

**Littledown Surgery**  
**Minutes Patient Participation Meeting**  
**Thursday 19 January 2017**

**Present:** David Bellamy, Chair of Littledown Surgery Patient Group  
Emma Prince, Practice Manager  
Matt Baker, Senior Locality Lead, Dorset CCG  
21 patients

1. **Apologies:** From 1 patient
  
2. **Review of notes from last meeting – 28 September 2016**
  - The Governor at Royal Bournemouth Hospital had offered to come and speak to us – this isn't available any more
  - Extended role of Patient Group – we have established a Premises Sub-group who meet with Emma, the Practice Manager, a couple of times a year to walk-round the premise and point out issues that they identify from a patient perspective. The initial walk-round had been done, and was thought to be useful by all involved.
  - Phlebotomy – the practice is planning to recruit a Health Care Assistant who will be able to take blood. This means we will be able to offer more phlebotomy appointments, but we will not be able to do all of the blood tests for all our patients. We will most likely expand our current criteria for those whose blood we can take at the surgery.
  
3. **Dorset Clinical Commissioning Group**

Matt Baker, Senior Locality Lead from Dorset CCG came to discuss the Clinical Services Review and the Primary Care Commissioning Strategy. We were pleased to see such a large turnout of patients, indicative of the interest in this very important issue.

**The Clinical Services Review**

Matt explained the background that has led to the need for the Clinical Services Review (CSR), with three local hospitals offering similar services. It is acknowledged that there is not much more money coming into the NHS, especially in Dorset. The aim of the CSR is to maintain good services, and good access to those services, within the constraints of a health service that is struggling to cope with ever growing demand, and the fact that we are all living longer often with long term conditions. Matt stressed that the CSR presents a preferred option, no decisions have yet been made. And this is the opportunity for all patients to say what they think.

The CSR is a huge piece of work, and it has taken 2.5 years to get to this point. It is recognized that largely, the 3 acute hospitals work in isolation from each other. The CSR proposes bringing teams together, which may help address the recruitment crisis the hospitals are facing (along with general practice!).

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The preferred option from Dorset CCG is that Bournemouth hospital becomes the major trauma centre for Dorset, and the maternity centre for East Dorset. Both Poole and Bournemouth hospitals will retain an A&E department for patients to take themselves to. But any blue light cases arriving by ambulance will go to Bournemouth. Poole Hospital would become the centre for planned care, routine operations and outpatients etc., as well as having some community beds for convalescence and recovery. This would require major investment in both sites.

St Leonard's Hospital would, under the proposals, close completely. Largely due to the investment that would be required to get the buildings up to scratch. And Alderney would have only mental health beds at that site.

The CCG had already commissioned some Nursing home beds for people needing to leave hospital, or be kept out of hospital, but require some additional care and support before going home.

Patients asked the following questions:

- Concerns about the parking at both Poole and Bournemouth sites
- Why was Broadwaters being closed, before the replacement beds were ready?
- Maternity – why can't Poole be expanded, given that it is a purpose built unit? But it is over 60 years old, and is already full to bursting. A new maternity unit is proposed on the Bournemouth site, with capacity for the anticipated future needs
- What about people coming from Hampshire? The CCG have been having events in Hampshire – Ringwood, Fordingbridge and Lymington for example, and are working with the Hampshire CCG on plans for the future.

Matt encouraged all the patients present to take a copy of the consultation document, and to complete the questionnaire to feed back their views. There are planned events at Littledown Leisure Centre, and a PPG event in Kinson on the 6 February which a few members of our Patient Group were going to attend.

#### **Dorset CCG Primary Care Plans**

There were 101 practices in Dorset a year ago, now there are 96. This is due to mergers, and a few practices closing. Having 96 contracts makes things difficult for the CCG, but Matt stressed that the CCG has no plans to close any practices. And in fact could not do so as the GPs are independent contractors, who will make a business decision as to whether a merger, or in extreme cases the closure of the practice is the right decision. Littledown Surgery is a successful surgery which has no plans to merge with any other surgeries in the foreseeable future. However, we all need to recognise that general practice is under pressure; many practices struggle to recruit doctors and nurses. The CCG is investing in general practice, and is encouraging practices to work together to support each other.

We discussed a number of areas including:

- Inappropriate attendances at A&E
- Chronic disease management

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- Patient Education including the My Health My Way programme
- Online consultations – the way forward?
- Active signposting to make sure people get the care they need and to prevent inappropriate attendances at the surgery
- Doctors leaving to live abroad after they've trained – why don't we require a number of years of service before they are allowed to leave as they have been trained at the tax payers expense
- 7 day a week services from GPs – although probably not at every surgery. May be shared across the locality, depending on demand...

#### **4. Friends and Family test**

We looked at the results from September to end of December 2016. The amount of feedback has dramatically increased since we introduced our text appointment reminder service. This gives patients the option to say whether they would recommend the surgery. We have had feedback from 837 patients in the 4 months we looked at, a great improvement from the 8 a month we were getting!

97% of patients would recommend us.

We reviewed the comments left by some patients. These were on the whole positive, but the group acknowledged that you can never please everyone!

#### **5. Any other areas to discuss:**

##### **Waiting times for a routine appointment**

We also looked at the waiting times for an appointment with our GPs and nurses. Emma will bring this information to each meeting. We always fit in patients who need to speak to or see a GP that day, and also we will always fit in an urgent appointment for the nurses the same day. The current waiting times for a routine appointment with a GP are currently:

- Dr Rogers – 3 working days (her working days i.e. Monday, Tues, Wed)
- Dr Torquati – 1 day for Over 75s, 5 working days for a general appointment
- Dr Murray - 3 working days
- Dr Smeaton – 3 working days (her working day is Fri)
- Nurses – 6 working days (demand is unusually high for nurse appointments at the moment)

##### **Travel Information**

We have updated the Travel Health section on the website, so that patients can download the travel form rather than having to come to the surgery to pick it up.

**Date of next meeting:**