

East Staffordshire District Patient Engagement Group
Minutes of the Zoom meeting held on Thursday 28th October 2021,
between 18.30 and 20.30.

1. Present:

Sue Adey-Rankin, SAR	Chair East Staffs District Patient Engagement Group, (Tutbury Patient Forum)
John Bridges, JB	Vice Chair East Staffs District Patient Engagement Group, (Tutbury Patient Forum)
CD	(Trent Meadows PPG)
RB	(Trent Meadows PPG)
BJW	(Tutbury Patient Forum)
TB	(Yoxall PPG)
SG	(Yoxall PPG)
LH	(Peel Croft PPG)
KF	(Balance St PPG)
JW	(Barton PPG)
CR	(Bridge Surgery)
LL	(Alrewas PPG)
DB	Healthwatch
AH	East and South East Staffs Clinical Commissioning Group Lay Member, (Patient and Public Involvement)
DH	(Chair, Crown PPG, Tamworth). Member East & South East Staffs Clinical Commissioning Group Patient Board. (Arr. 7pm)
ZL	Burton Mind. Member East and South East Staffs Clinical Commissioning Group Patient Board.

2. Apologies.

KB	(Rocester PPG) unable to get Zoom.
LT	(Carlton Group PPG)
SMcK	(Trent Meadows PPG)
JK	(Wetmore Road)

3. Guest Speaker

Ruth Emery Primary Care Lead for South Staffordshire Clinical
Commissioning Groups.

4. Welcome.

The Chair, SAR, welcomed everyone to the virtual District meeting held via Zoom. Also welcomed was the guest speaker, RE, who had accepted our invitation to come to the meeting and give a presentation on GP Access.

5. Presentation on GP Access by RE

This presentation is the same one that had been shown at the Staffordshire & Stoke-on-Trent CCGs Primary Care Commissioning Committee Meetings in Common, South that morning.

The full slide presentation was given and is shown below. It has also been sent to all District Group members after the meeting with the request for any further questions for RE to be sent to the Vice Chair, JB.

Context



- All GP practices offer appointments during their core opening times of 8.00 am to 6.30 pm Monday to Friday. Other extended hours and out of hours services are offered outside these times.
- Since the COVID pandemic in March 2020, GP practices have remained open and delivering appointments in a different way operating a total triage model of remote consultations alongside face to face following triage and where clinically appropriate. This model was in line with the NHS England Standard Operating Procedure and was to ensure that patients were still receiving safe access to general practice whilst protecting staff and the public in terms of the risk of infection.
- Consultations during this time has been variable and currently in comparison to the same time last year and the previous year before that, consultation rates are higher since April 2021.



	Consultations				
	2019	2020	2021	2019 to 2020 variance	2019 to 2021 variance
May	309,605	223,896	325,337	-28%	5%
June	296,676	290,345	374,185	-2%	26%
July	336,205	302,590	353,368	-10%	5%
August	291,956	272,173	330,831	-7%	13%

August 2021 highlights

- 13% year on year growth in SSOT
- 38,875 additional consultations between Aug 2019 – Aug 2021

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Key activities that have taken place in September 2021



- Public survey to gain views and experiences of access to general practice is ongoing
- National GP ;patient survey presented at September's PCCC committees and actions aligned to this plan
- Community Pharmacy Consultation Service progress – continue to encourage engagement and sign up to service.
- Attendance at Staffordshire Councillors meeting on 6/9/21 to discuss access concerns and the access action plan.
- Responses to MP letters in regard to general practice access issues ongoing
- Quality visit agenda being developed and will support access conversations

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Detailed action plan for general practice access Updated 1st October 2021



Action Area No.	Action Area
1	Communications
2	Access Improvement Programme (Time for care)
3	Record keeping
4	Digital solutions
5	Quality, variation and resilience
6	Training and development
7	Workload initiatives

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Action area 1 - Communications



Action	Target date	Responsible	Notes
<p>Patient information and education campaign and listening to feedback:</p> <ul style="list-style-type: none"> Share help us to help you campaign Share NHSE access toolkit Develop local toolkit with materials and messages to raise awareness of extended workforce – this will include: <ul style="list-style-type: none"> Poster Newsletter text to go VCSE and parish councils "How it is vs. how it could be" case studies Targeted narrative around care navigation Animation showing extended workforce roles Develop local materials to show the real picture, including: <ul style="list-style-type: none"> Infographic showing appointment data vs pre-pandemic "Thank you" message, to also include facts and figures Animation to show 'a day in the life of' GP receptionists and care navigation Develop local messages about alternatives to general practice Explore options for a paid-for campaign, including online and traditional media Develop social media support including a masterclass on communicating with patients via these channels Develop on-digital material to supplement social media/digital messaging Online Survey to gather patient feedback Review existing feedback from patients via Healthwatch, NHSE desktop review, listening events Collating soft intelligence via social media messages 	Ongoing until end of March 2022 initially	Communications/ Primary Care	<ul style="list-style-type: none"> NHSE campaigns and toolkits circulated and promoted Communications toolkit produced for practices and patient groups and circulated Discussions ongoing in regards to measuring how the local messages are working Continued attendance at Patient District Groups and Patient Boards A public survey is currently live for patients to document their current experiences of general practice. Meeting took place 16/09/21 with practice managers in north to discuss issues/campaign Meeting took place 6/10/21 between Primary Care Team and Communications to discuss the communications campaign further to refine based on feedback Continue to build in feedback (collating themes and trends) from Healthwatch, social media, public survey, listening events to refine messages and to support targeted work with practices Supporting regional campaign to support general practice – particularly around abuse for staff
Staff abuse campaign – continue to refine	Ongoing	Primary Care / Communications/ NHS England and Improvement	<ul style="list-style-type: none"> Continue to refine and update – this will feed into the above section. Local campaign assets shared with regional NHSE colleagues Supporting regional campaign

Action area 2 – Access Improvement Programme (Time for Care)



- Programme to target practices with greatest access challenges
- Build understanding of demand, make best use of workforce, implement new pathways as appropriate, strengthen and expand onward referrals to other services, implement change and measure impact
- Funding attached to support
- Outside of CCG control and influence – this is being fully led via the Time for Care Team

Action	Target date	Responsible	Notes
CCGs to promote the Access Improvement Programme to practices	Ongoing until end of March 2022 initially	Primary Care	<ul style="list-style-type: none"> 11 practices currently engaged. Primary Care team are in close contact with Time for Care and targeting practices that may benefit from the programme Access checklist will highlight the programme to practices
Gather outcomes of the Access Improvement Programme when available	Ongoing	Primary Care	Ongoing as this progresses
Share learning from the Access Improvement Programme when available	Ongoing	Primary Care	Ongoing as this progresses

Action area 3 – Record keeping



Action	Target date	Responsible	Notes
Develop an access audit checklist as a supportive and appreciative enquiry mechanism.	Oct- Dec 2021	Primary Care	<p>110 responses received and individual action plans for those practices have been shared in September. Those practices that have not responded are being encouraged to engage with the audit. Primary Care team to work with practices on the actions.</p> <p>Themes from the checklist actions to be pulled together and fed back to October PCCCs.</p>

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Action area 4 – Digital Solutions



Action	Target date	Responsible	Notes
Support practices to re-examine delivery models considering the productivity around telephone triage then face to face which may be impacting capacity – link to GP appointment guidance	Ongoing until end of March 2022 and beyond	Primary Care/ Digital team	<ul style="list-style-type: none"> Links to the digital work with practices underway Digital First scheme will look at for example: modes of consultation, communications, online presence, signposting, record access and online repeat prescribing through a training and support approach based on the emerging online services toolkit. AIP programme may also support with new models of delivery
Improved communication and utilisation of digital support methods for appointments and prescriptions including patient access, EPS and NHS APP	Ongoing	Comm- unications	<ul style="list-style-type: none"> Include as part of the communications messages
Mapping of appointment slots to the national guidance (PCN Impact and Investment Fund 2021/22)	Oct 2021	Primary Care / Digital Team	<ul style="list-style-type: none"> Review data from NHSE to ensure mapping of appointment slots as per the national guidance (Validate results at practice and PCN level to authorise PCN payment by 30/10/21. Summary of achievement to be provided to NHSE by 15/11/21.)
Number of online consultations on or after 1/10/21 per 1000 registered patients (PCN IIF 2021/22)	Oct 2021	Digital Team	<ul style="list-style-type: none"> Review practice level information Work with practices and communications to support use of online consultations Return to be completed to NHSE by 18/10/21 on NHS111 direct booking and Extended Access
Spot check of general practice websites	Oct – Dec 2021	Primary Care / Digital Team	<ul style="list-style-type: none"> A spot check of websites will take place to ensure messages are clear in relation to access and appointments and individualised feedback provided to practices by the primary care team with learning and areas of good practise shared across all practices.

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Action area 5 – Quality, variation and resilience



Action	Target date	Responsible	Notes
Develop Quality & Engagement visit programme with practices	October – March 22	Primary Care	<ul style="list-style-type: none"> Agenda and supporting data in development Programme of quality visits will be starting in October 2021 Themes and trends to be identified on an ongoing basis including shared learning and innovative ideas
Targeted approach with practices regarding access taking into account and utilising data and intelligence as follows: <ul style="list-style-type: none"> Consultation data Soft intelligence Patient survey results Link discussions with the Quarterly Quality dashboard reviews	March 2022	Primary Care	<ul style="list-style-type: none"> Targeted approach to practices with low patient satisfaction to support and equally review practices with high patient satisfaction to share learning and potential peer support (link to quality visits and discuss at dashboard reviews)
Reduction in Type 1 A&E attendances for minor conditions (PCN Impact and Investment Fund 2021/22)	31 st March 2022	Primary Care/ ICS	<ul style="list-style-type: none"> Analyse & discuss implications of data for Type 1 A&E attendances for minor conditions with the local ICS & plan to reduce.
Support practices to review resilience and business continuity plans	Ongoing	Primary Care/Digital Team	<ul style="list-style-type: none"> Plans were reviewed during Covid – to support practices and PCNs revisit these as part of practice check in's and quality visit agenda
Workforce absence reporting in place	Ongoing	Primary Care Team	<ul style="list-style-type: none"> Absence reporting re-commenced by practices to monitor impact of easing of lockdown restrictions from 19/7/21.

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Action area 5 – Quality, variation and resilience (Continued)

Action	Target date	Responsible	Notes
National GP patient survey results to be analysed and work with practices as a result	Ongoing work in 2021/22	Primary Care/ Data team	<ul style="list-style-type: none"> Results for key questions analysed (Completed) To engage with practices re. actions via quality visits and targeted work. Present results to PCCC (Sep-21) (Completed) Triangulate results and link practices to Access Improvement Programme (Oct-21) Contact those practices with lowest scores for telephone access to consider support and available options (Oct-21). Share learning/best practice from those with the best scores.
Identify from patient survey results patient groups experiencing health inequalities in experience of access (PCN IIF 21/22)	31st March 2022	Primary Care/ Communications Team	<ul style="list-style-type: none"> Develop and implement a plan to improve experience of access for identified groups. Monitor IIF indicator in relation to the patient survey requirement regarding identifying patient groups experiencing Health Inequalities
Work with practices on PPG engagement <ul style="list-style-type: none"> Circulate PPG toolkit development by Communications Team Stocktake of PPGs Identify any further support To be included as part of quality visits and practice check in's 	Ongoing	Primary Care/Communications Team	<ul style="list-style-type: none"> Toolkit sent and this is highlighted in the access audit checklist. Stocktake underway PPG webinar being developed for the North Staffs and Stoke practices to take place in Autumn 2021

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Action area 6 – Training and development



Action	Target date	Responsible	Notes
Training for receptionists to support call handling and challenging patients	Oct - Dec 2021	Primary Care	<ul style="list-style-type: none"> Target date changed to reflect the ongoing work and analysis A series of conflict resolution and de-escalation training sessions is being offered to staff by the Staffordshire Training Hub – 174 places available and majority have been taken up with very few DNAs (1 or 2 at the most)
Examine resilience training and dealing with challenging patients training	October 2021	Primary Care	<ul style="list-style-type: none"> Resilience training for practice managers has been taking place Target date changed to reflect the ongoing work and analysis
Utilise the outcomes of the receptionist survey to identify any further training and development that may be required	October 2021	Primary Care	<ul style="list-style-type: none"> Target date changed to reflect the ongoing work and analysis
Demand and Capacity modular sessions for practices and PCNs (Regional event) using MS Teams.	September 2021	Region	Complete - Series has been designed to help participants gain a deeper and practical understanding of what demand and capacity are and consequent issues that occur. Information can be used to better manage services and how it can aid in designing more robust needs-based services at a practice and Primary Care Network level. (4 dates in September fully booked, additional dates being considered and dates to be confirmed).
Reinvigorate care navigation	Oct – Dec 2021	Primary Care	<ul style="list-style-type: none"> planning for a reinvigoration of care navigation and active signposting – plan currently being put into place across the 3 PBPs.

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Action area 7 – Workload



Action	Target date	Responsible	Notes
Reinvigorate care navigation and active signposting	Ongoing	Primary Care	<ul style="list-style-type: none"> Package of support in place for care navigation and active signposting as part of GPFPV (final year funding was 2020/21)
GP referral to community pharmacists scheme to be developed	Ongoing until end of March 2022 initially	Primary Care / LPC	<ul style="list-style-type: none"> Working with the LPC to develop this referral service Commission digital solution to support referral process and care navigation/active signposting Summary of practice status by CCG is shown below (24 Engaged & 17 Ready) Promotional comms being developed and myth buster to be shared via the GP Bulletin (Oct-21)
Delivery of the plan to increase referrals via community pharmacy consultation Service (PCN IIF 2021/22)	31 st March 2022	Primary Care / LPC	<ul style="list-style-type: none"> Work collaboratively with community pharmacy to increase referrals and monitor success.

CCG	Stage 1	Stage 2	Stage 3	% stage 2 or 3
Cannock Chase	17	0	6	26
North Staffs	21	5	4	30
Stoke-on-Trent	24	14	3	40
Staffs and Surrounds	7	4	3	50
East Staffs	0	0	0	0
South East Staffs and Sealdon Peninsula	24	1	1	8

Practice status	Definition	What to do at this stage
1. Pre-engagement	<ul style="list-style-type: none"> Practice may be one of the following: <ul style="list-style-type: none"> Advised they are not participating. Unaware of the referral pathway. No engagement with regional project team to date. Intend to start working on the pathway in the next few months but no immediate action. 	<ul style="list-style-type: none"> Communicate how the referral pathway can help the practice (service improvement), so they understand the reasons to participate. Check in to see if position has changed.
2. Engaged	<ul style="list-style-type: none"> Engaged, want to get started. Working with regional team. Making plans. Establishing the skills needed to make referrals. 	<ul style="list-style-type: none"> Provide support. Facilitate engagement activity with others who will help them i.e. PCNs. Address any challenges they may have.
3. Ready	<ul style="list-style-type: none"> The pathway is visible, and the practice is ready to make referrals. I.T. systems are ready. Training complete. 	<ul style="list-style-type: none"> Encourage referrals and monitor in regional reporting. Monitor success. Continue to making referrals.

Across the Midlands Region there are 212 GP Practices referring to the CPCS. This has seen over 9709 referrals made. More active practices and more service spread to active pharmacies (591) than any other region. Weekly referrals are at their highest ever level (621) (Regional update: up to 27/09/21)

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How will we know we are making progress?



- Primary care data sets from ICS, ICP down to clinician level
- Website to 'house' the data sets which can be easily accessible to clinicians, practices, PCNs and ICPs and kept up to date
- A comprehensive educational suite to support clinicians with development and keeping up to date.

Example 360 report



- 3 year trends
- Practice, PCN, CCG, England benchmarking
- Demographics
- 61 indicators

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Completed Actions



Action
Communications general practice access project group in place
General practice access communications plan in place
Communications general practice access working group in place with general practice and patient representatives to develop and deliver key actions
Review solutions around telephones due to the increased use of telephone consultations
Social Media Training Webinars
To work with practices on the new GP appointment classification guidance

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After the presentation there was a general discussion and a number of questions asked by the members present, these were as follows:

1. Is the Q doctor system still in operation?

RE will investigate and report back

2. Are PPGs being involved in GP Quality visits?

RE indicated this topic was discussed earlier that very day.

Can you keep us in the loop regarding this, please Ruth?

3. Discussion on the role of the Care Navigators

RE agreed that the patient has the final say and has the right to say- “thank you but no I wish to speak directly with a GP”

4. Changes in the way GPs now work

Loss of GP services, eg ear wax removal now must pay someone

Lack of continuity, change of GP or nurse means they don't have the same knowledge of the patient

GPs tend to work part-time although achieve their contract hours

Tried for 5 days to get an appointment without success

RE will send a written response to the comments raised above

5. Issue raised concerning a patient who had mental health issues who unfortunately was awkward at their GP surgery causing the police to attend. Was taken off the surgery books and moved to one at Cannock!

RE If police called, the reallocation system comes into play. Couldn't understand transfer to Cannock when one is in Burton?

6. 5 days to get through to a GP. Was at one-time number 30 in the queue and when down to number 1 was cut off

RE If patients are concerned they are not getting the right service they should put in a complaint to the surgery.

7. Can we have more information about the Physician Associates, how appointed, who decides on which GP surgery they go to, can they move between surgeries ie "shared" and where they work now within East Staffs?

RE these people are trained at Keele University, they are clinicians not fully qualified GPs. The PCN decides how many are required and where they go to. Demand for them is high.

8. Fully in favour to be kind to receptionists. However, sometimes when you contact the surgery the receptionists can be very curt and come over hard and cold. Also had the opposite and passed on thanks to the Practice Manager to pass onto the receptionists.

RE At times, it can be frustrating for both receptionists and patients. Training is in place for receptionists. There are cases that receptionists are now leaving the job, some after 20years of service, because of the abuse and threats. In two cases the police had to be called.

All the above has been sent to RE via email and where necessary responses will be circulated when received.

Finally, if RE needed to get messages out to the wider population or need any patient input on anything the District Group are available to assist so, please contact and use us.

RE then had to leave the meeting. Thanks, on behalf of the Group, was given by the Chair, SAR and the members responded in the normal manner.

After RE had left there were further discussions and comments on the topic, and these included:

- There is inconsistency across GP Surgeries.
- The contract GPs have with Clinical Commissioning Groups doesn't define, in detail, responsibilities.
- They are individual businesses.

- Examples of good practice were given.
- Some practices had employed Associate Physicians before the Primary Care Network was formed.
- Unfortunately, there is not a national debate on this topic which is needed. After training a lot of medics do not want to go into general practice as a partner. They want a salaried position and set hours.
- Statistics show that for every five people that go into general practice only two are remaining there after 5 years.
- It's the same situation with Nurses.
- Housing and population growth are severely adding to the issues.
- It is a sad fact that the enthusiasm of 18–20-year-olds, having the initial passion to join the profession, but once trained soon lose the passion due to the extreme pressures.

6. Minutes of the Meeting held on 16th September 2021.

The Vice-Chair, JB, apologised but the notes shown under Alrewas PPG had been updated prior to the release of the papers but the update had not been included in the papers sent out. Below is the amended version:

Patient stories

(v)

LL, (Alrewas PPG), brought up the topic of Swiftqueue which is the hospital system for booking blood tests. The surgery used to conduct the blood tests requested by consultants for their outpatients. This saved the inconvenience of having to book an appt through the Swiftqueue system (for which you need to be quite tech-savvy) and for having to travel to the test location and pay for parking. For the elderly and those without their own transport this was a superb service.

(vi)

LL, (Alrewas PPG). Mentioned the good service received from MPFT for recent wound care. **(Not mentioned by LL)**

Alrewas PPG update missing from the minutes:

- July PPG meeting. Our first face to face one for 18 months.
- Two excellent presentations from the Practice Manager. 'Life after Lockdown: Where we are now and 'Future Plans'. Discussions centred around ways in which we can support the surgery. Ideas included helping to improve community understanding about the appointment system and the changes that are happening nationwide and familiarising ourselves, with the information on the surgery website and with the online services offered.
- A report on the 2020/1 winter patient survey was also presented and discussed.
- September PPG newsletter published.
- Future work: Conduct PPG survey to collect soft intelligence on recent experiences; consult with the new ninety bed Bowbrook Dementia Centre in Fradley; plan health education events for next year; assist with flu clinics.

7. Action Log

- (i) In relationship to the letter circulated from Lord Bethell what did the initials TRE stand for? The Vice-Chair, JB indicated he had sent an email to Kate Griffiths asking for clarification and was waiting for a response. Her response, which has been received and circulated to the members, was:

TREs are Trusted Research Environments, these are data safe havens that provide researchers with a secure space to access sensitive data.

You can find more information about NHS Digital's Trusted Research Environment service for England on their website

at <https://digital.nhs.uk/coronavirus/coronavirus-data-services-updates/trusted-research-environment-service-for-england>

I understand that TREs are one of the safest, most efficient data analysis resources which utilise strict security controls to prevent unauthorised access and misuse of data.

(ii) Changes in Disabled Parking at the UHDB sites

A new protocol for disabled drivers parking at Queen's has come into being. It had been agreed that the Vice-Chair, JB, would put a leaflet together on the changes and circulate.

Update: The Vice-Chair, JB, apologised but he still had to carry out this action. Action still open.

(iii) Ear Syringing

CD, Trent Meadows PPG, had to have his ears syringed and used "Hearing First" which gave an excellent service. Discussion on ear syringing with several good contacts for micro suction being given. DH, (Chair, Crown PPG, Tamworth), Member East & South East Staffs Clinical Commissioning Group Patient Board, mentioned that Specsavers in Tamworth do it for £60, also available at Peel Pharmacy, Tamworth. In addition, pity it is not part of the GP contract.

The Chair, SAR, stressed the importance of dementia patients having ear checks.

Action: Vice-Chair, JFB, to compile a list of contacts.

Update: This has been done and sent out to the members along with other information. Action closed.

8. Healthwatch

DB, Healthwatch gave the following update:

- Healthwatch Newsletter had been produced and circulated.
- Visits planned to five carers groups.
- Met with the Community Champion of Morrisons, Tamworth where two hundred people work. They also have a Facebook page of 450 people. Store is involved with many community groups. Visits being planned for Morrisons Lichfield and Tamworth.
- Attended the CAB Annual General Meeting.
- The South Staffordshire Network for Mental Health are having a relaunch at the Pirelli stadium on 12th November.
- Attended the Together We're Better meeting/consultation on the George Byan centre and raised issues including children in paediatrics with mental health issues.
- Midlands Partnership Foundation Trust involved in many services but little engagement, gave examples.

- Attending the Balance Street PPG face-to-face meeting in November.
- A lot of various consultation work ongoing.
- Maternity Alliance- the Clinical Commissioning Groups wanting voluntary maternity champions within every Primary Care Network within Staffordshire and Stoke on Trent.
- The Burton Community Champions website being trialled and will hopefully go live soon.
- Was looking to get five service users from the hard-to-reach communities for a project he received twenty-one responses.

RB commented that he had been a Healthwatch Champion for some time but had received nothing from Healthwatch for over 18months? DB apologised but had 85% turnover of staff during said period.

The Chair, SAR, thanked DB for his highly informative input and for the amount of information being received since DB had taken on his new role.

9. Patient Stories

No stories received

10. PPG Updates

TB. Yoxall PPG

- Held a Health event in Yoxall Village Hall where the patients could have the opportunity to meet the Practice Manager, Nurse, Social Prescriber etc.
- Over one hundred people attended and were grateful for the chance to discuss the current GP access and appointment issues.
- The Vice-Chair JB also attended
- The PPG signed up five new members.

KF. Balance Street PPG

- Zoom meeting 20th September.
- Ian Leech, St Giles, gave a presentation on My Wishes which is now to be renamed as “How I want to go”

CR. Bridge PPG

- Next meeting in December.
- Difficult to attract members and currently down to five
- The Patient Association information sent out by the Vice-Chair, JB, was very useful.

LL. Alrewas PPG

- Had a meeting on 19th October at Fradley Village Hall
- The Practice Manager explained the pressures they are working under and the very high demand for their services. We discussed what we could do to help communicate the issues they are facing.
- Agreed to set up a meeting to improve the way we communicate with the practice population, particularly around our use of social media.
- Continued discussions re. the Health Information Event planned for 2022.
- Recruited volunteers for the next flu clinic.
- Discussed our project to gather feedback from patients re. their recent experiences of the surgery.
- Reported on the meeting with Amamda Jelbert, Manager of Bowbrook Dementia Care Home. Will be liaising with Lindsey Walker, Care Coordinator from Alrewas Surgery, who is also in touch.
- Published the poster 'Why are GP Practices still working differently?' forwarded by the Vice-Chair, JB. PPG members asked to disseminate the information.

CD. Trent Meadows

- Held the first face-to-face meeting since February 2020 the previous day.
- Have a new GP Partner, Gemma Lewis, and new IT Manager.
- Discussed the issues at Stretton where the surgery was closed for 2 days due to verbal abuse to staff from patients. No impact on patients as no appointments to cancel.
- Practice Manager retiring end 2021. New appt made, Jane.

- Receptions are not triaging just signposting.
- Government messaging not helping “Patients right to see a GP”
- The Chair, SAR, mentioned that due to the rumours going around about the Stretton branch closing she had raised the question at the Primary Care Commissioning Meeting. Told emphatically not closing.
- DB had heard that Stretton patients had to go to Branston for their flu jabs?
- The building at Branston is big enough to expand but do not have the staff or GPs to enable this. Questions the constant building of horses which is putting extreme strain on all surgeries.

LH. Peel Croft

- Nothing to report

JW. Barton PPG

- September meeting rescheduled for October.

ZL. Burton Mind

- Now doing some face-to-face appointments.
- Heard some good news re Gordon Street surgery.
- Service user at Carlton Group but received nothing regarding the consultation document re moving premises.

DH. Chair South East District Group

- Fran Smith, Hospital Manager at the Robert Peel hospital, Tamworth, had informed people that they were reducing opening hours. This is only for a 3month period.
- DH made a plea for members to attend the Urgent Care consultation meeting date to be confirmed.

9. COVID-19 Vaccination Programme.

Going forward, Pirelli is being used for the COVID booster vaccinations. With the start of the football season in August new arrangements have had to be made to take account of when the centre is required for supporters. In addition, the Burton Albion Community Trust has started up some of their community activities which also requires use of the facilities. The vaccination bulletins are still being circulated widely by the Vice-Chair, JB.

10. Update from the East Staffs CCG, South East Primary Care Commissioning Committee and East & South East Staffs CCG Patient Board.

(i). East Staffs CCG

There has been no further meeting, where the public can attend, since the 6 CCGs AGM that was held in September.

(ii). The South East Primary Care Commissioning Committee

As discussed in Agenda item 5 the meeting was held earlier. The Vice-Chair, JB, continues to circulate the full details when they become available on the CCG website including on how to register to attend the meeting.

(iii). The East and South East Staffordshire CCG Patient Board.

Meeting was held on 7th of October with the usual full agenda that included the normal standard items and presentations from MPFT services and from Queen's Hospital on the Outwoods Development. Regular update given on the progress of the new Integrated Care Partnership that is planned to take over from the 6 CCGs in April 2022. Agenda also covered patient access to GP surgeries, patient stories, and Board members updates.

11. East Staffordshire and Surrounds Diabetes UK Patient Network.

Meeting is on Thursday 29th September. The Chair, JB, has sent invitations to the paediatrics teams at UHDB to invite both parents and their Type 1 teenagers to the meeting to discuss any concerns and worries they may have especially as they progress into the transition into adult care. Unfortunately, no one accepted this invitation.

The monthly discussions between the UHDB and the Chair, JB, regarding issues and

concerns raised by the group are on hold at present as LG has taken up a new role within UHDB until the new person. JB has a meeting with his replacement tomorrow, 29th October.

JB completed the Diabetes UK 1,000,000-step challenge and achieved a total of 1,580,459 steps during the July, August and September period. Another member of the group also did the challenge, and she achieved the fantastic total of 1,593,422 steps.

12. Any Other Business

(i) Meeting Dates 2022

Dates, times and location for 2022 was discussed. It was agreed to maintain meetings on a Thursday and at 6week intervals. Suggested times were 2.30pm until 4.30pm and as now 6.30pm until 8.30pm. Will continue with virtual during Autumn and Winter and consider face-to-face from March 2022. It was agreed to carry out a doodle poll regarding the meeting times and this will be arranged with the results confirmed at the December meeting.

(ii) Website

The Chair, SAR, informed the members that she and the Vice-Chair JB, had contacted CD, (Trent Meadows PPG), regarding the upkeep of the website. CD had agreed to carry out this role and a meeting will be arranged with our website provider.

13. Review of the Meeting.

Highly informative, good discussions.

14. Date of Next Meeting

The next virtual meeting, via Zoom, is on Thursday 9th December 2021 starting at 6.30pm. The Chair SAR thanked everyone for their contributions to the meeting.

