**Community Councils Liaison Meeting**

**Held via MS Teams 13/03/2023**

**Attendees :**

DrMiles Mack, Senior partner Dingwall Medical Group (Chair)

Manuela Flueckiger, Practice Manager, Dingwall Medical Group (Minutes)

Christina Mackintosh, Marybank, Strathconon & Scatwell Community Council

Sadie Michaela-Harris, Garve & District Community Council

Bruce Morrison, Ferintosh Community Council

Ron McAulay, Strathpeffer Community Council

Charles Hepburn, Maryburgh Community Council

Michael Conway, Medical Student Dingwall Medical Group

**Apologies:**

Jack Shepherd, Dingwall Community Council

Norma Ross, Contin Community Council

Cai MacIver, Kiltearn Community Council

Frances Elspeth MacGruer, Muir of Ord Community Council

A Mackay, Killearnan Community Council

Everyone was welcomed to the meeting by Dr Miles Mack (Chair). Apologies were passed on from those unable to attend. Everyone had a chance to introduce themselves before starting an open forum to discuss areas of common interest.

**Terms of Reference**

This group was initially put in place pre Covid with 2 meetings taking place in that time which were very useful and we were off to a good start. Then unfortunately Covid hit and there was no meeting for 3 years. Therefore it is safe to say the group as such has not been established yet and it is important to agree on the purpose of the meeting and what we are all trying to achieve.

For the Health Centre it is a fantastic opportunity to talk about what their priorities are, how they engage with the community councils, and how they engage with the community. Vice versa it is also an invaluable opportunity for the Health Centre to learn about what the community needs.

The Community councils are keen to know the number of patients out of their area of responsibility and the Health Centre will look into how we can break down numbers in relations to the total population within the individual areas.

Information like this could also feed into other Practices within the local GP Practice cluster, and encourage similar practices with their local community councils.

Questions were raised about how this meeting is disseminated to the public to ensure awareness of a route to GP’s through the community council. Some councils have very good community engagement, others do struggle. It is suggested to use social media channels from each community council and DMG to highlight the liaison meetings and the outcomes of these. This information could be presented in poster form, with bullet points what we are trying to achieve and who to contact for what concern, to also allow community councils who use notice boards, community magazine, etc. to share the information.

Concern is raised regarding medical confidentiality, and DMG ensures all attendees that they never share any personal information about patients, a robust process for patient data is in place. No patient information would be shared with the community council. The community council would bringing forward enquiries if they are raised with them by the patient. DMG however does encourage patients who are not happy with their care, or have ideas going forward, to contact Manuela or the Practice directly so any concern can be addressed in line with Policies.

The Terms of Reference currently are highlighting the dissemination of information to the community councils, but it should be amended to ensure the information flow is both ways. The wording will be reviewed.

Community councils to add standing agenda item to their meetings to share information from these quarterly meetings and gather information to bring to the meetings as well.

**Request for discussion items from participants**

**Supporting people in need**

Community councils do a lot of work to improve their areas with volunteer help which works very well in some community councils. There are many volunteers available to support people who need help, whether this is for a lift to a Dr appointment, shopping, or just need some company to break loneliness. Promoting this service wider would be beneficial to individuals who need this extra support. At the moment this service is not used as much as it could be but who is in need? Due to GDPR this information cannot be shared. Encourage people to contact the services that are available but underused.

Close the gap between the community links worker, Dingwall Medical Group, and the community councils to promote the services needed and available in the communities. And reduce/eliminate the stigma of asking for help if needed = positive communication and encouragement. Next Liaison meeting with links worker to support services available on either side.

**Electric trike Dingwall Academy**

A number of community volunteers are trained to use this trike. This trike is available to be used (after training) in the area in and around Dingwall. It would benefit people who are not mobile but could do with being out in nature, enjoying being driven around (Pfeffery way, etc.). This may be a great resource for the Links worker to use.

**Cycle path between Tore and Maryburgh**

It appears the cycle path between Tore and Maryburgh is full of debris like broken glass, gravel, etc., which makes the use for bicycles impossible. It may be a possibility for Community Council who are adjacent to the cycle path to intervene with the Highland Council to have it cleaned. However, it is more likely they will not approach this due to budget restraints. Accessible cycle path are very important for the local communities in terms of health to keep people fit and active, and safety to keep vulnerable bicycles off a busy road.

Suggestions were made to involve local volunteer groups to address the cycle path upkeep. An example brought up was the Pfeffery Way; the upkeep is entirely done by volunteers meeting once a month. The volunteers are from all areas. This works very well and attendance is good. It is also a great social event to meet people. There are other volunteer groups but they don’t have many cyclists in them who may have a personal interest to support a litter picking exercise. Maybe involve cycling clubs? A good way to involve the links worker too.

It was brought up that the Highland Council has an estate budget which is to be used for environmental projects. This may be something to approach the Highland Council for. A joint letter to be sent from the community councils adjacent to the path.

**Social Care at Home**

There is not enough manpower to provide a service required. The question was raised how a community team and residents in the community may be able to be part of the solution to provide the social care at home service in partnership with all parties involved.

Small care homes in rural communities closing is a concern as there is no place for local older people to go when they need a care home. This is especially a concern with the aging population and could lead to depopulation of rural areas. A positive aspect was mentioned that far more people who are elderly now live independently and are in good health. This is much better than 20 years ago.

**Vaccination Transfer to Health board**

As of 1st March 2023 the Health board has taken over all vaccinations from infant to adult. Travel vaccinations are now done in pharmacies. This has been a huge change for the Practice as there was a pride of how well the DMG vaccination clinics worked for the patients and the uptake was high. Feedback from community councils is that the long travel to vaccination clinics are a concern for vaccine uptake, and environmental impact.

**Dingwall medical group workload**

DMG does have some workload issues, specifically due to a very busy time over Christmas and New Year with flu and Strep A. Thankfully things have calmed down a bit and the appointment system is slowly recovering. The below inflation rises across the board also applied to the general practice budget which made everything a little more difficult, but DMG is full up with GP numbers which is very positive.

DMG is training a number of medical students throughout the year, and GP trainees which are all an asset to the practice.

Continuity in patient care is important and DMG has an ongoing project to ensure patient see their usual doctor whenever possible to support them, especially patients with medically complex needs, care home residents and palliative care patients. DMG is continuously improving patient care.

**Prescriptions**

DMG now has in house pharmacists which is part of the new GP contract. The shortage of pharmacists in the community is known, and it is a concern. To reduce some workload a new serial prescribing system was put in place. This allows a prescription to be issued once a year for repeat prescriptions with collections at a pharmacy at regular intervals throughout the year without having to request a new prescription with the associated waiting time. There is constant improvement happening with processes in the Practice to ensure patients receive the best possible care.

**Powdered asthma inhalers**

The traditionally used asthma aerosol inhalers do have significant greenhouse gases. DMG is working towards moving patients with asthma inhalers to powdered inhalers which are better for the environment and provide many benefits for the patients, for example they are easier to use. Information will be provided for patients before they are being moved with the opportunity to request an appointment with a nurse for further information if required.

**Ross Memorial Hospital**

A meeting about the future of Ross Memorial Hospital has happened recently with NHS Highland. The goal is to see the hospital develop in to a modern community hospital where more services are available. This is going slow but it is important for the community councils to keep up pressure until this is achieved.

**Frequency of meetings and date of next meeting**

Quarterly meetings have been agreed, if possible face to face next time. Maybe take turns with MS Teams and face to face to ensure all can attend. The next meeting will be arranged with the community links worker in attendance to discuss partnership opportunities in the communities. Time wise the middle of the afternoon suits everybody very well.

Thank you for your attendance.

Dr Miles Mack

Senior Partner, Dingwall Medical Group

**Action list**

|  |  |  |
| --- | --- | --- |
| **Action** | **Who** | **Completed** |
| Postcodes of Community Councils sent to Manuela Flueckiger | Community councils |  |
| List created with community council population vs number of patient for each community council in line with Postcodes provided. | Manuela Flueckiger |  |
| Review wording of Terms of Reference to ensure communication flow is both ways | Miles MackManuela Flueckiger | Sent to CC’s for review |
| Create poster highlighting the liaison work for community councils to use on social media and/or on notice boards | Manuela Flueckiger |  |
| Explore text messaging from DMG to community council patients with info to volunteer services | Manuela Flueckiger |  |
| Invite Links worker to next Liaison meeting | Manuela Flueckier |  |
| Ron McAulay to pass on trike contact @ Dingwall academy to other community councils | Ron McAulay |  |
| Send a joint letter to Highland Council regarding the cycle path debris removal | Bruce Morrison | 23/03/2023 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |