Summary of the AGM

On the 29th April this year at the Eric Morecambe Centre we held a short AGM for the Friends of Davenport House Patient Participation Group (FoDH), followed by a presentation by Malcom Rainbow updating us on the Bedfordshire Trust (which includes Luton & Dunstable Hospital).

We had an amazing turnout, with approximately 80 patients attending.

Sadly, after many years chairing the Trustees of the FoDH, Simon Speirs is standing down as Chair but remaining as a Trustee. The Trustees voted in for this year are Steve Twelftree (Chair), Katie Hill (Treasurer), Roz Chasler (Secretary), Claire Watts (Newsletter), Simon and Bob Fletcher (IT).

The highlight of the evening was the ***Meet the Partners*** session by the three partners of Davenport House. Dr Yasotheran gave a presentation on the future of care at Davenport House, and reminded us all that there is a fourth partner – us, the patients. Dr Bagga offered us two options for his reporting on the details of the new GP contract – a long, detailed explanation, or a more condensed summary. Needless to say, we voted for the summary! Dr Choudhury presented the impact of the NHS changes on Davenport House.

After the presentations, there was a very interesting Q&A session. Here are a few of the questions and answers:

Q&A at AGM – 29 April 2026

Q: My children have reached adulthood and should now be communicating directly with the GP surgery. However, they are extremely shy. Is there any way I can help them?

A: With verbal consent given to the surgery, a parent can ask questions on their behalf. They can also appoint you as a proxy by completing a form or signing a letter allowing the sharing of information (under certain circumstances).

Q: How does it work if you go for a private assessment (for example, for ADHD) but then want to access continuing care on the NHS?

A: This is a difficult situation as it is mandated by policies set by the Integrated Care Board. It is not currently possible to switch between private and NHS care. Most private diagnosis follows a checkbox questionnaire method. We acknowledge that mental health care for the under-18's is very challenging. The diagnosis process would have to be done under the NHS to be able to access ongoing care/medication.

Q: When I lived in Australia, I could go to the surgery to have blood tests done. Is this something Davenport House could consider doing as it is very difficult to get an appointment at Harpenden Memorial Hospital /Red House – is it still doing blood tests? To get an appointment, we have to go to St Albans Hospital?

A: Harpenden Memorial is still doing blood tests but demand has greatly increased, in-house blood tests are not something DH can do under the contract. The PCN are working towards, hopefully, having an acute care facility in Harpenden.

Q: Are the GP surgeries incentivised to hire physician assistants?

A: GP surgeries had some of their funding ring-fenced so that these funds could not be used to hire GPs and if surgeries didn't use the funds to hire physician assistants or other non-GPs medical staff, they would lose it. The funding pot may be opening up a little more, so hopefully the surgery will have more options.

Q: There was a question regarding the issue of continuity of care, as a patient may not see the same GP each time.

A: There has been a substantial increase in the number of patients listed for each GP but the total triage system is helpful in managing this. When it comes to the receipt of medical letters, reports etc. each partner is assigned certain patients, so all letters that come in for that patient go to that partner. If a patient presents with complex medical conditions, it is possible for them to see the same GP.

Q: Can a GP do what was done in the past and at the end of a consultation arrange a follow-up appointment for that patient.

A: It is no longer possible, all requests for appointments go through the total triage process.

Q: How are GPs going to cope with a big increase in patients due to a lack of beds in hospitals and patients with mental health conditions being moved into the community.

A: The number of patients each GP is responsible for has doubled over time. We can only try our best. DH is lucky to have 3 full-time partners who work well together, supported by excellent salaried doctors. Under the new NHS rules, GPs cannot make appointments for patients that are more than 2 weeks in advance.

Q: Having a pharmacy onsite at the surgery was talked about in the past. Is it something being considered?

A: After looking at this and considering the amount of valuable clinical space that would be taken up by a pharmacy, it was decided that this would not work.

Q: Seniors used to be offered a regular annual medical review. What happened to this?

A: An invite to all senior patients is no longer standard practice. However, if a patient has chronic or serious conditions and is on multiple medications, the system will flag when a review is needed. In addition, under the contract, a GP cannot prescribe a drug for more than 6 months or 1 year, before it gets reviewed.