

MINUTES OF PATIENT REFERENCE GROUP MEETING
HELD ON 9th NOVEMBER 2016

PRESENT: Jeanette Kemlo (chair), Robert Kelso), Sylvia Hindley (PRG), Malcolm Cowburn (PRG), Roger Watts (PRG), Linda Sanders (PRG), Bridget Kettle (PRG) Dee Brown (Practice Manager), Ed Matthews (GP), Anna Marquiss (GP), Petroc Academy students – Millie Worms and Jess Harrison

APOLOGIES: Di Wogden (PRG), Rebecca Prosser (Reception Manager)

Minutes of Previous Meeting: - agreed and signed by the chair.

MATTERS ARISING:

CAR PARK/GARDEN – two quotes now received, waiting for 3rd quote from landscape gardener.

REFURBISHMENT – decoration of ground floor completed.

REALLOCATION OF PATIENTS – Dr Taylor decided not to move any of his patients but to let his list size drop through natural wastage eg patients leaving the area.

PUBLIC STAKEHOLDER MEETING – Jeannette had offered to attend but she had not had any details of the meetings.

PETROC ACADEMY – Dee had not received a reply from the academy tutor Kieron Brend she will follow up with Shaun Kershaw. The PRG wished to thank the students for their contribution to the meeting.

CHARITY – the PRG noted that a fantastic amount of money had been raised over the year.

FRIENDS AND FAMILY TEST

Results for September and October were again very good and the PRG felt that in the main this was due to the quality of the Brannam staff. The group wished to express how impressed they were with the pharmacist. Jeanette will write a thank you for the work done by all at Brannams. The practice was asked how it responds to negative comments as they are anonymous. We can add replies to our website and encourage individual patients to contact us direct if they have specific issues. The comments are discussed with the GPs at their business meeting and comments on communication skills are raised there.

PUBLIC STAKEHOLDER NETWORK

Roger presented a report from the meeting of 4th October which Dee also attended.

Mental health commissioning manager Tim Francis– 6 main strategy priorities: prevention, personalisation, integration, improving health & well-being, supporting recovery and access to services. 15% of the population will suffer from depression and anxiety. Initial achievements were highlighted and key development areas including dementia and children and young people.

Caroline Dawe talked about **risk stratification** and plan of action when the amount of patients needing care outstrips capacity. There is a need to ensure a flow of patients through the system either discharged or admitted on to the ward. Escalation framework depends on the pressure on the system.

ACTION

DB

JK

Integrated care service – Vocare will be providing the 111 service and is integrated with Devon Doctors. There is a new direct referral service; 111 can book direct centrally into DDoc appointments and can directly refer patients for home visits.

Stakeholder meetings - Roger is concerned over the Success regime management salaries especially when the CCG managers are already on large salaries. There is another stakeholder meeting in December where Roger will raise how the meetings are structured and the use of the information provided by attendees.

SUCCESS REGIME – 4 major hospitals Barnstaple, Exeter, Derriford, Torquay; blueprint is to have only two. There is talk of downgrading NDDH, with changes to services. There is a consultation period running to January. Concerns with population increasing, (30,000 new homes planned for North Devon), large catchment area and changes to services which means patients will have to travel further for treatment. There is a worry there will be unnecessary deaths. More information is available on the Save Our Hospital website. Good letters in NDJ. There is pressure on beds for early discharge.

Patients may not want to travel. Transport is already an issue. 40% have no access to a car or are not fit to drive. Patients may decide not to attend appointments because they are in Exeter.

As a group the North Devon GPs have written to the Success Regime with their concerns over proposed changes to services. The GPs have had no direct response to their letter. Local GPs are involved in the consultative process.

There are already problems with ENT consultant based in Exeter. Encourage individuals to write to Angela Pidder chief exec.

JK to write on behalf of the group; she will send a draft to the group for comments. Drop thoughts to JK for her letter.

BARNSTAPLE ALLIANCE PATIENT GROUP

The meeting on 11th October at the Plough Bickington had been cancelled due to lack of support. The group feel that this is not an appropriate concept as it has a political focus. The PRG are here to support this practice and its patients. Discussed whether the Barnstaple Alliance has a function and whether we should be looking at wider healthcare issues. Jeannette to contact Carol McCormack re need to have representation from Brannams and how she views the Alliance.

GARDEN AREA

Ed Matthews has spoken to the manager of a local residential home for patients with learning disabilities who are keen to do gardening. They already maintain three gardens in John Gay Road and a council roundabout. The Brannam garden would provide a safer option. The PRG supported this idea and felt that patients would donate cuttings or make plant donations. Any excess could be sold for the charity.

AOB

Clinical Pharmacist – Roger asked how this was going – working quite well, watch we do not overload her, increasing involvement with patients GPs finding her useful

DRSS – Sylvia asked why the letter sent to patients following a referral stated this may or may not lead to an appointment. When the patient contacts DRSS they are immediately offered an

RW

JK/
ALL

JK

appointment. All referrals go to DRSS. Ed explained that the letters need to meet a certain criteria for the referral to be accepted. They are reviewed by a clinician. If the GP does a poor quality referral they may get rejected. It undermines the expertise of the GP and the links of the consultant and GP.

Petroc students – Jess and Millie are studying Health and Social Care. They have had placements at NDDH in the acute stroke unit. They are doing a level 3 extended diploma which is the equivalent to 3 “A” levels. This offers a vocational way in to nursing or midwifery. Units give points for university.

Chair – Jeanette thanked Robert for chairing the meetings in her absence.

New GP – Anna Marquiss was welcomed to the group. Anna was appointed as a salaried GP from October.

**NEXT MEETING WEDNESDAY 9th JANUARY 2017
18:00 HOURS BRANNAM MEDICAL CENTRE**