Facilities and Community Working Group

Minutes of Meeting with the Danebridge GP Practice

November 17, 2016

I. Those present

Philip Greasby	Practice Manager
Dr. Beth Hanson	Partner GP
Russell Smith	
Bryan Rees	

II. Reason for meeting

Russell Smith explained the background to the meeting, i.e. that there had been some issues raised about the availability of GP services during the survey for the Village Plan; in particular about the fact that the Sandiway surgery was only open during the morning.

Bryan Rees covered the initial meeting between the chair of the PPG and Stuart Middleton of the Facilities and Community Working Group (FCWG) and the correspondence between the group and the chair of the PPG.

It was agreed that the meeting should proceed by following the items raised in the attachment sent to the chair of the PPG and sent to Philip Greasby on the 21st of October 2016 after which an issue concerning the Practice's newsletter of the summer of 2016 could be raised.

III. The issues

1. The opening hours at Sandiway Surgery.

Bryan Rees pointed out that while the FCWG understood their resource issues, a quick follow up survey in the village undertaken in the last week had found that 32% of 62 people surveyed were unhappy with the availability of GP services and 60% of 68 people surveyed were unhappy with the opening hours. He also mentioned that concerns were expressed about the district nurse service, elderly non-drivers needing lifts to appointments and children needing to take days off school.

Dr. Hanson informed us that many of their existing GPs were working part time; there is a national shortage of trained GP staff (especially male GPs), and that they had great difficulty in recruiting due to this shortage. Many young people training to be medics were avoiding going into general practice (due to the perceived issues of working hours, responsibilities, under funding) and many of those that did make that choice were emigrating soon after qualifying (approx. 30%). They were currently 18 GP sessions short of the number they wished to offer, soon to move to 22

sessions after Christmas (when one doctor goes on maternity leave) – these numbers are made worse at times by illness.

We offered to write to our MP to support their request for action on providing for an intake of GPs. Philip Greasby said that they had already met the MPs that covered the area of the practice but that they were happy for us to write in support. He agreed to check a draft of our letter to the MP for any factual inaccuracies.

As far as the practice is concerned, there is no distinction between surgeries. The practice does not have statistics on the number of requests for appointments at the various surgeries as it is expected that patients will request appointments with the GP best suited to treating the condition for which they have symptoms.

Phillip Greasby pointed out that both Kingsmead and Sandiway surgeries were outlying surgeries for the main surgery at Danebridge.

Dr. Hanson informed us that although the appointments at Sandiway surgery were now restricted to weekday mornings there were more GPs in attendance for most sessions and the number of GP sessions at Sandiway had not been reduced. In general there were two doctors in attendance on Monday to Thursday, with one on Friday in addition to a trainee on Monday and Wednesday.

2. **The determination overall that services will only be provided during "core hours".**

We pointed out that people commuted long distances to work and might need to take days of work to attend a daytime surgery and asked whether they would be applying for the extra funding to allow evening surgeries.

Dr. Hanson stated that the extra funding for out of hours working was under threat. Also that, although there were no evening surgeries other than on Mondays at Danebridge, the GPs were generally working until 9pm.

3. **Confirmation that those telephoning for an appointment are always offered some form of consultation.**

Dr. Hanson informed us that if a patient could not get an appointment then a triage system takes place and a nurse will determine the urgency and if necessary arrange some form of consultation within an appropriate period. She also advised that the 111 telephone service and the NHS Choices website (http://www.nhs.uk/pages/home.aspx) are available.

We asked about the item in their newsletter regarding the pharmacies and the "Minor Ailments Scheme". They could not provide a list of the conditions covered by the scheme and suggested that we ask at a pharmacy or check on the NHS Choices website.
Note: This scheme is mentioned on
http://www.nhs.uk/Livewell/Pharmacy/Pages/Commonconditions.aspx
http://www.nhs.uk/news/2015/05May/Pages/Minor-ailment-scheme-doesnt-provide-free-Calpol-for-all.aspx and

http://www.nhs.uk/NHSEngland/AboutNHSservices/pharmacists/Pages/pharmacistsandchemists.aspx .

4. **Better advertising and some clarification of the evening facilities available at the Victoria Infirmary.**

The only truly walk-in facility at the Victoria Infirmary is the Minor Injuries Unit (which charges Danebridge for treating any of its patients that go there). Minor injuries means just what it says; anything that is serious gets referred to A&E and the unit will not deal with anything that is not an injury. One of the Infirmary's web pages also mentions a walk-in phlebotomy unit but patients can only walk-in to that with a referral form from their GP, and Danebridge has its own phlebotomy service. Physiotherapy services are also offered at Victoria Infirmary, but again only with a referral from the surgery.

We suggested that the facility should be mentioned on their website and were told that they would consider that suggestion although they doubted that it would take any pressure off their practice.

5. **Whether the practice (as distinct from the PPG) will take on board the comments regarding the web site and the Practice Booklet.**

The website is under consideration at the moment and they would look at our suggestions.

6. **Whether the practice has any links to any group that could provide transport to its surgeries.**

Philip Greasby said that the practice had no links or knowledge of such a service. The Red Cross had provided the facility but had withdrawn it due to it being abused by people who used it for shopping trips. He suggested that we enquire at the Citizens Advice Bureau. Dial-a-Ride was a potential service but they had no knowledge of its useability.

7. Home visits.

Bryan Rees expressed concern at the restrictive nature of the statement in their newsletter regarding home visits i.e. "Can we just remind you that home visits are for the terminally ill and the genuinely elderly housebound. There are always ways of getting to the surgery (friends, relatives, taxi's etc) and it is not just more efficient but often safer and more clinically appropriate to be seen in the surgery."

Dr. Hanson appeared to take on board that the word "elderly" was not really appropriate. However she insisted that even someone with both arms and both legs broken could get to the surgery by car and that anyone who had something contagious could be appropriately isolated from other patients once they got to the surgery. Our point about elderly people on restricted incomes who had no friends or relatives living nearby fell on deaf ears. (But see item 6, above.) Dr. Hanson pointed out that the facilities at the surgery were far better than anything that a GP could provide on a home visit, and that it was always much safer to be seen in the surgery.

IV. Other matters

We said that we would welcome input for the Village website.

Dr. Hanson asked for volunteers for the Patient Reference Group (PRG); Russell Smith offered to join the PRG and is awaiting paperwork.

We thanked Philip Greasby and Dr. Hanson for meeting us and the meeting closed.

28th November 2016