

Strathard Community Council Aberfoyle & Buchlyvie Surgery Discussion

Draft Minutes of Meeting: Thursday 6th December 2018 Forth Inn, Aberfoyle

Community Councillors. Michelle Colquhoun Trevor Geraghty, Andre Goulancourt,
Linda McColl. Gillian McEwan. Stuart Stephen. Jimmy Quinn

Attending: Cathie Cowan (Chief Executive FVHB). Dr Stuart Cumming (Assoc. Med. Director FVHB)
Dr S Morrison (Aberfoyle & Buchlyvie Medical Practice) John McLeod (Practice Manager)
Bruce Crawford MSP, Cllr Martin Earl, Cllr Jeremy McDonald, Cllr Evelyn Tweed, Toto McLellan (Min. Sec)

The meeting was attended by approximately 150 members of the public. Chair Trevor Geraghty thanked everyone for coming, and handed over to Dr Stuart Cumming who gave an update on developments resulting from proposals put forward at the 6th October meeting in Aberfoyle.

A monthly forum has been set up to facilitate communication and support between practices within the West Stirlingshire Cluster Group, and with Forth Valley Health Board, attended by a member from each practice. At last discussion, £100k formerly used to fund a salaried GP in Aberfoyle was destined to be redistributed towards a peripatetic multi-disciplinary team supporting all practices within the cluster group. Recommendation resulting from the recent forum is that the £100k sum be used instead to recruit two part-time GPs, who will provide clinical sessions and home visits, and will provide cover for doctors on leave. It was thought that part-time positions will be easier to fill, and recruitment will begin in early 2019. Additional opportunity for support may be available through the Rural GP Fellowship Scheme and NHS Partnership, but due to the structure of the scheme, this option cannot be accessed until next August. Dr Cumming described the situation as fluid and evolving, but believes that it has moved forward positively.

Dr Morrison updated the meeting from the Surgery point of view, thanking Practice Manager John McLeod for producing an audit at short notice, and reported that sessions in Aberfoyle have been increased, with 5-8 sessions provided per 1000 patients, which is above average. Wait time for appointments has decreased to 4 days. Evening surgeries have been re-introduced, earlier morning sessions of 8am re-introduced, a Well Woman Clinic set up and telephone consultations initiated. Physiotherapy services will be returning. Dr Morrison expressed appreciation for support from within the cluster and from the Bannockburn practice, thanked staff and locums for their ongoing support through this difficult time, and asked the meeting to join her in sending best wishes to Dr Cox. Appreciation for Dr. Morrison's hard work was expressed by both Ms Cowan and patients present.

A Q&A session commenced at this point, among the comments raised were the following:
Opinion was expressed that Aberfoyle has been badly let down in the past, which has resulted in the present lack of confidence in the Health Board. Closure of the pharmacy exacerbated this, and present lack of engagement with the fact that this huge area has no transport to, nor between the surgeries, perpetrates the lack of expectation of the Health Board giving any actual practical assistance, highlighting the vulnerability and threatening the viability of the practice. Ms Cowan and Dr Cumming were asked what the long term future will be under such circumstances for a practice struggling to continue as a viable business, and if closure was the long-term intention. Comment was made that 80% of patients live in proximity to Aberfoyle, not Buchlyvie, therefore logical sustainability of the Aberfoyle practice should be made a priority. Ms Cowan acknowledged that the practice had been let down in the past, stating that they were here to address this, as these circumstances sharpen accountability, and confirmed that there is no ulterior motive towards closure. Dr Cumming added that funding is available irrespective of ownership of the building by the GPs, as is the case in Aberfoyle, but agreed that this creates an additional risk in GP contracts, and reported that changes are afoot nationally to address this. Dr Cumming confirmed that the closure of the pharmacy cannot be reversed, but the Board are committed to sustainability, are looking at providing additional support, and are 100% committed to keeping the Aberfoyle surgery afloat.

Mr J McGarvey, Friends of Aberfoyle & Buchlyvie chairman, thanked both parties for their presentations, and asked if ongoing reassurance on a regular basis would be forthcoming. This was confirmed by both Ms Cowan and Dr Cumming.

Cllr Martin Earl requested clarity on whether funding of the two part time GPs as suggested would account for the full £100k sum available, clarity on the funding of the Rural GP Fellowship Scheme, and on how access to this scheme is being planned now. Dr Cumming explained that the Fellowship avenue would provide one person, and recruitment would have to be repeated annually. Opinion was expressed that this should be put in place as soon as possible. Comment was also made that Aberfoyle & Buchlyvie are truly rural, whereas Drymen and others in the cluster are peri-urban. £100k is thought unlikely to stretch successfully across both the rural and peri-urban areas, and specifics were requested as to how the GPs are to be recruited and employed. Dr. Cumming confirmed that two types of enhanced services are to be employed within a 3year programme; Urgent & Advanced Practice, and Pharmacy Services. The first will be implemented in April 2019, with people in place within the first quarter of the year, a decision has yet to be made as to where they will be housed. The second will be implemented the following year.

This last led to a request that Aberfoyle be considered as a hub for the new services. Dr Cumming confirmed that it is standard practice for the Health Board to pay a fee for such use of premises, and it was thought that this would help considerably towards sustaining the viability of the practice, offsetting the loss of income from closure of the dispensary. Dr Cumming agreed that there should be a hub for the cluster, and confirmed that no decision has yet been made on its location.

Cllr Evelyn Tweed thanked the panel for providing specifics, and asked how they would be looked at going forward, suggesting a 6-monthly review to consult with the community as to how the services are bedding in, as FVHB has been criticised in the past for lack of consultation. Ms Cowan agreed that that was a fair request, adding that she was very receptive to the hub being situated in Aberfoyle, and to twice-yearly consultation, preferably with a small group, but added that getting on with it was as important as consulting.

Cllr Jeremy McDonald asked for a timetable for the options available, and for when decisions will be made. Ms Cowan replied that she would not put a date on it, as the process will be ongoing over the next 3 years and the Rural Fellowship option is time-sensitive, but confirmed that GPs are being recruited now, and that Mental Health will be addressed in the New Year. Following the meeting, Ms Cowan will write to T Geraghty to confirm all issues discussed.

The aims of the Scottish Government's 2020 Vision for Healthcare include care to the highest quality and people living longer at home. The panel was asked what measures FVHB are taking, in this rural area, to implement this when no transportation exists for people to access surgeries, the number of surgery sessions are not sufficient for demand, and home visits are limited by lack of GPs. The lack of engagement by FVHB with the utter dearth of transportation was again criticised, as the physicality of getting to the doctor is a major problem, creating premium extra for patients.

The reply that more GPs are to be provided prompted query if this would increase sessions. Dr Cumming said this was up to the surgery.

Bruce Crawford MSP asked for a roadmap of when changes will be seen. Ms Cowan said it would be foolish to give this, as she needed to give some thought to it, come back, and involve the community, but that she would have something by the beginning of the year.

Cllr Martin Earl conveyed a request from Stephen Kerr MP for ongoing dialogue and commitment to a series of meetings, as the community must continue to be engaged. Ms Cowan replied that she supported these comments, and would be up front about what can and can't be done, but more time was required to work out how to do it.

In conclusion, T Geraghty summarised from comments made by Ms Cowan and Dr Cumming that in 12 months time, we can expect to see the Aberfoyle Surgery building in continued use, with additional services. In 6 months time, we can expect to see additional GPs in place. Ms Cowan confirmed that these were reasonable timescales. Mr Geraghty added that if recruitment is a problem, the community needs to be involved in the process. He stressed the need to be at the forefront of telemedicine, appealed for any solution to the transport impasse to be put forward, and requested a process whereby resources unavailable here for whatever reason, can be accessed elsewhere within the cluster. Ms Cowan replied that if the practice is in difficulty, FVHB will support it as additionality.

Mr Geraghty thanked the panel for attending, stressing that this was part of a process, not the end of a process.