



**Minutes of the meeting held at the
Community Room, Morrisons, Wellington Road,
Burton, DE14 on Thursday 10th July 2025, between
13.00 and 15.00**

1. Present

JB	Vice Chair/Secretary East Staffs District Patient Engagement Group, (Tutbury Patient Forum)
KL	(Peel Croft PPG)
SMcK	(Trent Meadows PPG)
CR	(Bridge PPG)
CD	(Trent Meadows PPG)
BJW	(Tutbury Patient Forum)
SG	(Yoxall PPG)
DM	(Bridge PPG)
IJ	(Carlton Group PPG)
IL	Support Staffordshire Community Officer, Burton on Trent District
MA	Support Staffordshire, Burton on Trent District
RB	East Staffs PCN Research & Support Manager

2. Guest Speakers Arrived at 1.30pm

NS	Operations Service Co-Ordinator, Burton Queens Hospital, Acute Medicines Business Unit
AB	UHDB Patient Experience

3. Welcome

The Vice Chair/Secretary, JB, welcomed everyone to the meeting. The meeting planned for the 12th of June had been cancelled due to the nonavailability of the Chair and Vice Chair.

4. Apologies

Vice-Chair/Secretary, JB, had received the following apologies:

SAR	Chair East Staffs District Patient Engagement Group, (Tutbury Patient Forum)
EM	(Alrewas PPG)
JW	(Barton PPG)
DM	East Staffs Primary Care Community Manager
DB	Healthwatch Staffordshire

5. Minutes of the Meeting held on 1st May 2025

No issues were raised, and the minutes were accepted as a true record.

6. Matters arising from the Minutes.

There are no matters arising that will not be covered by the agenda.

7. Open Discussion

Concern was expressed around those surgeries who still don't have a PPG or, for whatever reason have one but no representatives come to the district meetings. Following the positive responses the District Group are receiving to issues they raise from "external people/organisations" there was a discussion on the strength and creditability of the District Group. It was agreed that this should be built upon, and discussions were had on how to both assist current PPGs and investigate those surgeries who didn't have PPGs. The Vice Chair indicated that arrangements still must be made to visit Alrewas, Rocester and Gordon Street surgeries they were on his agenda. Another way of promoting the group would be having the opportunity to speak to both the East Staffs Primary Care Network and Practice Managers monthly meetings. RB, East Staffs PCN Research & Support Manager, said she would raise this at both August monthly meetings.

8. Action Log

(i). Speakers for 2025

Members would like to have input from:

- The UHDB Trust.
- Staffordshire and Stoke on Trent Integrated Care Board.
- Will writing/Power of Attorney and from the Funeral Services.

No speakers have been arranged yet but will consider the requests above.

Action Update (1): We have colleagues attending from UHDB to discuss A&E at Queens Burton and any other items we may wish to raise. This has been arranged following a patient story received at the meeting on the 1st of May which was immediately acted upon and response received as documented in the minutes of May 1st.

Action complete.

Action Update (2): In terms of the UHDB Trust contact had been made with “Kate” from the UHDB Volunteer Service. She has agreed to attend our meeting on the 4th of September. **Action complete.**

Will follow up on the other two topics.

(ii). Wheelchair Situation within Staffordshire

Write to the local MP raising the concerns over wheelchair provision within East Staffordshire

Action Update: We wrote to our local MP, Jacob Collier, and had a response. All Staffordshire and Stoke-on-Trent MPs have written to the CEO of the Staffordshire and Stoke-on-Trent Integrated Care Board, (SSOTICB), highlighting the issue and what was being done about it. Following a discussion between the Vice Chair, JB, and the East Staffordshire MP, JC, on 6th June, regarding the issue, the necessary part for the person at Trent and Dove had arrived and was due to be fitted on 11th of June. Although the engineer who arrived with the part could not complete the work, he needed to arrange for the wheelchair to be collected, repaired at their workshop and returned the following day. As of the 8th of July, this still has not happened!! The resident concerned will have been without her wheelchair for 25 weeks as of the 10th of July!! Emails have been sent to the local MP and the Staffordshire and Stoke-on-Trent Integrated Care Board. (SSOTICB) on 9th of July regarding this. The Chair, SAR, has also sent details of the issues to the Secretary of State for Health, WS. **Action ongoing.**

(iii). Constitution: Amendment for consideration

It was raised that now we have our own bank the members must consider and agree on what should happen to any balance of monies if the Group were to fold.

A discussion took place. It was agreed by the members present that if the group were to fold any residual monies that were in the account would be equally shared between:

- (i). Tatenhill Air Ambulance
- (ii). Guide Dogs for the Blind
- (iii). St Giles Hospice.

Action Update: The Constitution was amended in accordance with the above and was ratified by the members on 1st May. The website has been updated with the new version. **Action complete.**

(iv). Telephone calls

The topic of phone calls patients receive from the health sector was raised. Patients tend to receive calls from the hospital/GP, but they come through as Private. Due to the many scam alerts patients tend not to answer these calls. In nearly all cases the health sector tends never to leave a message or even text a simple message with a contact phone number and name. In addition, if it comes up as the main hospital number if you ring back, you have no idea on who to ask for.

Action:

It was agreed that as a start a wider discussion on this topic it would be raised at:

- The next UHDB PPG meeting, due on 22nd May
- Members to raise at their PPG meetings.

Action Update:

- The topic was raised at the UHDB meeting on the 22nd of May and a positive discussion was held. The issue will be taken up plus the members were informed that there are to be changes to the phone system. **Action complete.**
- The Vice Chair, JB, had raised the topic at the Tutbury PPG meeting in May with the surgery taking on board the comments raised. **Action complete.**

(v). Carlton Group

Rumours have been circulating that Carlton Street surgery is closing. Apparently, patients are having extreme difficulty in accessing the surgery via the telephone as well. The Chair and Vice Chair have not heard of anything regarding closure, and it might just be that the project to build on the Outwood's site is back on the agenda.

Action: In terms of difficulty in getting through to the surgery the Vice Chair will let the PPG representative know as he was unable to attend the meeting.

Action Update: This took place, and discussions were held within

the Carlton Group/PPG. **Action closed.**

(vi) NHS England

Discussions around the recent announcements about the closure of NHS England and pressure on Integrated Care Boards to cut their operating costs. Too early to make assumptions but should become clearer over the next few weeks/months.

Action: Keep all representatives informed of developments.

Action Update: The Vice chair, JB, sent the latest updates regarding the restructuring of the ICBs and the NHS 10-year plan to all representatives on the 8th of July. Action remains open with updates to be sent as received.

No further actions

At this stage both of our guest speakers joined the meeting. It was agreed that it would be of benefit to go through the patient stories in case any referred to Queens hospital.

9. Patient Stories and Update from the Paper sent out

(i). Blood Tests at Queens Hospital Burton.

SG, Yoxall PPG, raised the experience a patient from Lichfield had when attending the Queens hospital for a blood test. The person in question struggled with walking and asked the people who ran the buggy service if they could take him round to the blood clinic. He was told they can't run the service from the main hospital to the clinic as no access. When needing further blood tests, he enquired about other places and found Samuel Johnson did them. He was able to park directly outside the clinic and was in and out so quickly there was no car park charge.

JB, Vice Chair and Tutbury Practice PPG gave an update on the experience of the Queens blood clinic. His 97-year-old mum required a blood test requested by the Derby Royal Oncology Department. This used to be via the local surgery but now they don't do blood tests if requested by the hospitals. The people and service at the Queens blood clinic is first class. However, getting from the Treatment Centre car park to the clinic isn't a short distance for her. Luckily on both occasions it has been fine weather, would be a totally different situation if bad weather.

KL, Peel Croft PPG. Similar story to the one described by JB above. A friend needed a blood test following a request from Oncology. Couldn't get at the surgery who advised contact the District Nurses which he did. Because he could walk, albeit only a few steps District Nurses declined to come and do the test. Had an appointment at Hill Street a few days later, for another reason, mentioned the blood test and they obliged and took the bloods required by Derby Oncology Department.

AB, UHDB Patient Experience, responded as follows:

- *There is no reason why the buggy service couldn't have taken the patient to the blood clinic. This will be raised with them.*
- *The hospitals oncology department can arrange for District Nurses to come and take bloods from patients within their homes if they have mobility issues.*

It was agreed that more information is required regarding:

- The role of the District Nurses and what they can and can't do
- The operating times for all the local blood clinics to be sent out so people have relevant information

(ii). GP Appointments

IL, Support Staffordshire Community Officer, Burton on Trent District Gave information regarding the experiences that both he and his wife had in getting an appointment at the surgery. In terms of his wife, she rang at the 8am and after the usual battle to get through got an appointment same day. IL rang told no appointments. Indicated was not a major issue so could he arrange one for say 2 weeks' time. Told to ring back at 10am when they would be released. Rang and got an appointment for that day! It would appear it depends on who you get on the end of the phone and how helpful the person is.

(iii). A&E Queens Hospital

JB, Vice Chair and Tutbury PPG. I had to attend A&E Queens Hospital on Tuesday evening, 10th of June. The triage system was exceptionally good and then had to receive treatment in the new Minors unit, which is very impressive. At midnight I was given an option to have a CT scan and be kept until the results known or arrangements could be made to have the scan first thing the following morning and to turn up at the Surgical Assessment Unit, (SAU), at 9am where they would have the details. As there were no health implications in delaying the scan I accepted the offer of the next day scan. On arrival the next morning at SAU I was informed that no scan had been arranged nor were they expecting me. Credit to them they made enquiries and arranged a scan

for later that day, but I was in SAU all day. The people in SAU indicated this is not the first time this had happened to patients attending A&E at night and had been raised. Knowing that NS was coming to the meeting I had related the incident to AB so there was the chance to investigate.

NS, Operations Service Co-Ordinator, Burton Queens Hospital, Acute Medicines Business Unit informed everyone that she had investigated the incident. The person who saw me in A&E that evening was a surgical doctor and as such could make the decision to arrange the scan for the following morning. However, this was not followed up hence no appointment when JB had arrived. NS is taking this lack of communication up with the team and will also talk to the specialized team as this is not just happening for patients visiting SAU or also Gynecology Assessment Unit. NS apologized for the inconvenience caused and thanked JB for giving her the opportunity to investigate before the attending the meeting.

(iv). Proper Introduction by Hospital Staff when talking to Patients.

KL, Trent Meadows PPG mentioned there are several instances within hospital departments and wards that when staff approach patients they do not introduce themselves and their position. With all the uniform changes etc., it is difficult to know who is, who, especially when a patient may have issues with eyesight etc. as KL has. Rest of her treatment and experience has been good.

NS, Operations Service Co-Ordinator, Burton Queens Hospital, Acute Medicines Business Unit said this was a valid point that had been raised. Staff are told to properly introduce themselves, especially when talking to the patient for the first time. She will take the comments on board and raise with the appropriate personnel.

(v). Return of Surgical and Other Equipment after use.

SMcK, Trent Meadows PPG asked did anyone know where health equipment could be returned after use. In particular that as supplied by Mediquip. When making recent enquiries on this topic was told you can take to the local council tip where they hold it until sufficient load for Mediquip to collect. Other members said that organisations such as the Star Foundation or Grace Cares in Lichfield will gladly take used equipment.

10. Presentation by NS, Operations Service Co-Ordinator, Burton Queens Hospital, Acute Medicines Business Unit

The Vice Chair, JB, introduced both NS and AB to everyone and thanked them for attending the meeting. NS had received our concerns around A&E, as discussed at the May meeting and forwarded to AB, and wanted to come and give an update.

NS thanked JB for the introduction and to the members for raising the issues. She then updated those present as follows:

- Went through the procedures in having to move the blood centre to its current situation outside the treatment centre. This was so the previous blood centre could be used as the A&E triage room whilst all the alterations were made to A&E.
- Both staff and patients have been frustrated with the move and for the time it is taking for the upgrade of the new waiting room as the previous waiting room within A&E has been upgraded to the new Minors unit with an increased number of bays for treating patients.
- The new waiting room delays are due to issues found with the foundations and ventilation system in the proposed new area. It is anticipated the work will not be completed until October/November. NS indicated she is applying pressure on those involved to get the work done asap.
- Regarding the issues District members raised on May 1st the following changes have taken place:
 - Additional seating has been installed in the corridor opposite WHS.
 - Spoken to Costa Coffee and asked if patients can use their seating when the café is used, i.e. during the evening/night.
 - To cut down the numbers attending for triage they are trying to encourage that it is only the patient of patient plus one that attends. Appreciate this is not always possible especially if children involved so being flexible.
- Regarding patients being missed when called for triage and then being told you are now back to the back of the queue. NS indicated that being told you are now back of the queue is not the procedure. Have in the past tried several systems for calling patients including handing patients a bleeper, left on seats whilst going to the toilet, shop for example but all these have failed. Since the issue raised ALL staff have been informed to be loud, clear and ensure all areas are covered when calling a patient through to triage. If no response it

is flagged against the patient's name and after a few minutes the procedure of calling the patient starts again. This takes place up to 3 times. The Vice Chair confirmed that when he visited A&E on the evening of June 10th this procedure was happening and in all the cases he saw, patients were located after a maximum of two attempts.

- NS indicated at times there had been incidents involving the need to call security with patients being frustrated at wait times and being in a cramped and hot waiting area. Had requested additional security but the higher ups wouldn't sign off for it. Have introduced a bleep system to security personnel. NS had looked at the incident reports and it was pleasing to see there had been no issues since the changes had been introduced following the feedback from the District Group in May.
- Regular meetings are held with all staff working within the A&E to always discuss the need for clear and concise communication.
- The incident of seeing members of the Ambulance service smoking has been taken up with both the West and East Midlands Ambulance Services. It has been reinforced with all staff that smoking, and vaping, is not permitted on the site.

There followed a discussion on all that had been mentioned. On behalf of the members present the Vice Chair, JB, thanked NS for concise feedback on the concerns we had raised. All present concurred with this and thanked NS for both coming to discuss the issues with us and for the actions taken showing their appreciation in the normal manner. Both NS and AB were invited to stay for the rest of the meeting. NS had to leave but AB stayed.

11. PPG Updates

The following reports were given at the meeting.

(i). SG, Yoxall PPG

- Held their AGM in April with the same people being re-elected as the officers. Not an unusual story.
- Sadly, the appointed Secretary passed away two weeks later. Unfortunately, no one else has come forward to be considered for the role nor to replace TB as a second Yoxall District representative.
- Due to SG having Jury service next week the planned PPG meeting for w/c July 14 July has been cancelled.

- Looking a hold a men's event, such as prostate cancer awareness, later in the year

(ii). JB, Tutbury Patient Forum

- Last meeting held on 21st May. This was the first of 2 consecutive evening meetings to attract people who work during the day.
- Had a presentation on Research from Rachael Brown, Research and Support Manager East Staffordshire Primary Care Network and Gerri Mulcahy Research Facilitator (Primary Care), West Midlands Regional Research Delivery Network.
- Usual feedback from the Practice Manager.
- Discussed next practice survey, questions agreed and hope to start during July. Survey is concentrating on the triage system that was introduced in June 2024.
- Gave feedback from the District Group and Diabetes Patient Network.
- Quiz night was held on Friday 16th May. Next one 18th July
- Continue to hold the monthly Dementia afternoons within the surgery, run by the Alzheimer's Group.
- Menopause evening held on 19th June, another due in Oct.
- Talk on Prostate Cancer being arranged.
- Holding a Health Event in the autumn.

(iii). CD Trent Meadows PPG

- The PPG are holding their AGM later in July.

On a separate topic he wanted to ask the District members present how many of them had male receptionists? They had employed a male receptionist at Trent Meadows and the overall feedback from patients had been good. There followed a discussion on the topic and the attitude/empathy that male receptionists tend to bring to the role. From those present Peel Croft, Bridge, and Yoxall indicated they also have male receptionists and agreed with the comments made. Tutbury has in the past and again was respected by patients.

AB, UHDB Patient Experience informed the members if they were thinking of holding various events, UHDB can offer basic CPR training. She will send the details to the Vice Chair JB.

12.Update from the Support Staffordshire

As most of you know, the project that I am part of will finish in December. The role will continue, but will be done differently, with different personnel. East Staffordshire will have a community leader, and one community officer and their remit will be more targeted. I will update further in the coming months.

No further update, it is pretty much the same as last time.

(For reference, the update can be found in the May minutes).

Ian Leech (he/him), Community Officer, Burton on Trent District Introduced MA who has recently joined Support Staffordshire. MA informed everyone she was new in post and her position was as Community Development Officer, Health Inequalities for Support Staffordshire. This is a new post. MA informed everyone that she has a master's degree in public health from Nottingham. Everyone welcomed her and looked forward to seeing her at future meetings.

13.Update from Healthwatch Staffordshire

As you may have seen in the press recently there was an announcement that as part of the current NHS review Healthwatch England is to be scrapped and along with it all the local Healthwatch's across the UK. This was announced to Healthwatch England late on Friday afternoon with many staff not finding out until it hit the press. We do not know any details or timescales and it will require a change to the 2012 Care Act under which Healthwatch was set up. For now, we continue until the details become clear.

The recently published annual report and latest Healthwatch newsletter was distributed to all members prior to the meeting.

Dave Bassett, (he/him), Engagement Officer, Southeast Staffs

14.Further Updates

The following further updates were sent prior to the meeting.

(i). East Staffordshire and Surrounds Diabetes UK Patient Network

- Most of the planned face-to-face meetings within East and Southeast Staffordshire that were planned for early June took place. The June face-to-face meetings for Burntwood and Uttoxeter were rearranged as they clashed with the one-day conference. Unfortunately, due to illness both had to be cancelled. Both Virtual meetings scheduled for May and June took place with presentations on:

- Diabetes and Stress and
 - Diabetes Hypoglycemia and Hyperglycemia
- being given. Both these presentations can be accessed by going onto the following links:

East Staffs and Surrounds Hypoglycemia and Hyperglycemia Presentation:

https://drive.google.com/file/d/1PWft_n1-dBo7SPOLZuFAElz76L0pNMaD/view?usp=sharing

East Staffs and Surrounds Diabetes and Stress Presentation

https://drive.google.com/file/d/1n3_l7bqPfmWOWqmqHtV5vka4O71b_t/view?usp=sharing

- As previously mentioned on June 5th we held a full one-day health conference at the Pavilion, Branston Golf and Country Club. This was called **"Diabetes Patient Care, A New Dawn"** and was totally organised, run and financed by the East Staffordshire and Surrounds Diabetes UK Patient Network. 125 people accepted the invitation to attend on the day and 115 people attended. The programme involved thirteen presentations from various Health and Community organisations followed by a workshop on how people considered future diabetes care should look like.

It was a phenomenally successful day with tremendous feedback and a mandate for change. A report is now being prepared which will be widely circulated.

Regarding other work, the Chair attends events wherever possible.

- Continues to attend the monthly MPFT East Staffs Performance & Quality Assurance Forum Open Meeting at the beginning of each month.
- Attends, as the patient representative, for the Staffordshire and Stoke-on-Trent Voluntary Services, the Integrated Care Board portfolio meetings for Long Term Conditions, End of Life and Frailty. These used to be known as the ELF portfolio but with the anticipated changes it is now called Staffordshire & Stoke-On-Trent ICS Community Transformation Portfolio.

John Bridges Chair East Staffordshire and Surrounds Diabetes UK Patient Network

(ii). East Staffordshire Primary Care Network, Research Update:

• Research Bus

We were hoping for the Research bus to attend a couple of events in June, The Diabetes a new dawn and BEAT events all held week commencing 02.06.25. Unfortunately, due to circumstances beyond our control the bus was unable to attend due to technical difficulties. We are hopeful it will soon be back on the road.

• Primary Care Network, PCN, Research Bus

The PCN have now submitted a bid for our very own Research Bus, we will not hear if funding has been awarded until November, we are keeping everything crossed. This will make an enormous difference to how we deliver research studies in the future, taking research into our communities.

• Primary Care Commercial Research Delivery Centre (PC CRDC)

As a PCN we have now submitted our bid to create our own Primary Care Research Delivery Centre (PC CRDC). We will not know until November whether our bid has been successful, but this will make a dramatic difference to how we deliver research in our locality.

The Centre will enable us to deliver research at scale, not only academic and non-commercial studies but commercial research too.

• Commercial Research

Which brings me nicely to the recent Commercial Research study we delivered at one of our local Practices.

This study was a huge undertaking for the Practice involved. There was a great deal of training to be undertaken on multiple platforms, not only to deliver the study from a clinical point of view, but to train the participants in completing a diary through a web-based portal. Training on the various pieces of equipment was also required, and the participants were required to undertake visits to the surgery on eight separate occasions. This involved a huge amount of commitment from not only the Practice and PI, but also the Research Team and the patient. Unfortunately, the participant did not attend the randomisation visit and was therefore lost to follow up. A protocol deviation was submitted, and the study is now closed.

Nationally the study was extremely hard to recruit too, initial screening of patients meant that due to the condition being monitored we had a high number of screening failures. The study sponsor submitted a protocol amendment to change the screening criteria in the hope that this would increase participation numbers.

Unfortunately, the amendment came through too late, and we had to close to recruitment.

We have met as a research team and discussed the issues faced and will implement improvements into how we conduct our feasibility, submit our expression of interest, and implement research.

We will make improvements to admin processes and create standard operating procedures; we will have an MDT approach to feasibility.

As a PCN we need to be very aware and mindful that an awful lot of work time and effort goes in to setting up commercial studies.

- **Commercial Research Delivery Centre (CRDC)**

We are still working closely with MPFT in the North Midlands, maintaining links with the Director of Research & Innovation, who will be the locality lead for the north midlands. The Primary Care Research hub will be based in Cheadle, and this gives us access to a ready-made, fit-for-purpose building, to deliver research at scale utilising staff that are employed by MPFT. It is really important to maintain these links and working relationships as they will provide us with access to research studies and infrastructures in the future in respect of the CRDC implementation and funding streams that are available.

Patients being invited to participate in Research may receive invitations not only from their individual Practices but also from the PCN.

Rachael Brown, East Staffs PCN Research & Support Manager.

(iii). East Staffordshire Primary Care Network Community Update:

- Spiro, also known as spirometry, is a common lung function test used to measure how much air you can breathe in and out of your lungs, and how quickly you can exhale. It helps doctors assess lung health, diagnose conditions like asthma or COPD, and monitor how well treatments are working. The programme is still going strong, currently trying to recruit extra staff to cover as already fully booked until end of August. Also looking into Feno, (Fractional Exhaled Nitric Oxide), testing to see if this can help with pressure on current service offer.
- NSHI, (National Service for Health Improvement), Diabetes support well received by most practices - Thank you John for the introduction!
- NSHI, (National Service for Health Improvement), Respiratory, currently scoping for additional support either Asthma or COPD management, working with practices - share progress next meeting. – 8 already noted interest.

- Diabetes additional support in practices mid-week (minimum 3month placement). Wednesdays at Gordon St (moving to Balance St from Sept), Dove River on Thursdays (Under review next month)
- Better Pain Management - Still ongoing but keen to pick up momentum if we are to firmly embed as an ongoing service.
- Phio, a clinically supported, digital musculoskeletal system. It is a free interactive online tool that quickly and accurately signposts you to the right pathway to support your MSK condition. Very well received by patients with over 600 patients already used the service.
- Your health in a HeartB.E.A. T, (B.E.A.T), event held on 6th June was very well attended despite being the EID festival. Offered Atrial fibrillation, (AF), screening and National Diabetes Prevention Programme workshops throughout the day. Many marketplace teams were also available to help and support those who came through our doors.

Up and coming and other work streams:

- Pharmacy First awareness and activity monitoring across Southeast Staffordshire, (SES), Alliance.
- Woman's Health Hub across SES Alliance.
- Local Improvement Framework, (LIF), inequalities partnership funding.
- Attending Shobnall Family Fun Day on 20th August.
- Lung Cancer Screening Unit coming to Burton from 18th Aug – 17th Sept in Cooper Square

(Currently linking in with Gordon St, Carlton St, All Saints, Wetmore, Peel Croft surgeries re patient invites – Practices determined by ICB but have asked if this can be widened or further visit scheduled to prevent postcode lottery across the patch – waiting for response.

- 2 Winter ready awareness events (Burton Sept & Uttoxeter Oct)
- Autumn flu and Covid campaign 1st Oct
- Further diabetes events planned from November once vaccine program completed

Sorry I was unable to make the meeting but hope this helps re progress / activities in the local area.

Well done for the Diabetes Conference held on the 5th John - Great attendance, let's hope the leaders come forward to help review the situation and processes as a much-needed collaborative approach.
Debbie Melling, East Staffs PCN Community Manager

15. Any Other Business

- The Vice Chair, JB, informed the members present that he and the Chair were considering moving the meeting due on Thursday 4th of December to the Pavilion, Branston Golf and Country Club. This would be in the format of a pre-Christmas afternoon tea and informal meeting. He asked those present if they agree with this idea. Everyone agreed and so the date and place would be reserved. The time will be from 1pm until 4pm

16. Review of the Meeting.

Highly informative, good discussions, lot of input and discussion, finished on time.

17. Date of Next Meeting:

Thursday, September 4th, 2025, between 1pm and 3pm. The Vice Chair, JB, thanked everyone for their contributions to the meeting.