



Councillor Jane MacBean

Chairman
Health & Adult Social Care Select Committee
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Ms D Ratunabuabua
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Ms J Newman
Head of Primary Care,
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15 November 2021

SENT BY EMAIL

Dear Debbie and Jessica,

Health & Adult Social Care Select Committee – consultation response to the future of healthcare services in Buckingham

I am writing on behalf of the Health & Adult Social Care Select Committee who have discussed and reviewed the future plans for healthcare services that you are proposing in Buckingham.

For ease, I have grouped the Committee's key points and concerns into three main sections – the process, the plans as outlined in the briefing paper and next steps.

The Process

1. As Chairman, I was first made aware of the public consultation during a meeting with representatives from the CCG on 22 June, whilst discussing another healthcare issue. The Committee had previously requested that any future proposals for substantial change be raised with the Chairman of the Select Committee at an early stage. As statutory consultees, Committee Members would have expected more detail to be provided to them in the run up to the launch of the formal public consultation to aid their evaluation of the proposed plans on behalf of residents.
2. We received a copy of the double-sided briefing paper which we understand was sent to all key stakeholders and publicised to patients through various channels. The Committee is still concerned that the most vulnerable people and those most affected by the proposed plans may not have had an opportunity to respond to the consultation. Current access to primary care during Covid has led people to have very different experiences and some people have not accessed GP services during this time. We request a breakdown of groups who have responded to the consultation and would like to know whether any further work has been undertaken to reach any under-represented groups.

3. On 18 August, I emailed you both with some queries which Members had initially raised – particularly the issue of the Equality Impact Assessment (EIA). The response advised that the EIA would be circulated to HASC Members at the end of August. Following chaser emails (with the last one on 28 September), there has still been no sign of the EIA. We are aware of public concern about moving to an out-of-town location and the EIA is a key document for those evaluating and deciding on this proposal. We are concerned that the EIA has not been made available and see this as a fundamental flaw in the consultation process.
4. We understand that the Swan Practice is no longer part of the North Bucks Primary Care Network (PCN) but we are looking for evidence of strong engagement with this neighbouring PCN and other health providers so that the impact of the plans can be fully understood. We would expect these impacts to be included as part of the EIA.

Future Plans

5. The briefing paper states that the surgery at Steeple Claydon would not be affected by this plan and would remain as it is. We would like to understand the rationale behind this decision and to seek reassurance that patients registered at this surgery are being given the choice to move to the new facility, should they wish to do so. We would be interested to review the feedback from patients at Steeple Claydon.
6. The paper refers to an enhanced healthcare offer, a better experience for patients and services closer to home but what does this enhanced offer look like, how will the patient experience be better and what services will be available (and does this include patients at the Steeple Claydon surgery)? We expected to see this information worked up as part of an options appraisal so the benefits of the new facility could be clearly understood.
7. You refer to serving the healthcare needs of the growing community. We expected to see evidence of what those needs will be and how you have identified them. There is also a lack of data to evidence your statement that there has been a “great increase in remote appointments, home visits and more staff in place to support people in the community”. We expect to see that evidence in the end of consultation report.
8. We are concerned about the reference to the practice being in discussions with other healthcare providers and community organisations, as experience has shown that joining up with other healthcare providers and community organisations is challenging and requires commitment from the outset. Please provide details of the healthcare providers and community organisations that have been consulted. Whilst recognising the aim of creating a new multi-purpose community-based healthcare facility, we would like to see evidence of buy-in and financial commitment from these organisations at this stage.
9. Linked to the above, we are concerned about the funding for the new facility as the briefing paper states that it has not yet been secured and “some NHS funding being available”. It therefore begs the question – what is the contingency plan if the funding cannot be secured?
10. Although the formal planning issues are not part of the consultation briefing paper, we understand that the “application for approval of the reserved matter shall be made to the local planning authority not later than 3 years from the date of this permission”. This deadline being 24^h December 2021. Based on what we have heard, we have some key

concerns around the planning issues for this new healthcare facility and we are seeking assurances that these are being addressed and will be resolved by the deadline. We are struggling to comprehend how a formal application surrounding reserved matters can be submitted when detailed need has not been identified during the consultation and therefore nothing tangible about realm design to suit future need can be brought forward.

11. The paper states that “doing nothing is simply not an option if we want to meet the needs of our patients”. We appreciate the drivers for change but we would have expected to see the options laid out in the consultation documentation so patients and key stakeholders could provide feedback on the viable options.
12. We request that the end of consultation report includes a breakdown of the feedback from the various groups, including clinical and non-clinical staff from the Swan Practice. We also wish to see details of the drop-in sessions you “hoped” to arrange but did not provide details of and a breakdown of responses.
13. We are concerned about the environmental impact of people making more car journeys as a result of moving the location of the healthcare provision from within the town to out-of-town. We would like to see evidence that work has been undertaken to understand patient journeys and would suggest this is included in the end of consultation report. This should be a key consideration in the decision-making process.

Next Steps

14. The Council’s Community Boards aim to work closely with the Primary Care Networks within their local area. We would strongly recommend that the end of consultation report reflects the engagement that has taken place with the Buckingham and Villages Community Board (membership includes parish and town councils).
15. As you know, the role of the HASC Select Committee is to hold the key partners within health and social care to account and to identify areas for service improvement leading to better outcomes for patients. We understand that the public consultation is due to end on Tuesday 16th November. We have asked for clarification about what the next steps and timeframes for the decision-making process will be once the consultation ends but have not received this. We seek assurance that no decision will be made until the HASC Select Committee has reviewed the end of consultation report and made further comment, if necessary.

Please treat this letter as the Committee’s formal response to the consultation.

Yours sincerely



Cllr Jane MacBean
Chairman, Health & Adult Social Care Select Committee