

**WEST NORFOLK PATIENT PARTNERSHIP MEETING**  
**HELD ON MONDAY 16<sup>TH</sup> JULY 2018, FROM 10.00 AM TO 12.00 NOON**  
**AT THE SOUTH LYNN COMMUNITY CENTRE, ST MICHAELS ROAD, KING'S LYNN PE30 5HE**

**Welcome**

SY opens the meeting. CF delivers the apologies. SY leads round the table introductions and explains the purpose of the group.

**Poster Feedback**

EH has been working with some Doctors at QEH to develop new ways to gather feedback. With the Friends and Family Test (FFT) they are required to ask how likely people are to recommend the service they received to their friends and family. Currently this is gathered three ways:

- Through FFT cards available in all departments of the hospital (Majority of responses come this way)
- Through the website.
- For maternity services, these are gathered through their note system, Badgernet.

As a result, they have created interactive posters. These have been "tried" with the Pathway Project students. These are a group of around eight students with learning difficulties who are on a year long placement with QEH. They have provided a lot of constructive criticism. The posters are touch interactive and record a feedback rating and 10 second message. This is translated to text and stored on an SD card that is uploaded daily. There will be a three second "lock" on the posters so that it does not record children playing with the buttons. This will be trialed with display in Accident and Emergency and Ambulatory Emergency Care. They are also working closely with the Cancer Service Transformation project, as they have a "100 voices in 100 days" campaign to gather feedback. EH asks for feedback.

CW thinks the idea is a good one, but suggests cynically that they might just get abusive messages or the sounds of A&E. Additionally, is 10 seconds long enough to leave a meaningful message? EH explains that 10 seconds seemed reasonably long without people feeling they had to "fill" the space.

JL asks if people might be put off by giving feedback publicly. EH says that it will not be possible to assess this without trial. The posters will absolutely not replace the FFT cards, PALS or other methods of feeding back, it is just hoped that this might add to people's options. JL asks if there will be text explaining to go to PALS etc. if they would like to provide more detailed feedback. EH explains that this will not be on the posters but is strongly promoted in the wards and in the information points throughout the hospital. SY clarifies that the 10 second recordings are for specific issues such as noise on the ward at night. EH confirms this. It is anonymous and if there is negative feedback this is sent to the Area Lead who has five days to respond with what action they are taking to resolve/remove the issue.

MP suggests that the microphones be set to pick up only the immediate area, if possible. The poster states that you can record a "clip" which some people might assume means a video. It might be worth replacing this with "message" as people are already comfortable with leaving answerphone messages. MP also notes that to leave the message patients are encouraged to press the "large green button", which may cause confusion as there are other green buttons.

JD asks how this project has been funded. EH replies that this is being done in partnership with Novalia. Novalia are providing the technology and QEH are providing the work. EH has contacted NHS England about the project, who are interested. Going forward, QEH have used up all the allocated time, and if improvements are needed on the technology this will need to be funded. Various avenues of funding are being explored. MP suggests registering the design as a form of income.

JD reflects that it is quite loud. EH agrees, however they must assume that there will be people using it who are hard of hearing. It can always be adjusted after its trial should this be necessary.

MP asks if there is Braille on the poster. EH explains that there is not. This decision was taken after working with a blind colleague, who highlighted the confusion of the existing use of Braille in the hospital, and also informed that only 2% of blind people can read Braille. MP asks about other languages. EH explains that this will be displayed in English as there are other methods of leaving feedback, which are used by speakers of other languages.

EH will take back the suggestions about replacing the word "clip" with "message" and changing the button from green to another colour. KP suggests yellow with black print as this is also good for people with visual impairments.

SY thanks EH.

### **Minutes of the meeting held on 11<sup>th</sup> June 2018**

The Minutes are accepted as accurate.

### **Matters Arising from the Previous Minutes**

HJ asks if there is any news on the podiatry issue. SY has raised this issue at HOSC and with the CCG and will be bringing it to the attention of the Health and Wellbeing Board. HJ notes that someone at Carole Brown is still receiving this service, so there is a discrepancy in service across West Norfolk. HJ will investigate this at Carole Brown, and SY will also query this.

**Action SY and HJ**

### **Correspondence and Meetings Attended**

JL: A statement has been issued on Vida surgery websites recommending that patients go to A&E with minor injuries and several other complaints as the CCG funding has been stopped. JL has raised concerns about this both with Gayton Road surgery and at the QEH Catchment A&E Delivery Board meeting, as she is concerned about the impact of this with both patients and on A&E attendance. HJ adds that it stated that these services would stop from 1<sup>st</sup> July but no mention of what will happen after this time. MP, Henry Bellingham, is aware of this problem. JL raised this with the CCG representative who said that this should be resolved before the end of July. The patients are the people who will be affected by this, and contracts such as these should be planned in a timelier fashion to ensure that there is a seamless hand over of delivery. EH will share this information with A&E. Sometimes people report that the staff there were rude, but when it is investigated it is found that this is because they have told patients that although they will treat them this is something that should have been dealt with by their GP, and this has caused offence. JL and HJ will be pursuing this issue.

**Action JL and HJ**

HJ reflects that most people do not regularly visit their GP website and so people that have seen the warning might not see any subsequent updates. CW agrees that this has been badly thought out. EH notes that the statement refers only to providing services until 2019.

SY: Funding has been cut for syringing ears in GP surgeries. Terrington St Clement surgery will continue to do this, as the alternative is private service in King's Lynn, but the surgery's equipment is not as advanced as that of the private service. HJ suggests using PPG funds to purchase more up to date equipment. EH asks if surgeries give PPGs a wish list. HJ explains they ask the surgery what they would like. The PPG purchases items that are wanted, but items that are needed should be provided by the surgery.

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

SY: Feedback about access to dentistry is still wanted. Particularly for young people.

MP exits

KP informs that she is aware of a 6 month wait for appointments.

MP enters.

EH has experienced issues with referral to the orthodontist. They had to attend Smile in Norwich for an initial appointment and were then told it would be a two year wait. EH queried this and was told they are only given 600 NHS appointments per year. This treatment would have entailed visiting the clinic every eight weeks, which was costly in travel, time off work and time off school. JL suggests adding access to NHS dental services to the Log.

**Action CF**

SY: Children and Young Peoples' mental health services continues to be monitored. SY raised concerns about the cessation of the Admiral Nursing service and pointed out that moving services from the Fermoy Unit to Chatterton House only provided one additional bed, when demand has increased much more.

There has been discussion about moving children's centre services out of children's centres into other community settings such as libraries. SY has highlighted that whilst there might be a variety of suitable settings in towns, more rural communities will be affected by the loss of local children's centres.

A review will be carried out of NNUHs Older Person's Emergency service. If this is adopted it can be rolled out to other areas. They are also looking at setting up something similar with paediatrics. EH notes that this is like a project at QEH which has been supporting people who are homeless, at risk of homelessness or living in unsuitable conditions, to find locations suitable for recovery or to help with things like home adaptations, that could improve the person's recovery.

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

JL is searching for suitable meeting venues. EH suggests St John's Church near The Walks.

#### **Clinical Commissioning Group Annual General Meeting**

SY: this was a good event. The obvious issue remains the funding. JL pointed out that if the CCGs were to amalgamate it would be important to have good contact with each locality.

#### **QEH Board Annual General Meeting**

SY: There was a lot of honesty from the Chair and CEO about the financial situation. JL felt more time was needed for Q&A with the speakers, in particular, Dr Louise Smith.

#### **Any other Business**

MP: NHS England will now only provide the flu vaccination from mid-September, instead of throughout the year. This means that plans to spread the impact of flu clinics are nullified.

MP: Heacham surgery have received a letter from Norfolk County Council about coming to talk about Social Prescribing.

MP asks if VF's presentation on winter communications could be forwarded before the September meeting, in order for timely consideration. CF will liaise with VF.

**Action CF**

HJ: Carole Brown PPG are holding their AGM tonight. It is possible that the PPG may cease to operate after this time. SY feels that it would be a shame to lose the PPG, and that the surgery has an obligation to have one, so they need to work with the PPG to support them. SY will invite the CCG Accountable Officer and Chair to encourage their support.

**Action SY**

MP and HJ exit.

EH will invite Mandy Stratton again, with a view to plans on encouraging engagement which is a big part of her role. EH will liaise with CF to schedule this.

**Action EH**

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

All items are to remain ongoing.

EH exits

JD suggests adding Muscular Skeletal Triage Service to the Log. This can be included in the monitoring of physiotherapy.

**Action CF**

KP exits.

#### **Issues from PPGs**

CW – **Bridge Street** – The system is clearly overloaded, at the same time funding is being reduced. There is a lot of discussion about moving pressures, but ultimately this just spreads the pressure, not alleviating it. The PPG is reasonably well attended but CW will take back the idea of inviting speakers.

#### **Next Meeting – 17<sup>th</sup> September 2018**