**Dartmouth PPG Meeting Draft Minutes**

**Wednesday 25 January 2017**

Present: Hilary Atkinson, Lyn Avery, Christina Carpenter (ICO), Kathy Congdon, John Donaldson, David Gent, Tina Graham, Georgia Hammondeh-Webb, Anne Harvey, Jane Hattersley, Nick Hindmarsh, Bronwen Jones, Diana Knight, Pierre Landell-Mills (Chair), Mary Lewis (ICO), Iain McCall, Adam Morris, Roki Shiffner, Gavin Wollacott

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|  | **Action** |
| **1 Apologies:** Liane Baldock, Charlotte Flavell, Jonathan Hawkins, Carol Lingard, Dee Nutt, Sharon Quinn, Steven Smith.  The Chairman opened the meeting by welcoming the two South Hams governors from the ICO and Gavin Wollacott, the new nurse practitioner. |  |
| **2 Adoption of draft agenda**  This was adopted without amendment. |  |
| **3 Minutes of last meeting**  These were agreed without amendment. |  |
| **4 Matters arising**  *a) Communication with patients* A substantial discussion took place. The recent introduction of Facebook is felt to be useful, particularly for younger patients, and it will provide up-to-date information.The ongoing need for a newsletter was queried but DMP was reminded that some patients do not use a computer and will not be able to see Facebook. All agreed that DMP should use emails rather than letters to patients wherever possible, but there may be issues with data protection when an email address is shared. | DMP to discuss and come up with a communications strategy to bring back to PPG. Adam and Graham to look at data protection issues |
| b) *Academy* *matters* A new assistant principal is being appointed who will come with the student representatives to future PPG meetings. Bronwen, Charlotte and Georgia have talked to each other about health issues but not yet to their peers. There is a need to start involving younger pupils, who are not about to leave, so that some continuity can be achieved. | Academy members of PPG to speak to peers and point out the DMP Facebook site. |
| **5 Staffing matters**  Gavin introduced himself and said he would be working eight sessions a week, mostly working with the doctors to provide urgent care. Although happy to give phone advice, he will not be running an MIU as such and it is important the public understands this. MI functionality will be covered by DMP as best they can, with a safety net of advice/ triage.  Kathy will be retiring as practice manager in the summer. Interviews for a replacement were held in early January, three of the four interviewees being appointable. Graham Ray, currently doing DMP’s IT, was appointed. He will work three days a week at DMP, internal restructuring will take place to support Graham in his new role and IT will be outsourced. Graham will shadow Kathy for the next six months. | By word of mouth PPG members are asked to spread the word that there will be no formal MIU service offered by DMP.  DMP to inform patients through newsletter/FB |
| **6 Follow-up on CCG consultation and surgery move to Riverview**  The formal decision to implement the CCG’s plans will be taken on 26 January. Concerning Dartmouth, the ideas of re-establishing an MIU and of the town funding the hospital have both been rejected but the plans for the closure of hospital and clinic and the move of all services, including DMP, to Riverview will be going ahead. Adam stressed that the outcome for Dartmouth is good and that a lot of public money has been allocated for the move. At Riverview, DMP will occupy the first floor, with pharmacy, Dartmouth Caring and other services on the ground floor.  Discussion then took place about the importance of carer provision within Dartmouth. Although there is written assurance from ICO that Dartmouth will get good cover if there is a shortage it would seem a good idea to provide domiciliary care from within the DMP catchment and to have an umbrella organisation to employ carers. A scheme of this type is currently done at Totnes Caring. Getting young people involved in caring as a career was also discussed and the idea of getting established carers to work within the Academy was seen as a way to ease young people into this. | Dartmouth Caring to explore and report back to PPG |
| **7 DMP response to proposed joint DMP/PPG action plan for 2017**  The Chairman thanked DMP for the detailed written response. The plan was accepted and it will be incorporated into DMP’s strategic plans.  There were some questions about procedures following hospital discharge; DMP gets discharge summaries by email. All discharges are notified to Dartmouth Caring and patients are contacted by bridge workers (Dartmouth Caring should have two of these) to see if they need further help. Discharges out of area are, however, difficult to follow up. Critically, it is the patient’s responsibility to contact the Dr if there are any post-discharge problems. However, this may not be fully understood at the current time and DMP should ensure that it gets publicised in their patient contacts information. Stressing the patient’s responsibility on hospital discharge information was suggested; this was also suggested a year ago. | AH to check with discharge info received last year from Torbay |
| **8 CCG report based on the last inspection (dated April 2016)**  This was a good report all round and the PPG congratulated DMP on its achievement. |  |
| **9 AOB**    *a) Patient Data* Iain and Hilary had a very useful meeting with Graham Ray and are grateful to him for finding the time. They discussed various ideas for data collection. They also discussed how various chronic diseases are monitored under the Quality and Outcomes Framework, which is a voluntary annual incentive reward programme. QOF points are awarded for achievement and results, and bring income into the practice. Chronic Disease Management achieves QOF points. At the moment call and recall for CDM is not always consistent and the system is being examined and reorganised with view to improvement. Some people may slip through the net because they may not yet be coded correctly, or within QOF guidelines. Sometimes incorrect codes are inherited from notes imported from other practices. Currently there is not always the manpower to examine all these possible discrepancies, and they are picked up opportunistically. Patients identified as requiring CDM checks are sent a letter, or receive a phone call asking them to make the appropriate appointment. The practice is required to send such letters three times if no response is received. |  |
| **10 Date of next meeting**  This will be in March, but date to be decided. |  |

Abbreviations used: CCG Clinical Commissioning Group, CDM Chronic Disease Management, DMP Dartmouth Medical Practice, FB Facebook, ICO Integrated Care Organisation, IT Information Technology, MIU Minor Injuries Unit, PPG Patient Participation Group, QOF Quality and Outcomes Framework

*ah, 29/01/17*