

SWALLOWFIELD MEDICAL PRACTICE

Patient Group Meeting

Minutes

23 June 2014

Action

1 **Present:** Dave, Roberta, Fran, Mike, Sandy, Jane, Roger, Rosemary, Will

Apologies: Jim, Helen, Judith

2 **Welcome**

Roberta welcomed everyone to the meeting, in particular Ian Hammond, one of the public governors of SCAS

3 **Treasurer's Report**

balance remains at £427.09

4 **Ambulance Service**

Ian Hammond presented to the group on behalf of South Central Ambulance Service Trust (SCAS) in an effort to raise awareness and recruit new members to the Trust.

Covering Oxfordshire, Berkshire, Buckinghamshire and Hampshire, an area of approximately 3500 square miles (the size of Cyprus), SCAS answers 999 calls, responds to NHS111 as well as providing non emergency patient transport services. Both paramedics and first responders (community volunteers) react to emergency calls. First responders, originally introduced to meet the governments 8 minute response time target, are generally more local and can attend the scene very quickly but have limited clinical input. Paramedics have more clinical training.

There are 7 First Responders covering the Swallowfield, Arborfield, Stratfield Saye, Shinfield, Finchampstead, Farley Hill areas but they often get called to assist in neighbouring areas of Reading. All 999 calls and NHS111 calls are channelled through the SCAS despatch centre where trained personnel are on hand to co-ordinate which vehicles are sent to different requests. During 2013/14 they responded to 579200 999 calls and 927312 111 calls. The forecast for 2014-15 is for this to increase to by over 17500 and 10000 respectively, whilst resources are limited. SCAS are trying to educate the general public on taking responsibility for their own health and manage their expectations.

Each new ambulance costs £120,000 fully equipped

More information is available from www.scas-responders.info/ or www.southcentralambulance.nhs.uk

5 **CCG Update**

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Roberta updated the group on the 'Hospital at Home' initiative which is in the process of being introduced as a trial in the RBH and Wokingham area. This is for sick people who are 'frequent flyers' to hospital who could be cared for in their own homes easily eg patients with recurrent urinary tract infections. The aim is for the patient to be assessed in A&E and then directed to a specialist unit if suitable for the Hospital at Home programme. A care plan would be drawn up and if the patient is happy, they would be sent home via hospital transport (within 6-8 hours). At home they would be met by suitably trained clinicians who would remain with them for at least 24 hours. Thereafter patients would be monitored closely by community healthcare teams. The benefits are:

- reduced infection rates
- reduced overheads
- increased recovery rates with patient preferring to be at home
- frees up hospital beds for more acute cases

This programme is currently in operation in the US with great success

6 Appointments Issues

Demand for appointments at the Practice has increased dramatically over the past 6-9 months. This is a national problem, not just a practice problem and with patients complaining to MPs it has now become a government focus. SMP offers its patients more access than other local surgeries yet we still can't keep pace with demand with the resources we have available. GP funding has decreased (resulting in 150 GP practices being set to close this year) and recruitment and training of GPs is at an all time low - we have had no applicants in response to our advertisement for a new GP. Plus with new housing developments, the patient population is set to increase by 23%

Suggestions from the group to resolve the problem included:

- Charging patients for appointments
- Making patients come down and wait
- having volunteers triaging in the waiting room

Further discussions will take place - but there is no easy solution to this current crisis

Date of next meeting 8 September 2014 6.30pm

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