

HIGH WYCOMBE RESERVE SITES INFRASTRUCTURE ROUND TABLE

23 November 2015, 7pm

Committee Room 1, WDC Council Offices, Queen Victoria Road, High Wycombe

Draft Minutes

	Item	Who	Action
1.	<p>Introduction</p> <p>Apologies Cllr Val Letheren Cllr Mike Appleyard Phil Hooper Tony Garner Sue Wagner</p> <p>Simon Kearey arrived 7.25</p> <p>Observer Cllr M Clarke Substitutes Gill Markham Geoff Stevens</p>	Chairman	
2.	<p>Minutes and Actions Arising From The Last Meeting</p> <p>Terms of reference - addition to the terms of reference proposed by Cllr Johncock, GC to circulate, addition was agreed. IRT= Infrastructure Round Table</p>	Chairman	GC
3.	<p>Presentation by John Lisle, NHS Chiltern Clinical Commissioning Group on health facilities</p> <p>Presentation on the current GP facilities in Wycombe Area – slides to be put on the website.</p> <ul style="list-style-type: none"> • Wycombe is the most deprived area in Bucks, which directly impacts upon health, 10 to 15 year lower life expectancy if you are born in HW than the rest of Bucks. • National shortage of GP and this is very severe in Bucks, we often get no applicants to adverts, GPs are under intense pressure. • Structure that sees doctors owns or rent a building; this makes it difficult for new GPs to 	WDC	GC

	<p>set up in Bucks.</p> <ul style="list-style-type: none"> • Also increasing demand on out visits, 10 years ago 3.5 now 6 visits per head of population. • More and more housebound and nursing home visits required increases the time from 10 mins to 60 mins per appointment. • Also shortage of nurses and an aging demographic of GPs. <p>Care Market GPs are forced to take on care home visits and Bucks is a net importer of care home patients mainly from London. This increases the market price. £1400 per week for a dementia care bed in Bucks compared to for example £600 in Doncaster.</p> <p>Distribution – see distribution map (note surgery in Flackwell Heath missed off) GP's are mainly in HW town centre or to the west of the High Wycombe</p> <p>1 GP for about every 1800 people, reserve sites are producing a requirement for only 3 additional GPs so despite the existing pressures JL considers the existing service can plan for and cope with this increase given the time frame involved. NHS England has suggested that this would be through expanding some surgeries. For example, Bourne End surgeries are at capacity, and therefore need expansion at Orchard House.</p> <p>Q and A</p> <p>Q - There is a spatial gap around Abbey Barn/Gomm Valley area, so might this be a good location for a new surgery funded by the reserve sites? A - Possibly but a 3GP surgery would be the smallest in the area and this may not be the best answer, we are only at the beginning of the process and are looking at the wider growth in the area over the next 20 years, the reserve sites are only part of this.</p> <p>Q – It is suggested in the January 2014 WDC consultation on the new Local Plan that the district is already short, possibly 9 to 13 GPs what is the current situation with regard to shortfall A - The requirement is based on an expected population growth over the whole district over the</p>		<p>GC</p>
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	<p>next 20 years; so that would be the extra demand from the new housing, not an existing shortfall. Reserve sites would be 3 of those GP's and JL considered they could be accommodated in the short term.</p> <p>Chiltern CCG covers southern part of the district the northern part (Princes Risborough etc) is covered by a different group so JL could only comment on what happens in the southern part of the district. Chiltern CCG will be taking over from NHS England in two years' time, which is why they are here talking today. But GP commissioning is currently the responsibility of NHS England.</p> <p>Q - (Bourne End) Hawthornden and Cherrymead surgeries are at capacity given the proposed numbers of new dwellings from local plan how are these going to be provided? A - All options are currently open, but looking high level at present.</p> <p>Q - Co-ordination and timing; how do you see the numbers being provided as the planning applications might come forward at any time? A- Brief was to provide information on current provision and to look at the impact of the reserve sites not the bigger question of an extra 100,000 people in Buckinghamshire, re the current reserve sites it is possible to get the 3 GP's required and there is the possibility of providing for a site or for expansion where possible.</p> <p>Q - Terriers and Gomm Valley/Ashwells, are you not planning anything in Hazlemere for these? A – Currently there is no actual plan for any changes to surgeries.</p> <p>Q – When you do can we have consideration for parking? A - We want properly designed GP surgeries with appropriate facilities.</p> <p>Clarification of the area localities from slide in the presentation. There are 80,000 to 100,000 population in each area.</p> <p>Cllr LC - Local plan should consider the points raised, need to work with County to do this, eg affordable</p>		
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	<p>care beds in new private care facilities? WDC used to have key worker housing, should we be looking at this again as part of affording housing?</p> <p>Q – Why is there no current plan when the reserve sites have been known about for over a year?</p> <p>A - CCG does not have funds to extend surgeries, CCG are looking to engage but have only had this information for 8 weeks. NHS England responded to WDC in May and set out a range of possible modifications to existing surgeries to create extra capacity.</p> <p>PT – the CCG are only a small part of the NHS, the NHS England has responded to WDC in June about potential expansion.</p> <p>Chairman - Problem is recruitment, but John is here because this will be his problem in two years time, and it won't be helpful if the group look to shoot him when he comes to these meetings.</p> <p>Q - The coverage map suggests there is a gap in coverage and a possible need for a practice near Gomm/Abbey Barn.</p> <p>A - That is what we are here to talk about, such gaps might be planned for with the input of funds through S106 or CIL</p> <p>JL – As stated, 3 GPs would be the smallest practice in Wycombe, so need to consider that upgrading and extending current sites might be best in the short term.</p> <p>Q – To get from Gomm Valley to Kingwood is impractical; KW surgery is on a bad road and its expansion is impractical. Need a surgery in East Wycombe, Lynton House is due to close and moving its patients to Cressex this would increase the gap in surgeries to east of Wycombe.</p> <p>A - See merit in the desire for a surgery in the east of Wycombe. Planning is aware of this issue.</p> <p>PT - CIL is a pot where we can use funds for strategic development in the district and this is part of the consideration for the potential use of CIL, there is also the potential for targeted payments through 106</p>		
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	<p>agreements.</p> <p>Q - What is better big or small surgeries? A - Up to a point larger surgeries are better than small because they have resilience, same with care homes, best is about 60 beds. So we recognise the problems and there are a number of potential solutions, however a 3 GP surgery is not the answer.</p> <p>Comment - most surgeries don't have room for expansion or space for parking. (noted)</p> <p>Q - What are Affordable care beds? A - Affordable care beds, new term, concept is like affordable housing, eg new private care home 20% of beds have to be provided at national care costs.</p> <p>Statement - chair of PPG for Penn surgery, part of Simpson surgery in Beaconsfield, Penn is a new building, no capacity to expand and no additional space for parking. There is discussion about bigger surgeries in Beaconsfield, there is potential capacity for more GPs at Penn but no parking.</p> <p>Q - If the doctors don't want to extend how do we make it happen. A - We can't. But if we help with infrastructure this might give them an incentive to.</p> <p>Q - How are we so low in the amount of funding received from the NHS A - We are generally a healthy county, but HW is an area of deprivation, so while we have issues we have less issues than many parts of the country and therefore get less money.</p> <p>Q - Acute health care, lot of promotion of sending patients back to primary care; how are we going to deal with that? A - Generally the public understand GPs and Hospitals but not the services in between. Acute care in the area is much better than it was, Wexham Park has improved but there is more to do, demographic pressure is there and prevention is poor. Capacity for elective care is OK but some skill shortages cause issues. Acute care, on the limit but there are areas that can help, and we will need more space for acute care in the future.</p> <p>Q - Internal modifications are needed at Hanover and</p>		
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	<p>Cherrymead, do you take into account modes of travel? A – Answer for NHS England as the CCG do not yet deliver surgeries</p> <p>Q - Can consideration be given to those who have no transport when looking at how people get to their GPs A – It is sensible to have surgeries on bus routes to facilitate this</p> <p>Q - Do the rules allow care homes to pay for GPs A - Some private care homes have retainers for GP practices, these are private arrangements, not through the NHS. The problem is the general medical contract, so the GMS population based payment no longer reflects the way the system works. This puts more pressure on GPs and their remuneration. Could private care facilities pay for a GP yes, do they no, not unless they are made to.</p>		
4.	<p>Any Other Business</p> <p>Next meeting 10th Dec Transport update.</p>	All	GC