**Minutes of Dartmouth PPG meeting, Monday 31 July 2017**

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| 1 | **Apologies**: Hilary Atkinson, Lyn Avery, Liane Baldock, Sheila Boswell, Nick Hindmarsh, Diana Knight, Dee Nutt, Sharon Quinn.Present: Tony Anderson, Craig Davidson, John Donaldson, Anne Harvey, Pierre Landell-Mills (Chair), Carol Lingard, Iain McCall, Graham Ray and Roki Shiffner. We welcomed a new member, Maureen Langmead from Dartmouth. |
| 2 | **Adoption of agenda**: adopted without amendment. |
| 3 | **Minutes of last meeting**: agreed without amendment. |
| 4 | **Matters arising**:a. DMP Communications strategy Dartmouth Medical Practice (DMP) will be putting a new website up during August which will give much more information than the current one, including videos and steps in medical conditions, e.g. stages of pregnancy. Via the Clinical Commissioning Group (CCG) the practice will be piloting an on-line ‘e-consultation’ package whereby the patient will fill in symptoms and will receive advice such as ‘go to pharmacy’, ‘visit GP’ or even ‘dial 999’. No personal details will be required unless the point is reached when a GP consultation is needed. Part of the package will be leaflets which can be made available in the surgery and pharmacies and can be publicised on the website and Facebook. The meeting felt it to be very important to reach all patients, not just those who have computers, with this news but realised that posting to 8,000 patients is too costly. In the hope of reaching a wider readership, Roki kindly offered to write an article for the Chronicle. ***Action: Roki and Graham to liaise***. A new leaflet for patients is being funded through Devon County Council (see attachment) but will not be issued unless necessary. Graham asked for any suggestions for its improvement; the only thing mentioned was adding a request for patients to submit email addresses for contact by DMP. ***Action: All to review leaflet and let Graham know as soon as possible of any further suggestions.***b. Microbiology test results People who have tests rely on the practice to contact them once results are received. Standard practice is that the patient is not contacted if the results are within normal range. There was some concern that patients are not always being notified if their test results indicate further action is needed. Torbay Hospital sends all results via computer but these are always reviewed by a GP. Sometimes a result out of normal range will actually be ‘normal’ for that patient, which is why the GP has to review against the patient’s history. Graham was asked if the process could be audited and he agreed to do so. **Action : Graham to produce audit by next meeting.**c. Youth Health Awareness The Academy is keen to be involved but no further action will be taken until next term.d. Data tracking. Pierre reported on a data dashboard initiative being undertaken as a pilot exercise led by the Patients Association with support from NHS England. A data set is being put together which will allow DMP data to be compared with other practices. Hilary, Iain and Pierre are working on this and have shared the results with Graham. ***Hilary, Iain and Pierre to report back to the next PPG meeting*** |
| 5 | **Update on Riverview project:** a useful meeting was held with Sarah Wollaston, Lee Baxter and Mairead McAlinden and minutes will be circulated to PPG members as soon as they are available. The move to Riverview is still targeted for the end of the year, but the Trust is still negotiating terms with the care home provider. If no agreement is reached by the end of August then the Trust will look for another care home provider. The terms of the lease with the owner of the building are agreed but no lease can be signed until an agreement is reached with the care home provider.. The District Council planners are enthusiastic about the project but a number of details issues still need to be sorted out, such as the provision for parking, which is insufficient. The Quality Care Commission (QCC) is unhappy with the proposed layout of the building and wants the care home part of it to have ground floor access, so plans are being revised. |
| 6 | **Practice events**: Graham is now in Dartmouth three days a week as DMP’s Business Manager, with Hannah assisting. Kathy Congdon will continue to do the books. Melissa Gray, now qualified, will start work at DMP as a GP in September, working two days a week. Clive Price, the new Registrar, will be in the practice for six months prior to qualifying. There is now gender equality in GP numbers at the practice. |
| 7 | **Report on public meeting on ambulance services** Sarah Wollaston arranged a meeting in Kingsbridge on July 26: the report on this meeting given in the Chronicle was felt to be quite accurate. The Chief Executive of the Ambulance Trust explained the current constraints and that standards are changing. An eight minute response time in 75% of all category 1 cases (critical/life-threatening) is generally being met within Devon but category 2 and 3 cases (which currently don’t have a performance standard) can be subject to delays which are not critical but can be very uncomfortable for the affected patient. There is now a requirement for two-person ambulance crews rather than a single paramedic in a response car. Rapid response vehicles have to go wherever needed so delays can occur simply because of positioning. As well as tried crews there are rapid response volunteers who are not trained to give pain relief but if one attends a patient then the priority usually goes down. This is not good in rural areas where the response is usually slower anyway. Response times for various areas of Devon were not revealed so we do not know what they are for Dartmouth nor do we know whether anyone has died as a result of delays. We agreed that the Ambulance Trust needs to do a better job of informing the public about its activities. |
| 8 | **Report on NAPP Annual Meeting**. National Association for Patient Participation Annual Meeting, was held in Basingstoke on June 23 (notes already circulated): Pierre attended this on our behalf. The key speaker, the President of the British Medical Association, referred to high stress levels amongst doctors and the increasingly high rate of resignations and suggested that radical solutions are needed. Ruth Rankin, CQC, speaking about practice inspections, gave a major plug for PPGs and stressed the importance of inspectors listening to the PPG. PPG effectiveness depends on the support of the practice. There is a need to disseminate innovative ideas on PPG activities: feedback to practice via surveys, etc.; getting information to/from patients; health education awareness initiatives such as walking groups and lifestyle events; and fundraising for the practice for something the public could use. Pierre is having a meeting with other local PPGs about this. ***Action: anyone with innovative ideas for PPG activity please send them to Pierre.*** |
| 9 | **Status of DMP-PPG Action Plan for 2017**:Item 10 Graham reported that this is due to be funded by the DMP.Item 13 There is currently an early morning and a lunchtime collection. A recent trial to collect two hours later worked well for DMP but not for the labs at Torbay. A phlebotomist will be joining DMP; the post is currently being re-advertised.The status of all items on the plan needs to be reviewed and to report back to the next PPG meeting. **Action: Pierre and Graham.** |
| 10 | **Revisiting our TORs** (circulated to the PPG): **Action: all to look at these and put forward ideas to Pierre that can be discussed at the next meeting.** |
| 11 | **AOB**: None |
| 12 | **Date of next meeting**: In two months’ time. Date to be decided, but should be a Thursday to suit DMP staff. |

*Abbreviations used: Dartmouth Medical Practice (DMP); Patient Participation Group (PPG); Quality Care Commission(QCC)*