



## **Parish Council Meeting 25<sup>th</sup> April 2024**

7pm Holsworthy Medical Centre Meeting Room

This was the first of what we hope are many meetings to improve communications with the practice populations we look after.

At this first meeting we provided our local Parish Councils with some information on how we are funded and also how the NHS envisage primary care services are to be delivered.

We discussed;

Primary Care Funding:

Primary care serves as the first point of contact for patients seeking healthcare services and focuses on preventive care, health promotion, and managing common health issues. Primary care providers typically include general practitioners (GPs), nurses, pharmacists, and other healthcare professionals working in community-based settings such as GP practices, health clinics, and pharmacies.

Primary care is predominantly funded through a combination of government funding supplemented by long term condition monitoring but also have to fund elements through other means as we are not fully funded which is different to the secondary care model.

Present funding comes from a weighted population fee of £104.79 per patient per year to deliver all services laid out in the GMS Core Contract.

To engage local patients and to gain an understanding of what is important to them RCMG will devise a questionnaire that will be collated as a starting point for discussions and a collaborative approach to joining up healthcare in our communities.

Q&A

### **Chemist issues**

Holsworthy are experiencing significant issues with chemist provision. We explained to the councillors that all chemists in Holsworthy and Stratton/Bude are privately owned businesses who like Ruby Country rent the premises that services are delivered from. As a primary care provider we cannot be seen to promote other services as this is classed as directing scripts we also have no control over drug shortages or issues. The problems that patients were experiencing was part of the reason we moved to a 5 day prescription request lead time.

### **Why are ongoing prescriptions at Ruby every 28 days when in other surgeries it is 3 monthly?**

At Ruby Country Medical Group, our Holsworthy and Stratton site we do provide 56 days as we only issue the script. Our Hatherleigh surgery is dispensing and unlike chemists we have no other source of income to offset drug costs losses so we can only provide 28 days at a time.

Boots at Holsworthy outsource their packaging to their warehouse and can buy in bulk this is something as a small dispensing practice we cannot do. However, we understand the inconvenience this may cause and are actively exploring options to mitigate this issue. One such option is the looking at a home delivery services for medications.

### **When will we have a doctor at Hatherleigh every day?**

We acknowledge the importance of having consistent medical coverage at Hatherleigh, especially considering the lack of a bus service to Holsworthy. Currently, Hatherleigh benefits from a higher percentage of face-to-face doctor sessions compared to other surgeries within the group, given its relatively isolated location. However, due to financial limitations, we are unable to increase doctor time beyond the current allocation. The funding received by Ruby Medical Centres amounts to £104 per patient per year which was devised many years ago looking at an patient average of an attendance 3 times per year. Despite this, we are committed to optimising our resources to provide the best possible care for our patients, including investing in upgraded communications systems to enhance accessibility and service quality.

### **Why is it so hard to make doctor appointments?**

The difficulty in securing doctor appointments stems from the high demand exceeding available slots, particularly during peak hours in the morning. To address this challenge, appointments are allocated strategically throughout the day rather than on a first-come, first-served basis. Additionally, a significant number of no-show appointments further

complicates scheduling. While we recognise the potential benefits of online appointment booking, our current understanding of patient preferences indicates a preference for face-to-face appointments. Therefore, we prioritise face-to-face interactions while also maintaining an acute route for patients with urgent medical needs, ensuring timely access to care.

### **Shebbear Surgery**

The loss of Shebbear Surgery is still keenly felt in the village. We were asked the question of how/why surgeries are taken over. We explained that for a surgery to move to a different provider is always a last resort and normally only happens through two avenues;

1. The GMS (General Medical Services) Contract is handed back to the Integrated Care Board (ICB).
2. The GMS (General Medical Services) Contract is taken away for patient safety reasons.

When this happens the ICB will always ask local surgeries if they have the capacity to provide services to the community affected. Wherever possible they will always try as otherwise larger private providers will come in.

Date of next meeting; 27<sup>th</sup> June 2024 7pm