

Strathard Community Council

Aberfoyle & Buchlyvie Surgery Discussion

Minutes of Meeting:

Thursday 6th Sept 2018 Forth Inn, Aberfoyle

Community Councillors Ros Dingwall, Trevor Geraghty, Andre Goulancourt,
Michelle Colquhoun, Colin Smith

Attending: Cllr Martin Earl, Cllr Jeremy McDonald, Bruce Crawford MSP
Cllr Evelyn Tweed, Stephen Kerr MP. Toto McLellan (Minute Secretary)
Approximately 200 members of the public

Apologies: Fiona McEwan, Gillian McEwan, Billy Ronald (NP)

Introductions: Trevor Gerhart chaired the meeting, introducing representatives from NHS Forth Valley: **Cathie Cowan, Chief Executive, Dr Stuart Cummings, Associate Medical Director Primary Care, Dr Scott Williams, GP lead Stirlingshire. Jillian Thomson, Senior Finance Manager, Primary Care**

Dr Cummings opened the presentation with an outline of the historical structure of General Practice in the region, and changes experienced in recent years. There are 54 GP practices across Forth Valley, 6 within the immediate area. Dr Cummings described GPs as independent contractors, self-employed, and employing others to provide specific required services on behalf of the Health Board, with personal responsibility and discretion regarding how best to provide that service. Statistics monitored by the Health Board's GP Sustainability Group show that the population is ageing, making management more complex, and that fewer doctors are electing to become General Practitioners, making recruitment difficult. Such sustainability issues led to new contracts being issued to GPs in April. In addition, a move is being determined from the present format, where funding primarily supports the provision of GPs to ensure practices are staffed to a level appropriate to the volume of immediate population, to a new format where resource will be diverted to funding peripatetic multi-disciplinary teams who will travel to support multiple practices across a specific area. Practices thus serviced will be termed cluster groups. Funding has been made available by the Scottish Government to provide 230 such professionals by the end of 2021. Technology to support care is also being explored.

Dr Cummings stated that the funding for an additional salaried GP in Aberfoyle dated back to a time when practice doctors were responsible for out-of hours care. This changed in 2004 with an opt-out embraced by most Scottish practices in favour of leaving out of hours care to NHS24. Aberfoyle & Buchlyvie is the only medical practice which has continued to receive this funding up to present times. The Health Board has the right to review funding each time there is a change in Practice members, but did not exercise this right in 2011. The Board's opinion is that the £100k funding previously allocated to providing a GP is not being removed, but redistributed across a wider area. Statistical data was displayed which suggested that despite the lack of appointment time actually being experienced by patients, Aberfoyle & Buchlyvie have 36% more GP capacity than other areas.

Dr Cummings acknowledged that the area has specific issues, distance from secondary care, access to and lack of public transport leaving many people with no way of reaching a hospital, but argued that the area has lower population, and less deprivation than urban areas.

Questions were taken from the floor as follows:

It was felt that the safety of patients is being compromised, and the panel was asked if data was available to demonstrate the safety of this decision.

Concern was expressed that within cluster groups, the smaller practices would face closure.

There is no transport to Buchlyvie, Was use of the Minor Injuries Unit included in the statistics shown.

Was it taken into consideration that the population expands vastly with summer visitors, many of whom are elderly and based in remote hotels, and that the return journey to some of our outlying locations, coupled with attendance time, can take half a day.

Ms Cowan replied that there are no plans to close practices, that local services will be provided next to local communities, and that there is a Patient Safety Programme for primary care, as in all other NHS fields. At this point she gave a commitment to make sure that Aberfoyle & Buchlyvie Medical Practice remains open as a functioning practice.

Ms Cowan was asked how long funding in any form would continue for, if she thought 3 sessions per week adequate for an area this size, and why, when Stirling Council have recently committed to particular focus on care for the elderly, those in this area are being left stranded?

Ms Cowan replied that the Board were committed to long-term care and that no closures were planned. She further stated that distribution of sessions was the responsibility of the doctors, and not a Health Board decision.

Dr Cox of A&B clarified that following the recent departure of their colleague, the two remaining doctors are struggling to keep their heads above water, and will review the situation once they know what the Health Board intends to offer. Dr Morrison of A&B pointed out that within the designated cluster group, A&B is the only practice spread across two areas, which must be accepted as a factor in funding decisions.

The panel was asked, having stated that recruitment was difficult and vacancy percentages at an all-time high, how they were going to staff the proposed multi-disciplinary teams. Cllr Earl pointed out to Ms Cowan that scepticism was justifiably high in the area, reminding the panel that following the Health Board decision to withdraw licence to dispense medicines from Aberfoyle Surgery, assurance was given by her predecessor Jane Grant that the loss would be backfilled by other services, and nothing happened. Ms Cowan replied that they are within the first year of recruitment, which is going well, and she committed to being accountable for her decision and its repercussions, committing also to return to Aberfoyle in 2-3months time to update the community on progress.

Dr Cummings was asked if the dispensary could be reinstated, and said that this was not possible. Suggestion that the community could look at funding a doctor privately was disallowed, as provision must be regulated to ensure properly licensed professionals are employed.

Gerry McGuire, chair of Friends of Aberfoyle & Buchlyvie Surgeries expressed his thanks to Ms Cowan for attending the meeting, and invited her to reiterate her commitment to keeping Aberfoyle Surgery open, and revisiting the community with an update. Mr McGuire highlighted the special designated status of this practice, which must be taken into account when funding is considered.

Contribution from the floor continued with comment that no evidence had been displayed to say that the area will not be disadvantaged by this decision, and that the decision is based on equality, not equity which is much harder to measure, and must include factors not experienced by other areas. It was pointed out that remote areas such as Stronachlachar have no direct access to any services, and accessing Buchlyvie is even more difficult than reaching Glasgow or Stirling, making it imperative that the sister surgery in Aberfoyle has facility to provide adequate sessions for the population.

Dr Cummings replied that his slides were not exhaustive, and other rural areas had been looked at. The need for extra funding for extra capacity is recognised, but percentages show that the area is being supported in a real way.

Comment was made that when considering the allocation of funding, doctors must think of and support their colleagues in other areas with other challenges. Dr Scott Williams, GP lead for Stirlingshire commented that he would not aspire to the level of funding given to a rural area, but transport is difficult even in urban areas, sometimes requiring a 20min journey on three buses. This led to comment that at least they have buses.

Dr Anne Lindsay voiced concerns that following the loss of a third pair of hands, there is no possibility of the two remaining doctors taking any necessary time off, and asked how the panel proposed to address this. Dr Cummings replied that they would have to look cross rural areas, and work at funding to support doctors getting away. Ms Cowan said they would come up with something,

Cllr Evelyn Tweed stated that the rurality and connectivity of the area must be taken into consideration, and appealed for this decision to be reviewed towards funding for a GP to allow the Aberfoyle practice to function. Stephen Kerr MP exhorted the panel to examine the many valid comments attached to the recent petition signed in response to the situation. Cllr Jeremy McDonald asked why the board did not consult with the community, and also asked how the panel could justify the redistribution of the £100k, in face of the fact that it would make Aberfoyle's situation much worse, whilst only effecting tiny improvements elsewhere. Bruce Crawford MSP said that the matter must be compared in more detail to see if other areas with two practices are as rural as this one, and questioned whether the money would remain in West Stirlingshire.

The panel was asked what could be done right now to give us more appointment time. Ms Cowan replied that this was up to the doctors, and not a Health Board decision. She further commented that it would be wrong to make commitments that they can't deliver, and that they would have conversations with colleagues, then come back and report.

Ms Cowan was asked what the visibility of these discussions would be, but this question was not answered.

Trevor Geraghty closed the meeting, asking that the distances involved, and the designated rurality status of the area be taken into consideration, and raising the point that many people here may be unregistered, which will affect numbers. He warned against buying into the culture of scarcity, and commented that in circumstances such as ours, it is not always justifiable to go to the lowest common denominator, making the needs of other areas the pivotal point for decision.

