

East Staffordshire District Patient Engagement Group
Minutes of the Zoom meeting held on Thursday 31st March 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)
KL	(Alrewas PPG)
CD	(Trent Meadows PPG)
JK	(Wetmore Road)
JW	(Barton PPG)
SMcK	(Trent Meadows PPG)
IN	(Wetmore Rd PPG) <i>Had to leave at 7pm</i>
AH	East and South East Staffs Clinical Commissioning Group Lay Member, (Patient and Public Involvement)
ZL	Burton Mind. Member East and South East Staffs Clinical Commissioning Group Patient Board.

2. Apologies.

KB	(Rocester PPG) unable to get Zoom.
DB	Healthwatch
KL	(Peel Croft PPG)
TB	(Yoxall PPG)
LL	(Alrewas PPG)
KF	(Balance St PPG)
LT	(Carlton Group PPG)
DH	(Chair, Crown PPG, Tamworth). Member East & South East Staffs Clinical Commissioning Group Patient Board.

3. Welcome.

The Chair, SAR, welcomed everyone to the meeting.

4. Minutes of the Meeting held on 13th January 2022

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

The Vice-Chair, (JB), indicated that under Agenda item 12, Abdominal Aortic Aneurysm the statement was incorrect, it states CD had an appointment cancelled when it should have said a patient had an appointment cancelled.

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

5. Input from IN, (Wetmore Rd PPG).

IN, the Chair of the Wetmore Road PPG had to leave for another meeting at 7pm so the matter he wished to raise was mentioned at the start of the meeting.

Prior to the COVID pandemic the Wetmore Road PPG was increasing in numbers and had a good relationship with the surgery. Over the past months, the situation has dramatically changed, and the members are genuinely concerned with what is happening within their surgery both towards the patients and PPG. The main issue is around lack of communication. There have been personnel changes within the surgery staff, and this is resulting in a lack of response to any requests from the PPG. Three weeks ago the PPG held a “closed” meeting for the members only. At that meeting, it was agreed that the PPG Chair and Secretary would request a meeting with the partners to discuss the situation and hopefully move on in a positive manner. This request was sent but unfortunately, there has been no response or even acknowledgment of that request.

In addition to these problems, the surgery is having a lot of staff leaving and closing at a moment's notice with a notice on the door stating for emergencies only.

JK, the representative of the Wetmore Road PPG, agreed with all that IN had said and it was looking like the Practice is putting up a barrier to any communications with the PPG.

SMcK, Trent Meadows PPG. who is also a Borough Councillor said they had received an email concerning the sudden closures?

AH, East and South East Staffs Clinical Commissioning Group Lay Member, (Patient and Public Involvement), mentioned that the Primary Care team could get involved if IN considered it would assist. IN will forward the closed PPG meeting notes to AH. IN thanked the Chair, SAR, for the opportunity to raise this at the beginning of the meeting and apologised for having to leave due to another meeting starting.

Further comment from the Chair, SAR.

‘Usually, in matters arising between PPG and Practice, the ESDPEG does not get involved. In this case, it was believed Wetmore Road PPG had done all it could to bring about a meaningful discussion with the Practice. Consequently, the discussion was minuted. Any help the ESDPEG can give should be directed to the Vice-Chair/Secretary’.

6. Action Log

(i) Changes in Disabled Parking at the UHDB sites

Following the information distributed by the Vice-Chair, JB, it was agreed that the queries discussed above should be forwarded to A, Betteridge, Patient Experience, UHDB. This has now been conducted and the following responses have been received back:

- **Why are there two sets of differing charges still in place across the Trust dependant on whether Derby based or East Staffordshire car parks?**

We set our charges based on the locations of our hospitals and use council charges and other car park charges in our respective Counties to set them so there are no plans at present to have parity.

- **When does the new multistorey one open at Queen’s/ What charges will be in place at this new car park? We assume the same as the other sites on Queen’s.**

We are hoping to open early April, but the car park will be staff only at present as the location is not the easiest for patient to access most of our services from. We will be turning two other current staff car parks to patient only ones to

compensate.

- **When will the same benefits for disabled drivers be offered to the Derby sites car parks?**

Free disabled parking is available across all our five sites.

They have also asked one of their colleagues to check the information on the UHDB website for typos.

We are hoping that Paul Brooks, Director of Patient Experience, Facilities and Estates will be available to give an update on facilities and estates at the next PPG Forum meeting, including car parking. We will be sending out the date of the meeting shortly. The information has now been received and the meeting is on:

Thursday 5th May 2022, 2:00pm – 3:45pm.

(ii) Website.

CD, Trent Meadows PPG. The website is fully up to date.

(iii) 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.

(iv) 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.

(v) 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. This was fully discussed at the last meeting but will stay on the action list until the overall situation within both primary and secondary care shows some improvement.

(vi) Abdominal Aortic Aneurysm Screening, AAA.

At the last meeting it became known that the above service was having issues in securing a permanent location to conduct these tests. The Vice-Chair, JB, indicated he would contact AAA to see what facilities they require and see what can be arranged within the Burton area. The Vice-Chair has done this, and discussions are underway between the service and Burton Albion with the aim of conducting the testing at the Pirelli stadium.

7. Update on the two community projects being conducted by the East Staffordshire and Surrounds Diabetes UK Patient Network, ESSDUKPN

The Chair of the group, JB gave the following presentation

Welcome to the East Staffordshire and Surrounds Diabetes UK Patient Network, (ESSDUKPN)

A local support group for people living with diabetes, their families, partners, carers or anybody with an interest in diabetes.

Our History

- Initially set up by Ann Tunley, in 2006. Known as the Burton Diabetes Group
- Group members are those with Type 1 & Type 2, their families and friends.
- Other members of the public can attend who wish to obtain further information for their local communities.
- In December 2019 had a relaunch of the Group and became known as [The East Staffordshire and Surrounds Diabetes UK Patient Network](#).
- In May 2020, our then Chair, Ann Tunley, retired from the network
- In June 2020, John Bridges became the Chair of the network.
- In May 2021, Susan Adey-Rankin became the network Treasurer.

So why did we, in December 2019, become the East Staffordshire and Surrounds Diabetes UK Patient Network?

- Remove “geographical boundaries” and make the patient network available to anyone who wished to become join the network,
- Increase our work with Diabetes UK, GP’s, Nurses, Pharmacists, UHDB Trust and other partners, to provide a structured Diabetes Patient Network of care for people with diabetes and those family members who provide support, to all.
- Ensuring the people with diabetes are signposted to the our Diabetes Patient Network and other relevant organisations.

So why did we, in December 2019, become the East Staffordshire and Surrounds Diabetes UK Patient Network? (cont'd)

- Continue with the provision of relevant literature for the newly diagnosed.
- Work with the necessary bodies to ensure the 15 Diabetes Health Essentials and other criteria are being met when people with diabetes have their checkups.
- Promote the Patient Network through all available channels.
- Achieve patient involvement at all levels of Health

“To enable people to have a voice in their diabetes care”.

Looking back over 2020/21

- Although the COVID-19 pandemic has had a dramatic effect on our projected activities for 2020/21 we initially kept in contact with our membership via email and text and from July 2020 started holding bimonthly virtual group meetings.
- Over the years we have built up a good working relationship with all sectors of the health sector and with colleagues within Diabetes UK and many other outside organisations. This has enabled us to put Diabetes on the map within our local communities.
- All local health information coming from the NHS, Clinical Commissioning Group, Local Council, and the Government is relayed to the Patient Network and a wider audience. The Patient Network activities and concerns are also reported to the virtual meetings of the East and South East Staffordshire Clinical Commissioning Group Patient Board and East Staffordshire District Patient Engagement Group, at which the Chair is currently the Vice-Chair of both Groups.

Why do we want to expand the work of the Network to

The BAME and other hard to reach groups within East Staffordshire

And

To the communities of Lichfield, Tamworth and Burntwood

????

National Statistics

Diabetes facts and figures

- More than **4.9 million** people in the UK have diabetes
- **13.6 million** people are now at increased risk of type 2 diabetes in the UK
- You're more at risk of type 2 diabetes if you have a close family member who has diabetes
- **850,000** people are currently living with type 2 diabetes but are yet to be diagnosed
- Research has consistently shown that for some people, combined lifestyle interventions - including diet, physical activity and sustained weight loss - can be effective in reducing the risk of type 2 diabetes by about 50%.

Local Statistics

From the National Diabetes Audit Jan 2021-Sept 2021 the statistics show that the number of people diagnosed with diabetes was:

	England	East Staffs	South Staffs & Seisdon
Type 1	253,860	725	775
Type 2, and other kinds	3,244,335	8,405	9660
	3,498,195	9,130	10,435

In addition, between January and June 2021 there were the following number of people with pre-diabetes: **2,303,905.**

In 1996 there were 1.4million people with diabetes
In 2025 it is estimated that this figure will be 5million

Costs to the NHS

- Diabetes costs the NHS over **£1.5 million an hour.** That equates to more than **£25,000 per minute.** It estimates the total cost of treating diabetes and its complications is £14 billion a year.
- Almost 80% of the money the NHS spends on diabetes is on treating complications
- In some hospitals over a quarter of beds are used by people with diabetes
- In 2019/20 there were **57.7m items** prescribed for people with diabetes, this increased from 35.5m prescription items 10 years earlier, average spend of **£327.78 per patient** for diabetes drugs, including insulin, testing strips and medicines taken to control blood sugar levels.
- People with diabetes are twice as likely to be admitted to hospital
- Treating diabetes costs more than any other health condition.

Chronic long-term complications of diabetes

- [Eye problems](#) (retinopathy), More than **1,700** people have their sight seriously affected by their diabetes every year in the UK. That's more than **30** people every week.
- [Foot problems](#) Approx. **6000** amputations per year, **169** amputations per week (DUK reports that, of these, around 80% are believed to be preventable).
- [Heart attack](#) **530** heart attacks and almost, **2,000** cases of heart failure per week.
- [Stroke](#) **680** strokes/week,

Other complications include:

[Kidney problems](#) (nephropathy), [Nerve damage](#) (neuropathy), [Gum disease](#) and other mouth problems, [Related conditions](#), like cancer, [Sexual problems in women](#)
[Sexual problems in men](#)

More than 500 people with diabetes die prematurely every week

Where are we regarding our 2 main projects for 2022?

The BAME and other hard to reach communities project within Burton

- The following organisations are involved in the project
ESSDUKPN, BACT, St Giles, Burton Mind, Staffs Network for Mental Health, Everyone Health, Everyone Active, Support Staffordshire, Social Prescribers, Public Health, Trent and Dove, a local County Councillor and a Local Borough Councillor.

ALL SIT ON THE WORKING GROUP

- 3 Local community centres have been chosen to hold events.
- Local college are involved as well as a Primary School in Branston. Other schools have been contacted with the idea to hold health events involving children and parents.
- Attended a local mosque open day who want to be involved in the project.

Work on getting our network know within the Lichfield, Tamworth & Burntwood.

- Presentations have been given at all 3 Support Staffs Locality meetings in March. All 3 have many local voluntary organisations that are spreading the word in the communities.
- Attended 3 Places of Welcome meetings in Lichfield.
- Met with a Lichfield District Councillor responsible for Engaging Communities.
- Place booked for the various 2022 events in Lichfield
- Visited the Community Hub in Tamworth and holding a Diabetes session there in April.
- Attended and presented to a Friendship lunch group in Burntwood
- Finally ESSDUKPN have secured a £7.2K grant to carry out these projects.

Important to state the following:

There are **8760 hours** within a calendar year. Normally, a person with diabetes would spend **3hrs per year** in front of a health professional. This means they spend **8757** looking after themselves. To do this correctly they need:

“The correct tools and knowledge to do this successfully”.

THANK YOU

John Bridges

Chair East Staffordshire and Surrounds Diabetes UK Patient Network

Mobile: 07590379892

Email: bridgesjohn763@gmail.com

There were discussions after the presentation which covered the following:

1. A member has a husband who is a diabetic. Recently when in hospital it was noticeable that some NHS employees look overweight and although not the only cause for getting diabetes doesn't really set a good example to the public. This echoed by some other members.
2. The Coop do a lot of health education, especially with the younger generation. Recently JB and SMcK met with James Knight who is their Member and Community Relations Manager, and he is interested in being part of our project work.
3. Over years the reduction of playing fields and exercise have prevented youngsters to have healthy active lives which is now showing in some getting diagnosed with Type 2 diabetes which was never heard of in the past.
4. It is appreciated that everyone has a choice in what they do and eat but by eating more healthily and being a more active will help in the prevention of getting diabetes in later life.

The Chair SAR thanked JB for the presentation and the discussions that took place.

8. Healthwatch

DB of Healthwatch was unable to attend the meeting. The Chair, SAR, informed the members that Healthwatch Staffordshire will be under Support Staffordshire as from the 1st of April so today has been the handover of Healthwatch equipment etc before receiving the further details from Support Staffordshire. DB has been “tuped” across to Support Staffordshire. The Chair wished to have recorded the good work that DB had done for East Staffordshire in his previous role. All members present echoed this.

9. Patient Stories

- CD, (Trent Meadows PPG), His rehabilitation at Queen’s continuing to go well. Mentioned that he was offered “My Patient Knows Best” and wondered if anyone else knew about this?

AH, East and South East Staffs Clinical Commissioning Group Lay Member, (Patient and Public Involvement), indicated the outpatients at Queen’s offered the same but the department she was visiting didn’t use it.

KL, (Alrewas PPG), asked if this is the same as the Patient Access as used by the GP surgeries?

According to Google “My Patient Knows Best” is the following:

<https://patientsknowbest.com/>

Patients Know Best or ‘PKB’ is a social enterprise and technology platform, designed to bring together patient data from health and social care providers and the patient’s own data, into one secure personal health record.

Patients can login to access everything from appointment letters and test results to their multi-disciplinary care plans. To empower patients to play an active role in their health and wellbeing, they can also use specially designed tools to monitor and track their health condition.

Our award-winning granular privacy model allows patients to share all or parts of their record with family, carers and other healthcare professionals, anywhere in the world. This has paved the way for joined-up care that is safer, efficient and focused around the individual care needs of more than fifteen million citizens in the UK alone.

The 'all in one' integration with the NHS App and Login

Patients Know Best (PKB) integrates local digital transformations with the national infrastructure of the NHS App and login.

A national first

The first personal health record (PHR) to integrate with the NHS App – and the first third-party to integrate Single Sign-On (SSO) with the encrypted NHS Login, in partnership with NHS Digital.

This 'all-in-one' integration offers what no other PHR can – everything a patient (and their health care team) needs to manage their care – with a single gateway to their circle of care, complete with access to a personal health record.

One application with single sign-on

By harnessing the power of both digital innovation and borderless care, this integration extends the availability of the NHS App's GP data. Now, registered patients of PKB can sign in to their health record from the NHS App to access their information from other settings too.

Using one login and the same nationally verified credentials, patients can easily access their PKB record no matter where they are with single sign-on.

Security, convenience, usability

Combining best-in-class security with convenience and usability, this integration allows healthcare providers to seamlessly connect patients to the services and information they need, when they need it.

Access complete, real-time data from all settings for [improved multi-disciplinary care](#). This means data from hospital records, social care and mental health services, patient-entered data and device-recorded measurements – all-in-one place!

No borders, no barriers

Patients Know Best is the only borderless PHR in the world. This integration builds on our principles of information sharing by using the 'NHS front door' policy to place patients at the centre to enable data to be received and shared between any

health or care provider across the UK.

The application also works in the same way outside the UK – giving patients access to their complete health record in real-time whether they're at home, travelling abroad or need to access their personal health record in an emergency.

Simple, diverse, sustainable

The PKB user interface inside the NHS App appears in the language set on the smartphone. With twenty languages supported, PKB is the most diverse personal health record in the world.

This approach to digital patient care is proven to reduce unnecessary admissions, trips to the doctor, while saving money and significantly reducing an organisation's carbon footprint, making it even easier to reform healthcare services, locally and nationally.

Same great features in one App!

PKB users of the NHS App see all their existing features easily in one place:

- Events & messages within 'Health records'
- Consultations within 'Check my symptoms'
- Plans within 'Health records'
- Symptoms within 'Health records'
- Measurements within 'Health records'
- Tests within 'Health records'
- Journal within 'Health records'
- Library within 'Health records'
- Medicines within 'Prescriptions'
- Appointments within 'Appointments.'

• 111 digital kiosks at Queen's Hospital in Burton.

The new kiosk system went live with a soft launch on, Tuesday 22 March 2022.

The kiosk system is like the 111-triage system available at 111 online and by phone and the aim is that once someone has used the 111 self-assessment tools in the hospital emergency departments, (Eds), with support from a care navigator, they

will be confident using the service at home, potentially reducing future visits to the ED. People who have been referred to the Emergency Department by their GP or another care service will not have to complete the full 111 assessment at the digital kiosk and will be directed straight to the ED reception. Patients who have been brought in my ambulance and who have life-threatening emergency will not need to use the kiosk.

It is recognised that there are some groups that will need additional support, such as those with language and cultural barriers or those who may struggle to use a digital screen. There will be staff in the department actively looking for these needs or urgent conditions, as happens now. The department will be using the insight and data obtained through patient feedback and ongoing involvement work to understand any positive and negative impact.

10. Vaccination Update

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

Update has continued to slow down since the start of 2022. Currently, vaccinating the vulnerable 5-11year olds which are given 10mins each appointment time and only two vaccination stations so not overwhelmed. The tradition vaccinations have been reduced to two sessions a week and only two vaccinators, one that must be a doctor. The centre has now received the green light/certification to give vaccines to all 5-12year olds, and as expected a fourth vaccine run for the over 75year olds will be starting during April.

11. PPG Updates

The following updates were given:

LL, (Alrewas PPG)

- Our virtual AGM took place on the 15th of March. All office holders were re-elected.
- A report from the surgery was presented by the Practice Manager. It covered changes that are happening within the practice team, the Acceptable Behaviour Policy being introduced by eighteen practices in East Staffs and the new First

Contact Practitioner Service for musculoskeletal issues. There was also a detailed response to issues raised in our small-scale soft intelligence gathering exercise that took place before Christmas. It included feedback on the appointments system; communications with the hospitals, in particular the responsibility that patients have in chasing their appointments; the role of the receptionists and other members of the admin team. Members were invited to visit the surgery to see what the receptionists must cope with during the busy start of a day.

- Items to go into the next PPG Newsletter were discussed.
- We also talked about how we can improve our digital communications, increase awareness of the PPG and encourage new membership.

CD, (Trent Meadows PPG).

- The planned face-to-face meeting in March didn't take place due to a COVID outbreak. Hoping to have one in April.

SG, (Yoxall PPG).

- AGM held the previous week. SG, elected Chair, TB Vice-Chair.
- New Practice Manager in post.
- Dr Gunn back at work early April following a serious illness.

JB, (Tutbury PPG).

- Face-to-face meeting held mid-March.
- Concerns expressed regarding the verbal abuse the receptionists are getting. PPG to issue a patient newsletter on the topic.
- The surgery shares the building with the Dove River surgery and during February they started to pilot access for patients to the waiting room etc. This was successful and now there is full access.
- A new telephone system has been installed on 22nd March.
- The PPG held a quiz night on the 25th of March.

Gordon Street Surgery

AH, East and South East Staffs Clinical Commissioning Group Lay Member, (Patient and Public Involvement), mentioned that she heard the surgery has a PPG and it may be worth contacting the surgery to confirm this and give information regarding the PPG sending a representative to the East Staffordshire District Patient Engagement Group.

There were no further PPG updates.

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

There is still severe 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. This does affect attendance at meetings and in some cases, such as the CCG Governing Body meetings they have had the meeting times reduced.

The new Integrated Care System was due to be in place by the 1st of April. However, due to delays in getting the new act through Parliament the start date has been moved to the 1st of July. This delay has added further difficulties as the CCG's have now either lost staff, staff have moved to new positions, seconded elsewhere or gone onto maternity leave.

In addition, a lot of the positions in the new structure are still to be filled and the final structures put into place.

From the Patient Board and District Group concerns have been raised that in all this the "patient voice" going forward for these groups appears to have been non-existent. The Chair, SAR, is to write to the Prem Singh, who is the appointed local NHS Integrated Care Board Designate Chair, expressing these concerns.

Further discussions/questions took place, details below:

A. Concern that after various requests the "patient" is not able to engage with the provider collaborative. This is to continue with the added question of why they haven't been asked.

B. The East Staffs and South East Staffs District Groups are set up differently with the South East being under the Clinical Commissioning Groups in terms of organisation of MS teams meeting and the taking of minutes. What will happen in the new structure? Would East Staffs consider inviting representatives from the South East to the East Staffs group? Currently does have the South East Chair attend.

C. Although the East Staffs District Group works closely with the Clinical Commissioning Group, they stay independent which has benefits.

D. The initial structures have indicated that the new system will have each of its Non-Executive Directors, but none has the specific responsibility for patient engagement. Instead, it has said each will have it as part of their position. This dilutes patient engagement and will be more difficult for dialogue compared to having a specific person.

E. Another strength within the East Staffs District Group is that the group decides on the way forward rather than wait for the NHS machinery to get going. Proactive rather than reactive.

13. Any Other Business

- **Meetings**

After the next meeting it is planned to move the meetings to face-to-face. At the last meeting, the Chair and Vice Chair had 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. The feeling from the members present was that the best format currently is via zoom, and it was agreed to continue with this format. It was suggested by the Chair, SAR, that consideration could be given for a social get together during the summer. It was considered an innovative idea.

- **Anne Heckels**

The Chair, SAR, informed the members that this would be the last meeting for AH, East and South East Staffs Clinical Commissioning Group Lay Member, (Patient and Public Involvement). On behalf of everybody SAR wished to say a big thank for

attending the meetings, listening, giving constructive input and taking any concerns “up the NHS chain.” In addition, AH has been a great Chair and supporter of the East and South East Staffordshire CCG Patient Board and is respected by all. All present echoed and agreed to the comments made by SAR. AH thanked everybody for the kind comments adding it had been to pleasure and privilege to attend this group and the Patient Board. Will still be in post until 30th June but unable to attend any meetings. This is because like others she thought, like others, the CCGs would cease to exist as from end March. AH was then stepping down so had arranged to see her son in Vancouver for 2 months from early May. This would be the first meeting for over 2years, and they are close. AH also gave thanks for our commitment which she had found very energising. A special thanks was also given to SAR and JB for making life a lot easier. The members showed their appreciation in the usual way and wished AH a happy reunion with her son and a long and healthy retirement.

14. Review of the Meeting.

Highly informative, good discussions.

15. Date of Next Meeting

The next virtual meeting, via Zoom, is on Thursday 12th May 2022 starting at 6.30pm. The Chair SAR thanked everyone for their contributions to the meeting.