**Minutes of DMP PPG Meeting**

**Thursday 30th November 2017**

**Present:** Pierre Landel-Mills, Nick Hindmarsh, Hilary Atkinson, Jonathan Hawkins, Jon Donaldson, Matt Bindon, Sheila Boswell, Graham Ray, Dr Anderson (from 18.45), David Gent (from 19.00), Craig Davidson, Rokie Shifner, Maureen Langmeed

1. **Apologies:**

Lyn Avery, Anne Harvey, Robin Springett, Sharon Quinn, Carol Lingard, Dee Nutt, Diana Knight, and Iain McCall

1. **Adoption of Agenda**

Adopted

1. **Approval of the minutes of our last meeting held on 31 July 2017**

Approved

1. **Matters arising**
   1. **New DMP website** 
      1. GR reported that the new DMP website is live. Still work in progress. Section on the PPG was welcomed. Suggestions sought for any improvements. Details of doctors and other staff that are missing will be added, together with guidance on how to get on line and the DMP phone number
      2. Better links to other media such as Facebook, now being used more frequently with more postings and more reactions. No of hits varies up to nearly 2000 in a week

**Action 1:** PPG members to spread the word re updated DMP website and Facebook page and to encourage others to do the same.

* 1. **Letter to Chronicle** 
     1. GR explained how soon after an email exchange about a draft article explaining the pressures on the Practice and providing information aimed at managing expectations, Roger (Chronicle reporter) had picked up the news of flu jabs and possible misinformation about vaccines. This had created a significant distraction for GR and the practice and GR explained that the allegations made by Boots re flu vaccines had been inaccurate.
     2. RS described her idea of a regular newsletter piece being sent to Roger on a monthly basis. Meeting agreed that the PPG should follow up the offer from Roger Williams to publish a monthly article submitted by the PPG in the Chronicle covering local health care and wellbeing matters. This would include over time the material received from the DMP as well as new material (e.g. key performance indicators, new staff on board, new health care initiatives, etc.) as seems appropriate. The aim would be to take a constructive approach to enable improved health care to be delivered, helping to explain what services were and were not available at the DMP and from the ICO (e.g. progress on the Riverview project), while also reflecting patient concerns and would cover the whole range of health and wellbeing issues.

**Action 2:** PLM to work with NH and RS to draft and submit a monthly article to the Chronicle

* 1. **Youth health awareness initiative (MB)**
     1. MB and PLM had met to discuss how to take this forward. MB explained the PSHE programme of study—a sequence of 24 lessons for each year group that covered a wide range of social, health and wellbeing-related issues.
     2. Extensive discussion followed about confidentiality related to young people seeking medical advice and what special health topics might be of interest to young people that were not covered by the PSHE course. These might lead to small group discussions at the Academy drawing on volunteer resources available within the community addressing specific topics to be identified by students (e.g. on mental health and depression, managing obesity, etc.).
     3. Links with Youth Genesis and the Ivy Lane youth club were also raised. MB has already met with Jonathan Oliverio to taker this forward.
     4. The meeting agreed that a youth page on the new website, focus groups with members of PPG and DMP.
     5. Suggested that 2-3 members of PPG met with MB and selected students at the school to identify student needs/concerns and progress ideas.

**Action 3:**  PLM, NH and DG to follow up with MB with aim of fleshing out this initiative and to contribute material for a youth page on the DMP website

* 1. **DMP data**

Extensive discussion took place on the key performance indicators (comparative data for GP Practices in South Devon) that had kindly been provided by the Patients Association’s Insight Programme, drawing on a range of NHS sources. The meeting noted that there were clearly areas for DMP to both celebrate and improve. It was agreed that trends and patterns were more important than absolute scores. GR pointed out that some of DMP scores could be explain by a number factors that were not immediately obvious to anyone not familiar with the context (e.g. DMP’s low core for “being recommended to someone new to the area” may be heavily influenced by the fact that there was no alternative Practice available in the town) and the low figure for nursing staff was largely explained by the exclusion of the nurse practitioner in the returns.

**Action 4:** Both DMP and PPG members to review the indicators and make known to each other any significant conclusions that may be drawn from these figures regarding DMP services.

* 1. **Leaflets on home care and EOL(NH)**

The End of Life guide has been redrafted with Andie Day (ex Rowcroft) and Karin Chopin to produce a booklet that is currently with a friend of Karin’s who is a publisher to check presentation/layout and advise. The final version will be circulated to PPG members as soon as it is complete for feedback to NH on two aspects; 1) Format and presentation, and 2) Content. The aim is to develop a house style that can be replicated for other services, including Care.

**Action 5**: KC and NH to finalise the EOL leaflet

**Action 6**: NH to produce a similar booklet/pamphlet focusing on Care.

* 1. **Information materials for patients**

This item was mainly covered in item 4 b above. Similar ideas coming from other health and care sources – see next item.

* 1. **Communication and Evaluation Project**

NH explained the purpose of this group and how it is rolling out. The next stage is the first meeting of the Steering Group on the 6th, which is supported by the ICO and will help to lead to a clear and succinct description of what the group will achieve and how. At present the goal is to set up a Dartmouth Health and Wellbeing Partnership that brings together all the local organisations with an interest in initiatives that promote better health and wellbeing in the community. This initiative is inspired by the ICE programme in Exeter and successful social prescribing initiatives initiated elsewhere in England. It is seen as integral to NHS’ new model of care that aims to put in place a more community based health care and wellbeing system.

**Action 7:** NH to report back on progress at the next PPG meeting

1. **News from the Practice (e.g. staff changes, other changes or events)**

The advert for a new practice nurse has drawn in 15 applications.

1. **Update on the Riverview project**

While appreciating the efforts ICO staff have made to bring the Riverview project to completion as proposed in the public consultations that were held in 2016-17, the meeting expressed deep concern about the recent loss of nursing care at Riverview and the uncertainty about whether the 6 Intermediate Care beds with nursing will be delivered as promised. It was noted that failure to keep this promised would further undermine the community’s trust in the local NHS. The meeting felt that the tender for a new care home provider should have included the provision of nursing or, if not, the ICO should itself ensure that nursing was provided. It was also pointed out that, given ICO’s previous undertaking to ensure proper nursing care at Riverview for patients in the IC beds, it was unacceptable that it fell to the CQC inspectors to point out that nursing care was inadequate at Riverview. Confidence in the ICO had been shaken by this affair. The meeting further felt that is there were difficulties in recruiting qualified nurses in Dartmouth urgent action should be taken to train suitable staff. CD noted these concerns and promised to take them back to the Executive of ICO in his role as a governor for the South Hams.

1. **Joint Action Plan**

PLM drew the meeting’s attention to the draft Joint DMP-PPG Action Plan for 2018, noting that it was preliminary draft that built on the previous action plan and the comments made by Dr Morris. He pointed out that this was a key document as in essence it set out what the PPG was seeking to accomplish together with the DMP in the coming year to improve patient experience and promote patient wellbeing. He noted that it was imperative that the DMP engaged actively in this process to validate the considerable voluntary effort that the PPG was making to assist the DMP in achieving its goals for patient care.

**Action 8:** DMP Partners and PPG members both to study the draft Joint Action Plan to provide the PLM and GR with the substantive feedback needed to finalise the Plan.

1. **Any other business**

PLM reported that he had been appointed to the Tamar Faculty of the Royal College for General Practice to represent patient interests. The aim is to give greater weight to patient engagement in the provision of primary care.

9.   **Date for next meeting**

PLM to consult Members on a convenient date in two months’ time.

NH/PLM

1st December 2017