day Team" is being developed to ensure patient's problems and queries on any given day are dealt with efficiently. Each day the practice will have a team of clinical professionals who will look after all the patient's phone calls and queries.

The team will be made up of a mix of different clinicians, Paramedics, Advanced Nurse Practitioners, Physicians Associates as well as at least one GP. The number of clinicians will vary on each day in line with expected patient demand and they will work together to make sure all patients are looked after. The change is necessary because demand has changed, people are living longer, are on more medicines and there are not enough Doctors. This all translates as additional and more complex work simply because there are more patients, a lot more frailty and dementia and a greater number of patient reviews. It is essential that the practice maintains high clinical standards whilst continuing to improve their services.

What will patients experience? When a patient telephones the practice they will be asked to give a brief description of their problem. If an appointment is clearly needed the patient will be asked to come to the practice at a specified time, check-in and wait in the waiting room as normal. As soon as possible they will be called in by a member of the team who will look after them.

Call-backs will be available and this will be added to the list of tasks and member of the team will call the patient as soon as possible on that day.

The practice will not know who a patient will see and neither can the patient request a specific clinician. Patients will still be able to book in advance, currently 3-4 weeks ahead.

The system will be continually reviewed and amended as need dictates. The practice hope to have the new system up and running in about five weeks with information being made available on the website, press release, Parish Magazine and the Welle-In-Touch community magazine as well as being readily available at the practice.

The practice is also seeking to employ another Paramedic.

Nadia asked if E-consultations will be made available. Dr Clarke said they were looking an interface called Footfall, which Norfolk has chosen, to enable online consultations using video links with face to face consultations being available hopefully by 2021.

Gordon commented that from a patient's point of view the system will be much the same other than the patient not knowing who they will see.

Dr Clarke did expect there to be some teething problems but the NHS and all practices are facing the same problems and change is necessary.

**New Build Update:** Nothing reported at this meeting.

**Queen Elizabeth Hospital Report:** Betty had not been to the hospital since early December with a meeting being cancelled in early January because the hospital was extremely busy during that time. Although the meeting was cancelled, she decided to visit the hospital and despite the hospital being busy the atmosphere felt calm.

The Governors now receive weekly updates regarding hospital activity. This is a good step forward and much more efficient way to ensure that Governors are kept updated especially if attending meetings such as PPG's.

The latest flu epidemic has put pressure on the staff and where staff have been unable to take breaks the CEO has arranged for sandwiches and drinks to be delivered to relevant wards and areas. This service was much appreciated by staff. Betty understood that at one point the hospital had 128 cases of flu and even by 10<sup>th</sup> January there were still 20 cases using beds in the hospital.

All the governors have been provided with information about improvements being made to the Emergency Department, such as altering the entrance with a new area for ambulances. There was also information given on the various departments within the hospital – both the Breast Care Unit and the Stroke Unit are performing particularly well.

The new Executive Team seem to be having a positive impact and are working hard to move things forward. They are often seen out and about talking to people.

Work on the backlog of complaints is continuing.

The merger of the CGC's has been authorised in principal.

The new MP for NW Norfolk, James Wild has also visited the hospital.

Hospital finances are complicated, There are targets set for lots of different areas e.g., operations, outpatients etc., once the targets are met the hospital receives extra funding, this is like a reward system.

From the Floor - One member of the committee spoke regarding their experiences in A&E, the Chairman suggested that this was discussed with Betty privately, this was done.

**Lynn Cook from NHS West Norfolk CCG:**

Lynn introduced the ideas session. Steve explained that the point of the discussion was to find out if information from the practice was effectively being sent out into the community and what could be done to improve all this.

At the moment Dr Clarke writes a regular bulletin that appears in leaflets available in the waiting room, the Parish Newsletter and the Well-in-Touch community magazine but it was generally felt that more could be done to disseminate information. We are fortunate to receive regular updates on the QEH because Betty Lewis a QE governor attends our meetings.

It was suggested that more use could be made of social media such as Facebook and YouTube especially as the younger generation are much more technology minded.

Also considered was the fact that many are unaware of the importance of DNR notices and how to acquire one as well as having information about organisations such as Respect and the change to the law on gene and organ donations.

Care navigation needs to be explained to those who need it and their families.  
Could leaflets be distributed by volunteers who have the necessary training in place to discuss problems that people have? This was felt to be a difficult choice as people would have to be DBS checked and trust needs to be built up.

The discussion opened up many thoughts on how improvements could be made and it was decided to look at these at a later meeting.

**Any Other Business:** Apologies in advance from Judy Stallard who will be unable to attend the next meeting.

The meeting ended at 7.40pm.

**For your diaries the date of the next meeting is Thursday 12<sup>th</sup> March at 6.30pm.**