**Dart Patients PPG Meeting**

Tuesday, 15h October 2019 at 6.00 pm in the Surgery

**Draft Minutes**

**Present**: DMP: Graham Ray and Andrew Eynon-Lewis. Members: Pierre Landell-Mills, Sharon Quinn, Ian McCall, Lianne Badcock, Nick Hindmarsh, David Gent, Anita Cooper, Sheila Boswell, Toni Blamey, Rokie Shiffner, Diana Knight, Ged Yardy, John Donaldson, Carol Lingard, and Maureen Langmead. By invitation: Jonathan Hawkins, Richard Rendle and Craig Davidson.

**Apologies:** Jackie Squire and Mary Lewis. Richard explained that Jackie had suffered unexpected medical complications in hospital and the meeting asked Richard to convey to Jackie the PPG’s very best wishes for her recovery.

1. **Adoption of the draft agenda**

Accepted

1. **Minutes of the last meeting**

Accepted

1. **Matters arising**
   1. **DMP new website**

Graham reported that new website would be active in 2 weeks.

* 1. **Digital services**

Re patient training, Emilie is waiting to hear from DMP. Graham to resolve the matter with Sam.

Re e-consulting, Graham reported that DMP is being pushed by NHS England to do more, but for data protection reasons they are not allowed to advertise this service through a direct mailshot. Data guidelines prevent DMP from “marketing” their services.

**Action:** Graham to follow up**.**

* 1. **Follow up with SWAST**
* SWAST still seeking more volunteers to be 1st responders. The meeting noted that what they have to offer is little more than a “sticking plaster”, as they are not trained and not permitted to do more than offer comfort.
* SWAST is meeting nation-wide standards for the most urgent cases (categories 1 and 2) but the bottom 3 categories of calls, are well below those provided the urban areas.
* SWAST has serious funding constraints and struggled to do better. All the PPG can do is to join with the DTC in continuing to raise our concerns with SWAST, MPs and the Press. Consideration should be given to calling a new public meeting in 2020. **Action:** Jonathan/Craig to follow up).
* Craig reported that the SWAST CEO has promised him to look at a change to protocol governing 1st responders to enable them to do more; this will need to be agreed at a national level.

**Action**: Ged will arrange a DTC meeting with 1st responders in January 2020.

* 1. **DMP funding seminar**

Graham suggested a Thursday afternoon.

**Action:** Graham to decide date and only run the seminar if at least 5 sign up**.**

* 1. **Primary Care Network update**

Graham reported that:

* The main issue for all PCNs is accessing NHS funding to pay for the services.
* He will be spending time managing our PCN and is being given additional back up at the DMP.
* Our PCN GPs have agreed what they want to do, but are uncertaint as to how they may access what is on offer from NHS England. This will only be clarified by NHSE in the New Year.
* Our PCN hopes to roll out more evening appointments through a PCN Hub to be established in the south of the South Hams. Ideally, this will be on a good public transport route. It could rotate between the surgeries, but practical obstacles will need to be overcome. It was pointed out that Dart patients would have difficulty travelling to Kingsbridge to access services.
  1. **Follow up of patients discharged from hospital**

DMP is agreed to follow up with patients discharged from hospital and a system to do so is being planned. Patients will receive a follow-up call from DMP after it receives the discharge letter from the hospital.

* 1. **Update on HWC**

Ged reported that TSDHT and Devon CCG had decided in September to stand down their Dartmouth Stakeholder WG. Craig reported that TSDHT/CCG felt the reason was that the original objective of the WG had been met, namely to agree the location of the HWC. Both Ged and the PPG had made it clear to TSDHT/CCG that this decision was regretted; discussions were ongoing on how to re-establish the WG with a focus on (i) reviewing and providing inputs into the HWC planning and implementation process, (ii) progressing the assessment of the effectiveness of home-based IC, and (iii) improving communications with the public. If no proposal comes from the Trust, then the DTC Health and Wellbeing WG may take its own steps to fill the gap. It was agreed that there would be no attempt in this forum to reopen either the issue of the closed hospital and MIU, or the proposed location of the HWC. The matter of the future of the Dartmouth hospital site will be addressed by DTC as part of the planning process and the development of Dartmouth’s neighbourhood plan with the intention that any covenants on the building will be respected.

Ged reported that parking solutions for the park and ride look promising; the plan is to have more parking than now, not less. Also, DTC supports getting better public transport from the Dartmouth area to Torbay Hospital. This is being progressed by Jess Pinder.

Craig reported that despite an explicit request for an update on the HWC for this meeting, he had had no response from Lesley Darke about the progress with planning, nor has he had any data from Lee Baxter on the latest IC data. When received, this will be forwarded by the Chair.

* 1. **DMP partner to lead on social prescribing**

Andrew reported that it had been decided that the lead GP for social prescribing will be one for all the practices in the PCN, and would not come from the DMP. This is consistent with the concept of single GP leads across the PCN for each of the PCN functions. This would be more efficient than having 5 leads in each of the 5 practices. It was agreed that the PPG should wait to see how this worked out, rather than insist that the DMP should have its own GP lead.

* 1. **Update on assessment of home-based IC**

Nick reported that disappointingly there has been zero progress on this since we last met. The PPG is pressing for prompt steps be taken to resurrect this group and restart the monitoring of IC. We are looking for an opportunity to take this forward with all those concerned. **Action:** Nick to follow up.

A research paper into the effectiveness of social prescribing within the Coastal IC team is being sent out with these minutes.

* 1. **Clarification of DMP based minor injuries**

Graham reported that the Devon CCG had informed DMP that they were to provide “A minor-injuries streaming service”. Gavin is currently drafting an explanation as to what this specifically means. Once agreed, this will be displayed in the wall cabinet outside on the front door of the surgery.

It is understood that patients presenting to the DMP with a minor injury will be assessed and then treated or passed onto to another service. PPG members expressed concern that in the first instance this “assessment” should not be done by a receptionist rather than by trained medical staff. Andrew explained that reception staff were trained to identify where a patient needed to be channelled rapidly to A&E and it was more efficient and less time wasted if they did so. But such cases were in a minority.

1. **Other News for DMP**

None.

1. **Next Annual Members Meeting and Dart Patients’ Constitution**

* The Chair explained the rationale for the proposed clarifications to the existing Dart Patients’ constitution. When initially drafted no attention had been given to setting out the precise process for electing PPG members and appointing officers. The revisions addressed these lacunae. In particular, it was important to set out the term of appointment and the need to achieve balanced representation of the patient community as required by NHSE in setting up PPGs.
* On a resolution proposed by Richard, and seconded by Rokie, the draft new constitution was unanimously approved.
* The meeting agreed that the AMM should be held on Wednesday 6th November at 6.00 pm

1. **Any other business**

Richard, supported by Toni and Anita, expressed a concern that Jacky Squire had often expressed, namely that the quality health care in Dartmouth had declined in recent years despite all the efforts made by the PPG, Dartmouth Caring, the League of Friends and others to bring the failures of care to the notice of NHS staff and managers. He alleged that there were numerous examples of people suffering unnecessarily. All this was made worse by the closure of the Dartmouth Hospital and the MIU, resulting in people having to travel a long way to get care. Several other people at the meeting questioned this perception, arguing that there was no evidence of any general decline in the quality of care locally and that, on the contrary, overall care had gradually improved and that the new model of care was working. It was generally recognised that the community made little distinction between social care and health care, blaming the NHS unfairly for the failures in the delivery of social care. On the one hand patients in IC were often reluctant to criticise NHS staff and sometimes incapable of assessing their care while, on the other hand, cases of good care mostly went unreported. Recognising the need for hard evidence, the meeting noted that the planned assessment of IC was intended to get better evidence, while appreciating that assessing the quality of care accurately was an immensely difficult task.

**7. Date for next meeting**

December meeting to be arranged, probably the first Tuesday in December (i.e. 3rd December).