

LEIGHTON-LINSLADE TOWN COUNCIL
MINUTES OF HEALTH SERVICES TASK AND FINISH GROUP
MONDAY, 5 DECEMBER 2022 AT 10.00 AM

Present: Councillors R Goodchild
 V Harvey (Vice-Chair)
 S Jones
 T Morris
 S Owen
 G Perham (Chair)

Also in attendance: M Saccoccio, Town Clerk
 S Sandiford, Deputy Town Clerk
 M Jahn, Committee Officer
 A Selous, MP Southwest Bedfordshire – joining
 remotely.
 M Prior, Leighton Road Surgery Patient
 Participation Group

Members of the public: 0

46/HS APOLOGIES FOR ABSENCE

Apologies for absence had been received from Councillor D Bowater, from Central Bedfordshire Councillor T Stock, from E Griffith of the Bassett Road Surgery Patient Participation Group and from the Chief Medical Director of BLMK Integrated Care Board (ICB).

47/HS DECLARATIONS OF INTEREST

Councillor R Goodchild declared a personal interest as Chair of Salisbury House GP Practice Patient Participation Group.

No pecuniary declarations were made or dispensations requested.

48/HS QUESTIONS FROM THE PUBLIC (3 minutes per person; maximum 15 minutes)

Councillor Owen raised a question as a member of the public, as to whether the group should consider including dentistry in its terms of reference.

49/HS MINUTES OF PREVIOUS MEETING

(a) The Task and Finish Group received the minutes of the Health Services Task and Finish Group meeting held on 1 September 2022.

Minute reference 45/HS: a minor amendment to the wording of one sentence

was proposed and accepted by the group.

RESOLVED that the minutes of the Health Services Task and Finish Group meeting held 1 September 2022 be approved as a correct record, subject to the agreed amendment to one sentence, and were signed accordingly.

(b) Updates arising from previous meeting:

The Task and Finish Group received a brief report outlining the resolutions made by the Group at its previous meetings during 2022, actions taken and any progress or updates.

It was agreed that it was disappointing that no formal responses had been received to correspondence sent in April 2022 and September 2022 to the healthcare authority and local authority.

The group noted that the “stocktake report” requested by the Central Bedfordshire Health and Wellbeing board (HWB) on 13 July 2022 in response to the report submitted by the Town Council had resulted in the presentation of a “Fuller stocktake report” to the HWB on 19 October 2022. This “Fuller stocktake report” was based on the national report by Dr Claire Fuller in respect of next steps for integrating primary care, but had not addressed the points raised in the Town Council report, with no specific information or focus on Leighton-Linslade.

50/HS HEALTH SERVICES IN LEIGHTON-LINSLADE

(a) Update from the local Member of Parliament

Mr A Selous gave a brief report on the meeting he had held with various parties on 26 September 2022, at which he had asked the Primary Care Network to come up with a plan to make progress with expanded healthcare services. This had been followed up with a meeting with Dr J Henderson on 25 November and a visit to the Bassett Road clinic (referred to as the “Leighton-Linslade health centre”). It was understood that around fifteen additional Primary Care staff had recently started work or would be starting soon and that there was a commitment to opening up another seven consulting rooms in the town. It was acknowledged that more General Practitioners and other medical staff were needed in the area. The MP had asked the healthcare service for the return of an ultrasound service to the town and would continue to press for improvements in local healthcare provision, as well as the need to ensure adequate funding to meet the infrastructure needs of new housing developments nationally.

Whilst group members welcomed the news of additional consulting rooms and the greater use of the Bassett Road clinic building, concerns were expressed that it was confusing for patients to have services spread widely and that this was also inefficient.

Disappointment was expressed that the meeting on 26 September 2022 had not included any councillors or members of the public. In addition, concerns were raised regarding lack of progress towards a fourth GP surgery or a health hub, lack of progress with decentralisation of healthcare services, a lack of basic services such as ear syringing and the overall lack of engagement with members of the public.

Mr Selous stated that the priority needed to be finding realistic and practical ways forward which could be delivered quickly, as patients needed access to services now rather than waiting for years. He agreed with the need for services such as ear wax removal and agreed that a clear public message was needed from the BLMK ICB regarding direction of travel. It was understood that there was no capital funding for a health hub building, the cost of which had been estimated in 2018-19 at £12million and was likely to now be significantly higher due to rising construction costs.

A view was expressed that the proposed cost of building a health hub would be small compared with the annual budget for healthcare provision and could save residents a significant amount of time and money in travel to hospitals. Another view was expressed that the ICB should be asked to clarify how its funding was being spent to best benefit residents.

(b) Updates from other group members

The representative of the Leighton Road Surgery Patient Participation Group advised that lots of small projects were anticipated to help reduce pressure on hospitals, following a model in Herts & West Essex, for example the possible diversion of 999 calls to community providers for an initial triage process.

(c) Report on an alternative approach from Councillor V Harvey

The Task and Finish Group had received a report in advance of the meeting. It was suggested that a physical “health hub” building might not meet the town’s needs even if it could be delivered, for three main reasons:

- 1 – that the three GP practices were unlikely to want to co-locate in one building as each business had invested in its own premises
- 2 – that the building might not address the decentralisation of hospital services
- 3 – the need to consider the growing role of the community/voluntary sector in supporting the health and wellbeing of residents through social prescribing

It was felt that progress towards expanding healthcare services and preventative medicine could be made without a physical hub building, but by increased direct engagement with the town’s GP practices, patient participation groups and other relevant parties to better understand exactly what was needed and consider potential solutions. It was possible that existing buildings could in future be repurposed or that development on land

south of the High Street could help provide additional space for healthcare services.

It was suggested that secondary care, i.e. hospitals should also be involved in discussions to determine areas of greatest pressure and which services could realistically be moved into the community.

A view was expressed that the GPs themselves could determine what services were needed by patients and that the proposed approach would only work if there was space available in which to deliver additional services. It was felt that discussions should include the local GPs with their specialist knowledge, the ICB in terms of funding and residents themselves, to give their views about possible relocation of services.

The potential to invite the ICB to a public meeting was suggested but it was felt that this might result more in people airing individual concerns and grievances rather than being a productive way forward.

(d) To consider next steps

It was proposed by Councillor Harvey that a meeting be set up to which representatives of the Primary Care network, Patient Participation Groups and the local hospital be invited, to put forward their views, discuss the needs of the town's population and what evidence was available to support this and to consider which services could be delivered more locally.

In discussion, it was suggested that the Patient Participation Groups lead on inviting representatives to the meeting, which the town council would facilitate.

RESOLVED to invite the Patient Participation Groups to set up a meeting and to lead in encouraging local Primary and Secondary care network representatives to attend, and for the town council to facilitate that meeting.

The meeting closed at 11.58 am.

I HEREBY CONFIRM THAT THE FOREGOING IS A CORRECT AND ACCURATE RECORD OF THE MEETING HELD ON MONDAY, 5 DECEMBER 2022.

Chair

TBC