

**Minutes of Withersfield Annual Parish Meeting held on Tuesday,
15 May 2018 at 7.00 pm in St Mary's Church**

Present: Cllrs Terry Rich (Chairman), Frank Eve; Ian Kinloch; Rosie Wenham; Borough Cllr Jane Midwood; Clerk: Jill Johnson; and approximately 50 parishioners.

1 Question and Answer session with NHS organisation representatives

This formed the main focus of the meeting and was attended by a good number of parishioners.

The session was opened by the Chairman who introduced the attendees from NHS organisations: David Brown, Deputy Chief Operating Officer, NHS Ipswich & East Suffolk Clinical Commissioning, Lois Weatherall, Suffolk Clinical Commissioning Group (CCG); David Pannell, Chief Executive, Suffolk GP Federation CIC; John Troup, Head of Communications, Suffolk Clinical Commissioning Groups.

Cllr Kinloch explained the reasons as to why the session had been organised indicating that representations had been made to the Parish Council from a significant number of parishioners that it was very difficult, if not impossible, to secure a doctor's appointment at the Haverhill Christmas Maltings and Clements surgeries.

David Pannell confirmed that these surgeries had been run by the Suffolk GP Federation since July 2017. He identified long-running issues in Haverhill which had become increasingly difficult; in 2010 there had been 15.3 full-time equivalent doctors, now there were only 6. This was indicative of a national trend with a shrinking GP workforce but the situation in Haverhill was particularly acute.

David said he wished to dispel the myths surrounding the number of appointments available at the Christmas Maltings and Clements practice in that it offered double the number of appointments on average available in Suffolk. The GP workforce therefore had to work extremely hard and there had been a lot of retirements and leavers with 13 in the last 2 years in Haverhill. The Federation had inherited a phone system which did not work satisfactorily with the software keeping callers in a loop for about 45 minutes. The system had now been replaced and generally the wait was around 10 minutes. Mondays and Fridays, and days immediately following a bank holiday, were particularly busy but appointments were available on other days.

It was not going to be possible to recruit additional doctors in significant numbers or replace the permanent workforce although it was possible to appoint locum doctors as a temporary solution. The Federation was therefore introducing a team including pharmacists, family care practitioners to deal with routine problems, and physiotherapists, and receptionists were being trained to navigate people to the right place. This team had now been in place for several weeks.

It would not be possible to give people unlimited access to doctors when they want but the Federation was offering a safe, sustainable, service, and recent feedback was more positive so he hoped the worst was over.

Cllr Rich enquired about strategic planning to take account of Withersfield parish having doubled in size in recent years, and significant new housing development for Haverhill. David Brown echoed David Pannell's comments, saying that GPs were retiring earlier and there were not sufficient across the country, let alone Suffolk. The government had pledged an extra 5000 GPs but David was sceptical that these could be found. He

indicated that 20% of attendance at surgeries was to do with prescription drugs, hence the reason for directly employing pharmacists.

David Brown informed the meeting that the high level of demand for GP services in Haverhill was not reflected in other areas of Suffolk. He indicated that in respect of planning, the NHS operates a somewhat clunky process; on the basis that a population was growing, local developers speak to local planners and negotiate Section 106 funding from developers. However, the issue generally was not facilities but personnel.

Lois Weatherall confirmed that the CCG was working with St Edmundsbury Borough Council to maximise Section 106 funding with a view to creation of a Haverhill hub of primary care services including GP practices.. She said that it was best to build one thing well and achieve economies of scale. She indicated that the Camps Road surgery was small and tired, but that the Clements surgery was reasonably fit for purpose. In terms of planning for additional GPs, even a large housing development is only likely to generate need for one additional doctor; some years ago there had been a ratio of 1700 members of population to 1 GP, but this ratio had long gone.

Cllr Kinloch pushed for answers to the number of GPs likely to be available in the future and whether the target would ever be met. The situation was not only problematic at Christmas Maltings and Clements surgeries, but the other Haverhill practice also did not have its full complement. Despite the apparent high number of appointments at Christmas Maltings and Clements, it had the lowest satisfaction rate.

David Pannell accepted that communications had been poor; 3 public meetings, mainly advertised via Facebook, had been held, and the Patient Participation Group meets once a month. In addition, the practice now has a monthly board meeting to discuss issues and make changes; also a doctor and nurse group has weekly meetings. The feedback from staff was that they were currently feeling less stressed than previously.

David Brown accepted that the ration of patients to doctor varies across Suffolk. This had a lot to do with the age profile of GPs with practices with those in their 50s worst affected.

A local resident, a consultant at Addenbrookes in Cambridge, felt that the measures outlined would merely put sticking plaster on a gaping wound as the situation was dire. The issues were not only about provision of paramedics but about joined-up provision in the area. He recognised that Haverhill was a problem area and understood what was being done but wondered whether any crisis intervention was being planned, e.g. escalation to NHS England. Irrespective of the fact that there might be 6 or 7 doctors at the Christmas Maltings and Clements sites each day, continuity was very important.

David Brown accepted that continuity had dropped significantly over the last few years. Part of the current plan was to replicate continuity for those who had had it previously; he recognised the frustration of all concerned but could not replicate past care.

Another parishioner enquired why people could not be accepted on to other lists in the area. It was explained that GP practices identify areas from which to draw patients and these were usually geographically restricted because of the need for home visits which might take a doctor away from the practice for an unacceptable length of time. This causes moral dilemmas. It was reiterated that although Haverhill was problematic nonetheless the number of appointments was higher than average. If a practice collapses completely, there was a process for the CCG to follow on behalf of NHS England; this usually involved tendering for service provision but often led to an even worse service.

A parishioner enquired whether it might be more efficient for prescriptions for chronic illnesses to be available for 3 months, as opposed to one. David Brown indicated that there was always a balance to be achieved because of wastages and the reality that

although some patients manage well, others are not stable. However, it had been recognised that this was one of the challenges for the Christmas Maltings and Clements practice and it was likely that a 56 day period would be trialled shortly. The CCG was also trying to move a pharmacy into the Clements surgery.

A query was raised about whether or not the hub was a priority in view of large new housing developments planned for Haverhill. Lois Weatherall indicated that it was unlikely that there would be a new hub for at least 5 years in that the town had not yet run out of space. It was also enquired whether x-rays might be undertaken at the surgery; these would not be available at present but may be planned for the future.

The difficulty in securing appointments was raised yet again. The new telephone system may have improved the situation but it was still the case that morning enquirers were frequently told to call again at 1 pm, only to be told that all appointments had gone, and to ring again tomorrow. David Brown said booking ahead was not possible because of the high number of 'no-showers'. The number of people not able to be offered an appointment would be monitored; in addition, a triage system was being used to determine patients whose need for an appointment was urgent.

A further parishioner cited difficulty in getting an appointment to have stitches taken out, and the situation going on for an unacceptable length of time. David Pannell said people must complain if this kind of situation occurs.

There was also an enquiry about the on-line booking system. It was explained that this was now only available for phlebotomy and long-term conditions.

A parishioner asked if it was accepted that as Haverhill was particularly problematic there was actually a need for the large number of appointments ostensibly available. The meeting was told that direct comparisons could be made with inner Ipswich where there was a lower number of appointments; however, Haverhill was worse on some metrics, e.g. smoking, and David Pannell asserted that the issue was exacerbated by the expectations created by a previously available walk-in centre.

Approaches to communications were raised with it being identified that Facebook was the main medium. However, even frequent Facebook users found the level of communication very poor and the practice website was not kept up to date, and potential communication via other media seemed to be ignored. David Brown confirmed that newsletters were available and these could be picked up at the surgery. The Suffolk Federation had also purchased Facebook advertising based on postcode which he felt had been successful. However no one present had seen this advertising, and David Pannell conceded that this had only happened once.. A copy of the newsletter would be forwarded to the Parish Council.

A parishioner returned to a potential hub for Haverhill, reflecting that it was odd that development needed to take place before a hub was considered. Although the Christmas Maltings and Clements list was not closed, the other practice in town (Haverhill Family Practice) was. New homes would lead to the need to take yet more patients and lead to an exacerbation of current problems. Lois Weatherall explained that although there had been an option for a Section 106 funded small health centre on one of the new developments, this had not been considered appropriate to future needs and the CCG had indicated it would rather have the money which would be used in respect of the hub in the future.

As the session drew to a close, Cllr Kinloch enquired when the optimum number of doctors for Haverhill practices would be met. David Pannell indicated quiet confidence that a difference was already apparent, and he thought people were realistic at the prospect of a new type of service. However, he was nervous that the situation was fragile

and delicate and there was therefore a need to protect the GP workforce; nonetheless he thought the optimum would be achieved by the end of the year. In response to an enquiry about the level of funding available for Haverhill, David Pannell said that the problem was not one of funding but of recruitment.

Cllr Rich closed the session saying that although some good news had been provided he was concerned about the level of strategic planning and the reality was that patients would need to seek services less often. The Parish Council would seek regular updates and publish these in Withersfield News and on the website. Parish councillors would seek further meetings with the NHS organisation representatives in the future. David Pannell reiterated that someone should become a representative on the Patient Participation Group.

Cllr Rich gave thanks to all and indicated his thanks to residents who had made the effort to attend the meeting. He acknowledged that despite the attendance and assurances offered by the NHS representatives, there remained very real concerns amongst parishioners that the situation was serious and that the plans outlined were not convincing or sufficient to reassure patients.

- 2 a Report from Chair of Parish Council, Terry Rich and Draft Accounts for 2017-18 and budget for 2018-19**
- b Report from County Councillor Mary Evans**
- c Report from Borough Councillor Jane Midwood**
- d Presentation of Local Heroes' Award**
The Chairman asked Tom Mytton-Mills to step forward and he was presented with a ceremonial scroll by Borough Councillor Jane Midwood in recognition of his many years of dedicated contribution to the life of the Withersfield Village.
- e Report from Chair of Village Hall Management Committee, Tom Mytton-Mills**
- f Report from Parish Tree Warden, Alexander Talbot**
- g Report from Chair of Sports and Recreation Committee, Denis Elavia**
- h Report from Haverhill Police**

All reports will be made available on the Parish Council's website at withersfield.onesuffolk.net/.

The meeting closed at 8.10 pm.