**Terrington St Clement Surgery**

**Patient Participation Group**

Minutes of the Meeting dated 13th April 2016 held at the Surgery

Present: Sheila Young – Chairman.

Betty Lewis – QEH Trust Governor.

Brian Fones.

Shirley Fones.

Carole Clough.

Janet McCarthy.

Juha Kivi.

Barbara Hill.

**Apologies foe absence –** Alan Sherfield, Nigel Malkin.

**To approve the minutes of the last meeting -** Agreed as a correct record.

**Matters arising (Unless covered elsewhere).** – A request for the minutes to have page numbers was raised. This will be done.

**Chairman’s report.** – There has been a second meeting of the Community Engagement Forum, to have members of the Public, representatives of Voluntary bodies and Provider bodies in attendance. It is focussed on discussing only one subject at a time. The first meeting focussed on “Care of the Elderly and Frail” and the second focussed on “Carers and Mental Health”. At this time mental health in Norfolk and Suffolk does not offer adequate care and this applies to Norfolk in particular. The main issue being, is that funding has not been available for these areas. This is a Government problem that although money has been pledged for Mental Health none has been forthcoming. The Chairman stated that this issue has been taken up by the Health Overview and Scrutiny Committee on a monthly basis and is being addressed at ministerial level by the Chairman and the Chief Executive of that Committee at County Council. Norman Lamb is taking a proactive position and Sir Henry Bellingham had an appointment with the Minister last week but as yet a report has not been received. Elizabeth Truss is also having meetings with the Minister but the issue is monumental. Sheila is attending another meeting tomorrow (14th April) and she has put an item on the agenda for Children’s Mental Health care and to get unexpected deaths investigated across the board, either in Hospital or out of it and it does include post-natal depression which is recognised under this banner. Sheila stated that she had already written a letter on behalf of all the Surgeries in West Norfolk from the Patient Partnership which takes in the whole area. Sheila to provide a copy of that letter which will be distributed. It was suggested that a copy should be sent to Sid Barclay who covers the Cambs area because patients from that area are likely to be placed in this area when their need arises.

The funding for the Admiral Nurses has also come to an end. They were based at Chatterton House and are the Nurse Practitioners in mental health care and dementia. They were taken from internal work and were put back into the community, as they had been previously. This was to enable them to spend as much time with patients as was needed instead of the ten minute appointments and this was having extremely good results. Children’s mental health provision is not at all good which is why the Health Overview and Scrutiny Committee are involved and it reflects on the lack of Children’s Sure Start centres over the whole of Norfolk and is where mental health problems are best recognised in young people.

The establishing of the Harwood Continuing Care Pathway has filtered down now and it is hoped that it will be rolled out County wide and revolves around proper communication between departments.

IC24 Emergency Service administrative team gave a talk to the Patient Partnership in February and gave a very good account of themselves and the Senior Nurse Practitioner was very impressive. The West Norfolk Patient Partnership group were invited to visit them. They were however summoned to the Health Overview and Scrutiny Committee and did not turn up nor did they attend the SRG Group. They did however attend today (13th April). It was however, pointed out that they are still having problems with GP recruitment, 20% of the GP Shifts were either cancelled or unfilled and they are running purely on agency staff in terms of GP’s. The GP’s they had who were local have left because they have not been happy with the service but they are trying to overcome these issues and work through the problems. There are not enough GP’s in the area covering day and out of hours shifts but that scrutiny will be ongoing.

The Discharge from Hospital is also being monitored as it has proven to be patchy and very slow. The problems in this area are known and efforts to improve this are being carefully monitored.

Policing and Mental Health. There has been a change in the shotgun regulations and Doctors now have to put ownership of shotguns on patient’s medical records. There is also a significant form which Doctors have to fill in and which may invoke a charge in the future.

Older Persons Forum. The annual report for the Older Persons Forum is attached to these minutes, for your attention. In the future it is envisaged that there will be three symposiums per year.

Lindsey Martinez is the organiser for Health Care in the Community and also the Hospital at Home Service. Sheila has asked if she would consider coming to our meeting to give an insight into how this service works.

Because Sheila is a member of West Norfolk Older Persons Forum she is automatically on the Strategic Older Persons Partnership and the item that is being addressed at the moment, is getting correct information distributed about Attendance Allowance Claims and how to apply as it has changed.

There has been a change of leadership in Adult Social Services.

There is also a move to review how transport is being managed in Norfolk, Suffolk and particularly in West Norfolk because of the rurality of the area. The knock on effect of some transport being withdrawn for taking Patients to day centres etc, is creating loneliness and isolation which then in turn leads to depression and mental health problems. The meeting will take place tomorrow and in due course a report will be available. Sheila stated that 46% of people using Mental Health Services have considered or attempted suicide because of social factors that could have been addressed by a support group.

The Community Transport Service also has a new leader. He identified that once his drivers had dropped people off to do their shopping, they were just cruising about in their vans with nobody in them. His aim is now to make better use of this service. It is not a free service and a charge of £3 gives a pick up and drop off providing a three hour session. He has written to all GP’s Surgeries Practice Managers stating that if Patients say they cannot keep an appointment because they have no transport to get to it, they can be given the number of the Community Transport Service who will arrange transport.

**Treasures Report** – Balance remains the same at £253.07p.

**QEH Governors Report**

Betty reported that the Hospital had been extremely busy and there have been between eight and ten Ambulances outside A&E tending Patients waiting to be seen. The problem being that if Patients are not being discharged the beds are not available for new arrivals. The Hospital has been put on black alert. This is also not helped by Staff shortages of approx. 12%.

The Wind Turbine is now in operational and working well. To ease the parking issue because of the land required for the Turbine another area is to been found for the Hospital Pool Cars.

New car parking charges started on the first of April’16 and the card machines are working and so you can pay with your debit or credit cards. There is now a £2 charge for blue badge holders but it is a flat charge, no matter how long their appointments take. If there is not a blue badge space vacant you can still park on the main car park, display your blue badge and you will still only need to pay £2. There has also been two more drop off spaces created outside the Hospital entrances.

Members of the Hospital Trust should have received “Your Trust Matters” – this was confirmed.

Other work is still ongoing and the Theatres are being upgraded. The Wi-Fi is being installed but it is not yet working in all places.

West Newton Ward which is for the frail and elderly and on Wednesdays they have a luncheon club. It is intended to be run as a social event where a little bit of occupational therapy is done. Betty joined in a sing song when she was on the ward and it seemed to be enjoyed by those wishing to take part. There is no pressure to make people take part but a little bit of encouragement to stay is welcomed.

Basically, the Hospital really is busy and with the 111 service you are told to go to your drop in centre which is not available to us in this area. There is however, a minor injuries service being run from St James Surgery. It will deal with things like strains, sprains, minor burns or scolds, minor head injuries, insect or animal bites and wound infections or things that do not need stitches or gluing. The drop in runs from 0730 to 1800 Monday to Friday and you do not need to be registered with St James Surgery to use it.

The new Breast Care Clinic opened on the 12th April and is round the back of the Hospital and is where the old GUM Clinic used to be. This is where all the Breast Care is now carried out and is away from the main Hospital.It is a much more dignified area.

Betty also attended a National Maternity Survey (today 13th) for 2015. It took a snapshot of people having their babies in February 2015. Although there are always things discussed for future improvement, on the whole there was nothing major which needed immediate attention.

**Surgery Report**

Dr Ahmed “owned up” to falling ill by catching a virus but was back at work on Monday. He did however attend the Surgery to cover Saturday.

Dr Mason is increasing his hours in June to cover the retirement of Dr Karu.

Dr Ahmed ran an audit of all practices attendances at A&E this year and we had the second lowest increase in West Norfolk. Average attendances at A&E have risen by 8.2% this year. By comparison Watlington were at 14%, Boughton 18% and St Clements Village health at only 3%. Our Surgery does make considerable effort to see all emergencies on the same day even when fully booked. The open access telephone calls also help in this area because you can speak to a Doctor on that day. All Patients are called back on that day. They do not have to wait for a week to speak/see someone.

The Quality and Outcome Framework gave us a score of 545 this year and last year it was 542.

There was also a requirement to publish the average annual earnings of the GP’s in this Practice which are now on the Website.

The induction loop is still to be dealt with as is the water fountain.

There has been two complaints – one being against Dr Ahmed. A Patient had had two referrals for the same skin condition which was eczema. The Patient had been told on both occasions that it was eczema but was unhappy about the diagnosis. Dr Ahmed commented that the Patient had had two referrals for a relatively minor condition and had been seen by two different Specialists at two different Hospitals. It was suggested he should wait a little while before being referred again. Dr Ahmed also stated that when he himself had a similar problem he saw a specialist privately and that as he had spent 25minutes discussing the condition he was not going to look at it again. Dr Ahmed stated that he was criticised for mentioning a private appointment and that he should have looked at the Patients legs again. He felt that just to keep referring the Patient again and again would have achieved nothing but will try and deal with any similar issues in a different way if possible. He qualified that if the Patient was suffering from a heart condition there would be no question about referring him again but the very minor condition had been diagnosed by two different Specialists and did not warrant more costs to be incurred.

The second complaint concerned a person who had had surgery at the Norfolk and Norwich Hospital. The follow up was lost and there was a complication. When looking through the records everyone was agreeing that all was in order. However, one person did not agree. They probably should have admitted the Patient that day rather than wait the two weeks for the Specialist Appointment to come through because it had been referred a Month earlier. A case has been suggested that it should have been dealt with earlier. Dr Ahmed had never seen this Patient but lots of other people had and had deemed the condition as clinically safe. Dr Ahmed stated that he was unsure as to how this complaint can be dealt with, as three more qualified Doctors had checked the Patient. Dr Ahmed does think that the lost follow-up should have been rectified quickly and has taken the learning process into our Surgery as it can be overlooked and Patients are unsure as to when they will be given a follow up appointment. The Patient is happy with the discussion they had with the Surgery and the outcome.

Starting from this month the Surgery has Nurses with Diabetic skills starting and are now fully trained. This will mean that Dr Ahmed can relinquish those duties giving him more time for appointments.

During the Junior Doctors strike appointments have been kept to a minimum. This is to enable Doctors to be available for any emergencies which may occur.

It was noted that 98 procedures had been cancelled during a previous day’s action. The Ambulance service had been seeing pressure increases as the number of call have continued to rise. The service spokesman said that during March 2015 it had dealt with 12476 calls while March 2016 saw the figure rise to 15500.

**Members Participation**

A member asked if the new changes to medical records had now been implemented. You can request to see your Medical Records on line. However, at present you will currently only get a summary. Dr Ahmed will then have to authorise it. There will still be further changes next year which will give more information. There is also further guidance to be dealt with for those under 16 years of age, who may not want their parents to view their records because of their private discussions with their Doctor.

A further issue was voiced at the meeting that a person collected their prescription and when they got home they were telephoned by the dispensary stating that they had given them the wrong prescription. Dr Ahmed will deal with this.

The bathroom at the Surgery is in need of a refurbishment. NHS does pay the owner of the building to maintain this area, but there is an issue of mould growth. As this is classed as a clinical room it will be dealt with in due course when money is available to provide the correct specification of work.

Concern about the closure of the Fermoy unit was raised although it was noted in the Lynn News that it had been reopened again today. (13th April). Dr Ahmed stated that he had been told today that there were fifteen beds and not twenty and that the unit were only accepting West Norfolk Patients. Dr Ahmed explained the problems which had occurred at the Fermoy were problems that had been know about for a very long time. The person who was managing those problems was on holiday. The Director of Nursing Safety from Norwich visited the unit and shut it down because of unacceptable practices. The Manager is now back and has put in extra mitigation measures to ensure correct working practices in the future. It was agreed that a letter should be sent to Henry Bellingham and NHS England from our PPG registering our concerns but also stating what we believe is needed for the future of mental health patients in this very rural part of the Country.

**Forward Planning**

The Chairman reminded the group that we do need to start fund raising again and is looking for ideas. She suggested another raffle or perhaps a strawberry tea. It was decided not to do the flower festival this year as we were not allowed to do any fundraising for the PPG without giving 25% of any monies raised to the Church. However, the flower festival is useful for making people aware of the group.

Sheila suggested that there could be another Health Awareness session held at the Surgery. The last time one of these sessions was held three people were found to be suffering from Diabetes.

**Time and date of next meeting.**

**Please note, the next meeting has been brought forward and is now**

**1st June 2016,** at 1730 at the Surgery.