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| Name & Email  | Question  | Answer  |
|  | **Hambleton Closure**The very low number of GP appointments in Hambleton surgery has been created by the practice limiting hours to mornings only, not always even a full morning, and not always with a GP present. It is impossible to know the true demand if appointments throughout the day had been offered. Why would anyone living in Hambleton choose to go to Preesall, if they could have an appointment in Hambleton? | There are fewer appointments available now but this is due to the fact that the workforce has evolved over time and Dr Simpson & Dr Hopkins are both GP trainers and therefore need to spend their time at Preesall with GP trainees. The fact we have GP Trainees actually means overall, we can offer more appointments albeit at Preesall |
|  | **Hambleton closure**What is the number of registered patients with Hambleton address? Ditto Stalmine and Out Rawcliffe? |  A map was shown with number of patients living at each postcode to PPG meeting attendees.  |
|  | **Hambleton Closure**Bearing in mind that substantial house building is taking place in Hambleton, Stalmine and Out Rawcliffe, there will be a further significant population increase. When evaluating the future of Hambleton surgery, what account was taken of all the new builds, recent, current, and planned? Also, Hambleton (like the whole area) has a growing aging population requiring more medical support. | Unfortunately, we did not have the time frame to do this. We were only given 4 weeks’ notice from the letter stating we had to leave the premises Normally this process takes a month. |
|  | **Hambleton Closure**One of the main reasons being given for pulling out of Hambleton is that the premises are in poor condition and require significant investment. How have the premises been allowed to deteriorate to such a state? | As we are not the owners we are restricted in doing any major alterations.  |
|  | **Hambleton Closure**In the event of a surgery closure, what steps are the CCG/PCNs able (or mandated) to take, to ensure disadvantaged patients continue to have ready access to adequate healthcare. Physical access is an issue for many (poor and unreliable bus service, and long walk from bus stop to OWMC).  | The partners totally agree with the issue of access but again the time restraints have meant we have not been able to act on this. Technology has been beneficial during Covid 19 so we hope this will help some. |
|  | **Hambleton Closure**If the only barrier to OWMC signing a new lease for the current premises is the need to bring them up to standards meeting current NHS requirements, the PPG is happy to seek the support of MP Ben Wallace to help in an effort to secure funding for necessary refurbishments. Obviously in the circumstances, he will anyway be contacted independently by many residents, so that should help the OWMC/PPGs case. If this funding were to be secured, would OWMC maintain a surgery in Hambleton? | CLB explained the partners would love for this to be the case but it is very much out of their hands. The CCG have said they will not invest any money into the building at Hambleton and would not fund a new building. The current partners tried to purchase the building but the bid was not accepted. Had it been they would then have invested their own money in doing it up like they have at Preesall |
|  | **Hambleton Closure**Alternatively, if the forthcoming new owner of the current premises were at a future date to bring them up to the necessary standards, will OWMC be willing to change their decision?  | Yes, however this would be down to the new owners to update the building etc.LH explained we do not know who the new owners are (or even if any sale has been completed) & CB explained that the CCG have said no amount of pressure from MPs would change their funding stance |
|  | **Hambleton Closure**If the answer to the previous two questions is no, and there is clearly a growing demand in Hambleton which has never been met, why exactly does OWMC want to pull out? | Explained above |
|  | **Hambleton Closure**As the new owner of the Hambleton premises will be actively seeking a new tenant, if OWMC is not interested in providing a local surgery, perhaps a Poulton practice may be interested in having a Hambleton branch surgery. | We would be interested but again it would need the improvement work doing and the CCG have confirmed they would not invest in any practice taking it on |
| Paulpaul\_philpott@btinternet.com  | **Hambleton Closure**Does “we are actively looking into alternative ways to serve our Hambleton residents” include provision of services within Hambleton at some future time?  | Due to the response from the CCG this doesn’t appear to be an option at present |
|  | **Hambleton Closure**What are the alternative ways to serve Hambleton residents that are different to any other OWMC patient?  | IT, better bus services etc but these need the PPG help |
|  | **Hambleton Closure**Regarding the OWMC comment on Facebook saying, ‘We know that many of you are thinking of writing to your MP or starting petitions with a view to keeping a branch surgery in Hambleton, and we would be grateful for your support with this’.Are you saying that you want a petition?Would you want the ‘branch’ to be part of the OWMC?Have you any working strategies?  | CLB explained as partners we are stuck – we have lost our branch surgery and have been offered no help from the CCG (eg new premises) so we encourage patients to help |
|  | **Hambleton Closure**Can paper copies surveys be placed in the Hambleton chemist and be used as a drop off (place in box)? | We would prefer not as it needs to be representative sample. Over 900 responses in few days to online survey. 10% of patients been sent paper copy to get overall feel across the population.Subsequently on reflection some paper copy surveys have been collected by Alison Harrison and will be made available at Hambleton Pharmacy to allow residents without online access to complete a survey should they wish to do so. |
|  | **Hambleton Closure**If OWMC does lose a lot of patients to Poulton, then they lose income, and that may affect what they can do for all patients long-term. Are there any long-term plans? | The main problem for H/ton patients is access but the GPs really hope that patients will want to stay due to the quality of care, chronic disease nurses etc but also appreciates some may choose to leave as it will suit them better |
|  | **Hambleton Closure**A day after the survey went live there was another text, admitting closure of the practice, stats, and mileage (4.5 mile to Preesall quoted) even citing a good bus service?Why was the second text message sent? Pointing out 4.5 miles to Preesall with a bad bus services highlights that its only 3.5miles to Queensway Poulton with a good bus services, shops & cafes while waiting for bus or 2.8 mile to Lockwood, both with bus stops.  | We appreciate the texts were not ideal but these were done very quickly as part of the rush job we found ourselves in |
|  | **Hambleton Closure**Where & when will the results of the survey get published? | This is unsure as you have asked us to see if we can get the deadline extendedSubsequently PPG Chairperson Alison Harrison has managed to arrange with the CCG an extension to the deadline date for all surveys to be submitted. The new deadline date is 14th August 2020 whereby any surveys submitted after this time will not be considered. |
| Paulpaul\_philpott@btinternet.com | **Patient Apps** Given the change to new ways of working that the Pandemic has caused I assume that we will be encouraging people to use digital tools to interact with the Centre.  Currently apps such as Patient Access and MyGP do not present the same data to the user, for example Test Results.  Within MyGP this has not been enabled by the practice but has within Patient Access.  Will capability across the various apps be made the same? For a patient to install and enable an app on their mobile device an online services sheet with account details is required from the practice, which prior to the pandemic required a visit to the Centre.  Will this be changing to allow patients to request access via electronic means? | To be discussed at a later date |
|  APOLOGIES / Name / email  | COMMENT /QUESTION  | RESPONSE IF REQUIRED  |
| Stephen Farrington <s.farrington@talktalk.net>Top of FormBottom of Form | Please accept my apologies for not taking part in the Teams link up. I have concerns that it may become unmanageable to control the meeting if there is a large number of members on the group discussion. My opinion on the closure of Hambleton surgery is that I would be sorry to see it close but, I fully support the decision and hope that cost savings can be put into additional services at the medical centre.  |  |

AGENDA

1. Apologies that have not already been documented

No apologies given apart from Stephen Farrington as above

1. Medical centre to explain their plans & reasons regarding Hambleton Closure - OWMC Senior Partner Dr Claire Bolton will present overview.
2. PPG questions
3. Plans to move forward e.g. John mentioned in one of his Facebook posts different ways of working with Hambleton. What would this look like - how will this differ from current situation?
4. Text reminder to go to patients regarding end date of survey - need at least two weeks so people can see August Green Book.

Dr Holmes will look into this once we know when the survey closure date is

1. Extended close date would also spread the workload, allowing more time for OWMC to process the paper replies
2. Patients visiting the medical centre must wear a facemask or covering (not a medical mask).

Dr Bolton opened the meeting

At the start of the meeting Dr Bolton gave an update on the situation regarding Hambleton Surgery. She explained that last week the partners were unable to share the full story with patients due to legalities but they have had it confirmed by the CCG now that they can make patients aware that the lease on the building has been terminated and they were given 4 weeks to vacate the premises. Advice was given by the CCG on the period of consultation and everything has had to be done very quickly due to the short time frame we have been given. The CCG have confirmed they do not want to invest in a branch surgery and would not update the old surgery so the partners are stuck at the moment. Dr Bolton expressed that the CCG have advise we lobby MPs re transport. In future we are hoping to bring in other services such as physios to Preesall.

Other points raised during the meeting

Peter Swarbrick has offered to contact LCC in regards to public transport and Yvonne from Hambleton Parish Council also said she would ensure this was on the agenda for their next meeting so that they could also look at what they could do to help. PS explained that he felt the information from the survey would be paramount in the campaign for buses so asked if this could be shared once we have it collated.

Questions were raised regarding the deadline of the survey and it was agreed we would ask for a deadline. Alison has already made some enquiries regarding this so will forward the information onto John.

Dr Bolton confirmed that they were only told yesterday (21st July) that they could make it public that the lease has been terminated due to legalities.

Malcolm Worsley asked about the article that is going in the Green Book and John confirmed that this was written by the CCG but has the medical centre name to it. Malcolm expressed he felt this was very unfair on the practice as it may cause negative comments and we haven’t actually written it.

Pauline Derbyshire raised the question about the CCG saying they will invest in other services such as Physiotherapists and wondered if wound care would be included instead of the funding going to Fleetwood as this would benefit all Over Wyre patients. Dr Holmes confirmed wound care is an ongoing long-standing issue and it is being looked into across the entire CCG.

Peter Swarbrick raised the garden project as asked if it would be better to put this on hold for the time being. Both Dr Bolton and Dr Simpson agreed that the idea is a good one and it would be a shame to scrap the idea so just to put it on hold.

Pauline Derbyshire asked if all the new builds in the area would mean that the provision of services would need to be increased. John MacPhee replied that this is something we need to work with the CCG on how we can deal with the increase in numbers.

John closed the meeting by expressing how he knows over the last 8 years the PPG has proved to be a critical friend to the practice and it has been appreciated and now we really need their support in the matter regarding Hambleton.