



St Albans and Harpenden Patient Group (SAPG)

Minutes of AGM and Public Meeting held at 7 p.m. on Wednesday 21st March 2018 at Civic Centre, St Albans.

Present: John Wigley (Chair), Rehana Ahmed, Hannah Ainsworth, John Baker, David Bathurst, Jill Beardsmore, John Blandford, Marjorie Byers, Patsy Cann, Helen Clothier, Ben Collins, Alan and Jackie Falconer, Flora Griffiths, Alex Hickinbotham, Pat Lowrey, Liz McCann, Richard Munton (Davenport Ho PPG), Kate Newton (Community Central: previously CVS), Malcolm Rainbow, Gavin Ross, Zaitien Sadikali, Stuart Twaddell, Elizabeth Wright + one other

NHS Staff: Helen Brown (WHHT). Rachel Hoey (WHHT) Kathryn Magson (HVCCG).

Apologies: Alan Bellinger, Peter Fardell

Speakers: David Evans (Director of Commissioning, HVCCG), Diane Corbishley (Deputy CEO/ Director of Nursing), Dr Richard Pile (HVCCG). Lynn Dalton (Assistant Director Primary Care)

An Urgent Treatment Centre for St Albans Hemel Hempstead Urgent Treatment Centre Future of West Herts Medical Centre

The Chairman welcomed the full audience for an important discussion. He reported a brief summary of the results of the survey conducted by SAPG over the previous month to which 678 people had replied, showing a high degree of interest. The results showed that 497 people had said they needed urgent care in 2017, and 667 of them had sought it on 1298 occasions, but only 16% of them had used the St Albans MIU, thus the other 84% also wanted treatment at a UTC, and might have used one at St. Albans City Hospital, if one had existed there, so reducing pressure on other health facilities and being more appropriate and convenient for them.

David Evans began by describing the general situation re urgent care in West Herts, for example NHS 111, and explained the difference between MIU and UTC. The general aim of current policy is to reduce the use of A&E by providing suitable care and treatment more locally for conditions not requiring full hospital admission. This would help to ensure that the four hour waiting time target in A&E could be fully met. The public needed to be aware of the alternative choices and the 111 service was well resourced to provide this advice in each case. Many patients in districts such as Harpenden also use the Luton and Dunstable A&E. He outlined the decisions to be made over the opening hours at Hemel UTC, which was at present little used in the night hours, while requiring medical staff to be on call.

There were several questions from the audience. One member reported that 111 there was a four hour delay before he heard back from a GP. Another asked what proportion of those attending A&E had not used the 111 service? Another asked to what extent are GP surgeries in the St Albans area co-operating with each other?

Richard Pile described plans to upgrade the MIU to become a full UTC, in line with current NHS policy to convert all such MIU facilities. The level of service provided in a UTC at St. Albans would depend on space (controlled by WHHT), staffing (the problem was to find enough GPs able and willing to provide the necessary support) and on the number of patients in relation to the cost of providing the Centre, It was hoped to equip it for near-patient testing. There had been meetings with local MPs and the local authority Health Committees. The final specification would be put out to tender.

In response to questions, it was explained that Community Navigators liaise with GP's and social services on patients' behalf. A member suggested that providing services via profit-making contractors was a step to privatisation, but the contract system was defended as an acceptable form of provision. There were targets for measuring the reduction in use of A&E as the new provisions were made.

Lynn Dalton also contributed to the presentation, describing the current consultation on Urgent Care and GP Services at Hemel Hempstead Hospital, for which survey forms were available at the meeting. Although only one of those present was from the Dacorum district, St. Albans and Harpenden residents do use the facilities at Hemel so members were invited to join in the survey and return the questionnaires. The public were being consulted on three options: to restrict opening hours to 7 a.m. to 10 p.m., to increase that to midnight, or to maintain 24 hour opening hours. The future of the West Herts Medical Centre (the walk-in centre for patients not necessarily registered with a GP) was also part of the consultation as its present contract was due to end in October of this year. The issues were in relation to whether the times of opening could be safely reduced, and whether the WH Medical Centre could be integrated into the UTC.

In response to further questions, **David Evans** said that there would be a similar public consultation on the St Albans UTC commencing later in the Spring. It was noted that St. Albans MIU had 30-35 patients a day and that 6-7 St. Albans patients a day went direct to Hemel UTC which has 75-80 patients a day.

The Chairman thanked the speakers and the audience for a stimulating discussion.

The meeting closed at 8.45 p.m. and was followed by 15 minutes of informal discussion with the health professionals present.