

PPG BstpleAllianceMeeting 15 Jan2020

St Peter's Church Hall, Fremington EX31 3BL 1.30-3.30PM

The Barnstaple Alliance of Medical Practices, comprising all four Barnstaple Practices - Fremington, Queens, Branham and Litchdon - held their second joint meeting, attended by c.25 including practice managers (Sharon Gavin-Jones, Queens; Susie Wheaton, Branham (dep. Practice manager); Sharon Bates, Litchdon and Melanie Cullen, Fremington)

Melanie Cullen opened the meeting, welcomed ppg members and introduced the speakers.

1. The Future for Northern Devon Healthcare NHS Trust:

Katherine Allen, Deputy Director of Strategy, NDHT:

KA gave a brief history of the partnership between NDHT and The Royal Devon & Exeter Healthcare Trust which is now being reviewed in order to find the best way forward. Public engagement was carried out last year, ending in December. The review has recognized the need for Acute Services but equally the need for support, as NDHT is the most remote inland hospital in Britain. Problems are exacerbated by staff shortfall and overall higher running costs due to remoteness. The course of action – merger, shared workload, or something else – not yet decided.

Findings from public engagement revealed that Access is the most important element of care for the public, followed by Speed of getting treatment. Online access is increasingly possible with a younger generation, but there is still an older demographic which are not so hands on with this. Problems with IT proficiency or Broadband access might be overcome with setting up intermediate access points in local hospitals (? including Minor Injury Units?). KA says work is being done on this. GP surgeries are not currently being considered but could be in future. KA said there were no plans to send more patients to Exeter from ND because it has no capacity to expand.

KA exemplified the work of Rheumatologist, Dr Stuart Kyle, pointing out it was very easy to access consultation online. She also pointed out that, in general, first-time consultations would be face-to-face followed by 6-monthly online check-ups.

Julie Hatch (PPG Chair Fremington) pointed out need to take population expansion into account. KA agreed: most need is in Cardiology, Dementia, and other diseases of the elderly

Jennie Wilmott (Litchdon PPG) asked about integrated health and care and support in the home. KA said the hospital has had a longstanding relationship with the council and spends time working on discharge process but there is always more to be done. GPs are asked to 'keep an eye' on patients but also nurses and therapists are working together; 'pathfinder' teams are also important. Generally she thinks North Devon has a strength in working with the community. JW raised a further point about the need to treat patients holistically rather than simply in terms of their specific illness.

[\(\[another audience member spoke about money available from North Devon Homes regarding discharge but I didn't manage to capture this\]\)](#)

Andy Moran (Litchdon PPG) raised issue of child carers who have welfare problems which are not being properly addressed. KA agreed that post-hospital care needs to be widened out but she is not in a position to take action on this at present.

There was further discussion on:

- shortfall of child mental health care. KA agreed a need to build capacity and suggests taking a question to the CCG
- Specialisms coming up to NDHT from RD&E: KA mentioned some aspects of Oncology and Maternity would be supported. Everything will be done to avoid services having to struggle. Initial appointments may be in Exeter with subsequent, virtual, guidance from Exeter to local doctors.
- Blood donation (Service now run from Bristol, NDHT has no control)
- Engagement and access.

2. Registered Nurse Training for the future in Northern Devon

Andrea Mason, Senior Lecturer, Bolton University@Petroc and Shaun Kershaw Head of Petroc Health & Care Academy.

Over the last five years, Petroc College and NDHT have worked together to create a viable training centre in North Devon for University degree status nurses. Bolton University joined with them 3 years ago. This has finally been confirmed and has received 3 commendations from the NMC (Nursing and Midwifery Council): It meets the needs of the local community; Strength of collaboration between the three organisations involved; [third one – missed this](#)

The advantages are huge. Local training will provide opportunities for both young and more mature men and women who are either starting out on a nursing career or returning to one in later life. They will no longer have to face the prospect of impossible time and financial constraints of travelling to Plymouth. They will be local people who want to stay in North Devon. Increased nursing numbers will have a direct effect on the services offered by the hospital and less directly on the wider economy. MC thinks the nursing bursary is unlikely to come back but student grants will be available. This is a very welcome step forward for healthcare in North Devon.

An important aspect of the course is teaching interaction with patients. SK urged PPG members to come forward for the 'patient-as-coach' role, although one PPG member present said she had not received follow-up emails to her offer and 2 days notice of training events was insufficient.

The course also offers a hi-tech 'simulation suite' with lots of scenario training. First student intake will be in April. 30 students but likely to be very oversubscribed. The standard of applicants to date is very high.

3. Where do patients find treatment in North Devon?

There is a need to know about the most appropriate place to go for your condition. It may not be your GP or A&E.

Sue Matthews, Chair, Litchdon PPG, spoke to the issue and handed out print outs of diagrams produced online by the CCG illustrating access to health options. The CCG has been trying to inform patients of the best way to get care with online

information and in medical practices but patients still pitch up at A&E to get a forgotten prescription for example.

There is a need then to question the ways material is disseminated. We need to be able to self-triage as far as possible but then also need advice on when we give up on self-treatment and call for more expert opinion/help. It may not be a GP we need but a physiotherapist, nurse, or even just calling 111 although there is considerable pressure on the latter and some calls are not given timely call-back.

Questions and comments from the floor included:

- some confusion over MIUs– should there be a unit in every surgery for example? Is it better to go to A&E or an MIU? Where are the MIUs?
- Is there a particular demographic that has problems in finding right place to go? – should reception at A&E be able to redirect people? MC thinks young people often made decision to bypass other solutions and go straight to A&E so maybe there is an educational issue here (at secondary school level?) Young families no longer have family network of support so go to A&E as default.
- There is a cultural dependence on someone else to deal with your problem which could be medical or crime-related or merely social.

The term 'GP' is itself misleading in the guidance provided and might be better replaced with 'Medical Centre Services' with a subsection on the services included there. These are not widely known so need to be better advertised – need GP agreement on this.

- patients are still being called back to NDDH for services which are widely available more locally at hubs – eg South Molton or Holsworthy. This needs to change.
- 111 call centre has given very efficient service.
- Tourism needs to be addressed: every hotel, B&B, holiday let, should provide information sheets on local medical services. It could be part of the 'Welcome' literature.
- Sharon Bates pointed out that if holidaymakers have forgotten to bring their drugs with them they can simply phone their home medical practice and they will send the prescription through to the nearest pharmacy for the person to collect – there is no need to make an appointment with a local medical centre or GP. SM pointed out that international visitors needed guidance on this as well. JH suggested contacting the Tourist Board ([there was another issue here which I didn't capture – Sue do you have any clue? I made a note to ask you.](#)) JW says public won't look at the CCG website but may visit the hospital or GP websites.

4. What News Do You Have to Share:

Sharon Bates on the Barnstaple Alliance:

- The Barnstaple Alliance now has a clinical pharmacist and a 'first contact' physiotherapist with whom patients can make an appointment without first seeing their GP –for example for muscular or joint pain. Simply need to ask the healthcare admin.(formerly 'receptionist')
- The Alliance has a new project in hand for care homes and the housebound. A team of 2 GPs and 1 nurse will be working on a pilot over the next six months to care for those who cannot get out.

- The Alliance is working on a project dealing with the homeless and rough sleepers, they don't access healthcare in the normal way, so the Alliance is working with the Council and the Freedom Centre to have a clinic at the FC
- There is a project to help 'multiple agency users' – those people who constantly and frequently call Police, A&E and GPs – to understand underlying reasons for their abuse of the system and to help them out of it.

AM noted that some members of the public have hoarded tons of prescription drugs and care homes frequently re-order for their inmates without checking need.

Julie Hatch, Fremington:

Fremington PPG has a very active participation in the new Nursing Degree course with 4 members taking part in the interactive training. Fremington Wellbeing Club is now 3 years old and "going from strength to strength" talks have included testicular and prostate cancer (by new GP); Cochlear implants; Mark Cartmell, Colorectal surgeon at NDDH; rheumatology, and Christmas message about alcohol. JH is very pleased with the support given to the PPG.

Sue Matthews, Litchdon:

Key issue for Litchdon PPG over last several months has been re-use and recycling of medical equipment. Despite a formal letter dispatched* to the CCG they have so far failed to deal with this. Meanwhile ££millions are wasted in Devon every year. We will continue to work on this and other issues including information streaming to patients.

Sharon Gavin Jones, Queens:

Queens has a number of new PPG members.

Susie Wheaton, Branham:

A lot of building work going on in the practice building at present to improve the space, but problems with car parking.

JH suggested that the medical waste issue be tackled by the alliance working together.

Date of next joint meeting to be decided but some time in the summer.

*20 May 2019.

ENDS