

intensive pain. Ms. Davenport explained that the collapse of negotiations with Riverview had not been foreseen, that there was no plan to privatize Torbay hospital, and that the ambulance services operated as best they could, given the resources available.

The meeting agreed that the Trust's Open Day at the Dartmouth Clinic on 29th October, showing that all the therapies which had been available through the hospital were still available in Dartmouth, had been a success.

6. Chair's Report:

The full Chair's Report was made available to those attending the meeting. The report, which is also posted on the PPG website (www.dartpatients.co.uk), covered in some detail the matters addressed by the PPG during the past year. Speaking to this report, the Chair noted that the Care Quality Commission, following its last inspection which took place in 2016, had rated the Surgery "good" overall; there was only one aspect--patient access to their preferred doctor where the CCQC rating was below the national average. The PPG has raised this issue of continuity of care frequently with the practice. However, the PPG recognized that with all doctors working part-time, it was very difficult to deliver continuity of care. The Chair also referred to the following PPG concerns: delays in establishing the HWC, the lack of intermediate care beds in Dartmouth, and the need to audit home-based intermediate care. These matters were the responsibility of the TSDHT, not the DMP. He also noted that the PPG had issued four patient information leaflets, the efforts made to building links with other PPGs, the work being done to promote social prescribing through Dartmouth Together, and concerns regarding the underfunding of ambulance services locally.

The Chair explained that in order to identify the main concerns of patients, the PPG had carried out surveys of patient opinion in 2014 and 2016. A new survey was planned for this autumn; it was critically important for as many patients as possible to complete this survey as it would become, as in the past, the basis for a joint DMP-PPG action plan.

In response to the member of the audience who had reported a 7 hour wait in the case of an elderly woman who was suffering severe pain as the result of a fall, Dr. Craig Davison, a director of the TSDHT, provided more information on the local ambulance service. He had recently visited the Exeter ambulance centre and observed how they prioritized the response ambulance calls, which may lead to the long waits sometimes experienced in the Dartmouth area for non-urgent calls. Sometimes the pressure of calls leads to an urgent call being delayed. The meeting felt that these delays could only be reduced by the allocation of more resources to the SW Ambulance Trust.

7. Matters Raised by the Report:

There should be a deeper understanding of the difference between the types of care. People often do not appreciate that Intermediate Care and Social Care were totally separate services--the first is the responsibility of the NHS, while the latter is the responsibility of Devon County Council. Until the two services are fully integrated, the NHS Trust cannot be held responsible for any failures in social care.

The only NHS Nursing Home is near Newton Abbot; thus, it is not only Dartmouth residents who have problems accessing this service.

Noting the reported failures of the ambulance service, the meeting agreed that the PPG should invite SW Ambulance Trust to a public meeting in Dartmouth to answer questions. Jonathan Hawkins has volunteered to take the lead on arranging this.

8. News from Dartmouth Medical Practice

The DMP provided the following statistics.

Total number of patients: 8,300,

Number of prescriptions per month: 15,000

Over the last six months: 9,000 appointments were booked with doctors
6,400 appointments were booked with nurses
7,241 urgent care consultations were held
900 Patients missed booked appointments

The Chair noted that though currently the Surgery had an above average number of full-time equivalent doctors per 1000 patients, recruitment to Dartmouth was difficult not only because of the national shortage, but also because of the poor surgery premises.

9. Dartmouth Together

Craig Davidson explained that this new organization is being set up to promote healthy living by 'social prescribing' to encourage social interaction within the community rather than sole reliance on prescription tablets to combat depression etc. More details may be found on the Dartmouth Together website.

10. Elections

Chaired by Chris Peach, CCG Non-Exec Director for Public & Public Involvement, the following were re-elected: Pierre Landell-Mills as Chair, Ian McCall as Vice-Chair, Nick Hindmarsh as Secretary. The current PPG (which is the Dart Patients standing committee) was re-elected unopposed. In addition, the meeting agreed to the addition of four new PPG members: Toni Blamey, Ray Bridges, Anita Cooper, Jacky Squires.

Chris Peach thanked Pierre L-M for all his hard work during the past year and noted that it is due to Pierre's leadership that the Dartmouth PPG was by far the most active and best run of all those he deals with in the Torbay area. Appreciation seconded by Jonathan Hawkins and supported by the floor.

Pierre said that this would be his last year as Chair and another Chair would be needed next year.

11. Other business: None

The meeting adjourned at 7.25 p.m.