Report on Dart Patients Annual Meeting
6th June 2017

1 Introductory Comments by the Chair Pierre Landell-Mills opened the meeting by welcoming the 65 attendees including Lee Baxter from the South Devon and Torbay NHS Hospital Foundation Trust, Andie Day and Jo Anthony from Rowcroft, Graham Ray, DMP Practice Manager and Dr. Anderson. Apologies were received from Sheila Boswell. Pierre then introduced the work of the Patient Participation Group (PPG) by stating its three major functions: to identify patient views, to act as a critical friend to Dartmouth Medical Practice (DMP) and to represent Dartmouth in wider National Health Service (NHS) discussions. Members of the group represent Dartmouth and all the surrounding villages.

2. Chair's Report on past PPG activities A major patient opinion survey was carried out in April 2016, with responses from around 10% of local families, resulting in more than 700 comments being passed on to DMP. Drawing on these, DMP and the PPG produced a joint action plan for 2016-17. This includes a DMP commitment to provide non-urgent GP appointments within five days (currently being achieved) and improvements to the on-line booking system. DMP aims to improve its communications, its website is being renewed and Facebook is now being used. The PPG has also represented the public in a variety of talks and negotiations about the new integrated health and care model, it is engaging with students at Dartmouth Academy to identify their health issues and to get them interested in a career in health work, and is working with Torbay & South Devon NHS Foundation Trust (the Trust) on an initiative to train local carers to get an NHS qualification. Aims for the future are to ensure the NHS delivers the promised facilities at River View, to lobby for shorter waiting times for a doctor's appointment and for greater home care to become a reality, to encourage improved communications between the DMP and patients and for the DMP to make greater use of Information Technology (IT). Finally, Pierre asked patients with issues to report them, noting that the 'suggestions' box at the surgery hardly gets any use.

3. Key data on the operations of the Dartmouth Medical Practice Graham Ray, DMP's incoming Practice Manager spoke about what happens behind the scenes at the practice and presented key statistics for the past six months. There are 7,829 patients, 39% of these being over 60. Of the 24000 consultations that took place fewer than 7000 were with doctors, the remainder being with the urgent care team, the nursing team and the health care assistants. Half of the patient base received prescriptions and over 15,000 items were prescribed. Out of surgery work for the doctors included home visits, making referrals, dealing with clinical letters and reading blood and radiology results. The practice answered 33,000 phone calls during the period, most of these being in the morning. Nearly 900 patients failed to attend an appointment, 250 of these being 20 or 30 minute appointments. Answering patients' questions about doctor availability, Graham stressed that national targets are often difficult to achieve in rural areas, Saturday surgeries had proved unpopular being less well-attended and with a greater proportion of non-attendance, repeat prescription lead-time is 48 hours from the surgery or three days from the chemist, bus times are taken into account when arranging appointments where possible, the 5-day appointment wait will never be achievable for seeing a Dr of your choice, all the GPs do health-related work outside the practice, and patients will be encouraged to do better self-care.

4. Current state of planning for the new health complex at River View An update was given by Lee Baxter, Assistant Director, Community Health & Social Care Services, both for the Trust and for Devon County Council, who concentrates on Dartmouth and is in charge of the implementation team for River View. Plans for River View are moving forward but are not yet signed off. Lee explained the

plan to move hospital and clinic facilities to River View. The hospital had only been closed once six beds had been made available at River View for intermediate care (IC) and end-of-life (EOL) care. In March, April and May referrals were 11, 7 and 15 respectively, with placements 4, 2 (+1 out of area), and 7 (+ 1 out of area). Until River View is ready out-patient services previously provided at the hospital are being provided at Dartmouth Clinic. IC is multi-disciplinary and its aim is to avoid hospital admissions, keeping care close to home. This is happening across the whole Moor to Sea locality, with centres in Dartmouth and other towns but the work and staffing is managed at a hub in Totnes, where daily meetings are held to discuss patients and their care. In answer to considerable questioning, Lee explained that the Clinic will eventually be decommissioned and all clinics now held down town will be held at River View, that if all six beds are full extra ones can be purchased, and that bus transport and parking problems are being addressed. Currently unused space at River View will be used once DMP, physiotherapy and a pharmacy are all up and running.

The question raised as to why River View is to be leased, not purchased, could not be answered by either Lee or Pierre, who suggested the local MP should be asked instead. Participants were critical of the CCG decision to close Dartmouth Hospital until the new Health Centre at River View was fully operational. Attendees argued that the abrupt closure of Dartmouth Hospital must have made it more difficult for the Trust to come to a satisfactory agreement with the owner of River View. Participants were also concerned about the poor transport links with Totnes, making it hard for Dartmouth area residents without a car to use the services now located there. One participant argued that it made no sense to those who lived downtown to have to travel up to Townstal for care, while another pointed out that for those living in Townstal or out of town, having facilities downtown was equally if not more inconvenient.

5. Care for patients at home and end-of-life care Two speakers from Rowcroft Hospice, Andie Day, who is a specialist nurse and Jo Anthony, who manages the Rowcroft community team, explained how the team, comprising 12 whole time equivalent staff, goes into homes, can prescribe, refer onward and provide various therapy services. If someone wants to die at home there is a 'hospice at home' service for the last two weeks of life. Rowcroft also has 12 in-patient beds. A meeting is held each month with DMP's EOL lead, Dr Chopin, to discuss patients and their care. In answer to questions, Rowcroft's services are for any end of life condition but the patient must be referred by a health professional. The ring-fenced EOL beds at River View will be used for people who do not want to go into Rowcroft itself and two beds are probably sufficient. The meeting agreed that a note on 'How to get referral to Rowcroft' is needed both in the surgery and available to the community. Regarding home care, attendees were sceptical that the NHS could find sufficient qualified carers to deliver efficient home care as proposed despite the planned training of carers.

6. Any other non-personal health care issues The first issue raised was on the future provision of a Minor Injuries Unit (MIU). Dr Anderson explained that there is now a nurse practitioner at DMP and River View will have a casualty room. However, if an injury is significant, or an X-Ray is needed, then patients have to go to the Totnes MIU. DMP and the PPG acknowledged that there were unresolved transport issues, in spite of the excellent work of Dartmouth Caring. The second question was about plans to improve mental health care in Dartmouth and it was acknowledged that, although everyone would aspire to improve this, services are currently run by Devon Partnership Trust and commissioned through the CCG.

7. Election of PPG Chair, Vice-Chair and Secretary. Chris Peach, the Governor of the Clinical Commissioning Group responsible for public engagement, took over as chair. Pierre Landell-Mills was re-elected as Chair, Iain McCall elected as Vice-Chair and Nick Hindmarsh as Secretary. The meeting

confirmed all other current members of the PPG in post. Finally, Pierre asked anyone wishing to join the PPG to get in touch and reminded anyone with issues to raise similarly to get in touch. Contacts and more information on Dart Patients and the PPG can be found on the website www.dartpatients.co.uk .

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