

Dartmouth PPG Meeting
Tuesday 6th August 2019
Draft Minutes

Present: Toni Blamey, Anita Cooper, John Donaldson, Dr Eynon-Lewis, Emilie Heard, David Gent, Nick Hindmarsh, Diana Knight, Pierre Landell-Mills (Chair), Maureen Langmead, Mary Lewis, Carol Lingard, Iain McCall Sharon Quinn, Graham Ray, Richard Rendell, Rokie Shiffner, and Steve Smith.

	Actions
<p>1 Apologies These were received from: Ged Yardy, Anne Harvey, Liane Baldock, and Sheila Boswell.</p>	
<p>2 Adoption of draft agenda Accepted as proposed.</p>	
<p>3 Minutes of last meeting Accepted as an accurate record.</p>	
<p>4. Matters arising a) Patient training for digital services (Emilie Heard) DMP Reception team members, Sam and Kerry will work with Emilie to help patients in two ways:</p> <ul style="list-style-type: none"> • To spread the news and raise awareness at events, and • To provide practical support (individual training) to help people set up and use the patient access app on their own devices. <p>It is hoped that patients once they have mastered the use of the Patient Access app will help others also to become proficient. Action 1: all members of PPG to learn and promote the app and to let Emilie know of events organised by any group that they are associated where she could come and speak.</p>	EH Supported by all PPG Members.
<p>b) DMP new website: Graham Ray has said that the website has been held up by his work with primary care networks; however, it will go live in about a month.</p>	GR
<p>c) Proposed public event to make the PPG better known: Anita Cooper explained that she had no time to organise an event to make PPG better known and wished to stand down from leading this activity. The Chair asked if any PPG was willing to volunteer to take this forward to let him know. A brief discussion followed. Pam from South Ford Pre-school had also been contacted but had not followed up or shown any interest. Action 2: All members of PPG to consider when and how they could help spread the message about what the PPG does. This could be at meetings of other organisations they are active in. Given various comments on local social media, there is an urgent need to correct misinformation being spread in the town about the role of the PPG and about healthcare more generally.</p>	All PPG members

<p>d) Follow up to SWAST visit to Dartmouth last March 1 – Insurance for First Responders The South Western Ambulance Service NHS Foundation Trust is a member of the NHS Litigation Authority which recognises Responders as agents of the Trust and therefore covers them for Public Liability, Professional Indemnity and other related risks. Providing the volunteer operates within their training and agreed ‘scope of practice’ they will be covered by the same insurance as the Trust and wider NHS organisation.</p> <p>Action 3: Richard Rendle offered to find someone who could become the SFR lead, and David Gent offered his support. Nick to get back to SWASFT to ask them when their insurance was upgraded to the standards above.</p>	RR/DG
<p>e) GP funding seminar: Thanks to Graham Ray for organising a funding seminar, which the 4 participants found highly informative and important background information for a PPG member.</p> <p>Graham kindly offered to mount a second seminar in the near future- dates to be circulated to PPG members. It is important for PPG members to attend the seminar as it will help them not only to be better informed in participating in PPG discussions, but also to be able to inform members of the public who are largely unaware of the funding arrangements for GP practices and what they are and are not able to do.</p> <p>Action 4: Graham to hold another seminar on DMP finances</p>	GR
<p>f) The new Primary Care Network (PCN) Graham Ray explained how the PCN is discussing methods for employing a pharmacist, however, the NHS processes are rigid and not simple. Issues such as how a single person can be spread across five different practices needs working through.</p> <p>Andrew Eynon-Lewis commented that there is one day a week allowed for the PCN clinical lead (a GP) to manage the PCN, but not clear how this time will be found. There is need for additional support to enable this role to be fulfilled effectively. As yet the PCN is still in the early stages and arrangements will have to evolve over time. There is flexibility in some areas and no flexibility in others. It is for the practices and PCNs nationally to communicate these start-up problems to government and seek the appropriate dispensations taking account of the scattered rural make-up of our PCN.</p>	
<p>5. Improving appointments system Pierre and Frankie had met with Jilly Tucker to explore ways to make the appointment system more responsive to patients’ concerns. After an exhaustive review, no new initiatives were identified; the system seems to be working about as well as possible, given the multiple constraints. A full summary of the outcome of these meetings had been circulated to PPG members prior to the meeting. One new action, namely to have a DMP staff member make follow-up calls to patients following their discharge from hospital. This was discussed briefly with a view to it starting soon and possibly to be carried out by a new GP Assistant.</p> <p>Action 5: DMP to initiate this new system.</p>	GR
<p>6. News from DMP Funding was available to recruit a new GP Assistant, a new role for the practice, who will work three days a week. DMP is one of only 40 practices in the country to have NHS funds for this initiative. Lizzie Morris will be the GP assistant who will train to undertake some ad-</p>	

<p>ministrative and clinical tasks to relieve GPs so that they can spend more time seeing patients. How well this will work has yet to be established, but the initiative is much welcomed.</p> <p>Also, DMP has appointed a new lead nurse, Connie, who will manage the nurses in the practice allowing Gavin to take over more clinical work.</p>	
<p>7. Update on HWC</p> <p>Refer to previous press releases, already circulated to PPG members.</p> <p>The next meeting of the health and well-being centre stakeholder group takes place on Tuesday 27th of August.</p> <p>Intermediate care beds remains an issue. PPG and others will continue to campaign for more/better provision in this regard.</p> <p>It appears Riverview is now entirely defunct without any immediate prospects of it being re-opened as a care home. This is a matter to be pursued by DTC.</p>	GY
<p>8. Update on Dartmouth Together</p> <ul style="list-style-type: none"> • Workshop took place last Friday to support groups interested and illustrate how referral schemes could be set up and could work. • Next Steering Group this Thursday – actions from last Steering Group include: <ul style="list-style-type: none"> ○ Development of exemplars of local practice with regards Social Prescribing ○ Leaflet describing the various opportunities and how to access them ○ Case studies from client' perspective ○ Workshops to help interested groups design and set up their own schemes ○ Liaise with Fusion – Janica and matt are both working to replicate the offer at Kingsbridge, leading to an exercise on prescription range of activities ○ Engage with Dartmouth Town Council ○ Share the message better in the villages ○ Market the project through By the Dart ○ Work closely with Dartmouth Medical Practice to increase buy-in from Drs. - Linking this to work with the Primary Care Network (PCN), Dr. James Mottram etc. ○ Seek to connect other social prescribing groups in the South Hams. • Newsletter will be available via PPG circulation and at www.DartmouthTogether.com website. • The role of DMP needs development. <p>Action 6: Dr Eynon-Lewis to find a DMP partner willing to lead on social prescribing.</p>	AEL
<p>9. Audit of intermediate care</p> <ul style="list-style-type: none"> • Little progress since the last meeting due to involvement of DTC leading to more aspects to be decided. • Next meeting in three weeks when this will be progressed. • District nurses have been reduced by 17% in the area; this appears to be across the CCG area. A meeting has been called next week (16th August) by Sarah Wollaston to discuss this. • DMP have complained about the reduction and written strongly to the Trust expressing their views. Similar action has been taken by many other GP practices. 	

<p>A reduction in community nurse provision does not seem in tune with switch to a new model of care involving more support in the community.</p> <p>Action 7: To finalise the design and implement the audit of IC</p>	<p>NH</p>
<p>10. Next Annual Members Meeting and elections to the PPG</p> <p>Pierre is standing down as PPG Chair. Andrew Eynon-Lewis expressed his and the group’s thanks to Pierre for all the work he has done setting up and leading this group. Date for AGM is 24th September.</p> <p>Action 7: To organize the AM. Iain McCall will help Pierre seek a candidate to be nominated as the new PPG Chair. PPG members to publicise the AMM</p>	<p>IC/PLM All PPG members</p>
<p>11. GDPR – data Protection</p> <p>Carried to next meeting.</p>	
<p>12. A.O.B.</p> <p>The PPG agreed that it was urgent and important for the DMP and NHS to agree what services are to be provided by the DMP and to then widely publicise what services are available. The NHS has found it very difficult to provide an exact description of what the practice can provide and senior staff at the NHS, beyond and above Torbay and regional level, have still to resolve this. The PPG much regrets NHS delay in sorting this matter out.</p> <p>As far as the DMP is concerned, the practice is essentially providing support for “the walking wounded—bumps, cuts, and bruises”. Defining the service precisely is the problem; for example, the seriousness of a wound affects whether or not the practice can manage the injury. How do you express this in writing, in an unambiguous form of words?</p> <p>The practice was described by one person at the meeting as providing a “streaming service”, analogous to a triage system whereby those who can be treated are dealt with and the rest are referred on to the Totnes MIU.</p> <p>Action 8: DMP to actively seek clarification on how to describe the MIU services it provides and then to publicise what these are.</p>	<p>GR</p>
<p>13. Next meeting</p> <p>Tuesday 15th October 2019</p>	

Abbreviations used: CCG Clinical Commissioning Group, DMP Dartmouth Medical Practice, IC Intermediate Care, ICO Integrated Care Organisation (aka the Trust), MIU Minor Injuries Unit, PPG Patient Participation Group, and TSDFT Torbay and South Devon Hospital Foundation Trust, SWASFT South West Ambulance Service Foundation Trust, PCN Primary Care Network.