

Dartmouth PPG Meeting Draft Minutes
Thursday 10 January 2019

Present: Liane Baldock, Toni Blamey, Ray Bridges, Anita Cooper, Craig Davidson, John Donaldson, Andrew Eynon-Lewis, David Gent, Anne Harvey, Diana Knight, Pierre Landell-Mills (Chair), Maureen Langmead, Mary Lewis, Carol Lingard, Sharon Quinn, Graham Ray, Richard Rendell, Rokie Shiffner and Jacky Squire

	Actions
1 Apologies These were received from Hilary Atkinson, Sheila Boswell, Nick Hindmarsh, Diana Knight, Iain McCall, Jen Sjoberg and Steve Smith	
2 Adoption of draft agenda This was adopted without amendment.	
3 Minutes of last meeting These were agreed without amendment.	
<p>4 DMP-PPG collaboration Andrew opened the debate by briefly recalling the history of the PPG and acknowledging that the participation of Action Group members has strengthened the voice of the PPG as it is very important that the ICO delivers to Dartmouth. However, it is now time to speak with a single voice to the ICO about services. Andrew intends to be more involved with an active DMP/PPG collaboration but stressed that the PPG needs to be truly representative, particularly of those who are likely to live and work in Dartmouth for a long time in the future. The PPG should also be more active as a ‘critical friend’ to the practice. The patient survey is a useful planning tool for the DMP/PPG joint action plan.</p> <p>Extended discussion then took place concerning what initiatives the PPG might take to help Dartmouth residents with IC and social care problems (it was pointed out that the ICO is responsible for hospital care but not for social care once the patient is back at home). The perspective of the hospital and the CCG is that the enhanced intermediate care service is providing safe and effective health care, is well coordinated with short term social care and, through video conferencing, with GP surgeries on a daily basis. It is enabling people to return home from hospital earlier and caring for patients in community hospital hubs when this is needed. On the other hand, stories of inadequate care and support, isolation and distress because of placement away from Dartmouth continue to be reported from the community.</p>	

<p>These issues will continue to be addressed at the working party meetings between stakeholders and the ICO now chaired by Healthwatch. This group next meets on 29 January. Problems arise when a patient should be discharged back home but cannot manage alone. Dartmouth Caring, whose work complements that of the PPG, is doing a survey on Intermediate Care. We agreed that data is needed about the use of community hospitals for Dartmouth patients now that our own hospital is closed and this will be asked for at the 29 January meeting. Possibly work could be done with the Trust about the current lack of residential providers in Dartmouth. Loneliness can be an issue for patients in hospital or recovering at home but if the community is concerned the community needs to do something to identify who needs help, and what can be done. The forthcoming survey should identify any further patients' concerns.</p>	
<p>5 Matters arising <i>a) Survey of IC</i> Nick would like to know what questions to ask about Intermediate Care</p>	<p>Members to send questions to Nick directly: email is Nick.Hindmarsh@dartmouthcaring.co.uk</p>
<p><i>b) Youth Initiative</i> David is pursuing this with the Academy and is working with the Youth Club who feel more guidance is needed about mental health issues, addiction and sexual health.</p>	
<p><i>c) Reporting in Dartmouth Chronicle</i> Staff appear to be more on-side now. and are running a piece about the patient survey. The message is that if we provide copy on topics of interest to the public they will publish it.</p>	
<p><i>d) Leaflets to be made available in the surgery</i> Graham reported that these are prominently displayed in the reception area. All staff need to be aware of them. Mary commented that membership of the Trust is very low in South Hams and asked if membership forms can be available in the surgery.</p>	<p>Graham and Mary to progress</p>
<p><i>e) Promote patients' use of on-line services</i> DMP currently has 21% of patients signed up for this but systems change too quickly to produce explanatory leaflets for non-computer users. People have complained that the system is 'difficult' and there may be some scope for showing people how to use it.</p>	
<p><i>f) Dartmouth Together update</i> This was given by Craig. There will be an event for societies and clubs later in January. Swim4Health is up and running and more self-referral vouchers will be put into DMP reception. Other ideas for local social prescribing are needed but money is needed as group leaders have to be trained. The League of Friends may help with financing.</p>	

g) <i>Patient Survey update</i> This closes on 15 January. Iain will be organising transfer of data to Survey Monkey. Anne and Mary offered to help with data input but more volunteers are needed. Some concerns were raised about lack of publicity for the survey and were reminded of what had been done in Dartmouth itself and on social media. Dittisham and Blackawton arranged for survey forms to be made available in their villages.	Members who can help should contact Iain directly: email mccalliw741@gmail.com
h) <i>ENT clinic</i> A letter was sent to the CEO of the Trust expressing our concerns; she has replied with a categorical assurance that the Clinic will continue in Dartmouth	
i) <i>GP funding</i> Graham is preparing a seminar which he will give twice, to staff and to PPG. Date to be advised.	Graham
6 News from DMP Staffing is stable with no personnel changes. Improved patient access requires another bid (Devon-wide) about expanding the service, but what can be done depends on funding received. Christmas attendance was poor throughout the area. There is possibly a communication issue as patients need to know what is available, where and when.	
7 Update on HWC The community needs a regular, monthly, update on progress; this has been asked for but so far has not happened. This can be discussed at the 29 January meeting. Carol will bring the matter up at the LoF meeting when both the CEO and the Chairman of the Trust will be present.	Carol
8 AOB Pierre reported that the Devon PPG network is making very slow progress because of the merging of CCGs in Devon; there is currently no support lead.	
19 Date of next meeting We agreed that to aid everybody plan ahead we shall meet routinely on the first Tuesday of alternate months, beginning on Tuesday 5 March	

Abbreviations used: CCG Clinical Commissioning Group, CEO Chief Executive Officer, DMP Dartmouth Medical Practice, HWC Health and Wellbeing Centre, IC Intermediate Care, ICO Integrated Care Organisation (aka the Trust), LoF League of Friends, MIU Minor Injuries Unit, PPG Patient Participation Group, and TSDFT Torbay and South Devon Hospital Foundation Trust.