**Minutes of Lime Grove Medical Centre PPG Meeting 22.12.16**

**Present:**

Alex Shore, Project Officer, Adult Care, Derbyshire County Council

Frank Dicken, Chair

Lesley Durran

Peter Hartill

Sue Burfoot

John Tresadern

Helen Fray, Care Coordinator, Lime Grove Medical Centre

Chloe Arbury

Jenny Powell

Bob Windsor

Wendy Sandner, Practice Manager, Lime Grove Medical Centre

**Apologies:**

Frank opened the meeting, wishing all present a Happy Christmas and introducing Alex Shore, Project Officer, Adult Care, DCC.

**Adult Care**

 Alex gave a power point presentation, setting out an overview of what DCC Adult Care provides in social care and in preventative services. She described how patients’ situations and needs are assessed with staff then matched to each case and support provided through the provision of personal budgets or co-funding based upon a personalised care plan. Accommodation is planned so as to give as much independence as possible.

Carers are also given support, including training, but always with keeping vulnerable people safe as a paramount requirement.

 RW asked for clarification about self-funding as top-up, but Alex said this was not possible.

 SB asked who decides what care needs are to be met. Alex said DCC has to conform to national criteria.

 PH raised the issue of care visits at inappropriate times eg put to bed at 19.00 hrs. Alex said this should not happen.

 JP asked about the ratio of DCC to private carers - Alex did not know but said DCC prefers to use its own resources.

 PH asked about cost - the group concluded about £20 per hour.

 FD questioned the linkage between the health service and social care. Alex replied that the Information Team from Adult Care links DCC to health authorities through, for example ’Your Derbyshire’ as a quarterly newsletter.

Alex went on to say that information about Adult Care is available through leaflets, fact sheets, and the website at Derbyshire.gov.uk/care.;

WS added that Disability Mental Health Services and Deaf Team are available but separate from general services,

FD asked how referrals came about. Alex replied, generally through information services with self referrals, but also via professionals. This raised common concerns about how people in need can call for help and the nature of response especially over loneliness.

JT asked about the possibility of making more use of the ‘pensioner/retirees’ resource base to help our own age group. Alex replied that local area co-ordinators were in place in Bolsover, Belper and Ripley looking at this area. Also that %0+ Forum and Age UK had befriending groups and some transport. She also pointed to the Signposting Scheme involving multi-agency information provision.

**Dementia**

 Several members of the PPG attended a 2 hour presentation at Imperial Road Surgery about dementia by ‘Dementia Friends’. This is an organization open to all and working to widen knowledge and understanding about dementia to improve support for patients. A handout (attached) was given out at the PPG meeting setting out the main points given in the presentation by Dementia Friends.

HF highlighted the existence of a number of carer support groups that can be accessed through our surgery, with support available for people with dementia, people who are lonely and for carers. Demential Friendly screening are also put on at various local theatres and at Wirksworth cinema

**DNAR FORMS**

 FD outlined a presentation Dr Emerson gave at the dementia meeting, raising issues around the DNAR form such as how is it available, who decides etc. This led to the topic of defibrillators and their operation.

FD suggested a First Aid session for the PPG and Imperial Rd. The suggestion was agreed enthusiastically, possibly an evening session.

**ACTION WS**: **Wendy to talk to Martin D.**

**Swithchboard and appointments**

PH said he found the new switchboard system very good but the website for appointments offered none available in the two week period it made available and was an exercise in frustration.

WS said the website operates strictly to a contract and the surgery had no power to change it.

**Strategy and Transformation Plan (STP)**

PH also reported on Better Care Closer to Home. This plan to join up all care services – but it is voluntary and DCC not keen to ‘put into the pot’. There will be £2.7 bn available but it will cost £3.0 bn so it has to entail cuts. It will also change the funding mechanism such that hospitals can claim to do more, get and extra money – leaving less for the CCG. It was suggested that GPs could volunteer services, cutting out the need for a consultant appointment.

WS said it amounted to hospitals being given a blank cheque as in the past, patients were referred directly from specialty to specialty within the hospital ,but now patients were returned back to the GP for a new referral and thereby triggering a new fee.

PH commented that STP will lead to more closures across the county of services

RW, SB, PH all gave personal experience examples of the muddled way the hospital system operated led to a waste of money, time and journeys, which it seems under the proposed appointment system would get worse.

**Thanks** were offered to Emily who was not present at this meeting but who has diligently taken the meeting minutes over the past year.

 Date and time next meeting: To be agreed