



**Dart Patients**

**Minutes DMP PPG Meeting**  
Wednesday 7<sup>th</sup> October, 2020

<b>Members</b>  Iain McCall * Ged Yardy + Dave Cawley + Anita Cooper + Carol Lingard + Pierre Landell-Mills + Nick Hindmarsh (Secretary) + Claire Coltrini Jonathan Hawkins Craig Davidson * John Donaldson Edward Case * Sharon Quinn * Toni Blamey *	  Sheila Boswell Liane Baldock * Steve Smith  <b>DMP</b> Graham Ray + Dr. Andrew Eynon-Lewis +  <b>Ex officio</b>  Mary Lewis +  * apologies received + attended
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**1. Election of Chair:**

**Nomination** - Dave Cawley  
**Proposed** - Pierre Landell-Mills  
**Seconded** - Nick Hindmarsh

Ged Yardy – Vice-Chair

All members present voted in favour and Dave Cawley is duly elected as Chair of PPG

**2. Adoption of the draft agenda**

Accepted.

GY suggested that the constitution is added to the next agenda - agreed

**3. Minutes of the last meetings 5<sup>th</sup> August**

Approved.

#### 4. Matters arising

##### a. DMP (Graham)

###### i. Staffing

Still struggling with staff due to self-isolating rules. New practice nurse from Torbay will be joining in November. Some ex-employee staff are coming in to cover these nurse vacancies.

Rapid turn-around of tests is available for DMP staff.

###### ii. Digital services – minutes of the meeting of the new sub-group attached.

Sub-group has met and notes of that meeting already circulated to all PPG members. GR emphasised that this would be an additional service not a replacement for existing services.

Next steps for the group is tied to the leadership of the sub-group. PLM asked if DC had capacity to Chair and work on this.

One of the key messages is about **eConsult**, how it works and who you will engage with if you use this service. DMP doctors deal with this – DC will add something about this on the Facebook page and ask others to feedback. In about a week we should be able to submit something to the Chronicle.

GR and NH will share on the DMP and Dartmouth Caring Facebook pages.

Appointment cards will be used to promote eConsult.

###### iii. Flu and Coronavirus update

**Flu** - No over 65 flu vaccine left – the same with Boots and Lloyds – the reason being that orders were placed nationally before the Covid crisis based on previous years' experience. Much greater take up hence the problem.

ML raised the issue of how this has been managed – the conversation from the surgery about the lack of vaccine was unhelpful. The reply she had from the Trust is that there are additional supplies on the way. A confused message between practices and the national publicity.

GR believes the additional stock is for 50-65 year olds, not the 65+. There is a waiting list with patients but DMP do not know when the new stock is available. Government still encouraging people to get their vaccination which is not helpful.

**Covid – vaccine** – GY highlighted the trials taking place in Exeter – 500 volunteers needed. (<https://www.nhs.uk/sign-up-to-be-contacted-for-research>) – logistical problems are likely and mixed messages from government is not helpful. Issues with flu vaccines may be replicated with the roll out of the Covid vaccine.

The risks associated with the trials are carefully managed and have already gone through phase 1 and phase 2 of the trial test.

**Impact on DMP** – surgery are doing all they can to offer services as best as possible but a “normal” service is unlikely over the next few months. Please be aware and encourage understanding.

Patients should not feel discouraged from approaching DMP though this is changing again as the numbers are starting to increase again.

Patient behaviour in terms of when they arrive is better than it was but is helpful to the management of a socially distanced waiting area.

#### **iv. PCN Social Prescribing**

Kate is developing a case load with DMP and with Norton Brook so the effectiveness and benefits of this service can be better demonstrated with DMP though local case study evidence.

#### **v. Enhanced Summary Care Records**

Under Covid law everyone has an enhanced SCR unless they opt out. Therefore there is no need to push this now.

#### **b. Update on HWC (Dave/Craig) – following meeting on 10<sup>th</sup> July**

- Timeline has slipped by 2-3 months to March/April 2022 – need greater details and explanation.
- GY raised the use of the car park and infrastructure for EV cars – up to 60 charging points – meeting was told this was a SHDC issue not an NHS issue – need to stop the Trust and SHDC saying it is the other’s issue, and tie this down,
- The Fleet was reported on and the fact that those moved there will need to be assessed for their financial contribution and need for a nursing home. Lee Baxter assured those present that this would be done sensitively. So far patients have been placed there with the cost being borne by the NHS.
- It would Fleet Comms
- Communications – we have consistently asked for an update from the Trust to share with the community – NH and DC to chase Lee Baxter for minutes of the meeting

#### **5. Other news re DMP (Graham)**

Nothing to add.

#### **6. Facebook (Dave) – see current details attached – gaps need to be filled.**

Going along slowly – now 80 members – gaps need to be filled as in line with the examples. Members reminded.

**7. Correspondence (Nick)**

Nothing to report

**8. Joint PPG-DMP Action Plan covered 2018-19**

Postpone this broader piece of work to focus on the Digital services sub-group. The sub-group did agree that one of the purposes of the group was to help DMP better understand patient concerns about health services in the time of COVID through a patient survey. This to be achieved by asking a limited and very targeted set of questions. AEL proposed and the meeting agreed that this initiative should be postponed.

**9. Reallocation of "Ongoing PPG Tasks" – see below**

NH and DC to meet before the next meeting to discuss.

**10. Any other business –**

None

**11. Date for next meeting –**

4<sup>th</sup> November – 1800-1930

**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.



**Dart Patients**

**Ongoing PPG Tasks**

In addition to inter-acting with the Dartmouth Medical Practice to communicate (a) patient concerns to the Practice and (b) Practice concerns to patients, the following are tasks which the PPG is currently undertaking:

<b>Role/Task</b>	<b>Volunteer(s)</b>
1. Participate in the TSDFT Dartmouth Engagement Working Group (i) tracking and providing inputs into the planning and implementation of the Dartmouth Health and Wellbeing Centre project; and (ii) contributing to the assessment of intermediate care.	<i>Dave Cawley</i>
2. Contribute to the Dartmouth Together initiative promoting social prescribing in our area.	<i>Janie Harford</i>
3. Maintain and update the Dart Patients Facebook page	<i>Dave Cawley</i>
4. Maintain Dart Patients website page	<i>Pierre Landell-Mills</i>

5. Support the provision of patient training in the use of digital services such as the Patient Access app for booking appointments, re-ordering prescriptions, and accessing medical records.	<i>Sam Lumley</i>
6. Creating greater awareness of the role and activities of the PPG and DMP and promote better communications through articles in the <i>Dartmouth Chronicle</i> , <i>By the Dart</i> , etc. and social media and various public events.	<i>Nick Hindmarsh</i>
7. Provide a channel of communication with the surrounding villages—Blackawton, Strete, Stoke Fleming, and Dittisham.	<i>John Donaldson (B), Diana Knight (SF), Sharon Quinn (D)</i>
8. Undertake Patient Opinion Surveys every three-five years.	<i>Iain McCall</i>
9. Liaise with and contribute to the Devon PPG Network.	<i>Ged Yardy</i>
10. Liaise with and learn from the National Association of Patient Participation.	<i>Vacant</i>
11. Engaging with young people in the Dartmouth area relating to their health care needs to give them a voice.	
12. Engage with the SWAST on ways to improve ambulance services in the Dartmouth area taking account of our isolation.	<i>Steve Smith</i>
13. Seeking ways to improve patient transport services to access health care at Torbay Hospital and Totnes MIU.	<i>Ged Yardy, Nick Hindmarsh</i>