

**East Staffordshire District Patient Engagement Group Minutes of the Zoom
meeting held on
Thursday 27th 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)
LK	(Peel Croft PPG)
CD	(Trent Meadows PPG)
KL	(Peel Croft PPG)
SMcK	(Trent Meadows PPG)
TB	(Yoxall PPG)
JW	(Barton PPG)
SG	(Yoxall PPG)
LT	(Carlton Group PPG)
RB	(Trent Meadows PPG)
DB	Healthwatch, Staffordshire
DH	(Chair, Crown PPG, Tamworth)
IB	(Northgate PPG)
AB	(Northgate PPG)

2. Apologies.

KB	(Rocester PPG) unable to get Zoom.
LL	(Alrewas PPG)
LH	(Peel Croft PPG)
BP	(Wetmore Road PPG)
IN	(Wetmore PPG)

3. Welcome

The Chair, SAR, welcomed everyone to the meeting.

4. Minutes of the Meeting held on 6th of October 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 from the minutes that were not covered by the agenda items.

LK, (Peel Croft PPG), wished to have recorded his thanks to both the Chair and Vice-Chair for the detailed and accurate minutes especially agenda item 6. A similar response had been received from IN, (Wetmore Road PPG).

6. Action Log Update

(i). The draft minutes from the 6th of October meeting had been marked confidential until approved by the members present. Now that approval had been given the confidential mark had been removed so that they could be put onto the website.

(ii) Medication shortages. Following a query from IN the Vice-Chair had investigated the apparent storage of certain medications and had relayed the information back to IN. There is a shortage of the specific product , Zenpic, with supplies not due to improve until January 2023. Current patients will be supplied with the drug unless unavailable. Before that point is reached an alternative will be discussed with the patient. New patients will start on the alternative.

7. East Staffordshire Social Prescribers

This topic was discussed in detail at the last meeting. The following update was given by the Chair:

(i). The Chair, SAR, has been attending several online courses on this topic which went into detail regarding the role. It was obvious that regarding this role within certain parts of the country were regularly active and illustrated how far behind we are on this topic.

It is true to say that there is unhappiness in many areas for the way the topic has been handled in East Staffordshire.

As from 13th of October Burton Albion Community Trust, BACT, have taken on this work responding directly to the Primary Care Network, PCN.

The two current Social Prescribers have now transferred to BACT under TUPE and discussions have been held with them regarding the work they have been doing when under Support Staffordshire.

An advert has gone out for further social prescribers and a copy was requested by the members. **This action was completed the next day.**

Correspondence on this topic has been ongoing with the Primary Care Network and a response has been received from Matt Hancock, Head of Community, BACT. This covered the points that had been raised at our meeting on 6th October and the salary differences shown in the advert to that previously paid. In terms of the salaries being advertised MH indicated that these are in line with our own salary scales but are starting salaries and can be negotiated at interview stage if we feel we have the right person, experience, etc. MH is willing to come and talk about the topic in more detail.

The members made the following comments:

- Do they have DBS clearance? Yes and so do the vaccination volunteers
- What about the ongoing training for the role and the support for the social prescribers when out “in the field”

KL, Peel Croft PPG has been on the receiving end of social prescribing and had to say that it was a life saver for her, and the support given was tremendous.

SMcK, Trent Meadows PPG and Councillor, has been involved in various community roles and has seen firsthand the excellent work that BACT does within the community and with the right support they should be successful with the Social Prescribing roles they have been given to implement

LK, Peel Croft PPG, indicated that one of the social prescribers that has been TUPED over to BACT is to come and speak to their PPG.

8. Care Coordinators

The Chair, SAR, informed the members that she had been attempting to get clarification on this role within East Staffordshire. There are two types of Coordinators namely Care Coordinator and Clinical Care Coordinator.

The Chair has received the following response from Sarah Laing of the Primary Care Network, PCN.

Basically a Care Coordinator can be many things. The PCN have been given a pot of money by the NHS to employ care coordinators to help lessen the burden in GP practices. Practices can really choose how they work so they may be administrative or may be more specialist in a clinical area (Not offering clinical interventions though as they are NOT clinicians in any sense) for example they may specialise in coordinating care for Diabetes or mental health.

The generic Job Description is attached in Appendix (i).

LK, Peel Croft PPG. We have a Care Coordinator who looks after the admin and other things for patients, especially when they may have been in hospital and require changes in medication, equipment, etc.

SG, Yoxall PPG. They are a promising idea, and the PPG would support as currently the patient does not have direct access to anyone. It also takes work off the GP.

JB, Tutbury PPG. The surgery has just appointed someone from the current staff to conduct this role.

NB It is the responsibility of the GPs and Practice Nurses to refer their patients to the Care Coordinator.

DB, Healthwatch Staffordshire. A Clinical Coordinator is used in Community Mental Health Teams. Within the teams each case is allocated a Case Manager who takes responsibility for coordinating clinical input. It could be a nurse, psychologist, psychiatrist etc.

9. Patient Stories

- The Vice-Chair, JB, informed the members present of a patient story from the wife of a patient who is currently undergoing treatment for cancer, regarding the poor monitoring of mask wearing in the Cancer Unit and the Pharmacy at the Royal Derby Hospital. In early October she contacted PALS about the situation. Since then, following her husband's admission into the Cancer Unit, she had seen many more examples of nurses, non-medical staff and visitors either not wearing masks or wearing them incorrectly. This was mentioned on two occasions to the ward sisters

and PALS were contacted again. Unfortunately, her husband tested positive in the ward for Covid. This was entirely predictable. He has now been discharged and she would not like her family (and indeed other families in a similar situation) to experience this elevated level of stress again.

While they are extremely grateful for the high quality of care and treatment that he has been receiving, especially during these very challenging times, being infected with Covid has added substantially to their worries about his medical condition.

Update 3 November: PALS her forwarded her a response from the Matron of Cancer Services.

The members acknowledged that this issue has been discussed on previous occasions and agreed that this situation is unacceptable. It was agreed that it would be a good move for a letter of concern to be sent to the UHDB Chief Nurse, Gary Marsh, and ask for clarification on the procedures for mask wearing.

- LK, Peel Croft PPG agreed that there does appear to be differing standards regarding COVID. The example given was with the current Cricket T20 World Cup where players who test positive can still play!
- TB, Yoxall PPG. Her husband goes into Derby for major surgery the following week. Was surprised that he did not need to do a COVID test prior to going to hospital and was told that they stopped asking for these tests on 15th September.
- DB, Healthwatch Staffordshire, said he understands that the wards have access to rapid testing should it be required.
- DH, Crown PPG, Tamworth. The minor injuries unit at the Robert Peel reduced its opening hours in October 2021. This was to be only a temporary situation, and this was confirmed by UHDB when raised at a recent UHDB PPG meeting. There are valid reasons for closing earlier at night, staffing and security issues so why not communicate this so people understand.

10. Asylum Seekers

- DH, Crown PPG, Tamworth, raised this topic and the situation the three hundred asylum seekers is having in the Tamworth area. DH indicated that all the GP surgeries must take a certain number onto their patient list. The surgery then must visit the allocated people at their hotel/residence.

There was a general discussion on the topic. The law states that GPs have to offer their services etc. Members informed that asylum seekers are in the Newton Park Hotel and others are at a hotel in Burton.

Cllr Bernard Peters is the councillor responsible for asylum seekers and he should be contacted on the topic.

The Chair, SAR, had recently had an email from SL of the PCN on this topic and was hoping to obtain further information.

11. District Nurses

SMcK, Trent Meadows PPG. SMcK does volunteering taking patients to appointments, etc. Recently having to deliver patient dressings, etc. Is that not the role for the District Nurse?

SG, Yoxall PPG. No the District Nurse only does that if the patient is classed as housebound.

12. PPG Updates

- **SG, Yoxall, PPG.** Going well and now having face-to-face meetings. On Saturday 26th November they are holding an afternoon information afternoon at Yoxall Village Hall. There will be display boards explaining what services the surgery offer. The PPG members are running the event only.
- **IB/AB, Northgate PPG.**
Had the agreed PPG meeting early October with both SAR and JB present plus two potential new members, Discussion on how a PPG should be organised and the outcome was that they are promoting the PPG at the surgery flu clinic that is taking place on 5th November.
- **LT, Carlton Group PPG**
Holding face-to-face meetings. These are not at the surgery but at Queen Street Community Centre with the room rental being paid by the surgery.
- **RB, Trent Meadows PPG**
The Practice Manager has resigned along with the Head Nurse and several receptionists asked to leave. Since this has happened it has become noticeable that the staff want to help the patients more. One of the GPs, Dr Lewis believes in continuity of care and even comes out to meet you. CD also of Trent Meadows PPG confirmed what had been related to the members.

13. Healthwatch, Staffordshire Update.

1. Dave Bassett reported receiving an increasing number of individual patient/client enquiries in the Southeast of the county. They are across a broad range of issues including mental health, safeguarding, hospital

complaints (particularly at UHB), non-urgent patient transport, primary care access for people with hearing loss and finally NHS dental access.

2. Regular meetings continue with the UHDB patient experience team and with the Derby and Derbyshire Healthwatch's.
 - a. Work being planned to recommence some hospital ward visits at Queens Hospital jointly with Derbyshire HW to talk to patients about their experiences.
 - b. Involved in a working group led by the Trust lead on safeguarding looking at the implementation of new regulations on the use of restrictive clinical interventions with patients in the hospitals. (Formerly referred to as restraint).
 - c. PALS enquiries still extremely high and many related to wait times for outpatient's appointments or elective procedures.
 - d. A new App has been released by the Trust to support people who have a cancer diagnosis, and the information is shown below.



3. Discussion took place regarding enter view. Previously under the ECS run Healthwatch two members of the District PPG had taken part in visits. One member was keen to be involved again and their details will be forwarded for inclusion in the future. Following Covid and the contract for Healthwatch being transferred to a new provider, a reset of the enter and view function is underway with a WhatsApp group for volunteers now in place and regular communications with the Healthwatch Manager.
4. The new Healthwatch Advisory Committee is now up and running. DH, Crown, Tamworth PPG. In terms of waiting lists UHB, Solihull, is now purely for

elective surgery cases. Due to this the edict from the NHS to have no patients waiting over 104 weeks for a procedure has virtually been met.

RB, Trent Meadows PPG. Prior to COVID RB was a member of Healthwatch and under the Healthwatch Enter and View process visited care homes and then drafted a report on what he had seen. Both during COVID and since there has been no contact to say thank you.

KL, Peel Croft echoed what RB had said and has heard nothing as well.

The Chair, SAR, reminded members that these situations were under the “old” Healthwatch management and not that which is now under the umbrella of Support Staffordshire. It should have been under the previous Healthwatch management that these issues should have addressed, including the transfer of volunteer information, (once agreement for this transfer had been received from the volunteer).

DB, Healthwatch Staffordshire, offered to contact the new Manager, Baz and ask him to contact both KL and RB to discuss. KL gave her permission for giving her contact details whilst RB didn't.

14. Face-to-face Meetings

At the last meeting there was a discussion around this topic with a 100% agreement to move to face-to face meetings. The members had agreed that for 2023 the meetings should be:

- Meetings to be on a Thursday
- Keep to the current 6week intervals
- Meeting time to be 2pm until 4pm
- Meeting to be face-to-face starting with the January 2023 AGM.

The Vice-Chair, JB, was pleased to inform the members that a venue has been found to hold the 2023 meetings, the dates agreed, and all booked. The details are shown in Appendix (ii) of these minutes.

15. Festive Afternoon Tea

The Chair, SAR, informed the members that enquiries had been made to have a Festive Afternoon Tea for East Staffordshire District Patient Engagement Group on Thursday December 8th from 2.00 pm. As before, the best offer was from Burton Albion with the afternoon being as held in the summer. Cost will be about £20 per person. Everyone present was in full agreement to confirm the booking which SAR will now do. This will replace the scheduled virtual evening meeting

for that date. **Can those interested please confirm by sending an email to either the Chair or Vice-Chair asap**

16. Any Other Business

- Vice-Chair, JB mentioned the recent email he had distributed, copy below, regarding the ICB People and Communities Assembly. This is the second time an email requesting people to join has been sent out. Last time when people attempted to apply the system did not work. This was corrected but to date nobody has had a response. JB had pressed the link in the email below and completed the form. He received a response that the application had been received. To be honest JB was not impressed with the entire process. Bearing in mind that the “patient” was to be at the centre of this new health system and that all previous patient groups, Patient Board and District Groups had been cancelled as from the 1st of July to still have nothing in place before at least January 2023 is not acceptable.

Sent on behalf of David Pearson Vice Chair of the Integrated Care Board

Dear colleagues,

As you may be aware, we have been actively pursuing recruitment to our People and Communities Assembly, which we hope will bring together a wide range of people who can represent the people of Staffordshire and Stoke-on-Trent. A fundamental cornerstone of the Integrated Care Board is to place local people and communities at the heart of everything we do, in helping us to shape our plans and priorities.

During the Recruitment exercise it has become apparent that we need to widen our scope to ensure that members of the Assembly are truly representative of their local communities. We have therefore decided to extend the Recruitment process by a further short period to ensure that we attract a diverse range of people. With this in mind we are planning to hold first meeting of the Assembly in January. We will be in contact in due course with a new date.

If you or anyone within your communities or groups are interested in joining the People and Communities Assembly, you can find more information [here](#).

If you have any comments, queries, concerns then please do not hesitate to contact Tracey Shewan on tracey.shewan@staffsstoke.icb.nhs.uk

May I take this opportunity to thank you for your continued commitment and support.

Warmest regards

David

David Pearson ICB Vice Chair Integrated Care Board

The members present tended to agree with the Vice-Chair. Three members having completed the original form weeks ago and only two just receiving a response and one heard nothing. DH, Crown PPG, Tamworth, indicated he was recently in a meeting with an ICB member which was discussing a 10year Joint Assessment Plan. There was no provision for accountability and the above assembly is the only recourse to the patient. In effect the patient voice has been removed.

- The Vice-Chair informed the members of the upcoming Diabetes Awareness Event at a Burton Albion game on 12th November. This will include a bucket collection before the start of the game and if anyone would like to take part in this can they please inform him asap. Two members will check their diaries and respond.

- TB, Yoxall PPG, asked if anyone had any information regarding help for carers who look after dementia patients could they please let both the Chair and Vice-Chair know so it can be forwarded onto her.

17. Review of the Meeting.

Highly informative, good discussions.

18. Date of Next Meeting

The next meeting, festive afternoon tea, is on **Thursday 8th Dec** starting at 2pm
The Chair SAR thanked everyone for their contributions to the meeting.

Appendix (i)

JOB DESCRIPTION

Patient Pathway Primary Care Co-ordinator East Staffordshire Primary Care Network

Salary:

Based At: *Enter GP Surgery*

The Role

You will work within primary care to ensure that patients have the best “Health Care” journey possible. Helping them and the system to improve and administer tracking processes along the patient pathway to ensure the patient’s journey is managed efficiently, smoothly and in accordance with targets and agreed timescales.

Ensure pathways are validated throughout the patient journey and resolve / escalate concerns within the pathways accordingly e.g. risks to cancer targets etc and resolve pathway blockers where possible. You will work within your primary care team to understand the national and local targets affecting patients with long term conditions including cancers.

You will use various IT systems including GP IT system eg EMIS/System One and will be confident in engaging with all other providers. You will also work in partnership with the acute clinical teams, to ensure the patient journey is seamless and as efficient as it possibly can be. Your role will also be to remove obstacles and duplication to ensure a consistent and effective administration service is always maintained.

Specifically, The PCN/GP practice will ensure that you:

- Are enrolled in, undertaking, or qualified from appropriate training as set out by the Personalised Care Institute.
- Work closely and in partnership with the Social Prescribing Link Worker(s) or social prescribing service provider and Health and Wellbeing Coach(es), to deliver the key PCN responsibilities outlined below.

Key Responsibilities

a. utilise population health intelligence to proactively identify and work with a cohort of patients to deliver personalised care

b. support patients to utilise decision aids in preparation for a shared decision-making conversation;

c. holistically bring together all of a person’s identified care and support

needs, and explore options to meet these within a single personalised care and support plan (PCSP), in line with PCSP best practice, based on what matters to the person;

d. help people to manage their needs through answering queries, making and managing appointments, and ensuring that people have good quality written or verbal information to help them make choices about their care;

e. support people to take up training and employment, and to access appropriate benefits where eligible;

f. support people to understand their level of knowledge, skills and confidence when engaging with their health and wellbeing, eg using the Patient Activation Measure

g. assist people to access self-management education courses, peer support or interventions that support them in their health and wellbeing and increase their activation level

h. explore and assist people to access personal health budgets where appropriate.

i. provide coordination and navigation for people and their carers across health and care services, working closely with social prescribing link workers, health and wellbeing coaches, and other primary care professionals

j. support the coordination and delivery of MDTs within the PCN.

key wider responsibilities

a. work with the GPs and other primary care professionals within the PCN to identify and manage a caseload of patients, and where required and as appropriate, refer people back to other health professionals within the PCN or GP practice

b. raise awareness within the PCN of shared decision making and decision support tools

c. raise awareness of how to identify patients who may benefit from shared decision making and support PCN/PC staff and patients to be more prepared to have shared decision-making conversations.

In addition to the key responsibilities you will have knowledge of basic safeguarding processes in place for vulnerable individuals; and provide opportunities for the patient to develop friendships and a sense of belonging, as well as to build knowledge, skills and confidence.

Support

You will be offered a first point of contact for general advice and support and to provide supervision for your role. This could be provided by one or more named individuals within the PCN or GP practice.

The PCN or practice will ensure the PCN's Care Coordinator(s) can discuss patient related concerns and be supported to follow appropriate safeguarding procedures (e.g. abuse, domestic violence, and support with mental health) with a relevant GP.

PERSON SPECIFICATION

JOB TITLE: Primary Care Coordinator	ESSENTIAL	DESIRABLE	HOW TESTED
Qualifications	To hold GCSE Maths & English Grade C or above, or equivalent certificate	Computer related experience	Application form
Job related experience/Knowledge	<ul style="list-style-type: none"> • Significant previous administrative experience • Experience working with IT packages. • Understanding of key challenges facing the NHS 	Experience within a healthcare setting Understanding of key challenges facing the health economy Up to date knowledge and understanding of key access targets e.g. 18 weeks Referral to Treatment	Application form/Interview /References
Job Related Skills	<ul style="list-style-type: none"> • Word-processing – ability to produce accurate, well presented work • Good analytical and organisation skills • Good presentation skills 		Application form/Interview
Personal Skills	<ul style="list-style-type: none"> • Excellent written and oral communication skills • Ability to manage own and others workload / priorities / competing tasks effectively • Able to work independently or as part of a team • Ability to work under pressure and to tight deadlines • Ability to use own initiative • Good time management • Able to work flexibly in order to meet the needs of the service 		Application form/Interview

Appendix (ii)



East Staffordshire District Patient Engagement Group Meeting Dates 2023

Day	Date	Time	Meeting Type
Thursday	January 12th	2pm - 4pm	Face-to-Face
Thursday	February 16th	2pm - 4pm	Face-to-Face
Thursday	March 23rd	2pm – 4pm	Face-to-Face
Thursday	May 4th	2pm – 4pm	Face-to-Face
Thursday	June 15th	2pm – 4pm	Face-to-Face
Thursday	July 20th	2pm – 4pm	Face-to-Face
Thursday	September 7th	2pm – 4pm	Face-to-Face
Thursday	October 19th	2pm – 4pm	Face-to-Face
Thursday	December 7th	2pm – 4pm	Face-to-Face

The Meetings will be held at:

The Voluntary Services Centre, Union Street, Burton-upon-Trent,
Staffordshire. DE14 1AA

John Bridges

Vice Chair East Staffordshire District Patient Engagement Group

Mobile: 07590379892

Email: bridgesjohn763@gmail.com

