

SPECIAL SUB-GROUP MEETING

A Special Meeting was held between the Parish Council Special Sub-Group and RCMG at Holsworthy Medical Centre, Dobles Lane, Holsworthy, on Tuesday 25th September 2018 at 1.00pm.

Present: John Dungate (in the Chair). John Franklin. Rich Clark. Anita Maidment. Nick Whatley (Shebbear Parish Council). Anita Collins. Sue Geary (parishioners). Jane Wells and Dr Andrew Brown (RCMG).

AGENDA

1. Introduction to all present.
John Dungate introduced himself as Chairman of the Parish Council.
Anita Collins, a non-Facebook user with concerns regarding the surgery.
Sue Geary, non-Facebook user and very concerned about the surgery.
Rich Clark, Chairman before John took over and a resident for a long time.
Nick Whatley, Parish Councillor and husband of the Clerk.
Anita Maidment, Parish Councillor, lived in the village for some years.
Mary Whatley, Parish Clerk.
Jane Wells, Managing Partner.
Dr Andrew Brown – GP Partner.
2. Opening Speech by the Chairman.
Back in July, Jane came and spoke at our Council meeting at which time we understood you had to pick up the reins in rather a stressful manner and we were all encouraged with things to progress. That meeting went very well and it is now time to up-date as some of these promises have disappeared and all sorts of stories are being banded around. We would like to know how you see things now and in the longer term.
3. Apologies by Anita Collins.
Anita Collins apologised for behavior on ‘unsocial’ media and stressed this does not represent most of Shebbear and would like (but could not) say that it would never happen again.
4. Current Vision by RCMG.
Dr Brown explained that RCMG had been constrained by what they could say publically as a number of issues relating to Beech House in particular were confidential and ongoing. He went on to explain that many doctors’ practices are imploding, the primary problem being recruitment. The partners at nearby Stratton Medical Centre handed back their NHS contract last year and Holsworthy took on the care of their 11,000 patients in April 2018 as the alternative would have been those patients left without care. PULSE magazine (a GP newsletter) in August 2018 reported comments made by the Medical Director of NHS England who reportedly said that ‘small practices should be allowed to wither and fail’ and practices in Barnstaple and Plymouth were closing with acute GP shortages the main issue. Holsworthy and Stratton totaled about 22,000 patients; with Shebbear and Hatherleigh this would rise to 27,000. There were four other interested parties to bid for the primary care provision in Hatherleigh and Shebbear, two of whom didn’t bid.

It must be made clear at this point that the procurement process NHSE ran was for the right to provide primary care services to the populations of Shebbear and Hatherleigh by extending the boundary of RCMG’s existing PMS contract and was specifically not to take over the existing standalone contract held by Dr Fernandez. RCMG’s PMS contract with NHSE is to provide primary care services to patients within their practice area who choose to register with them. Under this contract, the manner in which they do this and the sites from which they operate is up to RCMG to decide. There is also no dispensing license that exists as part of a premises. A dispensing contract is held by an individual as part of their contract and therefore when Dr Fernandez retired and his contract ended, the dispensing contract he held to provide prescriptions from Beech House and Hatherleigh also ceased. RCMG would have had to re-

apply for a dispensing licence whether or not they had operated out of Beech House.

RCMG bid for the primary care provision to Shebbear and Hatherleigh on the assumption that the two existing premises would be made available to them, and made our bid on the basis of retaining the surgeries in Shebbear and Hatherleigh. They were informed by NHSE on 21st May that their bid was successful. In early June, NHSE asked whether the contract start date of 3 Aug could be brought forward to 2 Jul because of patient safety concerns. RCMG reluctantly agreed on condition that GP locums were provided to cover this first month. Dr Fernandez had failed to provide a lease or a Business Transfer Agreement by the middle of June so RCMG instructed their lawyer to prepare drafts of both documents. Despite repeated efforts by RCMG to progress the legal paperwork, Dr Fernandez refused to meet with RCMG thereafter and 3 days before they were due to take over responsibility for Shebbear and Hatherleigh, NHSE informed RCMG that they had been informed by Dr & Mrs Fernandez that the deal was off and they would not allow Beech House or Hatherleigh surgeries to be used by RCMG after 2 July. Dr Fernandez had also apparently instructed his staff to call the police if anyone from RCMG turned up at the surgery.

RCMG had no option but to enact the emergency Business Continuity Plan to use the Village Halls in both Shebbear and Hatherleigh to provide services. These plans were only designed for short term premises issues such as flood, power loss, freak weather events etc, and not as an enduring solution. It became quickly apparent that because of IT issues, patient confidentiality, lack of a dispensary, cleanliness and use of the Village Halls by existing bookings during the working day, using the Village Halls as a long term solution was not viable. The decision was reluctantly therefore taken to relocate all services back to the main surgery at Holsworthy while a long term plan was developed.

RCMG has a different set up to that of Dr Fernandez. Holsworthy Medical Centre is a large building with a number of different services including GP, Advanced Nurse Practitioner, Prescribing Clinical Pharmacist, Practice Nurses, Phlebotomy, Physiotherapy, Chiropody and a home visiting service. Plans are at an advanced stage for the re-opening of a surgery premises in Hatherleigh in the old NatWest building before Christmas and dispensing services will restart once that building is up and running. The new surgery will have 4 consulting rooms and will be staffed by a GP and Advanced Nurse Practitioner 5 days a week. Dr David Lee will be located in Hatherleigh for three days a week, and Dr Mark Eggleston for two days. Carol Ball, Advanced Nurse Practitioner will work 5 days a week and there will also be clinics run by female GPs to allow access to a female should patients wish.

Patients living in Shebbear will be able to choose whether they go to Holsworthy or to Hatherleigh for consultations, treatment and prescription dispensing. Dispensing at Hatherleigh will be done under the control of RCMG not a third party such as Boots or Lloyds. A delivery service to bring dispensed meds to Shebbear is planned, the detail of which is being worked on, but it is likely there will be a central point for most patients to collect medications with a home delivery service to the housebound who are unable to get into the village. It should be possible for prescriptions to be picked up by family or friends on behalf of patients just as they can be in Boots or Lloyds. More detail on this will be provided in due course.

5. Questions –

a) What is the reasoning to not use the current Beech House Surgery location?

RCMG is unable to discuss the reasons why they are not able to use the current Beech House surgery. The contract is stipulated to provide quality primary care in the parish. There is no commitment to provide GP appointments and a consulting facility back in Shebbear, we will look at what the need is beyond vaccinations and dispensing. If the need is demonstrated we will see if we can accommodate it consistent with our quality objectives. We can say at this stage that Beech House itself will not be re-opened as a doctor's surgery, regardless of who owns the building.

b) Have there been measures taken to try and resolve the situation to reinstall the surgery to its original location?

Yes, Beech House is owned by Dr Fernandez. It was not possible to reach an agreement on the leasing of Beech House prior to our taking over in July 2018 and NHS England does not own property. There are very good reasons why Beech House will not open again as a surgery regardless of who owns it, but I cannot go into detail at this stage. It will become apparent in time, though this is unlikely to be soon.

- c) What alternative venues are currently being considered to accommodate Shebbear patients within reasonable distance from the central point of the village?

We are in contact with the College regarding the possibility of using Lake School Room in Shebbear, but nothing has been agreed or signed. There are a couple of other possibilities being looked at. After exhaustive enquiries, NHSE have no mobile surgeries or other temporary resources that could be used on a permanent basis.

- d) Whilst efforts have been made to provide transport to temporary medical services, how are we accommodating the less able? And how long will this transport be available?

The transport will continue to be made available at least until Hatherleigh is up and running. For those unable to drive or take advantage of the bus RCMG provide telephone consultations and if required a home visiting service. Once Hatherleigh is up and running there will be a dispensing service to Shebbear. Meanwhile, there will be a flu jab clinic in the Village Hall on 11th October 2018.

Providing public transport in the area is the duty of the County Council and we suggest you might also open a dialogue with them; with no surgery in Shebbear you have evidence to prove a need.

- e) When the current plans for additional housing go ahead, have RCMG considered that this will benefit the village surgery?

Yes, we are constantly adapting to new housing developments all over our practice area. There is building work going ahead all over North Devon and North Cornwall and the effect of developments on existing and future local services is taken into account by the council in the planning process.

6. Supplementary questions:

Cllr Clark was concerned that symptoms would go unchecked if patients could not access a doctor in the village and this could jeopardize the community health long term. Dr Brown said this was no different to patients living in most rural areas, such as farms, who were entitled to the same standard of care as patients living in a village centre. Shebbear had had the luxury of a local service, however that local service had been shown to be unsafe and inadequate by the Care Quality Commission and RCMG's first duty is to provide a high quality and safe service which should not be confused with convenience. Cllr Clark replied that the quality concerns had only arisen recently and for 37 years Beech House provided primary care with no problems. Dr Brown reiterated that the CQC had rated Beech House as unsafe and inadequate and placed it in special measures, and that a lot had changed in recent years within NHS England with respect to delivering GP services.

In relation to Dr Howlett and Black Torrington, Dr Brown said it was in RCMG's interest to see this surgery as a flourishing facility and that they are friendly supportive neighbours with all the surrounding practices.

Cllr Clark asked why the exodus from the village hall had been so sudden. Dr Brown said the use of the hall was covered by the emergency plan but that this was a plan for short term emergencies such as fire, freak weather events etc, not long term provision. Cllr Clark mentioned we were given the impression that the hall would be used for some weeks not some days. Dr Brown said the issues of patient confidentiality, the lack of mobile signal, difficulties with dispensing and the lack of internet making it impossible to update records as needed, proved insurmountable, and there were concerns about the cleanliness.

7. Minutes:

The main points of the Minutes were agreed and were to be typed up and circulated to all present for approval prior to being put in the public domain.

Chairman suggested we had another meeting in a few months' time. Agreed.

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