

**Blandford+ Neighbourhood Plan v2**  
**Meeting between North Dorset District Council, GP Surgeries, DCCG and**  
**Blandford+**  
**Wed 25<sup>th</sup> October 2018, 2.00pm**  
**Council Chamber**

**Attendees:**

**Carol Tilley** Whitecliff Surgery Practice  
**Janet Kearney** DCCG  
**Catherine Edwards** DCCG  
**Edward Gerry** NDDC  
**Roger Carter** B+ Chairman & Mayor  
**John Stayt** B+  
**Carol Tompsett** B+

**Meeting Notes:**

**1. Introductions**

**2. B+ NP2 Background and Aims**

**3. Local Plan committed development - plans for future GP provision in Blandford**

DCCG currently working with strategic planning and aware of housing proposals for B+ area and the need for additional medical facilities. Provision of new GP surgeries not top of the list as staffing remains a big issue. Best option is to consider how existing buildings can be expanded or reorganised to make them more suitable to meet increasing patient demands. S106 money could be used for this. DCCG pointed out practices will have to merge and become larger to be sustainable. However, it was difficult to be specific about Blandford as there is no blue-print as yet. From a premises point of view, DCCG want to make full use of current buildings as there is no point in half empty buildings. Key message - to improve clinical space, rather than build new surgeries, to make facilities and services fit for the community. The point was made that GP surgeries are private businesses and it is not up to the CCG to dictate changes to them.

GP surgeries reported that current plans to merge the two Blandford surgeries is complicating the picture. The exact premises requirements will not be known until the Practices redesign how the merged Practice will work (e.g. will there be a hot and cold site to split emergency and routine care?). Partners feel that now is not the right time to move to the hospital and they are focusing on the operational aspects of the merger. Feedback from patients also indicates that they also do not wish the GP Practices to move into the Blandford Community Hospital as there is insufficient accommodation (bigger rooms, not more rooms) and insufficient car parking etc. Whitecliff Surgery currently does not have a problem recruiting staff but merging with Eagle House practice is making this more difficult during the transition. The Practices are keen to maintain a Partnership model of ownership. Moving away from a partnership to a salaried GP model (as has happened elsewhere in the country) could also negatively affect GP retention. Consequently, the separation of urgent care and routine care needs to be managed very carefully so that it does not destabilise existing services, optimises scarce GP resources and ensures flexibility to meet fluctuating

urgent care demands. The outcome of both the merger projects and the CCGs urgent care project will impact on the premises-requirement going forward.

B+ stated their support for DCCG/GP practices receiving S106 money when available

NDDC pointed out that a definite scheme is needed to collect S106 money against, such as the expansion of a current surgery. One example would be for the GP surgeries to make more use of the existing Whitecliff and Eagle House buildings ('Consultation response from Whitecliff and Eagle House GP Practices' already received), including moving storage of notes from the first floor of Eagle House to roof space at Child Okeford surgery (cost ~ £9000). The office space on the upper floor at Whitecliff could then move to the upper floors in Eagle House. In turn, the first floor of Whitecliff could become additional clinical space for long term conditions, if a lift is installed. The ground floor of Eagle House could be a 'hot site' for urgent care. The question of acquiring the Dorset Healthcare building (Blandford Clinic) was also raised, but this would require significant funding. DHC could move their clinic-based staff to the Blandford Hospital, leaving the clinic vacant?

NDDC reiterated the need to collect against a specific project, like the purchase of the clinic, for S106 money.

DCCG/Allan Bennett – based on 2.4 persons per new dwelling, cost to build a new clinical room about £60000 to see 1800 patients p.a. Would need to justify 60% usage of such a room, as a minimum.

Suggested Friends of Blandford hospital could be approached for some funding towards a project, e.g. leg ulcer clinic, with publicity as a pay back

**Action: GP Surgeries & DCCG** to formulate a specific project/projects for S106 money

#### **4. Requirements for additional housing – 'scaling up' future GP provision**

Subject to planning consent, up to 700 houses N/NE of the town could happen quickly or through phased construction making the planning of GP provision difficult. The developers are willing to build a new GP surgery as part of the site. However, this is not favoured by either DCCG or the local surgeries as the model for total health care is in a process, nationally and locally is changing. Instead, both the local surgeries and DCCG favour the provision of community facilities which could be used to deliver aspects of health care it has now become important to propose an alternative project to secure the money that would have otherwise been used for the new surgery, such as a facility/space to deliver community services, e.g. via Health Champions, health groups etc. B+ NP2 could support such a satellite facility.

The new proposed development N/NE of the town also includes a care home. The meeting agreed Blandford does not need another care home, as it would further increase pressure on the already stretched local GP services. Instead, negotiations need to take place with developers to deliver dwellings and facilities that would promote community support and cooperation, thereby lessening the pressure on current medical provision, e.g. by sharing child care, supporting the elderly.

DCCG pointed out 40 houses minimum required for a financially viable S106 claim.

**Action:** Carol Tompsett review B+ NP2 Policy 7 – Health Provision

## **5. Dorset CCG – Planning Commitments for Blandford**

**Dorset CCG Strategy** - currently working on a strategic plan

**Dorset CCG Strategic Estate Plan (at Locality Level)** – Following the CCG Review in Dorset, working on Blandford Hospital becoming a Community Hub. Awaiting result of bids to change/upgrade/replace facilities. Scheme of work for the whole of Dorset in progress. Most GP practices have been visited in North Dorset. There is a meeting scheduled for next week to put a Strategic Estate Plan in place for North Dorset, including Blandford. DCCG are aiming to complete Plan by end of November. Then out for practices to comment before being shared with wider community. Timing dovetails well with the B+ NP2.

**Dorset CCG Estates and Technology Transformation Fund** - Programme ends in March 2020. Few projects have reached business case level after 3 years of hard work. Some work was done in Blandford.

**Action:** DCCG to communicate new Strategic Plans to B+ NP Steering Group as soon as available.

## **6. GP Practice Views – What will Blandford need in the future?**

The chairman thanked Carol Tilley for the '*Consultation Response from Whitecliff and Eagle House Practices*' showing their model for local health care.

The Chairman proposed contacting the Editor of the Forum Focus about promoting the model which reiterates the need to change the way health care is delivered to meet increased patient demands going forward, rather than building new surgeries.

**Action:** Surgeries contact Nicci Brown (Whitecliff/Eagle House PPGs?)

## **7. S106/CIL Contributions**

Tight timescale for securing contributions.

B+ NP2 needs to review Policy 7 in the light of meeting outcomes.

GP surgeries could lead on future GP delivery plan which will become part of the evidence base for the B+ NP2. Plan needed by January latest. NDDC pointed out any Plan would require flexibility to be built in to ensure that any changes would still mean that S106 money set aside was usable/applicable.

NDDC suggested, as a starting point, to write costing based on S106 as the only source of funding for now.

**Action:** GP Surgeries & DCCG to formulate a specific project/projects for S106 money, with Ed Gerry's help from NDDC. Roger and Sally also invited to this meeting.

**Action:** Set up joint meeting with DCCG, NDDC, B+ (Roger/Sally), Dorset Healthcare to discuss and agree specific Healthcare Delivery Plan for S106

## **8. Next Steps? Developing an Action Plan**

Agreed to put forward Jon Dowty's 'Health Provision' policy out as part of the Pre-Submission NP for consultation and put the amended version in the Submission Plan.

**Action:** Project Coordinator

**Meeting Closed**

Carol Tompsett

25 10 18