

**East Staffordshire District Patient Engagement Group Minutes of the Zoom  
meeting held on  
Thursday 6<sup>th</sup> October 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)
BJW	(Tutbury Patient Forum)
LL	(Alrewas PPG)
LK	(Peel Croft PPG)
LH	(Peel Croft PPG)
CD	(Trent Meadows PPG)
KL	(Peel Croft PPG)
JW	(Barton PPG)
IN	(Wetmore PPG)
SG	(Yoxall PPG)
LT	(Carlton Group PPG)

**2. Apologies.**

KB	(Rocester PPG) unable to get Zoom.
SMcK	(Trent Meadows PPG)
TB	(Yoxall PPG)
BP	(Wetmore Road PPG)
RB	(Trent Meadows PPG)
DB	Healthwatch, Staffordshire
DH	(Chair, Crown PPG, Tamworth)

### **3. Welcome**

The Chair, SAR, welcomed everyone to the meeting.

This was an additional meeting to discuss specific topics that there was insufficient time for at the meeting held on the 15<sup>th</sup> of September 2022.

The agenda therefore concentrated on Social Prescribers, Care Coordinators, Face-to-face Meetings and the running of PPG's.

### **4. Minutes of the Meeting held on 15th of September 2022**

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

There were no issues raised and the minutes were accepted as a true record.

### **5. Matters arising from the Minutes**

There were no matters arising that aren't covered by the agenda items.

### **6. East Staffordshire Social Prescribers**

#### **Background**

The members have been expressing their concern regarding the situation of social prescribing within East Staffordshire and that the community is falling behind other areas of Staffordshire. Members have also asked for details on what their actual role is, its definition, why the word prescriber when not clinicians, what access due they have to patient's records, and job description to name just a few. The Chair informed the meeting that there has been a lot of emails going backwards and forwards to try and get information and answers but no clear details.

Since the meeting the Vice-Chair, JB, has looked on the NHS website and below is a brief description concerning Social Prescribers

What is Social Prescribing – In accordance with information from the NHS England website social prescribing is:

Social prescribing is a key component of [Universal Personalised Care](#).

Social prescribing is a way for local agencies to refer people to a link worker. Link workers give people time, focusing on ‘what matters to me’ and taking a holistic approach to people’s health and wellbeing. They connect people to community groups and statutory services for practical and emotional support.

Link workers also support existing community groups to be accessible and sustainable, and help people to start new groups, collaborating with all local partners.

Social prescribing works for a wide range of people, including people:

with one or more long-term conditions

who need support with their mental health

who are lonely or isolated

who have complex social needs which affect their wellbeing.

When social prescribing works well, people can be easily referred to link workers from a wide range of local agencies, including general practice, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise (VCSE) organisations. Self-referral is also encouraged.

A standard model of social prescribing has been developed in partnership with stakeholders, which shows the key elements that need to be in place for effective social prescribing.



Social prescribing complements other approaches, such as active signposting. This is a 'light touch' approach where existing staff in local agencies provide information to signpost people to services, using local knowledge and resource directories. Active signposting works best for people who are confident and skilled enough to find their own way to services after a brief intervention.

Social prescribing link workers

In the Long-Term Plan NHS England committed to building the infrastructure for social prescribing in primary care:

there will be 1,000 new social prescribing link workers in place by 2020/21, with significantly more after that, so that

at least 900,000 people will be referred to social prescribing by 2023/24.

This is part of the drive to [Universal Personalised Care](#) that will see at least 2.5 million people benefiting from personalised care by 23/24.

Social prescribing link workers are becoming an integral part of the multi-disciplinary teams in [primary care networks \(PCNs\)](#). They are part of the additional roles in the [five year framework for GP contract reform](#) and are included in the [Network Direct Enhanced Service Contract for 2020/21](#).

This is the biggest investment in social prescribing by any national health system and legitimises community-based activities and support alongside medical treatment as part of personalised care.

The NHS do talk of: Social Prescribing link workers.

Attached to these minutes is an NHS document named

*Social prescribing link workers*

*Reference guide for primary care networks*

*Updated June 2020*

### **East Staffordshire**

The initial number of social prescribers was six but now it has dropped to two. In fact this number is one as the current two people job share. St Giles had the contract but now wished to concentrate on core business and pull out of the contract. The existing job share two people were sub-contracted out by St Giles and work for Support Staffordshire. Other organisations that were involved were Age UK and South Staffordshire Network for Mental Health.

## Current situation

- St Giles gave notice to the PCN they wished to end the contract.
- It has been revealed that the contract has been awarded to Burton Albion Community Trust. This will start 13<sup>th</sup> October. The discussions by the members raised the following questions:
  - What the transfer process was?
  - Was there a tendering process?
  - Was it advertised to other organisations if so when and whom?
  - What is the job specification?
  - Is there a reporting process the social prescribers must adhere to on the work they are carrying out?
  - To whom is the reporting done?
  - Are the ICS/ICB involved and what is their role in all of this?
  - How are the SP's allocated to each East Staffs GP surgery and the times involved? The members do know of one surgery who has a SP for one hour per week.
  - What Governance procedures are involved?
  - How and what are the measures in place to monitor progress and performance?
  - Who is responsible for the SP training and support for the individuals in post?
  - What is the procedure in other areas of Staffordshire in terms of accountability and reporting?
  - Where does the Joy App fit into all of this and at what stage are we at with this, (including who uses it, access, and the costs involved)?
- Existing 3 social prescribers will be Tupe'd to BACT. The members questioned the current number, see previous comments.
- There will be a further 2.5 vacancies but process yet to start, possibly January 2023 until up and running.
- Debbie Melling, PCN, is liaising between the PCN and GPs on the topic.

Various members indicated that there are a lot of questions being asked at individual level and these are all like the questions above.

All agreed that there is a genuine need for social prescribing and that there appears that East Staffs is falling behind all other areas.

The situation is not helped by the apparent veil of secrecy around the topic instead of openness and transparency.

## 7. Care Coordinators

The care coordinator role will **ensure patient health and care planning is timely, efficient, and patient-centred**. The role will include responsibilities for the coordination of the patient's journey through primary care and secondary care. From the above this role is GP based and normally will be a person from each individual surgery.

An example of this can be seen from the Abbots Bromley Surgery website:

*The role of Care Co-ordinator aims to provide personalised care for patients with complex and challenging health and social care needs by addressing 6 key components:*

- *Shared decision making*
- *Personalised care and support planning*
- *Enabling choice, including legal rights to choice*
- *Social prescribing and community-based support*
- *Supported self-management*
- *Personal health budgets and integrated personal budgets*

*Patients are accepted onto the Care Coordinator caseload via referral from a GP/nurse.*

The Chair and Vice-Chair, (SAR/JB), indicated that the Tutbury Practice have just appointed a Care Coordinator from within the current staff.

## 8. Running of PPG's

At the last meeting it had been agreed that the Vice Chair, JB, would meet with IB of Northgate PPG to discuss the running of a PPG. They were encountering issues and wanted advice. This meeting took place and both the Chair and Vice-Chair, (SAR/JB), attended the Northgate PPG meeting on the 4<sup>th</sup> of October. Discussion was around the running of a PPG, what was involved, the various roles of Chair, Vice-Chair and Secretary etc. The meeting was attended by 4 current members, 2 potential new members and the Practice Manager.

Positive discussions covering all aspects. They are going to attend the Practice flu vaccinations at the surgery in early November and will use the opportunity to try and recruit new PPG members. One possibility for doing this was to hold a social event at a local venue and use the vaccination event to hand out leaflets to patients to advertise this.

### - LL, Alrewas PPG

Alrewas is still having regular meetings via Zoom but hopes to return to meeting face-to face next year. LL indicated that they have signed up to the Patients Association and now receive their newsletter and magazine. The magazine includes a section on news from various PPGs that it may be worth contributing to. She has promoted what they do in their latest PPG Newsletter and has displayed their poster on the PPG notice boards. Discussion followed regarding the wealth of information that The Patients Association has on their website, including a really useful guide to setting up and developing PPGs. Everything states that a PPG is run by patients with the surgery being invited guests. This includes agenda setting and minute taking. Naturally this cannot be done by fresh air, and this is where a surgery must assist by providing some financial assistance.

### - IN, Wetmore Road PPG said that the surgery will not do face-to-face meetings. The PPG have just rewritten their constitution and sent it to the Practice for comment. The Vice-Chair, JB, indicated the Constitution belongs to the PPG and the surgery should have no input to it.

### - LK, Peel Croft. They held their first meeting since COVID the previous day. This was thanks to Dr Farrup, it was face-to-face and 7 people attended. It was held in the surgery waiting room with everyone wearing masks and maintaining social distancing.

Overall the members were disappointed that

- Certain PPGs still do not have a PPG.
- Certain PPGs were being “run” by surgery staff.

## **9. Face-to-face Meetings**

There was a discussion around this topic. There was a 100% agreement to move to face-to face meetings. The Vice-Chair, JB, indicated that he had a possible venue but needed consensus on when the meetings would be held in terms of both the day of the week and the time. After discussion, the following was agreed.

- Meetings to be on a Thursday
- Keep to the current 6week intervals
- Meeting time to be 2pm until 4pm
- To start with the AGM in January 2023

Based on this agreement the Vice-Chair, JB, will sort out the 2023 meeting dates and discuss with the prospective venue personnel.

It was also agreed that once confirmed the District Group will look for its own public liability insurance.

## **10. Update on the ICS/ICB.**

As indicated at the last meeting there is to be single Staffordshire wide Patient Assembly. An update was also given by the Chair, SAR, at the last meeting and recently an email has been sent out asking for interested people to get in touch. Details below:

*We are pleased to announce the launch of the People and Communities Assembly and are looking to recruit a wide range of people who can advise us on how to engage with communities across Staffordshire and Stoke-on-Trent.*

*We recognise that our local people and communities need to be at the heart of everything that we do, informing all our plans and priorities – and we want your help to make sure we get this right.*

*The People and Communities Assembly will bring together a range of public and community representatives from across Staffordshire and Stoke-on-Trent to advise on how we:*



- *work with our partners*
- *work with community groups*
- *reach into local communities to broaden our understanding of our population including the issues that matter to them and how we can work better together*
- *identify and fill any gaps in our reach into communities and groups with protected characteristics under the Equality Act – including children and young people.*

*If you are keen to find out more about the recruitment process you can find our here <https://staffsstoke.icb.nhs.uk/get-involved/people-and-communities-assembly/>*

*Email: [ssotics.comms@nhs.net](mailto:ssotics.comms@nhs.net)*

IN indicated he had tried to sign up but was unable. When he contacted the communications department, they were aware and working on the issue.

The Chair, SAR, indicated that she has been sending emails to various people regarding the ICS/ICB mainly to find out about the Primary Care Committees that used to be held and what Place and Provider Collaboratives meant. No real responses, also we have no information on what the reporting of issues system is. Both the Chair and Vice-Chair will continue to investigate.

## **11. Any Other Business**

- The members would like another social event prior to Christmas
- There appears to be some confusion regarding time intervals between COVID and flu vaccinations. One member had heard that a patient had a flu vaccination and was told no COVID jab for 4weeks? The Vice-Chair said that doesn't make sense when people are being given both vaccinations at the same time when they come to Pirelli.  
He will get confirmation from Debbie Melling.
- Is there a shortage of drugs as patients told they must take alternatives to the Zenpic S1 injection. They have diabetes and are concerned a change may have on their insulin treatment. Same regarding HRT patches. The Vice-Chair will contact the ICB Medications Board.

## **12. Review of the Meeting.**

Highly informative, good discussions.

## **13. Date of Next Meeting**

The next meeting, via Zoom, on **Thursday October 27<sup>th</sup>** starting at 6.30pm.  
The Chair SAR thanked everyone for their contributions to the meeting.

