

Abbey View Medical Centre Patients Group

Open Forum 9th March 2015

I would like to thank everyone who came to the Open Forum. Dr Yule and Dan Burnham felt that the evening was very valuable, not just as an opportunity to pass on a lot of information, but also because of the very supportive feedback that was given.

As a result of feedback received from the 3 meetings so far, it is our intention to hold similar gatherings regularly and to widen the format to include opportunities to invite those such as the Chief Executive of the Salisbury Hospital and others who are responsible for providing the services that patients use and need.

We would be very interested should anyone have a suggestion for any particular speaker. The object would be to include an opportunity to hear of the value and problems of the services and to allow questions as a follow up. Your views on this idea would be most welcome – my address is attached.

The merger is on target – just a few days away and we will keep you informed of how things progress.

Anthony Austin; Chair; the Patients Group
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The following notes are a summary of the meeting that took place in the Education Centre at the Practice on 9th March 2015 at 6.00 pm

Present:

Anthony Austin Chair of the Group
Dr Simone Yule Executive Partner
Mr Dan Burnham Practice Manager

There were 42 members of the Patients' Group

Dan Burnham started the meeting with his detailed analysis of the impact on the Practice of the residential developments in Shaftesbury.

1. **The points covered are as follows:** The present housing development (2011 – 2016) for 1,140 homes to be completed in that time. 450 of these will be “affordable housing”.
 - a. The North Dorset District Council (NDDC) Local Plan states that when initially consulted in 2012 the Practice confirmed, it had sufficient capacity at that stage to deal with the increased population numbers. In October 2013 our own analysis showed that there was the correct clinical capacity for the existing patient list.

b. The NDDC plan acknowledges the need for additional accommodation for clinical use and this is under discussion. There is some capacity within the present buildings.

c. North Dorset District Council's estimate, obtained by the practice, is that Shaftesbury's population will increase by 2,360 to 10,270 by 2026.

2. Implications for Shaftesbury Practice.

a. **List Size increase.** The practice's list size has increased by 918 since April 2010 to 15,286 as of March 2015. By 2026 it is estimated to be 17,646.

b. **Clinical Loading.** 40% (450) of the housing development will be "affordable homes" with a significant proportion of social housing. This will increase clinical and social complexity which has to be managed and supported by the surgery and both Social and other Health Care needs. (Social housing introduces additional needs. An example: 500 + patients from one Social Housing complex accounts for an annual total of 4,698 consultations. That's 8.72 appointments per patient per year against the national norm of 5.6)

c. **Clinical Capacity.** Using the Department of Health guidance & past "appointments" data we calculate that with reconfiguration there is sufficient capacity within the present buildings for now.

d. **Other Health Care staff not directly employed by the Practice.** The practice also involves several groups of NHS staff who part of NHS Dorset. There is substantial value to the members of both teams to be co-sited and this is the present arrangement. Existing accommodation needs take this into account.

3. Future Needs

a. **Planning.** The Practice will continue to participate in the North Dorset District Council (NDDC) planning consultations in coordination with NHS Area Team (P).

b. **Seek Funding From Developers (Car Parking).** Lack of car parking remains major issue for our patients. We are examining a plan to expand Abbey View car parking from 75 spaces to 96 at an estimated cost of £126K. The plan was submitted on 6th March via North Dorset District Council Planning Officer. (The provision of Car Parking is not mandatory. This practice is fortunate in having the space but any changes would have to come as a result of contributions from the Shaftesbury developers. NHS England will not pay for surgery car parking stating that this is the local authority responsibility)

c. **Rationalise Administrative needs and costs.** With our Sturminster Newton partners we will be combining and streamlining our administrative functions.

d. **Other Surgery Users.** Negotiate with other users of our facilities (district nurses, community matron, health visitors, midwives, community mental health team, counsellors, podiatry, specialist₂ diabetic consultants, cardio rehabilitation

etc.) to make better use of our facilities. Co-location is key to the delivery of integrated health & social care envisaged in the NHS 5 year Plan & the present Dorset Clinical Service Review.

e. Fontmell Magna & Marnhull Surgeries. The spare capacity at Fontmell will be used and Sturminster Newton is concurrently investigating increased utilisation of their surgery at Marnhull. The cost of any changes are unlikely to be available from NHS England Funding to as there are no central funds for ongoing costs. Nonetheless a bid is being prepared and costed for an approach to NHS England. Any bids must meet NHS England Premise guidelines and must be supported by an endorsed future clinical capacity requirement. Despite the political rhetoric about extra money, submission, requirements and deadlines are tight. There is no guarantee that funding will be approved.

4. Federation. It is essential that all 9 North Dorset GP surgeries become a federated Company – that is to become a united limited company – in order to be able to keep and be awarded future Public Health England contracts. Among other developments to apply for, this will increase the prospect of 8am to 8pm clinical hours and the provision of out-of-hours cover etc. both of which are NHS targets and expected by the general public.

5. Funding. North Dorset District Councillor Gary Jefferson, who is a member and was present, , explained the following:

Q Where does money come from for the infrastructure support required from any housing development?

A. When, and only when, the total work is completed down to the last matter. does the Contractor then have to pay over their required contracted contribution for the infrastructure. Too often, contractors keep delaying the final parts of the completions – and in some cases never do, and so the money to which the community is entitled fails to appear. This is a problem across the country and is in reality outside any one’s control.

Q Has the Town Council any power? A None.

6. Dr Yule and Dan Burnham. The “open forum” then opened up:

a. The Telephone System. There was a discussion about the problems with telephone bookings etc. and Dr. Yule re-iterated that plans were in hand to update the 12 year old system and integrate it with Sturminster Newton. The type of system that is essential will inevitably be expensive.

b. The Dispensing and Collection of Prescriptions. There is mounting irritation because of the difficulty that Lloyds and Boots appear to have in turning around a prescription in a reasonable time. Boots are in the midst of transforming their electronic prescription systems which is one cause but there are also staffing issues which are being dealt with. Lloyds is overstretched and discussions are underway to try to get this sorted. To give some idea of the scale of activity, Lloyds are dispensing about 90,000 prescriptions a year! Dan is discussing the issues with Boots – the local manager, the area manager and further up the chain. Anthony and Dan are also in discussion with Lloyds

The Open Forum closed at 7.15 pm. Next meeting to be arranged