

Dartmouth Medical Practice Patients Participation Group Draft Minutes of the meeting held on 5TH March 2019

Present

Pierre Landell Mills (chair), Iain McCall (vice chair), Anita Cooper, Jacqueline Squire, Mary Lewis, Chris Peach, Johnathan Hawkins, Toni Blamey, Richard Rendle, Sheila Boswell, Carol Lingard, Liane Baldock, Jen Sjoberg, Diana Knight, John Donaldson, Ray Bridges, Dr Andrew Eynon-Lewis, and Graham Ray.

In attendance: Felix Gradinger, University of Plymouth Researcher in Residence.

Apologies

David Gent, Anne Harvey, Rokie Shiffner, Sharon Quinn, Craig Davidson, and Nick Hindmarsh.

Minutes of the last meeting

Accepted as an accurate record.

Matters arising not on the agenda

None

Reorganisation of Devon CCGs

Chris Peach explained that the new arrangements for the amalgamation of the CCGs has resulted in a change of personnel. He will not be continuing on the new CCG which will be considering strategic issues for the whole of Devon. The new CCGs will be more closely aligned with General Practice. He expressed confidence that the proposed Health and Wellbeing Centre (HWC) in Dartmouth will go ahead.

Patient Survey

Iain summarised some of the key findings of the Survey. There has been a drop in the overall satisfaction with the practice with only 55% of patients saying it is “very or fairly good”. The main area of dissatisfaction was around appointments both in terms of the number and length of appointments. There was a substantial number of patients had to wait between 1-4 weeks for an appointment, but it was not clear whether this was due to a desire to see a specific doctor as the practice data would indicate that patients can see a doctor within five days. A constant theme was the lack of continuity of care, with patients not able to see the GP of their choice and often being followed up by a different GP. The vast majority of patients wished to book appointments with a GP, rather than with other staff, which suggests that the nurses, particularly the nurse practitioner, are being under-utilised. The present appointment system for urgent consultation was evenly balanced between those who thought it satisfactory and those who did not. The comments, however, did not give a clear lead as to the cause of dissatisfaction and merits a review. The other common factors that patients felt needed review were: (i) finding out about test results (see below) and (ii) the telephone system as patients often have long waits to be answered without being advised how long they will have to wait. The receptionists were considered helpful by the large majority of patients.

Some PPG members commented that there was dissatisfaction among patients about health care, but people were often reluctant to give honest feedback to the Practice. It was noted that this may be partly explained by patients conflating the care provided by the Torbay and South

Hams Hospital Trust with that provided by the DMP. Others said they believed that patients were mostly highly appreciative of the care they had received from DMP.

Graham responded to the lack of feed-back on normal blood tests. He explained that sending a text with the results was complicated by the fact that if a patient had a number of tests at the same time, which is frequently the case, the results often came back on different days which could result in patients getting several text messages stating different outcomes. Richard Rendle felt that if he has a blood test and doesn't hear anything, he is happy to accept that it is OK. Dr Eynon-Lewis said patients could ring the Practice after a week to find out results if they wanted to, by which time the whole batch of results would be available. Chris Peach and Graham commented that patients could find the results on the Patient Access smart phone app when all the results are in.

Action: Ian/Pierre to finalise the survey when DMP have given their formal response, and to make the full report, including the DMP response, available to everyone. It will be posted on the PPG website, with links from DMP website and other social media. A summary will be submitted to the Dartmouth Chronicle.

News from DMP

Graham was asked to provide a list of the doctors and when they were present in the practice. He said this was difficult as times varied so much and a doctor may be in the building but not available for consultation due to other tasks.

Graham described some improvements were being made to the Surgery: the privacy window is being removed and the area behind it is being converted into another downstairs consulting room.

Graham explained that there is a new website combining all Moor to Sea general practices which hopefully will be a good source for patients. It will have three sections including the practice and social care and also information about the minor injuries at Totnes. There is also scope for cooperation between PPGs although Pierre commented that the Moor to Sea PPG group is weak.

Graham said that a small pot of money had been applied for to improve patient services. He had submitted a bid for £5000. The idea is to improve digital health by using the money to train someone who would then help other patients to use the online services. It was hoped that someone from the PPG would take a lead and try to get the school involved. It was suggested to contact Tina at the academy as it could be good to try to involve students in this initiative.

Dartmouth Health and Wellbeing Centre (DHWC)

The Chair was critical of the lack of public information from the Trust on the progress being made to establish the new DHWC. He had, however, been put in touch with the person from the Trust's Strategic Estates Partner (Health Innovation Partners) who has been given overall responsibility for the project. He learnt that HIP is jointly owned by Arcadis (multi-national architectural and building design consultants) and Morgan Sindall Investments (UK) which specialises in construction. Arcadis is a leading global design and consultancy firm with extensive experience in the health sector.

It was explained that planning for the creation of a new Health and Wellbeing Centre in Dartmouth was progressing. Health Innovations Partners (HIP) were in discussions with all those expected to occupy the building—the Dartmouth Medical Practice, the Torbay and

South Devon Hospital Trust and Dartmouth Caring—to work out exactly what accommodation they will need. Alongside HIP’s planning and design work, the Trust was busy finalising with South Hams District Council the arrangements for occupying part of the over-flow car park and agreeing the financing arrangements. Once this has been done, the full proposal will need to receive approval of the governing bodies of the Trust and the Devon Clinical Commissioning Group.

Those involved hope that, with due diligence on the part of all concerned, detailed plans can be submitted to SHDC by August and approved by end November 2019. If this were achieved, detailed design could be completed by end January 2020, tendering would take place and contracts awarded over the following two months and construction started in April 2020. Thus, while this timetable still needed to be firmed up, it was now reasonable for Dartmouth residents to hope to see their new Health and Wellbeing Centre open its doors in mid-2021, if not a little earlier.

Action: The Chair will, in the absence of any initiative by the Trust to keep the public informed, encourage the Dartmouth Chronicle to inform the public on the status of the project. At the same time, he will through the Stakeholders’ Group, seek to persuade the Trust to develop an appropriate communication strategy regarding the progress being made to establish the DHWC.

Intermediate care (IC) beds

The Trust had written a long letter to the Minister of State for Care explaining their calculation on the number of IC beds needed in Dartmouth. The Chair said that there had been a meeting the previous day to go through the letter which had not been very productive as Mike Mills, representing DHAG, had once again taken time to question the financial and technical analysis undertaken by the Trust in reaching its conclusion to close Dartmouth Hospital and site the NHWC in Townstal. Questions were also raised regarding the validity of the analysis concluding that Dartmouth currently only needed two IC beds. The Trust/CCG gave no indication on the progress made in negotiating with Beacon Court to commit to setting aside these beds, but it seems like that this will not happen.

Richard stated that private negotiations were progressing to build a new nursing home in Totnes but that our whole area will have no new care between now and 2022 at the earliest. He stated that we have lost nurses and we are now in a position where 23 families had nowhere to put people needing social care locally. He believes the whole system is failing and nobody is listening. Richard was also worried about attracting doctors to Dartmouth. They will want to have better conditions to work in and a lot of doctors in training want to go to metropolitan areas.

In response to a criticism that the PPG was not listening to the concerns of local people, and not perceived as adequately raising local issues with the Practice and the Trust, the Chair asked for specific proposals from PPG members as to how these perceptions might be addressed. Jonathan suggested an open public discussion—a PPG awareness day on what the PPG should be doing. This would help make the PPG—its aims, purposes, constitution and activities—better known to different groups of people in the Dartmouth area. This event might best be scheduled when the results of the survey are made available to the public.

Action: Jacqueline Squire agreed to take the lead in arranging this event.

Dartmouth Together Update

An open public event is being organised by Nick Hindmarsh at the Flavel on 27th April at which interested social, sporting and other voluntary organisations interested in supporting the Dartmouth Together initiative to show case their activities. The objective is to encourage people who may feel isolated or excluded to join in and to generally promote healthy living and wellbeing.

Action: Pierre/Nick to discuss the PPG participation in this special event.

Case of a patient discharged without proper support

The case of a patient being discharged home from hospital apparently without any information about intermediate care was discussed. The exact details were unclear but it would appear that the situation had been resolved by Dartmouth Caring and the local IC team.

Audit of intermediate care

Felix Gradinger introduced himself. He and Julian Ellson are researchers embedded into the TSDHT. Their task is to assess the effectiveness of intermediate care in the community. They will assess whether IC involvement before referral to hospital can reduce hospital admissions and improve the standard of care after discharge. They have been working in the Coastal Locality analysing available data and developing stories of patients through direct interviews.

They have offered to assess how DMP patients have experienced IC last year through a survey and how well the system of IC has performed. They don't expect to get all the answers, but rather to get some firm indications on outcomes resulting from the implementation of the new model of care. Healthwatch, in collaboration with them, will undertake drop-in interviews and possibly in-depth case studies. The study may take up to three years. They hope to utilise the PPG when they can.

It was noted that it was easier to provide home-based IC in Dawlish and Teignmouth as there were bus and train services enabling patients to travel to Torbay and Newton Abbot hospitals whereas transport was much less available for those living in the Dartmouth area and journey times were much longer. There are a lot of people who have cases where IC doesn't seem to work. The meeting felt that it was important for the researchers to come up with a statement of their methodology and a proposed timeline.

Action: Felix and Healthwatch to make detailed proposals for the assessment of IC received by DMP patients

Prescriptions

The new system is in place. Some respondents to the survey found it unsatisfactory while other patients are delighted with it. A request was made for the doctors to put a date on the form when the prescription was being authorised. Graham informed the meeting that the system would soon become entirely electronic.

Any Other Business.

It was reported that the meeting with the SWASFT went well. A separate report on this meeting had been circulated. The main message was that SWASFT were severely constrained by a shortage of resources and were trying to do their best. There was a question as to what extent and in what ways the community might help them. It was noted that we were looking for

volunteers to be first responders. During a recruiting campaign last December-January no one from Dartmouth has come forward.

Action: SWASFT have been asked to inform us how the community might assist them in delivering a better service in the Dartmouth area

Lastly, the meeting was informed that Dittisham is about to receive two public defibrillators.

Date of next meeting: Tuesday 14th May