

## WEST NORFOLK PATIENT PARTNERSHIP MEETING HELD ON MONDAY 17<sup>TH</sup> SEPTEMBER 2018

### Welcome

JL opens the meeting and delivers apologies for SY. JL leads round the table introductions. CF delivers the apologies.

### Minutes of the meeting held on 16<sup>th</sup> July 2018

The Minutes are accepted as accurate.

### Matters Arising from the Previous Minutes

Pg. 2 – JL: Vida run several surgeries and had a notice on their website advising that patients would have to attend elsewhere for the treatment of minor injuries and Deep Vein Thrombosis (DVT) testing as the CCG (Clinical Commissioning Group) would no longer be funding these services with Vida. JL raised concerns about this as people would be presenting at A&E and that it would cause confusion. TB has not had an update specifically but at a joint commissioning meeting it was discussed that this funding would be used for other services. The August meeting was cancelled so there has been no further update. LT's understanding is that the funding would last until the end of the year, but not continue after that. TB adds that this was an area NHS England required the CCG to balance against their budget. LT informs that the primary care budget has not been overspent. There was also discussion about additional funding for initiatives such as patients being able to book appointments online at any time. MW asks if this affected only DVT testing? JL replies that it covered a range of minor injuries as, such as; cuts, bruises and minor dislocations. JL's concern was that this was confusing for patients. MW reflects that Bridge Street try to encourage use of minor injuries services but that people are not inclined to travel to them. It's making people aware of what the service can offer.

EH exits

MW continues: Bridge Street also received funding cuts, but have continued to provide services such as ear syringing.

EH enters

Pg. 3 - JL: The West Norfolk Older Person's Forum has been on hold whilst they find new premises, however SY has been in talks with the CCG to develop the sustainability of the Forum. AA asks how the Forum defines "older persons". LT states that for many services this is usually over 55. JL believes that this is about 60 for the Forum. The next meeting will hopefully be held in October.

### Correspondence and Meetings Attended

#### QE Catchment A&E Delivery Board

JL has been informed that this meeting is being disbanded. EH will ask JD for a report about what is happening going forward.

**Action EH**

#### **HOSC (Health Overview and Scrutiny Committee)**

SY informed JL that they are still monitoring mental health closely. The County Council have also become involved with the Falls Prevention Strategy.

#### **WNOFP (West Norfolk Older Person's Forum)**

LT states that some representatives of the Forum were invited to test the Norfolk County Council's social work referral system. They found that it was not user friendly and required improvement.

#### **Primary Care Commissioning Meeting**

LT: The next meeting is potentially set for 28<sup>th</sup> September.

## **Log of Issues and Updates and Issues from PPGs**

1 – **Monitor and Evaluate the work of the WNPP** – Updated Terms of Reference are to be circulated with the Minutes. This is to remain ongoing.

2 – **Mental Health service** – This is to remain ongoing.

3 – **District Nurses** – MW reflects that whilst the service is well received, people who cannot get to the surgery without assistance will not be seen at home. LT notes that this is not unreasonable. MW agrees but explains that there are some cases where this is causing more harm than good. For example, if someone can only attend using a mobility scooter, has their dressing changed and then travels in the rain on their scooter causing their new dressing to become wet through. LT asks if there is no community transport scheme? MW explains that there is not. The buses to Downham Market are generally hourly, so this can mean a lot of time being spent in Downham Market either side of an appointment, which in some cases is not ideal, especially if they require frequent appointments with the District Nurses.

AA asks if there is an appeal process when it has been decided a patient is not suitable for district nursing appointments at home. LT suggests that you would raise this with the GP. MW notes that the service is usually very good, but that this can be a slight issue, however they also provide weekend cover.

4 – **Physiotherapy and Muscular Skeletal Triage Service** – EH informs that the speaker will be unable to attend but will liaise with CF to reschedule.

### **Action CF**

AA asks what the Muscular Skeletal Triage Service is. EH explains that this is the service that won the contract to provide orthopaedic muscular skeletal triage. They receive referrals, then carry out an assessment within 48 hours and refer on to the community or QEH as appropriate. TB adds that they also provide immediate advice on the management of the condition to help people in the interim of the assessment and their treatment. They also take self-referrals. JL has asked JD for revised waiting times for physiotherapy as this has apparently risen. It has been reported that there has been an increase in demand. JL is concerned that self-referral could potentially drive this demand up. MS reflects that his wife has had exemplary service following a knee operation. The service seems to have been more responsive than other areas too.

MW states that Bridge Street have started giving patients an information sheet about the self-referral service and that this is seemingly reducing the demand on GPs. CF: KP has highlighted that her son's waiting time from referral to appointment date has been 18 weeks.

5 – **Future funding for health care** – This is to remain ongoing.

6 – **Community podiatry** – LT attended a meeting where it was pointed out that West Norfolk has a higher number of falls than other areas of Norfolk. LT pointed out that the cancellation of community podiatry services (except in cases where there is ulceration) could be a contributing factor.

7 – **Dentist service** – MW is aware that her grandmother was unable to get into any King's Lynn NHS dentist as they are at capacity. MW is also aware of a colleague who is patient 4012 on the waiting list for NHS dentist appointments in Downham Market. The practices often have a policy of removing people who have not been to the surgery in two years. PD points out that this is not helped by the surgery in Downham Market regularly cancelling appointments. MW previously worked as a dental nurse and feels that there are not enough surgeries. There is only one private surgery in Downham Market, following that the nearest are in King's Lynn. MS notes that with children, parents must also be vigilant about the state of their teeth. EA suggests that this is also a maternity issue as many problems can be traced back to a mother's health in pregnancy. PD mentions that her daughter in law had dental appointments cancelled when she was pregnant and was only able to remake them after the pregnancy when the appointment ceased to be free. MM notes that many people cannot afford the food to improve their diets to have healthier teeth.

## **Issues from PPGs**

EH – **QEH** – EH informs of the following:

- The 100 Voices in 100 Days campaign has been launched to hear from 100 people affected by cancer in 100 days. There was a launch event held at The Duke's Head. The campaign is working with Big C and The Norfolk Hospice as well as other groups and organisations. The feedback will be used to shape the cancer services pathway.
- World Mental Health day is taking place on 10<sup>th</sup> October. QEH will be having a health fair focusing on mental health. JL asks if this will be an all-day event. EH thinks that it will be. There will also be an exercise bike for people to cycle the Norfolk coast.
- A Learning Disability Event will be held at the end of November. This will be different from the usual information events as there will be stands of information, with staff for people to talk to. The event

will have free parking, and refreshments, which will be served by the Pathway students. The poster for the event is being designed by a colleague with a learning difficulty.

- The QEH are also going to have a cultural awareness focus for patients and staff.
- A new carers clinic will be held in the West Wing as people attending those wards do not enter using the main entrance and are potentially missing the support from the carers clinic there.
- A remembrance service is also being planned.

AA - **The Wootton's and Southgates** - saw a presentation from Macmillan about the 100 Days campaign which was really good.

MC and SS – **Campingland** – held a cancer event in June, which was open to all, not just patients from Campingland. MW asks if this was held in the practice? SS explains that this was held in the Assembly Rooms.

LT – **Great Massingham and Docking** – are holding a health event on 9<sup>th</sup> October at Docking. EH asks what this entails. LT replies that there will be representatives from lots of organisations providing information about services and campaigns. SS notes that Campingland have postponed theirs to follow Great Massingham and Docking's. MW informs that Bridge Street are also holding one in the Town Hall on 19<sup>th</sup> October, combined with their flu clinic.

TB and EA – **West Norfolk CCG** – reminds the group that CF circulated a survey about people's experiences with NHS service. MP asked TB about the usage of the pop-up clinic in Hunstanton. TB has managed to get some feedback about this which will be attached to the Minutes.

#### **Action CF**

TB explains that the clinic was active over both August bank holiday weekends. It was promoted through a range of press releases, an interview on Radio Norfolk, leaflets, posters and social media, which was shared by other organisations too. MW asks if this was a pilot service? TB explains that this is something they have trialled and are reviewing this considering the increased attendance at A&E over the bank holiday.

JL: HJ has asked what take up there has been on the extended hours service. TB replies that he has been chasing this up with Steve Lloyd and suggests that he be invited to attend a meeting to provide an update. TB and EA will liaise with him.

#### **Action TB and EA**

MW informs that although the service will vary from each practice, at Bridge Street, no one has booked an extended hours appointment. The small print for this service states that the appointments can only be booked if the surgery was fully booked on the day of contact and that the appointment could be booked no sooner than 24 hours in advance. However, the reception team have reported that it is very user-friendly. They suggested that 111 service be able to use it to book same day out of hours appointments. TB believes that they are able to do this but notes that this is something Steve Lloyd would be able to answer.

JL – **Gayton Road** – had postponed their PPG week activities from June to September. They did a patient survey and attended the surgery to talk to patients directly.

JL wrote to local MPs to raise concerns about the promote of e-cigarettes as a healthy alternative to smoking. They have an effect not only of the smokers who use them but also on people with respiratory issues around them.

As a parish councillor, JL also raised concerns about a minerals and waste consultation being undertaken by the Council. The wording of this was very general and did not mention the location of proposed sites. Although this is not directly a health issue, JL was concerned about the impact of the sites of waste disposal might have on the health of those in their environs.

#### **Any other business**

MW states that the surgery is doing a lot of work to educate patients, particularly in regard to the treatment of reception staff, as there have been several incidents where patients have been abused. AA notes that The Wootton's has a sign up in their practice asking people to respect staff but reflects that patients can be emotional as they are ill.

EH exits

LT points out that sometimes people can be responding to perceived behaviour of staff being defensive or stand offish. JL suggests having training on how to manage aggressive / difficult patients. PD has seen a receptionist being attacked, and the patient then returning later to continue attacking them. AA states that

this sort of behaviour occurs in all sorts of organisations and cannot necessarily be stamped out. MM agrees but feels that the reception staff are undervalued by patients.

**Next Meeting – 15<sup>th</sup> October 2018**