

HAVERHILL TOWN COUNCIL

HAVERHILL AREA FORUM

12 September 2016



Present:

Cambridgeshire

Councillor Duncan Ogilvy, Bartlow Parish Council (from 7.25pm)
Councillor Rachel Paintin, Horseheath Parish Council
Councillor Paul Poulter, Linton Parish Council

Essex

Councillor Alan Carter, Sturmer Parish Council
Councillor David Porth, Sturmer Parish Council
Councillor Mrs Diana Garrod, Sturmer Parish Council
Dr. Ian Garrod

Haverhill Town Council

Mayor David Roach
Councillor John Burns
Councillor Paula Fox
Councillor Pat Hanlon
Councillor Betty McLatchy
Councillor Ivor McLatchy

Suffolk

Councillor Julian Flood, Suffolk County Council, Haverhill Cangle
Division
Councillor Margaret Marks, St Edmundsbury Borough

Apologies:

Cambridgeshire

Councillor Roger Hickford, Deputy Leader

Haverhill Town Council

Councillor Andrew Bramwell
Councillor Tony Brown
Councillor Maureen Byrne
Councillor Quillon Fox
Councillor Anthony Williams

Essex

Councillor John Batchelor, District Councillor Linton, Hildersham and
Bartlow
Councillor Simon Walsh, Essex County Council, Thaxted Division.
Saffron Walden Town Council

Suffolk

Marion Farrant, Clerk, Kedington Parish Council
Councillor Mary Evans, Suffolk County Council, Clare Division

Sara Boulton, East of England Ambulance Trust
Robert Morton, Chief Executive Officer, East of England Ambulance
Trust

In attendance: Dr Ed Garratt, Chief Accountable Office Ipswich and East Suffolk CCG and West Suffolk CCG
 Dr Firas Watfeh, West Suffolk CCG (arrived 7.40pm)
 Lois Wreathall, West Suffolk CCG
 Colin Poole, Town Clerk Haverhill Town Council
 Vicky Phillips, Assistant Town Clerk, Haverhill Town Council
 Alisha Jenkins, Apprentice Office Assistant

2 members of the public

Welcome

The Mayor of Haverhill, Councillor David Roach, welcomed everyone to the meeting.

MINUTES

		Action
HAF /008	<u>Apologies for Absence</u> The above apologies were noted.	
HAF /009	<p><u>Provision of NHS Services in the Haverhill area</u> <u>To understand GP shortages, a perceived lack of primary care facilities and ambulance cover in this area</u></p> <p>Mayor David Roach welcomed Dr Ed Garratt and Mrs Lois Wreathall to the forum.</p> <p>Dr Garratt provided a background briefing on financial issues. The NHS in Suffolk is in general under significant financial pressure. West Suffolk spends more money than they receive and has a £5m overspend. Dr Garratt said however that they are in a good position to recover.</p> <p>Integrating services could build in efficiency between providers and the NHSE direction of travel is towards creating locality models around practice populations, to bring services closer to the patients, where possible.</p> <p>GPs are under pressure nationally and Haverhill is a West Suffolk hot-spot for GP vacancies.</p> <p>Due to significant planned population growth in Haverhill there is an opportunity to look at a potential new Health facility, such as the one in Mildenhall, which would hold all facilities under one roof. Local surgeries in Haverhill are keen on this, but all partners will need to work together.</p> <p>Lois Wreathall provided operational details: GPs are under pressure. 10 years ago there were on average 1,700 patients on a GP list; this has gone up to around 2,500.</p> <p>There are currently not enough GPs in the UK as a whole and there is difficulty in recruiting them locally; nationally GP registration to begin training is down 6% and some GPs are retiring earlier. In Suffolk there is a high percentage of GPs in their fifties. There is a national problem with GP's handing in their contracts to NHS England.</p>	

As a result of these pressures, the style of primary care has changed from having a family doctor with perhaps a nurse and receptionist in a small practice (a narrow pyramid of care), to a broad pyramid of care in a large practice with the GPs acting more like hospital consultants over a staff team including triage nurses, physio, other specialists etc.

Often patients will begin to see another clinician other than a doctor when they go to their GP.

10 years ago an appointment with your GP would have been 10-15 minutes, now it is 10 minutes.

Additionally the average number of contacts by a patient to their GP was 3 per year; this has risen to 6 per year.

GPs are finding themselves having to make too many decisions in one day, which could be dangerous not only for the patients but adds to the pressure on GPs as well – one mistake could ruin the life of a patient and end their GP career.

GPs have to indemnify themselves to practice medicine and insurance is based on set hours, so working extra hours is not necessarily financially viable if it means buying additional insurance.

This locality is seeing all these issues earlier than other parts of west Suffolk as there is a higher demand in Haverhill.

Cambridge and Essex are having similar challenges. For instance, in Steeple Bumpstead after a local GP retired, the surgery became a Nurse-led service, with little doctor input.

Cllr M Marks

Using the triage system takes pressure off the GPs, but there also should be more lobbying for funding.

E Garratt

The current NHS funding formula is based on deprivation indices; West Suffolk as a whole is not seen as being deprived and suggested M Hancock MP could be approached to lobby for a change.

D Roach

Confirmed that a meeting had been arranged with M Hancock with the possibility of a delegation having an audience with Jeremy Hunt.

Cllr Flood

Asked if the model is broken and does it need changing to take in the historical health issues in Haverhill.

Dr Garratt

In West Suffolk there are 24 practices. He would like to see GPs salaried to the NHS, if it helps GPs to stay working in primary care.

Most GPs are partners in what is in effect a private business contracted to the NHS. The model has limitations, but the NHS is working towards

more salaried GPs, as less GPs are coming forward to become partners.

L Wreathall

The Carr-Hill funding formula is currently under review by NHSE, but no details are available yet. .

P Hanlon

Why can't we recruit more GPs?

If funding is getting less and less, how are you planning to recruit?

Who changed the appointment time to 10 minutes?

Dr Garratt

CCGs are having to survive with less and less money every year in real terms, so the NHS needs to be more efficient rather than cut services.

For example, 50% of medicine prescribed nationally is not used. The budget for medicine in West Suffolk NHS is £40m a year, so if savings could be made on unused drugs, that could be significant and then the money saved could be invested in patient health services.

P Hanlon

Pharmacies make prescription mistakes, putting medicines in the bag that were not needed.

L Wreathall

Pharmacies are paid by the number of items they dispense, but mistakes can happen. The CCG are trying to address these issues, but are advising patients to check their prescription before leaving the pharmacy as you can't hand medicines back once you leave.

There is also a pilot scheme planned to contact elderly / vulnerable patients, who do not collect their own prescription, to ensure their prescription is correct, and they are only receiving the items they need.

B McLatchy

From personal experience has found that some receptionists in the Haverhill surgery were rude, unhelpful and not reassuring to patients.

L Wreathall

Receptionists are under pressure as well, and although rudeness is not acceptable, they need support too. There may be community funding available for training for those who would want to access it.

Dr Watfeh arrived (7.40pm)

J Burns

Haverhill has a problem with transport not being available to West Suffolk Hospital, which is why people see their GP.

Long-term funding for is still only for 2 years, why not longer?

S106 funding of community resources has historically not worked well in Haverhill, but building medical facilities should be a contractual requirement in large scale developments.

Why is technology not used more, for example send a text rather than a

	<p>letter by post.</p> <p>Jeremy Hunt should be invited here, not a delegation visiting him.</p> <p>L Wreathall The problem with S106 (Community Infrastructure Levy) is that developers would choose to build small health units which are not efficient use of practice funding (requiring separate telephony, receptionists etc) and the NHS needs the freedom to build what is required, to provide services to the practice populations.</p> <p>The CCG are working with the two GP surgeries for future integration of health care facilities in Haverhill.</p> <p>The existing Camps Road Health Centre, Camps Road Surgeries, Stour View and Kedington buildings are outdated, or will become so in the next 10 years.</p> <p>The plan will be to work towards providing a bigger clinic building to encompass all services, as Haverhill begins to build the new, planned houses.</p> <p>Locality working – the Government is about to release a new contract, the Multi-Speciality Community Contract, that seeks to bring care closer to communities. Part of this will be moving hospital services that can be delivered in the community away from the hospital setting.</p> <p>Dr Watfeh Explained that the surgeries were already using technology for example, booking appointments and sending results by text.</p> <p>Cllr Poulter Residents of Haverhill were legally entitled to register themselves with GP practices in South Cambs where the surgeries had chosen to have unrestricted contracts. This is quite significant for practices in villages and not widely known by villagers.</p> <p>Cllr Marks In her role with the ambulance service, she has seen first-hand how some patients stockpile medicines to an amazing degree, which the NHS should be able to take back and use. The cost of doing so would still be outweighed by the savings achieved by the NHS.</p> <p>L Wreathall There is a national incentive to stop stock piling. The rules around reusing medicines are set out nationally.</p> <p>P Fox There is no mental health provision in Haverhill, patients have to travel to Bury St Edmunds. We need to have a provision back in Haverhill.</p> <p>Dr Garratt Mental Health provision is a big issue in Suffolk, and the CCG keeps the contract under annual review (as well as the monthly contract monitoring and quality meetings) although he can't make any promises, he accepts it</p>	
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	<p>is not good enough, but the CCG has an action plan to improve mental health services that is being worked through .</p> <p>D Roach Questioned the implications on the budget if Suffolk patients use Addenbrookes hospital as there is a direct bus service from Haverhill.</p> <p>Dr Garratt West Suffolk pay a premium for patients who go to Addenbrookes, If transport was better patients would be more likely to use West Suffolk Hospital.</p> <p>J Burns Expressed disappointment that NHS England had not turned up for this meeting.</p> <p>Dr Garratt Our NHS England region is actually a small team covering a huge area and would only be able to speak generically, so may not have been able to answer questions posed.</p> <p>P Hanlon Is it not possible to receive an appointment confirmation text a couple of days before an appointment and then have the option to be able to cancel that appointment if it's not needed anymore? All four of Haverhill Wards have higher than average adult obesity and three Wards have higher than average childhood obesity.</p> <p>L Wreathall There are two operating software systems used in GP surgeries in Suffolk. Lois was not sure if they have the ability for the text to come into the appointment module and free the appointment up. She will go back and see if Haverhill's system can incorporate the 'cancellation' option. The whole community needs to work together to tackle health issues, needs to move towards a self-care community, with the people of Haverhill enjoying more active lives.</p> <p>There are 140 clubs in Haverhill, which is amazing. This could be more widely advertised. One Life Suffolk will be delivering health improvement services in Haverhill; The Forum may want to look at inviting them to the next meeting.</p> <p>Mayor D Roach, thanked the CCG representatives for attending. Dr Garratt also thanked the Forum for inviting them along.</p>	LW
HAF /010	<p><u>Open Forum</u> Action points from the last meeting. Page 4, there had been no uptake on the Haverhill Town Council offer to piggy-back on our mail-outs to distribute information on behalf of other Councils. Page 4, the Youth Skills Manager had contacted local councils Page 4, Haverhill Town Council had not had any take-up of their offer to circulate village newsletters to Forum members. If interested e-mail Vicky Phillips.</p>	ALL to note

	<p>Two Councillors from Linton spoke about the impact on their village of the A1307. They were pleased to be included in the meeting. Also, they were members of the A1307 Parishes informal forum and there had been discussions on various options for the A1307 such as a separate link to M11 from Haverhill to take in Saffron Walden. Also a railway.</p> <p>A large development in Linton had recently been approved and this would also add to the traffic issues at Bartlow Road.</p> <p>There had been a suggestion for the Park and Ride to be on the Haverhill side of Linton rather than in Babraham</p> <p>J Burns has been pushing for an up-to-date ANPR survey to be carried out.</p> <p>D Roach felt that infrastructure was the key and needed joined up pressure.</p> <p>C Poole informed the forum there was a Chamber of Commerce meeting at the beginning of October to discuss a potential lorry park. There could be the opportunity to discuss issues such as HGV Sat Nav, to avoid lorries taking inappropriate routes off of the A1307.</p> <p>It was agreed that the Agenda for the next meeting would be to discuss the A1307 corridor.</p>	
HAF /011	<p><u>Date of next meeting</u></p> <p>It was proposed that the date of the next meeting would be 5th December 2016</p>	

Closure

The meeting closed at 8.35pm and was followed by refreshments & networking.