

**Minutes of Meeting**  
**Joint Patient Reference Group Meeting**  
**Blackwater Medical Centre & Longfield Medical Centre**  
**held on Monday 12<sup>th</sup> June 2017 at 6.30pm**  
**at Blackwater Medical Centre**  
(please see Page 5 for attendees/apologies)

This evening's joint meeting was chaired by David Wilkin (LMC Chairman). The guest speaker was Martin Royal, Project Manager of the Maldon Health Hub (Mid Essex CCG).

David (DW) opened the meeting by welcoming new members Carol Munt, Alec Hopkins and Olive Smith, and thanking all present for attending. DW also thanked the volunteers of the Longfield PRG who are running the Carbon Monoxide testing during the month of June at the Longfield surgery.

DW welcomed Martin Royal (MR) introducing him as someone who has transformed the Maldon Health Hub project and who DW holds in very high esteem. DW feels the project is now moving in one direction, with decisions being made giving some fluidity to the project.

### **Presentation to PPG Members**

MR gave a brief introduction; he has worked in the Army for 20 years and now has 20 years' experience of the NHS; commissioning mental health services and being Director of primary care commissioning in Suffolk County, so he has understanding of clinical services and property development. MR feels that Maldon is a challenge in that this project has been talked about for 36 years; St Peter's has been an issue since 1994 and he totally understands the frustrations of the Maldon residents in that the NHS has over-promised and under-delivered. MR has a clear vision of what needs to get done but progress is frustratingly slow.

MR spoke about the provision of facilities in Heybridge. He stated that the buildings currently being used are not fit for purpose. MR is very confident about the Maldon Health Hub but is less confident about the Heybridge facility.

MR said he was here tonight to answer questions and to try and dispel any myths about the current projects. Questions were taken from the group members:-

*What do you see as the major obstacles in the Project?*

MR responded that he feels the biggest problem is funding and the financial consequences thereafter.

*How do we deliver community care efficiently and effectively?*

MR informed that the project is also looking at treating patients in the community in their own homes; self-care is also to be promoted and it is not just about in-patient facilities.

DW informed that the Stakeholder Board meeting is to be held on Friday 16<sup>th</sup> June where decisions are expected to be made. The CCG are engaging a new Group known as BCG (Boston Consultancy Group) to examine the issue of inpatient facilities at the new Hub.

*With the financial situation as it is in Essex, can you actually see the Hub being established? Can we afford it and sustain it and, if not, how are we going to deliver services?*

MR does see the Maldon Health Hub happening but we do need the courage to do this. MR's job is to negotiate and see the project through. MR answered that St Peter's is no longer fit for purpose. St Peter's has a Local Listing (not a Preservation Order which is slightly different) on the Chapel and Spire/Tower. Technically the site could be knocked down but as the Chapel and Spire/Tower are of local interest, any developer will be encouraged to preserve these aspects.

*Does the project have a PFI (Private Finance Initiative)?*

MR reported that this project is far too small for a PFI. Maldon District Council has shown an interest in respect of Landlord/Tenant relationship and the surgeries will be able to lease part of the new building. Virgin will be providing the services not the building or development of the estate.

*With the importance of Home Care, does that mean that there will be provision for Reablement/Stroke Unit in the new Hub?*

The CCG has been unable to answer this question yet and this is still under discussion. MR has been commissioned to create two presentations; one will include beds and one will not. Beds may be provided in local Care Homes, ie not in a traditional hospital setting. A specialised unit, such as the Neuro-Stroke Unit, may still be part of the new facility.

*If there is a no-bed facility and care-at-home is not the answer, surely caring for patients in a Care/Nursing Home will be more expensive? What will happen when Homes are full and how is this going to work?*

The beds will be commissioned as community beds and these beds will be registered and managed in a different way with a different level of care. It costs £1.2M annually to run a 22-bed ward in St Peter's; it will be cheaper to run the same number of beds in the community.

*How can we deal with more patients at home?*

Being £20million in deficit, this situation has to be dealt with and turned around; a cash injection at this point is not going to happen. MR stated that he does not make a judgement on whether beds are right or wrong; economically it has to be decided to either have a ward full of beds or no beds.

*Are we talking about a new Care Home or using existing ones?*

A new Care Home is one option and this will be built into the costs of the new Hub thereby not necessarily using existing services.

*What is the risk of services suffering if these services are moved from a hospital setting?*

It will not work unless the appropriate level of services out in the community is 100%, It is a huge challenge financially in regards to revenue funds and keeping the services going.

*Pharmacy and Dispensing Rights –how might this work with the new Hub?*

MR confirmed that the rules surrounding pharmacy and dispensing rights is very complex. Blackwater Medical Centre has said it will not move to new premises if they are unable to keep their dispensary; however, it is thought that there is now a model in which this can be achieved.

*Is there a figure that will determine the amount of money needed for this project?*

Reimbursable costs are known but, as the size of the build has yet to be agreed, a final figure is not yet known. A care facility with beds will clearly cost more than a build without beds.

*Patients in Care/Nursing Homes are more at risk than in a hospital setting as there is no emergency setting?*

Patients will not be cared for in the community if they are considered to be high risk and there is no suitable facility to safely care for them. Beds in Care Homes will have NHS staff looking after the patients, with all their own facilities and services, ie physiotherapy giving a much better level of care. The service will be available wherever the beds are being situated. It is about beds being delivered in a different way and if beds are being taken away from a hospital setting, the replacement needs to be just as good with care delivered by professionals.

*There was an impression that the Heybridge site was a more positive plan than the Hub; is this not now the case?*

In some cases the Heybridge project is now less positive but in terms of speed, ease and delivery of the scheme, the Heybridge project is easier to deliver than the Health Hub. MR feels it is a question of getting the job done and moving it on quickly as it is the more urgent and easier to achieve. It is thought that planning requirements and a road needs to be developed first and this can take up to 18 months, however MR has been assured that passing the plans through the Planning Authority will not be an onerous issue.

There are two firm site options, namely St Peter's Hospital as the NHS own it, and Wyke Hill which is being evaluated for feasibility.

All other sites have been discounted with the exception of Hall Farm (north of Wyke Hill) and the land near to the Leisure Centre, although as this is on a flood plain, it is felt not realistic. No other sites are being considered.

*I have the impression that there is no enthusiasm in the CCG for this Project?*

I feel they do have enthusiasm but with a £20M deficit to deal with, there is much to consider. DW and TF have been attending recent meetings and have felt a greater determination of late. We have to be optimistic.

DW thanked MR for his attendance this evening and for answering our questions. MR offered to answer any future questions by e-mailing him; DW has the contact if required.

### **Any Other Business**

Malcolm McLeod, Chairman of Maldon Housing Association, gave a brief presentation. The Association rents flats to the elderly at well below the market price. He is currently negotiating with three charities to take over a building in order to be able to provide more flats. MM is asking for support when the time comes from the Patient Groups. It was suggested perhaps a community bid to support this project could be applied for especially as the Association was a charity and non-profit-making. DW suggested that when more information is available that MM circulate this to the Group in order to gain support. It was asked if MR could help in any way; MR responded that it may be difficult and challenging but there is always scope for discussion.

Trevor gave a hand-out on a recent visit to Broomfield Ambulance Centre; this is attached to these Minutes.

**Date and Time of Next Joint Meeting: Monday 11<sup>th</sup> September at 6.30pm**

**Members Present:**

David Anderson  
David Barker  
Lesley Beale  
Steve Boutwell  
Adrian Brown  
Dr Michael Carr  
Anne Marie Doherty  
Brian Doherty  
Trevor Fernandes  
Jill Fullalove  
Roy Harvey  
Tracey Holroyd (Minute Taker)  
Alec Hopkins  
Tom Kelly  
Sue McIvor  
Malcolm McLeod  
Michael Miller  
Carol Munt  
Jim Pryal  
John Salisbury  
Olive Smith  
Jane Toffel  
David Todd  
Bev Wilkin  
David Wilkin  
Sheila Wilkinson  
David Williams  
Dr Tim Wright

**Apologies for Absence:**

Carol Greenhaigh (Blackwater)  
Joyce Woodham (Longfield)