**Dartmouth PPG Meeting**

**Wednesday 7th November 2018**

**Draft Minutes**

**Present:** Hilary Atkinson, Liane Baldock, Sheila Boswell, Jacky Squire, Anita Cooper, Toni Blamey, Ray Bridges, John Donaldson, Anne Harvey, Diana Knight, Pierre Landell-Mills (Chair), Maureen Langmead, Mary Lewis, Iain McCall, Graham Ray, Richard Rendell, Dr Anderson, Graham Ray, Nick Hindmarsh.

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|  | **Actions** |
| **1 Apologies** These were received from:, Craig Davidson, David Gent, Carol Lingard, Jenny Sjoberg, Rokie Shiffner, and Steve Smith. |  |
| **2 Adoption of draft agenda**  This was adopted without amendment. |  |
| **3 Minutes of last meeting** These were agreed without amendment. |  |
| **4 Matters arising**  *a) Access to GPs 7 days a week, 365 days a year.*  Graham reported that patients can book an appointment outside usual hours in Preston (Saturday 0800 – 1800 and Sunday 0800 - 1400), at DMP open 1800-2000 every Thursday. Other days are covered in Totnes, Ashburton, Buckfastleigh, and Chillington. Appointments are for 15 minutes for non-urgent cases only. There are GP hubs in Newton Abbott and Paignton, possibly one to come to Totnes, but that is as close as it can be to Dartmouth due to limited funding from NHS England.  For urgent appointments, patients must go to MIU (Totnes), or call 111, or go to Torbay A&E.  Information about these services are on DMP Facebook and website.  Marketing/promotional materials are being prepared by the CCG, but we may expect some delay. |  |
| *b) Survey of patients’ IC experience.*  The survey being done is about clients’ experience of carers and care agencies. This will be ready for the next meeting. The survey was not designed to look into IC care, but Dartmouth Caring will do this second survey after the conclusion of the carer survey. The aim will be for DC Support staff to find out from its clients about their recent experience of IC. The aim is to assess patients experience of receiving health care in their homes. | Nick to arrange for Dartmouth Caring to survey patients experience of home-based IC in December. |

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| *c) Youth Initiative*  David Gent leading on this. Little response from the Academy. | David Gent to report back to next PPG meeting |
| *d) More support from Dartmouth Chronicle.*  Nick and Pierre to speak to Charley about more balanced reporting in the Chronicle of Dartmouth local healthcare issues. Some good positive letters in the Chronicle recently – thanks to Jen and Rokie. | Nick and Pierre as soon as possible |
| *e)) Status of PPG leaflets on DMP services, home care, EoL care, and mental health care.*  Now available on DMP, DC and PPG websites and from DC. Leaflets also to be available in the Surgery waiting area. DMP to provide a link to these leaflets on its Facebook page | Graham to ensure all leaflets are available in the Surgery and to insert link on the DMP Facebook page |
| *f) Minor Injuries services at DMP*  Graham explained that DMP is providing a MIU streaming service. Effectively this is an enhanced offering compared to what is available at other surgeries. DMP Nurses have some MI training. DMP buys additional consumables needed to treat minor injuries and deal with those minor injuries in house for which staff have training. This includes foreign body removal, and treatment of minor some burns, muscular issues, closure of some wounds etc. Anything else beyond DMP’s capacity is assessed, patched and referred to the minor injury unit in either Totnes or to Torbay A&E.  The meeting was concerned that steps be taken to publicise exactly what MI services were available at DMP. There was a discussion on how would be done. Graham explained that DMP is waiting for TSDT to provide agreed wording, prior to promoting the availability of these services on line and on Facebook. | Graham to promote this service once the Trust have provided an agreed description of the service. |
| **5 News from DMP**   * Dr Nicki Bain had started now as a new GP working 2 days/week * Dr Melissa Gray is going on maternity leave next week * Hannah Williams left two weeks ago; a replacement has been hired for the IT work and her other duties have been redistributed. * DMP will no longer close on Tuesday afternoon for training. | Graham will email details out. Members will then circulate to local communities, villages, etc. |

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| **6 Prescriptions**  The method of obtaining repeat prescriptions has changed. PPG members were concerned that this is causing confusion, especially among the more elderly patients and the pharmacies are not helping clarify the situation.  Instead of giving the repeat list to the pharmacy the request now has to be placed in the prescription box at the surgery entrance. This is actually easier than giving it to a pharmacy, as there is no standing in line.  However, it was pointed out that there is no longer a label at the bottom of the repeat prescription recoding the date by which it needs to be handed in by and the date when it can be collected.  The concern is that the doctor who checks and signs off the repeat prescriptions should add processing and collection dates as before. If this is not done people may drop them in the box next time they are near the surgery and will have no idea when they will be ready for collection. Nor will the doctors know when the 4 weeks is up and the prescription is actually due. It may end up with the exact opposite happening as to what is planned and costing the NHS more, not less, and people having double, or more, medicines.  Graham explained that this change is to get patients to take the prescription home and check what they actually need, rather than ticking everything regardless when collecting the repeat prescription, as often happens now. The aim is to save the NHS money. These changes to prescriptions are being rolled out nationally to stop pharmacists ordering on a patient’s behalf. Graham agreed to reinstate the dates on the hard copy repeat prescriptions request but not on line. He emphasized that the simplest means of managing prescriptions is through the online ordering or through the app. Asked about delays, Graham said that the Practice require two days to process a request and the pharmacy one day. All these changes are at the direction of the CCG and beyond the control of the Practice.  1700 patients are signed up to DMP online services, but only 400 are active users. The meeting discussed how patients might be encouraged to use the online services. Could the PPG help to train patients? Graham reported that the NHS was exploring how this might best be done. | Action already taken  Action to await guidance from NHS regarding training of patients to use online services. |
| **7 Update on HWC and stakeholders meeting organised by the Trust on Oct 29**  Pierre explained what had happened at the TSDHT and stakeholders working group meeting held on October 29. Two matters were on the agenda:   1. Which is the best site for the HWC—the old hospital site or one at the top of the town? 2. What can be done about securing more nursing beds?   But in the end, there was no time for item 2. Item 1 had been exhaustively discussed, including the criteria for judging the two sites. These were amended and then agreed. Trust provided extensive back up material. Both this and the score sheets have been circulated to PPG members.  PPG were asked to complete the score cards and return them to the Chair by Thursday morning so that he could prepare a consolidated response to Trust. The meeting noted that the score sheets were advisory only. The Trust will make decisions based on their professional judgement, taking account of the views of the community.  A lengthy discussion ensued about the merits of having all the services together in one place and why there was a strong rational for establishing a new HWC. Graham explained how a new site would allow existing and additional services to be provided in a joined up and coordinated way that would enable patients to be better cared for. The meeting went on to discuss how we had got to where we are and the merits and demerits of how we have been treated and there was some criticism of the financial arrangements for funding the HWC. The Chair pointed out that the PPG was not equipped to comment on the Trust’s funding arrangements; we need to concentrate on lobbying for improved health care services and the HWC was an important step towards that goal. The consensus of the meeting was that, whatever the failings of the process over the past two years, the community needed to come together now in making the best of the situation. The issue of the availability of care beds remained outstanding. Meanwhile we should all urge the Trust to fulfil its commitment to establish the HWC without further delays. |  |
| **8Relations with Dartmouth Health Action Group**  PPG position has been to work with and listen to the DHAG. The meeting was told that the group had begun to lose clarity in their purpose. However, this does not mean that co-operation will end where this is helpful. The PPG has been long established and is an accepted and authorized part of the local healthcare institutional arrangements. We would hope that all those with firm views on how local healthcare services might be improved would participate in the deliberations of the PPG, rather than act independently, so that we could arrive at a unified and consolidated community position on all health care issues. |  |
| **9 Update on Dartmouth Together**  Nick referred to the email sent to all PPG members yesterday about the work done so far and the Newsletter that was attached. Copies of the Newsletter were passed around for those who had not seen it. Next steps:   * Steering Group meeting – proposed dates sent and to be agreed this week – late Nov/early Dec * Meeting of groups week commencing 3rd December – in the Clifton Room – to be a conversation to allow those coming to explore how they could be involved.   Any ideas or questions should be sent to Nick. Jacky made the point that what we are talking about is ‘Community Spirit’. | Nick to follow up |
| **10 – Patient Survey**  Ian is taking the lead on this for PPG. We cannot drop hardcopies of the questionnaire randomly through letter boxes. Instead, hard copies should be placed in strategic places around the area: post offices, community shops, etc. Anne has kindly offered to assist Iain. PPG members should make as many people as possible aware of the survey and how to access the questionnaire on line. As far as possible, respondents should be encouraged to complete the questionnaire on line as this greatly facilitates analysis. To this end, a short handout should also be printed explaining why the survey is needed and how people can access the questionnaire on line. The questionnaire will be put on line over the weekend and hard copies may be collected from the Surgery on Tuesday, 13th November. PPG members were asked to let Graham know how many hard copies they need and also copies of the brief note explaining how to complete the questionnaire on line. The survey will start next week and end on January 15. | Ian and Anne to lead.  PPG members to let Graham know how many hard copies they want for distribution  PPG members to distribute the questionnaire/notice how to do so on line to as many people as possible and use their email lists to do so. |
| 11**AOB**   1. Simon Hickey doing 1 ENT clinic each month, seeing more complex patients than Dr. Anderson. If he goes, none will take his place and Dr. Anderson would have to travel to Torbay once a month as he will need a consultant to mentor him. So DMP patients will have to travel to Torbay for ENT regardless. When Dr. Anderson retires, we will lose his 25 appointments. 2. Graham explained some of the complexities of NHS financing and what services can and cannot be charged. Graham has offered to do a presentation to PPG members to explain how a General Practice is funded and managed. 3. The reluctance of DMP to do ear syringing was discussed. The meeting learnt that is not a activity for which the Practice is compensated and they are not permitted by NHS to charge for doing it. So, when it is done, it is at the expense of the Practice. | Pierre to write to Rob Dyer, clinical director. Dr. Anderson to let Pierre know who to write to.  Graham to prepare a presentation on GP funding and management. |
| **12 Date of next meeting.** Early in January (January 12) | Pierre to follow up |

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.