

**East Staffordshire District Patient Engagement Group**  
**Minutes of the Zoom meeting held on Thursday 24<sup>th</sup> February 2022,**  
**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)
RB	(Trent Meadows PPG)
BJW	(Tutbury Patient Forum)
SG	(Yoxall PPG)
LK	(Peel Croft PPG)
LL	(Alrewas PPG)
CD	(Trent Meadows PPG)
YC	(Dove River PPG)
JW	(Barton PPG)
DB	Healthwatch
KL	(Peel Croft PPG)
TB	(Yoxall PPG)
ZL	Burton Mind. Member East and South East Staffs Clinical Commissioning Group Patient Board.

**2. Apologies.**

KB	(Rocester PPG) unable to get Zoom.
KF	(Balance St PPG)
SMcK	(Trent Meadows PPG)
JK	(Wetmore Road)
LT	(Carlton Group PPG)
IN	(Wetmore Rd PPG)
DH	(Chair, Crown PPG, Tamworth). Member East & South East Staffs Clinical Commissioning Group Patient Board.
AH	East and South East Staffs Clinical Commissioning Group Lay Member, (Patient and Public Involvement)

### **3. Welcome.**

The Chair, SAR, welcomed everyone to the meeting.

### **4. Minutes of the Meeting held on 13<sup>th</sup> January 2022**

The Chair, SAR, went through the minutes and asked if there were any amendments?

The Vice-Chair, (JB), indicated that the date under item 4 was incorrect, states 28<sup>th</sup> October 2021 when it should have said 9<sup>th</sup> December 2021

There being no further issues raised the minutes were accepted as a true record with KL and JW being the proposer and seconder.

### **5. Election of Officers to serve for 2022**

At our first meeting of the year we did not take nominations for Chair and Vice Chair/Secretary. The Chair, when sending the details for registration to the meeting had asked for any nominations to be sent to the Vice-Chair, (JB) by Tues 22/02/22.

The Vice-Chair indicated that only one nomination had been received and that was from TB, Yoxall PPG, who had nominated both the current Chair and Vice-Chair to continue in their roles for 2022.

Everyone present, agreed with this nomination and all voted for them to continue. Both SAR and JB indicated they were happy to continue in their roles and thanked everybody for their vote and for the member's support.

### **6. Action Log**

#### **(i) Response from Ruth Emery**

The Vice-Chair, (JB), had circulated the questions that had been received from RE following her presentation to the Group in October 2021. A copy is shown below

In terms of the questions below:

- a. Q Doctor – yes this is still in place
- b. Quality Visits – I have discussed this with Tracey Cox who leads on quality. The quality visits are specific times with each practice, so it would

be for the practice to involve their PPG in the process if they'd like to do this. We would recommend that if any PPG is keen to be involved that the PPG speaks to the practice about how they might compliment this. In addition, if a PPG would like to feed back any soft intelligence to us then they are very welcome to do this, and we can ensure that this helps inform any future discussions with the practice.

- c. Change of services/lack of ear wax removal etc- Ear wax removal services and some other activities have never been part of the GP core contract. Some practices did previously do this but weren't paid for it. In addition, changes in clinical guidance have shown that there are risks associated with ear syringing and is not recommended for patients. Due to pressures on GP practices and workforce challenges it is important that practices focus on their contractual obligations.
- d. Part-time working – the CCG has no say in the hours worked by a GP however, we do know that the option for GPs to work part time does support the retention of the GP workforce.
- e. Not able to get an appointment for 5 days – we talked about the access challenges during the meeting, so I think this one has already been covered.

There was a discussion on the responses above with the following comments

- Regarding quality visits LK asked what happens when a PPG has not had a meeting face-to-face since June 2020 and no one interested to hold one virtually either. The Practice Manager is now so busy as also involved as the coordinator for the vaccination roll out at Pirelli.
- Getting appointments is still extremely difficult. Attitude of some reception staff doesn't help.
- Bearing in mind the situation regarding ear wax removal and the loss of some other services what are the contractual obligations for GP practices as regards services?
- Require clarity on what is the new "norm"

It was concluded that David Atherton Chair of the East Staffordshire Primary Care Network should be invited as a speaker where these questions could be submitted.

## **(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, had prepared the details on car parking at all the UHDB sites and had distributed to all the members. JB had noted the following:

**1.** The car park charges for Derby and the Florence Nightingale hospitals differ from those in place at Burton, Sir Robert Peel, and Samuel Johnson. Those costs that are associated when visiting between 5pm and 9pm. In the past, the reasons given were that the Derby sites are under a different contract to those in Burton, Tamworth, and Lichfield.

**2.** In the attached are the details that apply to disabled parking. You will see that you can apply / registrar for **free parking** that will cover your vehicle at Queen's Hospital Burton, Samuel Johnson Community Hospital and Sir Robert Peel Community Hospital. This facility is not currently available at the 2 Derby sites. Again I suggest we raise this at the next UHDB Patient Forum.

It was agreed that the queries above should

- a. Be raised at the next UHDB Patient Forum.
- b. Be forwarded to A, Betteridge, Patient Experience, UHDB

## **(iii) 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 conduct this role and a meeting will be arranged with our website provider.

**Update:** The meeting had been held with the website designer and CD informed everyone that the website had been updated. As this was a virtual meeting CD was able to give a demonstration. The Chair and Vice-Chair thanked CD for doing this and CD would now be our technical guru and will keep the website updated. The members echoed these thanks.

#### **(iv) Update on the My Wishes Project.**

Due to the current pressures within the health sector this topic is still on hold. To be reviewed in April.

#### **(v) Members quotes for the video promotion**

Mentioned in AOB at the last meeting, our website designer had approached the Chair and Vice-Chair regarding doing a promotional video for the group. They are happy to do this and pointed out that nothing would be going into any public domain until the group had seen and approved it. It would also be good to be able to give quotes from the members and their PPGs and the members were asked to consider this and forward their ideas to the Vice-Chair, JB.

The Vice-Chair had received a quote from the Alrewas PPG and asked for members to discuss this with their PPGs and forward quotes asap. A meeting will then be arranged with the website designer.

**A request was made to have these by the meeting in April.**

#### **(vi) Waiting Lists**

The Chair, (SAR), had asked the members to think about and discuss waiting lists for treatment. This can include cancer treatment, hip and knee replacements, wound care and anything there is a waiting list for. You may also like to enquire of your practice if they know of any areas that have a particularly long wait.

The Chair, (SAR), gave background on why she had requested this feedback. She sits on a group that discusses waiting lists etc and had raised the following

- Getting into the NHS for treatment is one problem.
- When a patient is put onto a waiting list, they have no idea for how long, are given no updates whilst on the list meaning constant phone calls to GP and consultants to enquire.
- What does the patient do whilst on the waiting list to assist in looking after their health whilst waiting?
- NHSE are looking to set up 100 diagnostic centres and new surgical hubs to enable to see patients more quickly. Another issue here is where are the

people to staff these places?

- A new platform is being set up called “My Planned Care”
- Locally, UHDB do not have an apparent waiting list pathway including operations and treatment for cancer, MSK, Paediatric, Osteoporosis, and Ophthalmology.

A discussion was held around this topic and the following was fed back.

DB, Healthwatch, has a monthly meeting with UHDB on quality. Derby is the 5<sup>th</sup> largest trust in the country so has a long waiting list for patients waiting for operations and treatment. The list and pathways are constantly under review but can be hindered by increase in emergency visits to A&E etc. Another issue they can face is that when the patient comes for their pre op they can't go for the operation if not fit enough and/or the condition has worsened hence planned treatment has to be changed.

To try and resolve these issues the trust has

- put on extra operations list at weekends,
- Burton, Queen's have opened another ward at their Treatment Centre,
- Use of private hospitals, especially for ophthalmology patients.
- Opened a new facility at Sir Robert Peel, Tamworth for endoscopy which has seen the waiting list for this procedure being reduced.

DB is attending another meeting in March and will highlight what we have discussed to try and get an update.

TB, (Yoxall PPG), indicated that the waiting lists also present issue for non-operation patients and gave the example of a relative who has a neurology condition which needs an urgent lumbar puncture to help determine treatment going forward. Been waiting weeks for this test causing patient stress.

KL, (Peel Croft PPG), requires urgent cataract operation and was last seen by the consultant at Queens in 2020. Consultant at the time said could be 12-18months but heard absolutely nothing. Specsavers saw KL in November 2021 and indicated her condition is worsening!

KB, (Rocester PPG), had sent the following information to the Vice-Chair, JB. Further to your request for information relating to the waiting lists

- *I am informed by my Practice manager that GP surgeries don't usually collate the statistics on these and that it would be more appropriate for us to contact the hospitals themselves. She has, however, forwarded my query to the CCG to see if they can help in this information request.*
- *I know that Stoke Royal has been referring knee replacement operations to the Nuffield. What the waiting time may be, however, I don't know.*

As reported in the National press the number of people waiting for treatment was reported as follows:

*The number of people in England waiting to start routine hospital treatment has risen to a record high, and waits at A&E, for cancer care and for ambulances to arrive are also worsening.*

*At the end of December, almost 6.1 million people were waiting to have an operation – the highest number since records began in August 2007.*

*The number of people forced to wait more than 52 weeks to start non-urgent treatment was 310,813, up from 306,996 in the previous month and 39% higher than in December 2020. A total of 20,065 had waited for more than two years. Overall, 92% of patients waiting are those meant to be treated within 18 weeks.*

## **7. Patient Stories**

LL, (Alrewas PPG), was very grateful for the information forwarded on infection control following the patient story raised at the last meeting.

CD, (Trent Meadows PPG), gave an update following his patient story from the last meeting. His weekly rehabilitation at Queens is going well, just booked a blood test through the Swift queue system and had no issues at all.

JW, (Barton PPG), A family member, who had bowel removal operation due to cancer received excellent care and support at Queen's. After 5 weeks, discharged, procedures disorganised, and specific dressings for aftercare were missing, as were

certain medications. This resulted in the patient's partner having to get someone to stay with the patient while she raced off to the hospital to sort it out.

DB, (Healthwatch), an elderly lady fell on the pavement outside McDonald's in Burton and needed to call an ambulance due to her facial injuries. After waiting 3 hours took a taxi and then had to wait in A&E for 4 hours to get treatment.

Two positive notes

- Psychiatric Nurses are in place on the wards.
- The new ITU has now been opened in Burton at a cost of £5M. This has enabled ward 15 to be given over as a surgical ward.

## 8. Healthwatch

DB, Healthwatch gave the following update:

- The replacement of the George Byan centre in Tamworth is entering the consultation stages and meetings had been arranged but due to NHS pressures the original date had been rearranged. The new date is Tuesday 15 March 2022 at 3pm.
- A mental health referral team is setting up at Queen's and will talk to people as they come into A&E.
- Currently a lot of money is going into mental health services. One of these is £0.75M that is available for the voluntary sector to tender for. This is for social support in mental health. Number of local voluntary organisations are involved in this.
- MPFT are setting up a Reference Group for Men Over 40 with the aim of improving access to Mental Health Services in the community. Their data is telling them that people in this group have mental health needs but are not accessing any mental health support services. As part of the nationwide transformation of community mental health services in England, they want to make sure their mental health services are accessible to any underrepresented group, and the reference group mentioned above being one of these.
- The reference group will meet for the first time **Friday 11th February 2022 from 10.30am to 12.00 midday** and will focus on the following:



1. What the community mental health transformation is
  2. Why we are focussing on men over 40
  3. Sharing the opportunities to join specific groups focussing on certain areas
  4. Sharing with you what men have been telling us about accessing mental health services in our initial engagement work in November 2021
  5. To gain your views on whether there are other areas we need to focus on.
- As mentioned last time from 1<sup>st</sup> April 2022 the current Healthwatch contract will be taken over by Support Staffordshire. DB on the transfer list to be TUPE'd to Support Staffordshire.
  - Had attended a Carers Group meeting in Burton

## **9. Vaccination Update**

The Vice-Chair, (JB), gave an update.

Update has slowed down since December 2021. One of the reasons has been put down to “misinformation” The Government had indicated that the Omicron virus effects were like having a bad cold and that would appear to have had an affect on attendances. Currently, vaccinating the vulnerable 5-11year olds which are given 10mins each appointment time and only 2 vaccination stations so not overwhelmed. The tradition vaccinations have been reduced to 2 sessions a week and only 2 vaccinators, one that must be a doctor. This can lead sometimes to people having to wait a little longer than usual to be vaccinated. We recently had one session where the doctor had been held up, so the session started late but most of the people waiting understood. In addition, that day we had a safeguarding issue which had to be dealt with, hence causing a further delay. The centre is waiting for the green light/certification to give vaccines to all 5-12year olds, and it is expected that if a 4<sup>th</sup> vaccine run may well start late March early April.

## 10. PPG Updates

The following updates were given:

### LL, (Alrewas PPG)

- Patient stories: These were collected by PPG Members. The feedback was generally very positive, with just a few issues raised around communication with the receptionists and the appointments system. The Practice Manager agreed to send the report to the GP partners and to pick out the key points and advise what actions they could take to try and address these issues.
- We produced and distributed a location map for the defibrillators in Alrewas. We started, and continue to manage, this defibrillator project.
- Flu Clinic: Help was given and was much appreciated by all the surgery staff.
- Comms: A meeting was held to discuss our work around improving our digital communication with the practice population. We will take this forward later in the year.
- Surgery staffing: Dr Rachel Gallyot and Dr Alison Shearman will be leaving in February. We are pleased to say that two new GPs will be joining us in March.

### CD, (Trent Meadows PPG).

- Our new Practice manager was introduced to the members.
- We also have a new Nurse Manager.
- We understand from one of our PPG members who has been in conversation with the AAA (Abdominal Aortic Aneurism) screening service, following his own recent screening cancellation, that they are short of venues in Burton to carry out the backlog of men aged 65 who are awaiting screening. They provide the staff and equipment and there is some money available. GP surgeries could be possible venues.
- Currently our Practice releases far more appointments than they are required to, and these are then frontloaded at the beginning of the week to fill the backlog from the weekend.
- As we will probably never return to the pre-pandemic situation, we discussed that patients would need educating in the changes that have taken place in GP practices regarding making appointments, face to face, triage, telephone/video calls and other systems which have allowed us to successfully get through these past two years.
- We hope to be arranging presentations later in the year from Ian Leech (end of life considerations), Toolbox and possibly prostate awareness.

- Attracting new members was discussed – Practice newsletters and Facebook are ways which can be used to introduce ourselves. Our waiting room notice board will also be re-vamped and, when possible, we will invite people to our presentations.

There were no further PPG updates.

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

Lot of pressure within the overall Health system at present. This due to both the normal winter pressures and the Omicron variant. The NHS is now back onto Level 4 which is major incident category and where possible all CCG staff have been redeployed to front line duties.

As mentioned at the last District meeting due to the above most NHS meetings have been cancelled or reduced in time. The Governing Body and Primary Care Committee Meetings did take place on Thursday 27<sup>th</sup> January but were reduced to one hour each and questions had to be sent prior to the meeting and not asked on the day. This looks like this maybe the case for the next planned meetings.

The Patient Board held an “informal” meeting on 3<sup>rd</sup> February with the normal formal meeting planned for 4<sup>th</sup> March.

### **East Staffordshire and Surrounds Diabetes UK Patient Network, ESSDUKPN.**

- As updated at the last District meeting, the second workshop around raising the awareness of diabetes within the BAME communities within Burton took place on 16<sup>th</sup> February 2022. This was a face-to-face meeting held at Queen Street Community Centre. It is planned to start this project start April 2022 but will now run until April 2023. A grant application has been forwarded to
  - The first meeting of the ESSDUKPN will be took place on Thursday 20<sup>th</sup> January and an update on the work carried out during 2021 was given. The network will now meet every 6weeks and anyone is welcome to attend
  - Work has started to extend the network within the Lichfield, Tamworth, and Burntwood communities.

## **12. Any Other Business**

- **Abdominal Aortic Aneurysm Screening, AAA.**

CD, (Trent Meadows), mentioned he had an appointment to have an Abdominal Aortic Aneurysm Screening. 2 hours before the meeting, he was contacted and had the appointment cancelled as no venue to hold the screening. This used to be at Winhill and Alrewas Practices. The Vice-Chair, JB, indicated he would contact AAA to see what facilities they require and see what can be arranged within Burton.

- **Meetings**

After the next meeting it is planned to move the meetings to face-to-face. The Chair and Vice Chair asked for people views on this before a venue is chosen. Initial feedback from those present was that the current virtual means has worked very well and is convenient as well as saving on travel. It was decided that this topic will be discussed in more detail at the next meeting and a decision taken at that time

## **13. Review of the Meeting.**

Highly informative, good discussions.

## **14. Date of Next Meeting**

The next virtual meeting, via Zoom, is on Thursday 31<sup>st</sup> March 2022 starting at 6.30pm. The Chair SAR thanked everyone for their contributions to the meeting.