

**MINUTES of  
OVERVIEW AND SCRUTINY COMMITTEE  
5 MARCH 2024**

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**PRESENT**

Chairperson	Councillor S J N Morgan
Vice-Chairperson	Councillor P L Spenceley
Councillors	L J Haywood, J C Hughes, C P Morley, M G Neall, U C G Siddall-Norman, E L Stephens, N J Swindle and M E Thompson (Substitute for L L Wiffen)
In attendance	Councillor J Driver

**509. CHAIRPERSON'S NOTICES**

The Chairperson welcomed everyone to the meeting and went through some general housekeeping arrangements for the meeting.

**510. APOLOGIES FOR ABSENCE AND SUBSTITUTION NOTICE**

An apology for absence was received from Councillor L L Wiffen and in accordance with notice duly given Councillor M E Thompson was attending as her substitute.

**511. MINUTES OF THE LAST MEETING**

**RESOLVED** that the Minutes of the meeting of the Committee held on 7 December 2023 be approved and confirmed.

**512. DISCLOSURE OF INTEREST**

There were none.

**513. PUBLIC PARTICIPATION**

There was none and at this point the Chairperson welcomed Councillor J Driver, an 'in attendance' Member, to the meeting.

**514. MID AND SOUTH ESSEX NHS**

The Chairperson introduced the Mid Essex NHS Alliance Director, Mr Daniel Doherty.

Mr Doherty provided Members with a detailed presentation and in response to questions from the Committee, provided the following information:

- Nationally the full time General Practitioner (GP) to Patient ratio was 1 to 1,727, Integrated Care Board (ICB) was 1 to 2,041 and within the Maldon District was 1 to 2,255.

- A GP would need to become a certified GP trainer to enable them to provide training to trainee GP's which could be an obstacle when trying to recruit partners.
- Using individual data analysts to gather data regarding patients per area could allow for a better demonstration of the need and demand within a given area.
- There has been a significant move to homebased care and rehabilitation which has resulted in lots of areas looking at their bed configurations.
- At a meeting held on 9 February 2024 it was stated that there was a need to keep the ambulatory services that St Peters Hospital provides within the District. However, Mr Doherty was unable to answer whether it will remain at St Peters indefinitely.
- Services such as blood testing and outpatient services will remain at St Peters until a suitable location has been found to relocate them to.

The Chairperson thanked Mr Doherty for attending the meeting for and his detailed presentation.

Mr Doherty's presentation can be found attached as Appendix 1 and please note that all information within the slides was correct and up to date at the time of the meeting.

#### **515. SCRUTINY WORKPLAN ITEM - PLANNING DECISION MAKING**

The Committee received the report of the Director of Strategy and Resources that that considered concluding two further aspects of this scrutiny workplan item for reference to another Committee or Council.

The Chairperson introduced the report and deferred to the Corporate Governance Project Officer to present the detail. He advised that the matters covered in this report had received detailed consideration previously at both Overview and Scrutiny Committee (the Committee) and the Overview and Scrutiny Working Group (the Working Group). He reminded Members that the report stemmed from an individual Member scrutiny request together with a reference from Council to look at more robust ways of decision making and controls over decision making. Due to the Constitutional implications of the recommendation, if approved it would need to go to Council via the Performance, Governance and Audit Committee.

He drew Members' attention to paragraph 3.2.7 of the report which highlighted the work completed by the Working Group following the deferral of the report for further consideration the last time it came to the Committee.

There being no further discussion the Chairperson put the recommendation to the Committee and it was agreed by assent.

**RESOLVED** that the Committee endorses the proposals for a 'constitutional intervention or brake' by way of a deferment, and also for technical briefings/presentations, both as set out in the report, for reference to the Council via the Performance, Governance and Audit Committee to enable consideration of the constitutional implications.

**516. SCRUTINY WORKPLAN ITEM - SAFEGUARDING OF CHILDREN AND VULNERABLE ADULTS - CORPORATE RISK UPDATE**

The Chairperson introduced the item and deferred to the Corporate Project Officer to provide further information. He informed the Committee that at the last meeting, an assurance update on this item was received, however, there was no conclusion as to whether to keep the item on the Scrutiny Workplan or for it to be kept on a watching brief.

The Chairperson proposed that in the light of the report to the last meeting, which was accepted and noted, this item could now be removed from the Committee's Scrutiny Workplan and be kept on a watching brief by the Working Group which was duly seconded. The Chairperson put the proposal to the Committee and it was agreed.

**RESOLVED** that this item now be removed from the Committee's Scrutiny Workplan and kept on a watching brief by the Working Group

**517. ANNUAL REPORT OF THE OVERVIEW AND SCRUTINY COMMITTEE**

The Committee considered the report of the Director of Strategy and Resources which would be presented to the Council to give an annual update on the work of the Overview and Scrutiny Committee.

The Chairperson introduced the report and the Corporate Governance Project Officer explained the background and highlighted that the report was largely factual and contained within **Appendix A**.

The Committee's attention was drawn to the last two items of the annual report as detailed in the Appendix, which would be updated following this meeting. These were two scrutiny request items from Members which in line with the agreed process have been received and considered by the Working Group but had not as yet been reported to the Committee, and no decision reached as to whether they should be added to its scrutiny workplan.

With the housing item raised by Councillor Stephens, the Working Group had received informative and explanatory responses at its last meeting but felt that these needed to be gone through with the relevant Officers present, and this will hopefully be done at the Working Group's next meeting.

On the Corporate Project – Land Acquisition item raised by Councillor Fluker, the Working Group had already received fairly detailed information, but to enable Members to get a more complete understanding of how the project had begun and developed, some further and specific information has been sought from Officers. This would be received at a future meeting of the Working Group.

In both cases, it was recognised that the Committee needed to be made aware of these two items on which the Working Group would report in due course. This was noted.

The Chairperson then moved the recommendation as set out in the report which was duly seconded and when put to a vote was agreed.

**RESOLVED** that the Committee accepts the proposed annual report for 2023 / 24 for submission to the Council.

There being no other items of business the Chairperson closed the meeting at 9.21 pm.

S J N MORGAN  
CHAIRPERSON



Mid and South Essex  
Integrated Care  
System

APPENDIX 1



Mid and South Essex

Minute Annex

# Maldon Overview and Scrutiny Committee

5th March 2024

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# Primary Care Information

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# Primary Care Information

## Data Statement

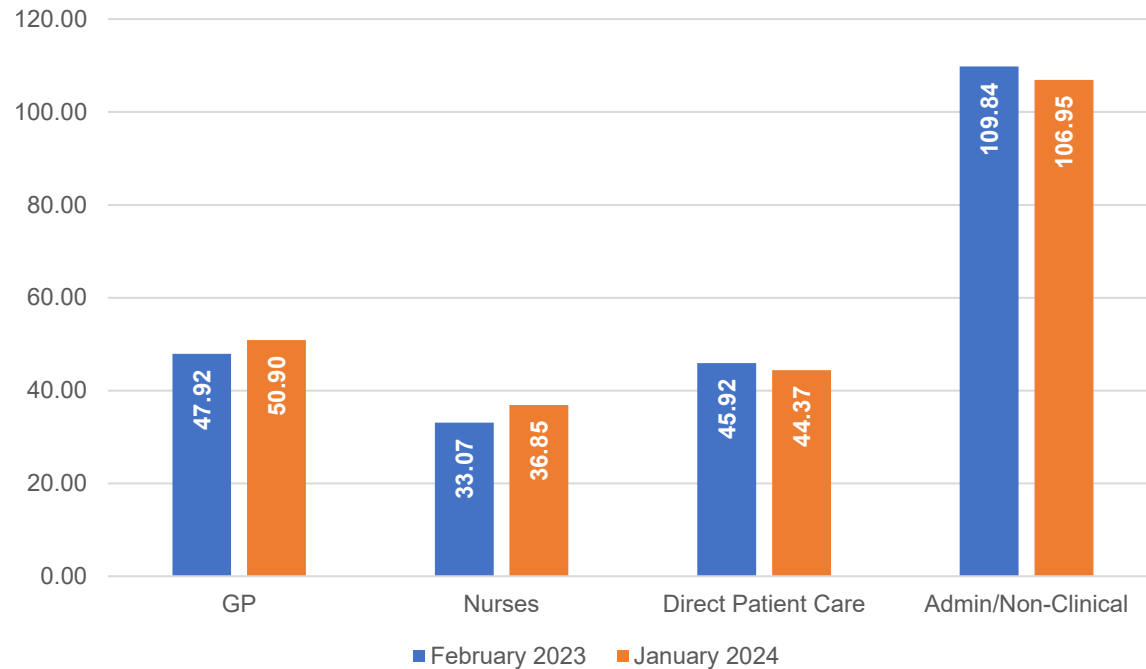
- Data relating to the primary care workforce is collected monthly by NHS Digital through the [National Workforce Reporting System](#) (NWRS) and the [Trainee Information System](#) (TIS).
- The most recent data was published on 22<sup>nd</sup> February 2024 and represents a snapshot of the primary care workforce as of January 2024.
- Not all practices provide valid data, and FTE is estimated where only partial or no data is provided.
- When not otherwise stated, total GPs includes regular locums and GP trainees (registrars)
- February 2023 to January 2024 was selected as the most comparable data set, based on quality and available data
- Data relating to PCN workforce is based on claims made via the online NHSE ARRS Workforce Portal.
- Claims are accurate up to 31<sup>st</sup> January 2024 and represent a snap-shot of the workforce at that point in time.
- Appointments data source: National General Practice Appointment Data dataset (Nov 23)



# Primary Care Information- Workforce Headlines

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**Maldon Practice Workforce FTE**  
Feb-23 vs. Feb-24



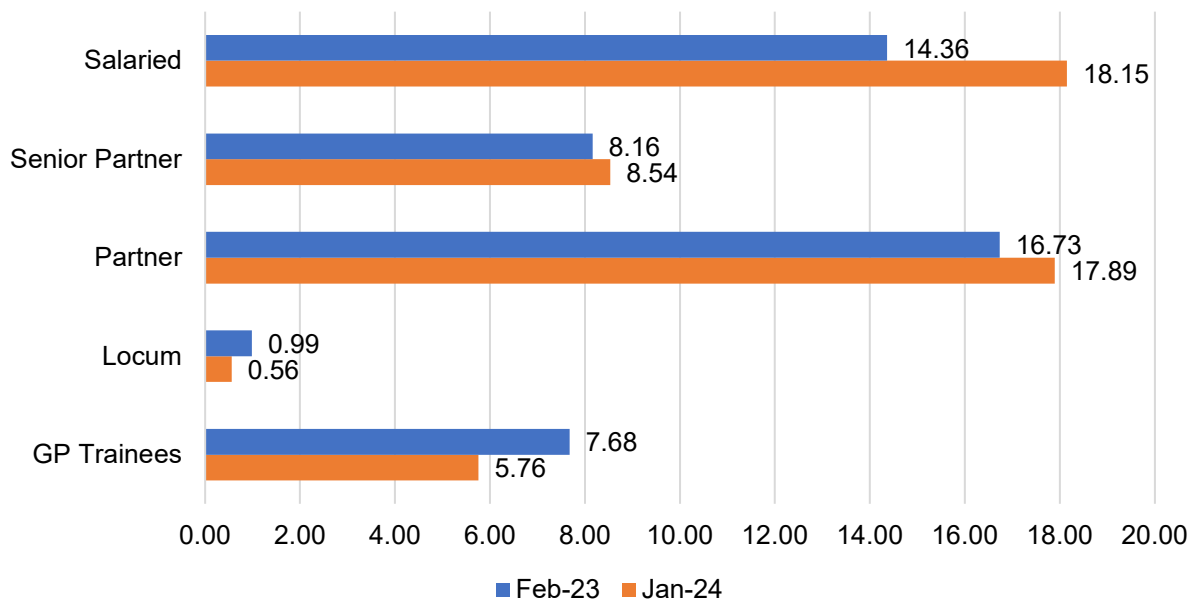
Staff Group	Feb-23	Jan-24	Variance
GPs	47.92	50.90	+2.97
Nurses	33.07	36.85	+3.77
Direct Patient Care	45.92	44.37	-1.54
Admin & Non-Clinical	109.84	106.95	-2.89
Total	236.76	239.07	2.31





# Primary Care Information- GP Breakdown

Maldon GP by Role FTE



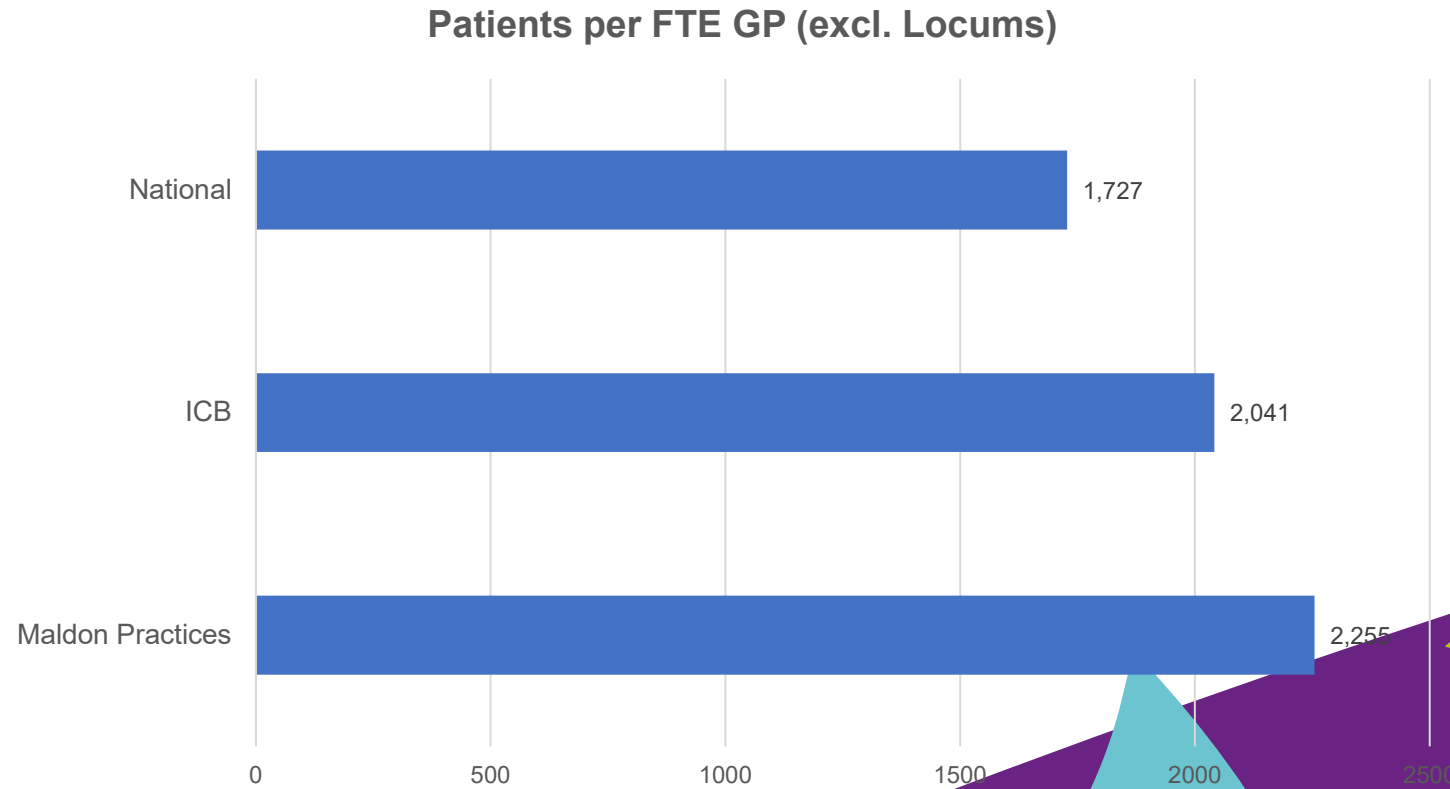
GP Role	Feb-23	Jan-24	Variance
GP Trainees	7.68	5.76	-1.92
Locum	0.99	0.56	-0.43
Partner	16.73	17.89	1.16
Senior Partner	8.16	8.54	0.37
Salaried	14.36	18.15	3.79
Total	47.93	50.90	2.97



# Primary Care Information- GP to Patient Ratio

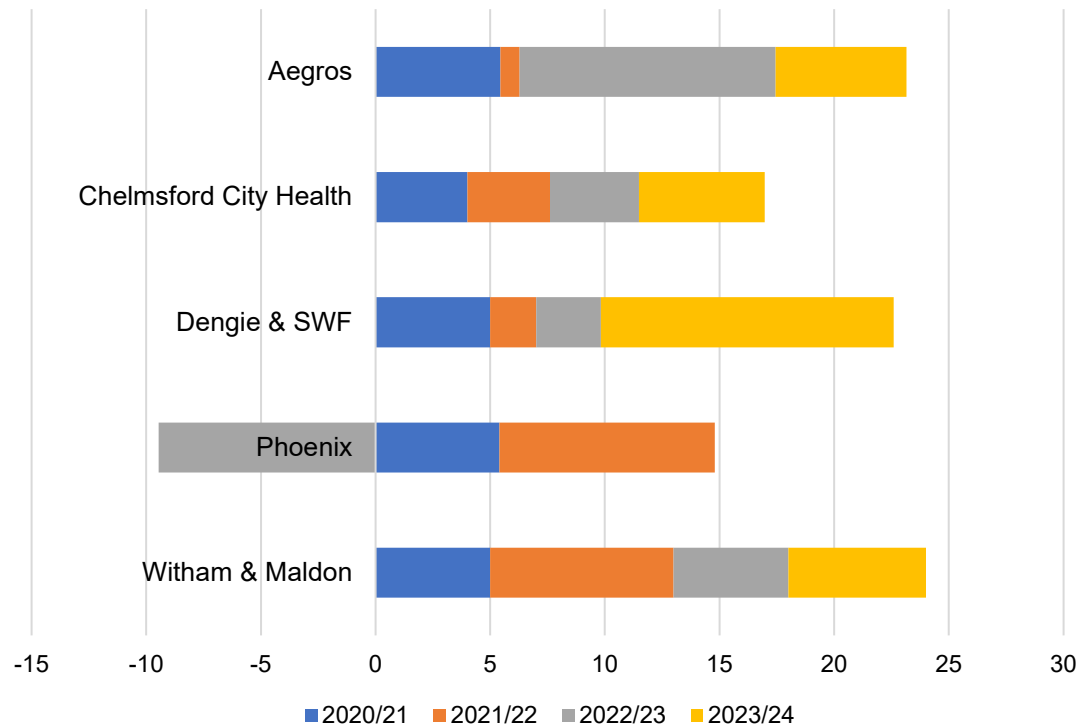
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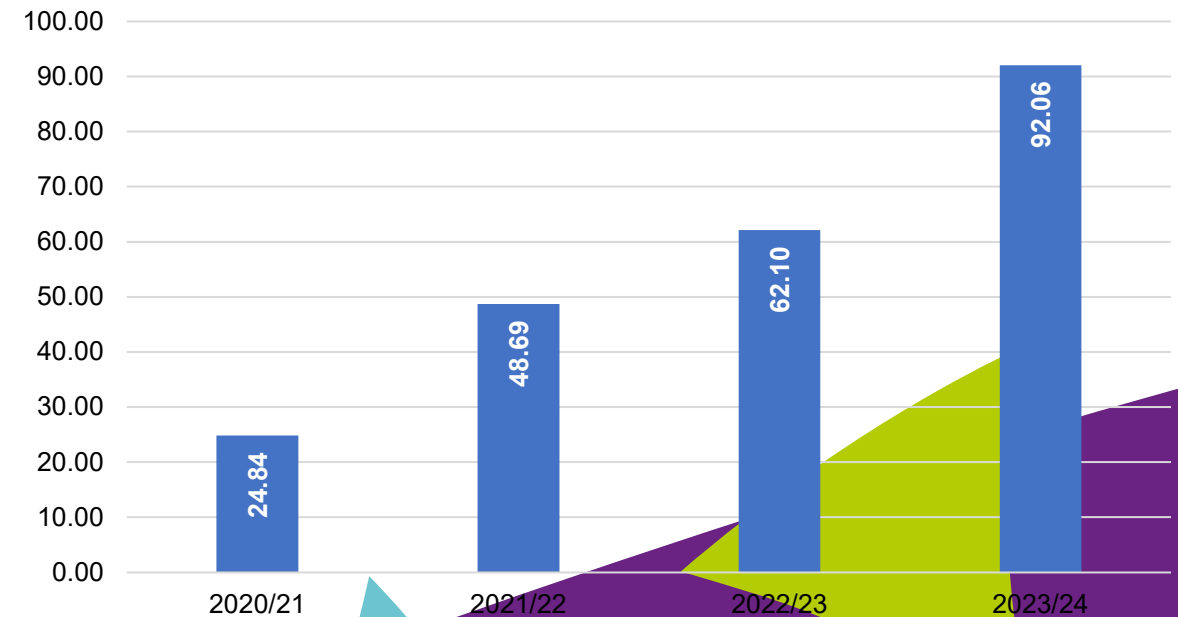


# Primary Care Information- Additional Roles Reimbursement Scheme (ARRS) Workforce

**ARRS Recruitment by Year (FTE)**  
PCNs Covering Maldon

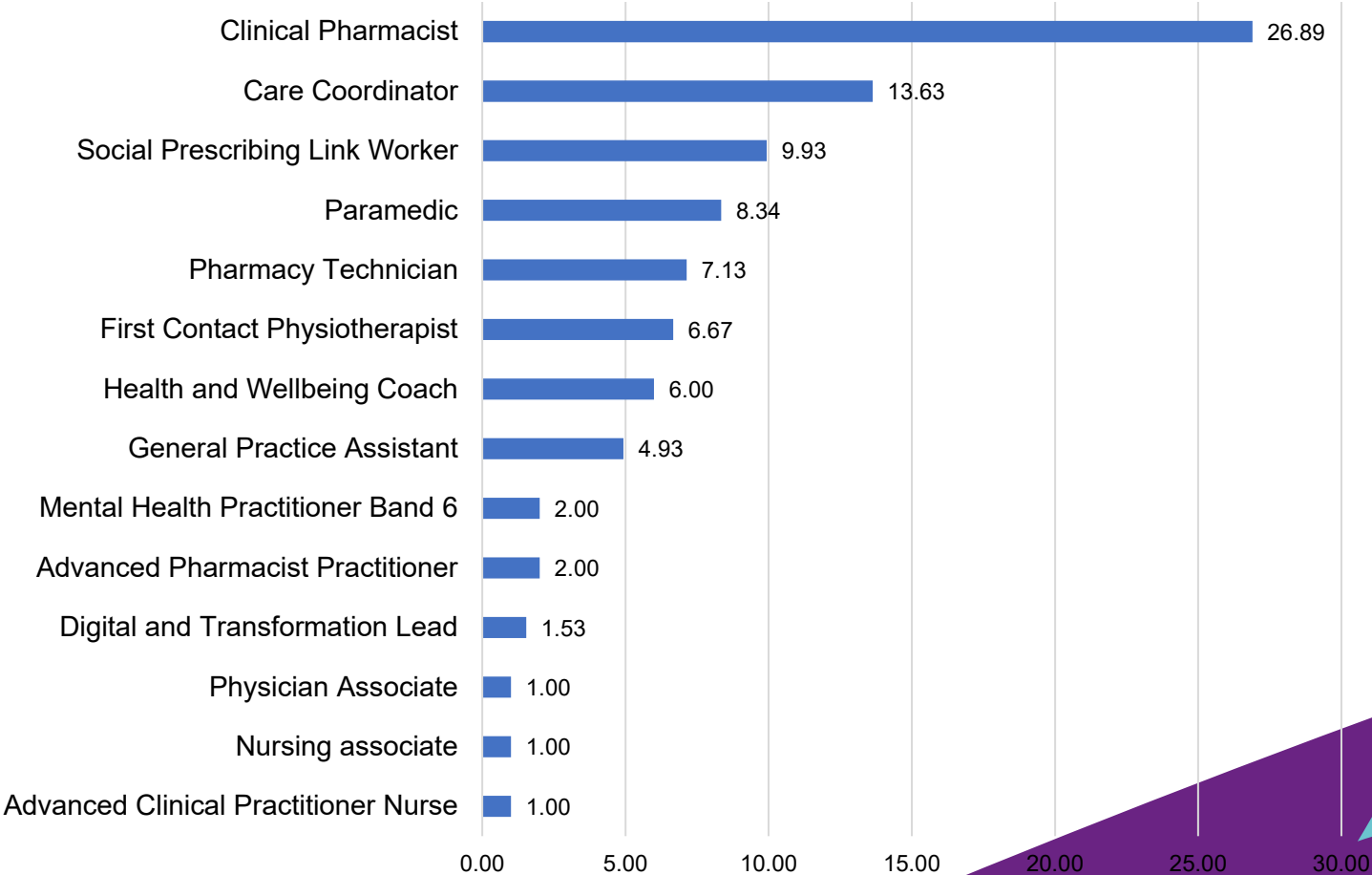


**ARRS Staff in Post (FTE)**  
PCNs Covering Maldon



# Primary Care Information- Additional Roles Reimbursement Scheme (ARRS) Workforce

ARRS Staff in Post (FTE)  
Maldon PCNs - January 2024



# Primary Care Information- Appointments Data

GP Code	GP Name	PCN Code	PCN Name	Sub ICB Location Code	Sub ICB Location Name	Appointments	List Size	Appointments Per 1,000 Patients
F81022	LONGFIELD MEDICAL CENTRE	U15166	PHOENIX (06Q		NHS Mid a	8,654	16,516	523.98
F81040	STOCK SURGERY	U99739	CHELMSF06Q		NHS Mid a	2,171	4,646	467.28
F81076	THE TOLLESBURY PRACTICE	U15166	PHOENIX (06Q		NHS Mid a	2,039	4,477	455.44
F81099	BLACKWATER MEDICAL CENTRE	U18990	WITHAM & 06Q		NHS Mid a	5,736	12,090	474.44
F81100	BEACON HEALTH GROUP-DANBURY MEDICAL CTR	U12553	AEGROS H06Q		NHS Mid a	8,297	25,363	327.13
F81126	BURNHAM SURGERY	U09727	DENGIE & 06Q		NHS Mid a	6,292	9,611	654.67
F81130	WILLIAM FISHER MED.CTR.	U09727	DENGIE & 06Q		NHS Mid a	3,653	6,095	599.34
F81170	KINGSWAY SURGERY	U09727	DENGIE & 06Q		NHS Mid a	6,853	13,869	494.12
F81183	THE DENGIE MEDICAL PARTNERSHIP	U09727	DENGIE & 06Q		NHS Mid a	3,324	5,505	603.81
F81674	GREENWOOD AND WYNCROFT SURGERY	U09727	DENGIE & 06Q		NHS Mid a	3,793	10,525	360.38
F81751	THE TRINITY MEDICAL PRACTICE	U09727	DENGIE & 06Q		NHS Mid a	2,500	4,578	546.09

# Primary Care Information- Appointments Data

GP Code	GP Name	Supplier	PCN Code	PCN Name	Sub ICB Location Code	Sub ICB Location Name	Face to Face	Home Visit	Telephone	Video / Online	Unknown	Total	% unknown
F81022	LONGFIELD	TPP	U15166	PHOENIX (06Q		NHS Mid a	5,918	495	1,982	0	259	8,654	2.99%
F81040	STOCKS	TPP	U99739	CHELMSFORD	06Q	NHS Mid a	1,831	0	250	0	90	2,171	4.15%
F81076	THE TOLL	TPP	U15166	PHOENIX (06Q		NHS Mid a	1,703	0	248	0	88	2,039	4.32%
F81099	BLACKWATER	TPP	U18990	WITHAM &	06Q	NHS Mid a	4,214	0	1,412	0	110	5,736	1.92%
F81100	BEACON H	TPP	U12553	AEGROS H	06Q	NHS Mid a	6,864	29	1,056	0	348	8,297	4.19%
F81126	BURNHAM	TPP	U09727	DENGIE &	06Q	NHS Mid a	4,915	15	1,025	12	325	6,292	5.17%
F81130	WILLIAM F	TPP	U09727	DENGIE &	06Q	NHS Mid a	3,550	0	44	19	40	3,653	1.09%
F81170	KINGSWAY	TPP	U09727	DENGIE &	06Q	NHS Mid a	6,581	0	13	3	256	6,853	3.74%
F81183	THE DENG	TPP	U09727	DENGIE &	06Q	NHS Mid a	2,308	10	954	25	27	3,324	0.81%
F81674	GREENWICH	TPP	U09727	DENGIE &	06Q	NHS Mid a	2,477	0	1,128	0	188	3,793	4.96%
F81751	THE TRINITY	CEGEDIM	U09727	DENGIE &	06Q	NHS Mid a	0	0	0	0	2,500	2,500	100.00%

Trinity is an outlier ( all activity in unknown category) as there is an issue with the way the data is submitted from their clinical system



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# Primary Care Access

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[www.midandsouthessex.ics.nhs.uk](http://www.midandsouthessex.ics.nhs.uk)

# Tollesbury

- Query raised regarding patients from Tollesbury being referred to Broomfield Hospital rather than Colchester Hospital
- This has been raised a number of times and has previously been investigated
- The last time was September 2023 and at that point a reminder was sent to all GP practices reminding them of the patient Choice Framework
- This sets out patients' rights to choice in healthcare, where to find information to help choose, and how to complain if choice is not offered
  - [NHS Choice Framework - what choices are available to you in your NHS care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/nhs-choice)



# Access to Primary Care

## Support Level Framework

- As part of NHS England's 'Plan for improving access for patients and supporting general practice' the ICB will be supporting all practices to undertake a 'Support level framework'.
- This is a tool to support practices in understanding where they are on the journey to embedding modern general practice and their individual development needs, taking into account there is no 'one size fits all' approach to improvement.
- Themes from these discussions are being collated to provide tailored local support to practices in the form of the ICB's system level access improvement plans.

## Capacity and Access Plan (CAP)

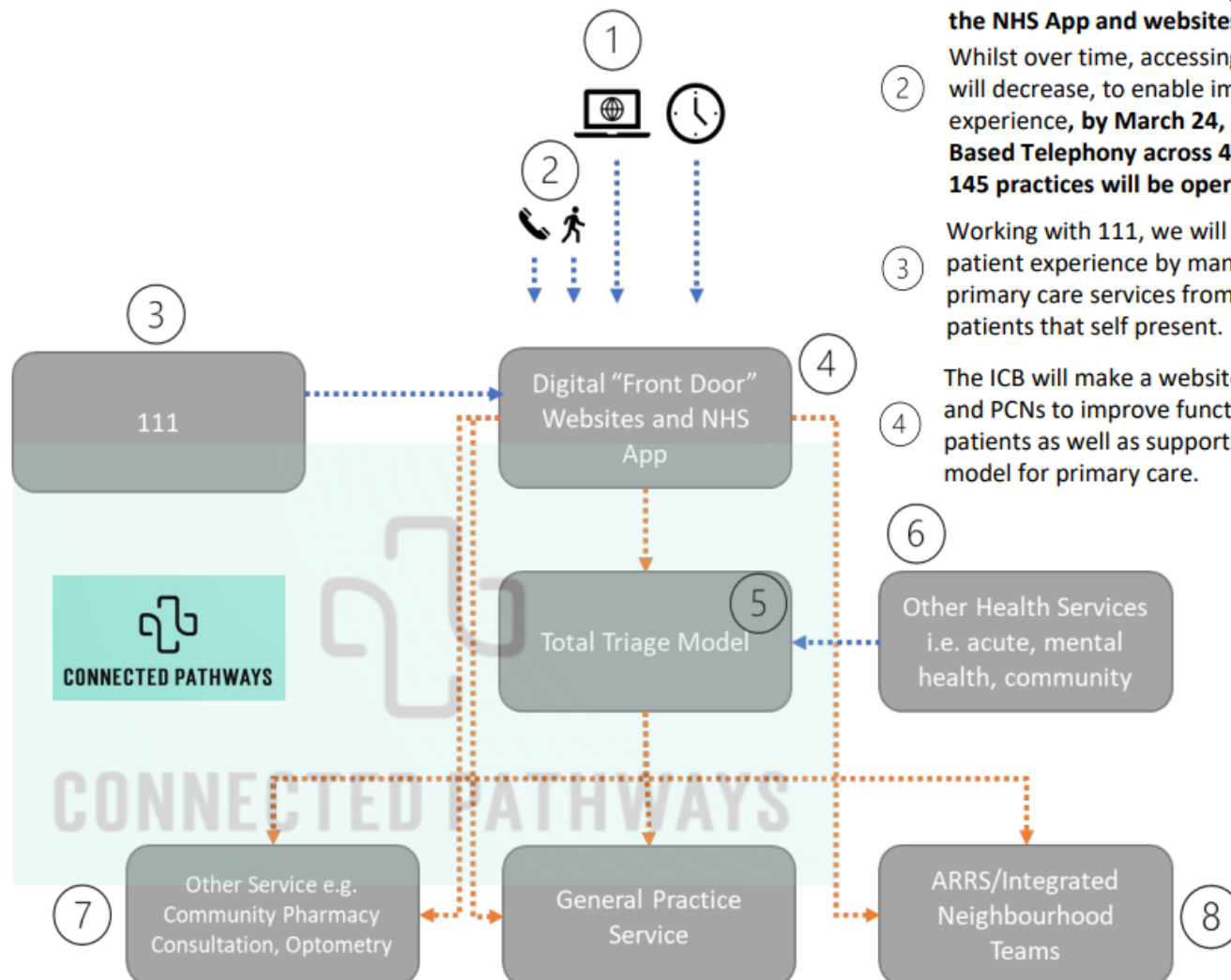
- Earlier this year, PCNs were asked to produce a Capacity and Access Plan (CAP). The aim of the CAP exercise, which has associated funding, is to provide the space, resource, and licence for PCNs to focus on making improvements to help manage demand and improve patient experience of access, with a view to providing equitable and safe access to care, prioritised on clinical need.
- It also supports the accurate recording of general practice activity, so that improvement work can be data-led. From this exercise, PCNs identified the following areas of focus:

# Primary Care Access-Cloud Based Telephony

- In the [Delivery plan for recovering access to primary care](#), NHS England committed to move all practices using analogue solutions reliant on the public switched telephone network (PSTN) to digital telephony (also called cloud-based telephony). This is a key element of supporting practices to move to the [Modern general practice model](#) and will improve patient experience of contacting their practice.
- 9 GP practices from Mid Essex are in the process of switching from analogue to Cloud Based Telephony.
- A second phase of support has been announced for practices that are already on digital telephony but with lower functionality than the national standards. ICBs were asked to provide a list of practices who have lower functionality to be considered by a national prioritisation panel for support to enable them to obtain full functionality.
- 12 practices from Mid Essex have been identified as requiring further support to obtain full functionality.

- In pilots, Cloud Based Telephony raised 'ease of getting through' scores by 30 percentage points, driven by these features:
  - Queuing: enables practices to manage multiple calls, patients are notified of queue position and wait time - no engaged tone.
  - Call-back: patients have the option to be called back when they are higher in the queue.
  - Call-routing: supports directing patients to the right person or team (e.g. a medicines team serving the whole PCN).
  - Integration with clinical systems: allows practice staff to quickly identify patients and find relevant information with less searching.

# Modern General Practice in Mid and South Essex



The ICB will facilitate the infrastructure that will enable all practices/PCNs to undertake a total triage model. **By March 24, 5 Practices and 1 PCN will have implemented a total triage solution.**

⑤ To enable improved approach to triage, the ICB will commission a **localised Care Navigation Programme that will commence by December 23.**

To improve the public's understanding of the new model of primary care, we will run an **impactful promotional campaign on the new model, new roles, alternative provision.**

⑥ By December 23, have a single clear route for the escalation of Primary/Secondary Care Interface issues. **By March 24, we will implement two Quality Improvement Initiatives (e.g. clearer letters) across the Primary/Secondary interface**

⑦ We will increase the range of self referral and triaged referral alternative pathways to primary care. **All patients across our ICB will be able to access at least 10 self referral pathways by March 24**

We will manage these pathways to ensure their effectiveness.

We will work with **Community Pharmacy to enhanced its role as a frontline provider of primary care.**

⑧ We will ensure **full utilisation of ARRS resources by March 24.**  
We will implement our ARRS Optimisation process to ensure pathways are effective.



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# Estates projects in Maldon

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# Blackwater Surgery

## Overview of scheme

- The practice is leasing admin space from Maldon District Council (MDC).
- A proportion of the practice admin team have relocated to the council office, to allow them to convert some of their current admin space into an additional clinical room.

## Latest update as of 5<sup>th</sup> of February 2024

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- The lease between Maldon District Council and Blackwater Medical Centre has now been signed and admin staff have moved into the space in the council offices.
  - A Project Initiation Document (PID) has been developed for the work needed to convert the admin space within the practice into clinical space to draw down the S106 funding to support the project.
  - This has been approved by NHSE along with the completed Project Agreement letter
  - Work has started to convert this space, expected to be finished imminently

# Longfield Medical Centre

## Overview of scheme

- We are currently working with Longfield Medical Centre on their planned extension to the current surgery site.
- The practice are planning to extend in 2 phases over the next 10 years.
- The ICB are working with the practice and estates colleagues to ensure this creates sufficient additional capacity needed for Primary Care in Maldon with the other planned schemes.

## Latest update as of 16<sup>th</sup> January

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- PID- Has been approved
- Outline Business Case (OBC)- In final stages of development, awaiting updated architect plans from the practice
  - This will need to be signed off by the ICB and NHSE
- Full Business Case (FBC)- Follows OBC approval
  - Will take 8-12 months to complete
  - Sign off via the ICB then NHSE
- Once the FBC is approved building work will commence.
- The ICB met with Longfield Medical Centre in Dec 23 to confirm commitment on them for expansion of the surgery. They confirmed this commitment
- The ICB have chased Longfield Medical Centre for updated plans for both phases and timelines

# Heybridge North Surgery

## Overview of scheme

- This will be a new general practice healthcare facility on a new development site. The facility will replace the branch surgeries for both Blackwater Medical Centre and Longfield Medical Centre and give additional space. The plan currently is for 14 consulting rooms and 6 treatment rooms. The exact layout is being finalised between developers, the practices and the ICB.

## Latest update as of 5th of February 2024

- Project Initiation Document (PID) was signed off by the ICB executive team and is now with NHS England for approval.  
There has been a delay due to issues with changes in the pre-application from the developers. There were significant changes from the original plans the ICB had seen vs those put into the district council in the pre-app documents. The ICB met with the developers last week to talk through the changes and the developer is now updating documents to reflect comments from the ICB on what is required from a healthcare perspective (i.e. Space for an ambulance bay outside the practice).
- Final answers have been submitted to NHSE and the ICB are now awaiting approval
- Once the PID is approved an Outline Business Case will be developed (delivery approximate timeline end of 2024), after which a Financial Business Case will be required (delivery approximate timeline end of 2025). Each stage will need to be signed off by the ICB and then NHS England.
- Once the FBC is approved then developers will start building work. It's anticipated the build will take around 12 months.

# Wycke Hill development

## Overview of scheme

- The need to improve the current facilities at St Peter's Hospital and develop sustainable, fit for purpose Primary Care in Maldon has been a priority for the NHS for several years.
- There have been several attempts to identify options for the site and the Wycke Hill development has been chosen as the most appropriate.
- The development was always planned to be delivered in phases. This would allow the development and delivery of different aspects of the service to be completed in line with need. The first phase will deliver a new Primary Care facility to replace Blackwater surgery and facilities for locally facing services.
- There is the option for a second phase for inpatient care and specialist services. Mid and South Essex Foundation Trust will be leading this second phase. Further work is taking place to analyse what the needs are for these services.

## Latest update as of 5<sup>th</sup> February 2024

- A Programme Business Case (PBC) is currently in development. However, ongoing work on the PBC has stalled due to associated issues with land ownership and a relief road which could mean that the scheme first mooted many years ago, will become impracticable. We are currently awaiting further information from the highways team at Essex County Council on the timeline for the relief road, whether there are alternative or interim solutions available and costs. Meeting planned for the 8th March
- In the meantime, we are exploring options for short/medium and long term solutions for estates for services if the Wycke Hill development does not go ahead or is too many years away to give us the solutions we need over the next few years.



# St Peters

## Community Capacity/St Peters/Public Consultation

### Overview

- In October 23 IP services from St Peters were relocated for winter 23/24-
  - 25 beds for stroke rehab at Bayman Ward at Brentwood Community Hospital will replace 16 beds at St Peter's Hospital, Maldon
  - 14 stroke rehab and eight intermediate care beds at Cumberledge Intermediate Care Centre (CICC), Rochford. Previously there were eight stroke rehabilitation beds.
  - Inpatient midwife-led services moving from St Peter's to William Julien Courtauld a modern centre in Braintree
- Outpatient appointments from St Peters i.e. blood tests, diagnostics, screening and maternity outpatient services remain in place and have all been relocated to the ground floor of St Peters
- The impact of changes to IP services highlighted other issues which impact OP services continuing from the site such as security of the building. There are also ongoing and escalating issues with the estate.
- A decision was therefore taken to include the future of all ambulatory services (outpatients and diagnostics) and the potential relocation of these in the public consultation on community capacity

# St Peters

## Community Capacity/St Peters/Public Consultation (slide 2/3)

### Current position

- The public consultation has now launched and asks for views on the following proposals:
  - 1) Potential options to bring together stroke rehabilitation beds, separate to intermediate care beds with single specialist site for stroke rehab vs two split centres of excellence.
  - 2) Permanent relocation of maternity inpatient services previously at St Peters, Maldon.
  - 3) Relocation of ambulatory/outpatient services currently provided at St Peter's, Maldon.
- The consultation will run for 8 weeks
- A series of engagement events, including online and in person events will be organised and advertised
- A robust communications plan to ensure the consultation is shared widely across mid and south Essex,
- All feedback will be independently evaluated and presented back to decision makers.
- The final decision will then be shared with those who have contributed
- Following a number of queries regarding Maldon specific engagement events the ICB have arranged several extra opportunities to engage people in the consultation but these are very much about going to where the people are and not expecting them to come to us as per our Working with People Strategy.
- There is a hearing on the 19<sup>th</sup> March at the Town Hall in Maldon which runs from 2pm until 8pm.
- We are planning to do two supermarket events one at Morrisons and one at Tesco. Here we will have a banner stand and an opportunity to scan the QR code for the consultation or take a copy of the consultation document 2-3 staff attending. Dates to follow.
- Drop-in session at another location – aiming for it to be at the leisure centre during half term w/c 19<sup>th</sup> Feb where it should be busy, and targets a younger audience, families etc.
- Other groups that we will undertaking some outreach are:-
  - Maldon Stroke Group/Maldon NCT/St Peter's Parentcraft
- If we get requested to attend any other specific events we can try and accommodate them during the consultation period.

# St Peters

## Community Capacity/St Peters/Public Consultation (slide 3/3)

### Ambulatory Care Services

- The preferred option for ambulatory services, based upon the advice of the system's Clinical and Multi-professional Congress, is to provide accommodation in Maldon where it does not need to be co-located with other services for clinical reasons.
- Until such time as purpose-built health facilities linked to primary care are available, a number of locations in central Maldon will need to be used for NHS services.
- Options are being explored across currently vacant buildings within the Maldon area, working with local partners.
- The determination of the configuration of ambulatory services needs to be co-produced with representatives of the local community ensuring that key services remain local.
- We are working with Healthwatch who we hope will support with this co-production piece

# Burnham Surgery (Slide 1/2)

## Overview of scheme

- Burnham Surgery but in a request to the ICB requesting an increase to their estate, due to population growth, in Spring 2022
- A PID was submitted requesting S106 funding to be drawn down to use to carry out an options appraisal of estate available within the Burnham area
  - The outcomes of the options appraisal, following a review by the ICB estates group, was that Burnham waters provided the best option in terms of the brief identified
- There has been significant public concern about the relocation of the Burnham Surgery and this continues despite constant reassurances from the ICB that no proposal has been received from the surgery and no decisions have been made

## Current position

- Burnham Surgery have commissioned Healthwatch to carry out a patient survey and engagement events for patients and the public to give their views on what they want from the surgery
- The ICB have met with the surgery to discuss potential options and next steps
- The ICB attended the surgery PPG on the 10<sup>th</sup> January. Following this a statement was shared by the PPG with the Town Council
- Dan Doherty has met with the landlords of the practice to understand their appetite for improving the current surgery estate
- The ICB have met with Burnham Save our Surgery Group (meeting at the surgery and walking to Burnham Waters)
- The ICB have met with the surgery and agreed to explore with the landlord the options for developing the current estate
- The ICB are receiving a significant amount of queries and complaints regarding Burnham surgery

# Burnham Surgery (Slide 2/2)

## Risks of the scheme

- There is a risk of the current GP partners not wishing to remain as the current provider of primary care services and handing back their Contract. To note, the current GP partners travel daily from outer London.
- The Surgery have indicated that they will need to reduce the additional services they currently offer over and above core GMS services if additional estate is not required.
- The Surgery have indicated they may need to close their list.
- The Surgery is a training practice and currently has no estate to accommodate future newly qualified GPs.  
The Surgery could be at risk of losing its training status on the basis of a lack of estates training space.  
The Surgery is unable to accommodate the full range of PCN ARRS staff due to estates.
- There will be continued public concern from the members of the public in Burnham.  
If there are no plans to modernise the building, there are current staff who will resign due to inadequate facilities (for example, toilets and kitchen).

# William Fisher Medical Centre (Slide 1/2)

## Overview of scheme

- Plans for new surgery to be built to increase capacity due to increased population

## Current position

- The issue remains that the district valuer (DV) report on rent the NHS should pay for the new build site is significantly below the value the developer (Assura) has requested.
- The NHS usually only pay at DV rates although there are times we do agree a cost above this but the current gap is too large and NHSE have made it clear to the ICB they will not approve the current costs as they are too high
- The ICB met with Assura (17/1/24) and the following actions were agreed-
  - Assura to carry out a 'value engineering' exercise to ensure the specification is as basic as it can be whilst meeting requirements
  - Assura will go out to tender again for a contractor to carry out the build
  - Assura will then develop costs based on lease terms of 20/25/30 years
  - The ICB and Assura will meet to review the revised figures
- Both the ICB and Assura confirmed their commitment to the project and trying to reach an agreeable position for all parties. The GP practice also remain committed to the new build

# William Fisher Medical Centre (Slide 2/2)

## Timelines and approvals process

- Above actions likely to take 3-6months
- Once figures for rent reimbursement approved then a Project Initiation Document will be developed
- This will be signed off by the ICB and then NHSE
- Next steps are an Outline Business case and then a Full Business Case. Both require sign off by the ICB and NHSE

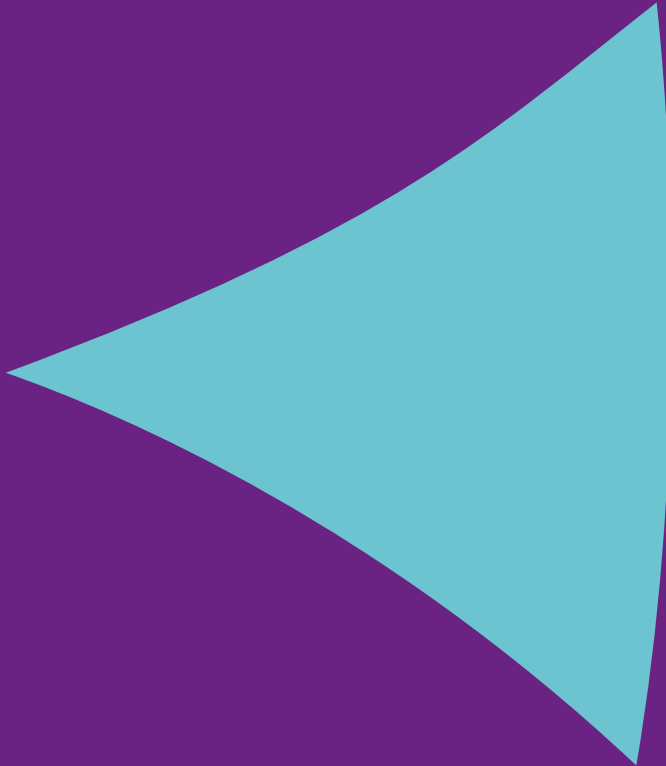


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# Mid Alliance

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