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We are consulting on closing our branch surgery in Feckenham. We have had a number of meetings with patients and an informal meeting with a number of the Parish Council members. Some questions and solutions have already now been put forward and this briefing is intended to capture these and make some observations.

Introduction

The practice has approximately 5100 patients and about 380 live in Feckenham. Currently all patients have access to our main surgery in Astwood Bank. All nursing, healthcare assistant and clinical pharmacist appointments are at the main surgery. Feckenham patients also have full access to doctor appointments at the main surgery. Traditionally there has been three drop in sessions per week. Recently this had dropped to one per week on a Wednesday.

The consultation

We wrote to patients and started the consultation on the 15th October 2018. We have invited comment from both patients and local residents. After meeting the Parish Council we agreed to extend the consultation to include the parish Council meeting on the 15th November. We intend to close the consultation on Wednesday the 21st November. They have promoted the meetings with a flyer in the Parish magazine. I have done an interview with Swansbrook Radio which is available online. We are holding a drop in session in the Village Hall on the 31st October 7-9pm and Thursday 8th November at the Branch Surgery.

The Issues

The Steps

The steep front steps have always been a challenge for some patients. This means our wheelchair patients already have to see us at the main surgery. Some elderly patients go up them backwards; there are good handrails either side to help.

The Room Size.

The room is about 9 m square and GP consulting room should be 16 m Square. This means there is not enough room for some types of physical examination. Where needed patients are seen later in the day in the main surgery. We have a defibrillator in the room but should a patient collapse or faint it would be difficult to manage. It does not meet fire regulations.

Computer problems

Some of you are aware the NHS computer system are owned and run by the local NHS and not the surgery. The call center is currently based in South Africa and when problems arise there can be a delay in fixing any issues.

Lone working

As there is only one consulting room we are limited to one clinician at a time. This means there is no-one to assist if a chaperone is needed. There are no nurses to help if required for blood tests or ECG or dressings. If we have a medical emergency there is no-one to assist and ambulances can taking some time to attend, especially in the winter months.

The drop in system.

Currently patient drop in and do not need to ring up to book an appointment. Most patients we see are appropriate to the setting, most patients are aware of the limitations in the branch surgery. However we do end up seeing patients who would usually see the nurse or need a blood test before their medication review.

Receptionists across Redditch have been trained and are now undertaking a brief assessment of the reason to see the doctor. They can then book them in to be seen with a doctor or nurse. They frequently pass patients through to speak to a doctor if there is any chest discomfort and often a 999 ambulance is called.

We know the surgery has been a feature of village life and is a comfort for many however we feel the issues are significant.

If you would like to go through things in person please drop us a line either at the main surgery or the branch surgery.

Dr Ruth and Richard Davies.

Q & A

We have drafted a number of Questions and Answers based on correspondence and conversations we have already had.

Are you consulting now because of the death of the owner?

We have monitored the Branch Surgery for some years and made the decision to consult on closure some months ago. We were aware the consultation process would be an active one so wanted the staffing at the main surgery to be back to normal before we started.

We asked for permission to consult from the CCG on the 23rd September 2018.

Could some of the shop volunteers be trained as Chaperones?

I have spoken to our MPS (medical protection society) helpline and they do have a view. Any chaperones must be employees of the partnership. That would mean a contract with the surgery, chaperone training, confidentiality training and staff induction. They advised we also check with a HR advisor as it was not something they had been asked before.

Could the “branch “surgery be moved to a more suitable location?

Could a room be used in a local retail space? We would have to check the regulations regarding moving surgery site. As ever the NHS IT would need to be moved. With “new” space it would need to fit the “regulations” for example 16 m Square room for example.

Do you have capacity at the main surgery?

We have done a review of the last 3 months Feckenham appointments. We have been closed 3 times but for the days we have been open there has been an average of 3 patients per week seen (total of 22 patients), ranging from 0 to 7. In October on Wednesdays we have had 24 unused face to face book on the day appointments. These were with Dr Twigg and Dr Javed. The doctor’s room is always empty when they are at the branch surgery so physical room is not an issue.

Is the closure just to save money?

We don't expect the closure will save any money. Although the surgery does cost money and administration time it is not significant. As most of the retired GPs in the village will already know GP rent is paid for by the local NHS and not the practice directly. As a practice we have recently made a significant investment in the new Clinical Pharmacist role in addition to the GP appointments we continue to offer. This is to improve access.

I don't like your phone system, I can never get through, and can anything be done?

Over the last few months we have been looking at our phone system and agree with you it does need to be improved. Clearly pressing redial time after time is frustrating. Usual practice now is to have a more flexible system. For example press 1 for emergencies, press 2 for home visits, press three for appointments, press 4 for dispensary. Also a "stacking" system is needed where callers know they are "number 5 in the queue, number 4 in the queue" etc....
Whatever happens we intend to upgrade the phones ASAP.

Appointments and repeat prescriptions can be booked online. Once you have registered you can book some GP appointments online. We also have the facility to book "telephone appointments". As you may have seen in the news, there is a move to online or Skype consultations. We are not yet looking to introduce these.

Could you open the branch surgery full time?

In Worcestershire most branch surgeries are satellites of much larger practices, it would be unusual for a 5000 patient surgery to work from two sites, even on a part time basis. We feel our list size is large enough for economies of scale but small enough to know all our patients.

Is there a Bus?

There is no bus between Feckenham and Astwood bank. The distance to the main surgery is 2.2 miles and it is the closest GP site. The next two closest are 2.5 miles and 2.8 miles. As the surgery is part time and doctor only all our patients currently use the main surgery for dispensing, nurse and other appointments and for many Doctor Appointments as well.

Will starting as a GP training practice be a drain on resources?

GP training is thought of as a marker of good quality in General Practice and we feel it will be an asset. The doctors are fully qualified, but are doing specialist training to become full GPs. They do need supervision however will also be seeing patients themselves.

Is the main surgery fully staffed?

The main surgery is now fully staffed and has additional capacity we have brought in over the last few months. On reflection it has been a difficult year. Alongside the retirement of Dr Cowburn and Dr Hanna we have had two staff members died this year.

Most of you knew Dr Lane, he had done sessions on and off for some time. His death was a shock for many patients. Following this our well liked Health Care Assistant also suddenly died shortly afterward. Both are sorely missed.

Currently we have two fully trained nurses, so every day has a practice nurse. We have two health care assistants working alongside them. In addition we have a prescribing pharmacist working 4 days a week to help with medication reviews and medication queries.

Dr Meredith (F) is back working sessions; she used to work at the surgery with Dr Seyler. Dr Javed, Dr Twigg and Dr Asif (M) are also working regular session. Both Dr Richard and Ruth Davies continue to see patients as normal.

Could you make Tuesday afternoon available for booked appointments?

We already see emergency patients up to 6.30pm on Tuesdays. We generally do more routine home visits and our Care Home Ward Round that day. It is something we are considering and could reassure patients we have enough access at the main surgery.

Could the Surgery use a “mobile Surgery” for session?

We have thought about this but feel there are too many technical and clinical issues to overcome. A fixed NHS IT connection is essential.

Could you do Extended Hours?

As some of you have worked out we now do “extended hours”. This includes regular Thursday evening appointments up to 8pm. These are based at a larger GP surgery in Redditch. They are handy for those who work or cannot make office hours appointments.

What if I cannot get up to the main surgery?

We always visit patients when requested. Compared to other local practices we do a lot of visits, this reflects the type of patient and rural nature of our practice. We often ring them first to see if there is anything need to bring with us on the visit. We already visit many housebound patients in Feckenham.

We will continue to collate responses and consider these after the consultation is closed.