

**Dartmouth PPG Meeting**  
**Tuesday 28<sup>th</sup> May 2019**  
**Draft Minutes**

**Present:** Liane Baldock, Toni Blamey, Sheila Boswell, Anita Cooper, Craig Davidson, John Donaldson, David Gent, Anne Harvey, Nick Hindmarsh, Diana Knight, Pierre Landell-Mills (Chair), Maureen Langmead, Carol Lingard, Graham Ray, Richard Rendell, Rokie Shiffner, Jenny Sjoberg, and Jacky Squire.

	<b>Actions</b>
<b>1 Apologies</b>  These were received from: Jonathan Hawkins, Sharon Quinn, Iain McCall, Ray Bridges, and Mary Lewis.	N/A
<b>2 Adoption of draft agenda</b>  Accepted as proposed.	N/A
<b>3 Welcome to Ged Yardy</b>  Item postponed to next meeting as Ged is on holiday. He is likely to be chairing the town council's Health and Wellbeing Group.	PLM
<b>4 Minutes of last meeting</b>  Accepted as an accurate record.	N/A
<b>5 Matters arising</b>  a) Follow-up on patient survey:  Pierre reported that a short piece summarizing the survey results, heavily edited, had been published in the Chronicle on May 17. Further details were provided in a follow-up letter published last week. The full survey report is available at <a href="http://www.dartpatients.co.uk">www.dartpatients.co.uk</a> .	N/A
b) DMP new website:  - Graham reported that the new DMP website will go "live" by the end of June – some minor updates are needed first.	GR

<p>c) Patient training for digital services:</p> <ul style="list-style-type: none"> <li>- PPG members agreed to promote 'Patient Access' app.</li> <li>- Emily from Compass Office shop has kindly volunteered to provide patient training. Our thanks go to JS for nominating her. Training options and modalities will be discussed by Emily, Graham and Pierre at a meeting scheduled for June 20.</li> <li>- We failed to win a CCG set up grant as no one was available to make the presentation.</li> <li>- 'NHS' app (an alternative to Patient Access) is to be promoted soon and is available already.</li> <li>- It was agreed that if PPG members were not already on line they should do the necessary to become digital systems users as soon as possible to set an example to other patients.</li> <li>- So far active use of digital based systems was less than 8 per cent of DMP patients which was lower than elsewhere in the UK.</li> </ul>	<p>All PPG</p> <p>GR/PLM</p>
<p>d) Proposed public event to make the PPG better known:</p> <ul style="list-style-type: none"> <li>- Jacky explained that she can no longer take this forward as she will be in convalescence for the next six months; Pierre asked for another PPG member to volunteer to take this idea forward. Jacky reported that she has spoken with Pam from South Ford Pre-school who would like to be involved with the PPG. AC agreed to follow up in JS' absence.</li> <li>- Jacky also suggested NH could speak to Pam about joining Dartmouth Together.</li> </ul>	<p>AC</p> <p>NH</p>
<p>e) Follow up to SWAST visit to Dartmouth last March 1:</p> <ul style="list-style-type: none"> <li>- SWAST had not so far responded to the PPG's follow up enquiries about how we might best support the local ambulance service.</li> <li>- Nick was in contact with Ryan Ware today about promotion of next SFR (First Responder) vacancy, in June, and will share across PPG to promote and share</li> <li>- Richard questioned whether there was insurance coverage for SFR volunteers. Nick agreed to seek an answer on this from Ryan.</li> </ul>	<p>NH</p>
<p>f) GP funding seminar:</p> <ul style="list-style-type: none"> <li>- Graham's seminar on how the general practice is funded is now planned for 28<sup>th</sup> June at 10.00 in the Surgery and will last about 90 minutes.</li> <li>- There will be room for up to 20; Graham hoped that as many PPG members as possible will attend.</li> <li>- Topics will include income and expenditure for GP practices plus contractual and non-contractual activities.</li> </ul>	<p>GR</p>

<p><b>6 The new Primary Care Network (PCN)</b></p> <ul style="list-style-type: none"> <li>- Graham reported that the new PCN initiative was launched by the government last November and was outlined detail in Jan 2019.</li> <li>- He received the details proposals in March 2019.</li> <li>- NHS has ordained that networks of GP practices should be established by May. Each PCN will group GP Practices with a shared patient population of between 30,000 and 50,000.</li> <li>- The CCG has to agree which practices participate in each PCN.</li> <li>- The current plan is for DMP to join with the Modbury, Kingsbridge, Salcombe and Chillington GP practices. The location has been decided by geography and alignment with the TSDHT.</li> <li>- While GP practices do not have to sign up to this new system, the proposed allocation of benefit and funding, and other NHS pressures mean there is no real choice.</li> <li>- A PCN can employ 5 (FTE) staff largely funded by new money phased in over the next 5 years. These may include: a Paramedic, a Pharmacist, a Social Prescriber, a Physio, and a Physician Associate. These can be made up of several part time individuals—for example 1 day per week of a social prescriber attached to each surgery.</li> <li>- The PCN will come into existence on 30.6.19</li> <li>- This whole exercise has been a huge drain on Graham's time and will continue to place demands on his time. For this reason, DMP has decided to appoint a new Operations Manager.</li> </ul>	<p>GR</p>
<p><b>7 Improving appointments system</b></p> <ul style="list-style-type: none"> <li>- Graham explained that the Patient Survey revealed patient concerns about the DMP appointment system and the Practice therefore wanted to explore with the PPG how it might be possible to modify the system to be more responsive to patients' needs by improving access to GPs. It has been agreed that Jilly Tucker will provide all relevant data to the PPG to see whether we can come up with some suggested solutions. Dr Frankie Davidson has volunteered on behalf of the PPG to explore with Jilly what the options might be and, to that end, Pierre will meet with Jilly on June 6 to take the exercise forward.</li> <li>- The PPG agreed that the noticeboard from Dartmouth Hospital, belonging to the League of Friends, would be moved to outside the DMP Surgery and be used to promote self-referral and similar services. Rokie volunteered to work with Carol to achieve this.</li> <li>- Graham reported that some patients had been abusing the online appointments system by booking multiple appointments on a single</li> </ul>	<p>PLM</p> <p>RS/CL</p>

<p>day and then cancelling those they did not need or, worse still, failing to attend. The Practice staff are analyzing this abuse to identify the offenders and work with the PPG to discourage it.</p>	
<p><b>8 Other news from DMP</b></p> <ul style="list-style-type: none"> <li>- Graham reported that Jilly Tucker has been appointed as Operations Manager and will be first port of call for questions about the practice for patients, relieving him of the day to day pressures; this will allow him the time to do strategic PCN and practice work</li> <li>- A GP assistant position is to be created using new NHS funding. The assistant will relieve GPs of much of their routine paperwork, thereby releasing an extra 2 appointments for each GP every day he/she works.</li> </ul>	
<p><b>9 Update on HWC</b></p> <ul style="list-style-type: none"> <li>- The Note on the last stakeholder meeting has been circulated to the PPG by Pierre.</li> <li>- Nick expressed frustration at the slow pace of progress and the Trust's poor communications, a frustration shared by others on the HWC Stakeholder working group.</li> <li>- Craig pointed out that the Trust are distracted by their need to cope with a £200m deficit across Devon which may partly explain their slow progress and poor responsiveness. He perceives a lack of capacity rather than of willingness. However, he emphasized that confused, delayed and mixed messages do not help.</li> <li>- It was agreed that the PPG representatives on the WG should continue to press the Trust to provide more and better public information on the progress being made to establish the new HWC.</li> </ul>	<p>CD, NH and PLM</p>
<p><b>10 Update on Dartmouth Together</b></p> <p>Nick reported that Dartmouth Together Steering Group are scheduled to meet 18<sup>th</sup> June to plan next steps – informed by the evaluation responses to the public event held on April 26. Overall the respondents rated the event as 4.95 out of 6, with 5 out of 6 regarding the event as a good use of their time. A large majority expressed a willingness to participate in a similar event in 2020. In brief the event was considered highly successful. Nick will circulate the full analysis to the next PPG. Pierre thanked Nick for all his hard work in progressing the Dartmouth Together initiative.</p>	<p>NH</p>
<p><b>11 Audit of intermediate care</b></p>	

<p>Nick explained that a sub-group of the HWC stakeholder WG had been established to take forward the planning of an audit of intermediate care in the Dartmouth area. The intention was to:</p> <ul style="list-style-type: none"> <li>• Design a questionnaire to be administered by IC staff when a patient was discharged so that ongoing evaluation becomes an integral part of the service.</li> <li>• Design a quick way to find out about the experience of patients being discharged from hospital until the IC system takes over.</li> <li>• Undertake an in-depth survey of around 20 patients recently benefiting from IC to find out their experience of IC in some detail. The number of patients who are to be interviewed is limited because this type of enquiry is time intensive, requires experienced researchers, and is expensive. Also, there is no value in going back too far as patients' ability to recall the quality of their care is likely to be limited.</li> <li>• Use Healthwatch to do the 'Have Your Say' survey – online and face to face.</li> </ul>	
<p><b>12 A.O.B.</b></p> <p>Nick expressed disappointment that there was no GP at the Dartmouth Together meeting despite providing more than 3 months' notice. DT had appreciated the willingness of a Kingsbridge GP to speak at the event underlining the importance of social prescribing in promoting patient wellbeing. PPG members echoed a similar concern about no GP attending this PPG meeting, emphasizing that PPG meetings were an opportunity for any one of the GPs to be exposed to the PPG's role when Andrew was away. Graham explained about how heavily committed the GPs were; however, he promised to convey to the partners the PPG's concern about their apparent lack of engagement with the PPG and DT.</p> <ul style="list-style-type: none"> <li>- Pierre asked Graham to remind the partners that PPG had been promised a meeting several months ago and as yet nothing had been forthcoming.</li> </ul>	

### **Next Meeting: Tuesday 6<sup>th</sup> August**

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.