

## HOSP 18<sup>th</sup> March

### Public statements for consideration under item 2: Public Discussion

- **Dot Agassiz** – re: central Weston Primary Care facility
- **Brian Sheldrake** - re: central Weston Primary Care facility
- **Alan Rice** - re: central Weston Primary Care facility
- **Dr Martin Hime** - re: Performance of the NS based Test, Track and Trace system

#### 1 **Dot Agassiz**

“The report outlines the business case for a central Weston Primary Care facility. This is a misnomer; the surgery should be called the out-of-town medical surgery. Locating the surgery at the Rugby Club ensures that there will be no GP surgery within a mile of the town centre.

The report acknowledges that ‘many GP services were removed from the town’ and were located in 168 Locking Road, yet on p. 11 it refers to patients from Graham Road and Clarence Park as the only ones to be affected by the proposed relocation. Figure 4 on page 36 shows a distance of 300 m between the existing and new sites, a ten-minute walk. Anyone who could make that in ten minutes doesn’t need a doctor, they should be going to the Tokyo Olympics this summer for high jump and sprint, enabling them to negotiate the railway line. I chose to believe that this is not an attempt to deceive but rather a plan that by those who have no sense of the geography of the town and it makes the tables in Appendix A of the presentation incorrect and misleading.

I have consulted widely, Weston Hillside, town Council, Civic Society, an ex-patient group. None of these feel this is a good site. Most objections centre round its inaccessibility to town centre residents, on foot, bicycle or by public transport. It is predicated on car use which goes against our climate emergency policy.

Finally, looking at the reality of the planned development: the least awful scenario is that the proposed local development of shops and housing happens. How many years will the whole area be a building site? – Diggers, dust etc., great for a health project!

The worst scenario recognises that Weston has many vacant brownfield sites. This is because developers acquire land cheaply and are prepared to wait for years in the hope that prices rise and make development viable. Should this happen the new surgery will be left in the middle of nowhere ironically named a town centre facility. You have the opportunity to look again constructively and creatively at a range of sites, to work with NSC to genuinely provide a medical facility that meets the needs of central Weston.”

#### 2 **Brian Sheldrake**

“I am not aware of the powers of the committee but I think it is appropriate that it should be recommended that the CSG should scrap the present proposal and reset the remit for a new surgery.

Seven years ago the two centre surgeries along the Boulevard were moved a mile away along the busy Locking Road. Since then the Stafford Place part time surgery

has closed and during this period the Drop in Centre has opened and closed. During this time we have been promised a replacement town centre surgery. In the last few years it has also been apparent the Graham Road surgery needed improving or replacing. This latter requirement has now completely taken over as I see that before you today is "The Graham Road GP surgery relocation proposal".

The needs of the very disadvantaged town centre is glossed over with vague mention that this will be addressed sometime. Another 7 years maybe? Calling the proposed site Weston Central Health Centre is insulting to our intelligence.

The needs of the North centre of Weston, that is the area from the Boulevard up the hill has not even appeared to have been considered. This is an area with many flats and older people. To my knowledge it takes hours to attend the 168 surgery in Locking Road if one has to fit in in two bus journeys each way. Not to be recommended for young Mums with pushchairs or frail older people.

Looking at the evaluation criteria I see that the panel had members from Pier Health Group Limited, Sirona Community Company the NSC and a very small number of members from Graham Road Surgery. Patient participation was very small and significantly did not include any from those whose surgeries were moved away 7 years ago. They always ignored, the disadvantaged people in the town centre, have been ignored yet again

The main driver for the location seems is that it is a green field site with a developer already to welcome a proposed surgery that will increase the value of his estate. What has happened to all the plans to regenerate the town centre? The plans to increase residential accommodation, the plans to reduce traffic and pollution. It would have been an ideal opportunity to incorporate a GP surgery in these plans for the town centre.

Regarding the evaluation criteria Appendix A it gives details regarding distance. For the replacement area considered it still shows that nearly half will have over twenty minutes' walk. (That is if the times are right: distance by path is less subjective). Getting to the proposed site in winter will be daunting for walkers with young children and older people. One wonders how many of the evaluation team have tried to do so and also have walked around the town centre.

I repeat, the terms for replacing town centre surgeries from 7 years ago up to the need for a Graham Road replacement have not been met. Forgetfulness surely cannot be the reason. Wilful ignoring of the needs of ALL from and near the town centre seems more likely. Please take this last chance to remedy your mistake."

### **3 Alan Rice**

"Thank you Chair and councillors for this opportunity to address HOSP this afternoon. It's most refreshing as it's an opportunity that was denied to 99.99% of Graham Road Surgery patients of being given a choice on the site of the long-awaited new Health Centre.

I've only lived in Weston, and been a patient at Graham Road, for just over six years but I understand this new health centre has been mooted for about 30 years. It was on December 7<sup>th</sup>, 2018 that our MP, John Penrose, welcomed the decision by Matt Hancock to give Weston over £3.2 million towards new primary care services in

Weston. The report before you today on the relocation of Graham Road Surgery has been a long time coming.

It was two years after Mr Penrose welcomed those funds that patients learned of the decision taken to site the new health centre at Weston Rugby Club. For two years 99.99% of Graham Road patients had been left in the dark.

I say 99.99% because although the power point presentation on the Graham Road relocation proposal states “the evaluation was conducted by representatives from Pier Health Group, patients, Sirona, North Somerset Council and the CCG”, I am led to believe only 3 patients were involved in the final choice and they were sworn to secrecy. Incidentally, one of those patients I believe is in fact a patient of another surgery, not even in the “Pier Health – Healthcare Super-Partnership” which covers 93,000 patients across Weston. How were these patients’ representatives chosen? The funding is indeed welcome, as is a new health centre, but testing the waters with actual Graham Road patients indicates the new site is not welcome. It is not on a bus route, detached from the town centre and on the wrong side of the railway tracks.

The statistics show less than 10% of patients who live within 5 minutes walking distance of Graham Road Surgery will live within 5 minutes walking distance of the Rugby Club site. But these are the most vulnerable patients. Graham Road Surgery is in the centre of Weston Central Ward. The Central Ward Health Needs Assessment issued in May 2016 states the Alfred Street and Grand Pier areas, both on the other side of the railway tracks from the Rugby Club, are amongst the 2% most deprived areas of England.

At the other end of the scale, the statistics show over 50% of Graham Road patients currently live over 20 minutes away which will be the same at the new Rugby Club site. But a large proportion of those will be originally Clarence Park Surgery patients who were moved to Graham Road when Clarence Park closed in 2019. At the time there was a patients’ outcry from Clarence Park on the distance to walk to the “new” Graham Road Surgery, and the lack of a convenient bus route. In less than 2 years those patients are told that distance will double.

In recent years Graham Road patients who moved outside the “catchment area” were told they could no longer remain on the surgery’s list and would have to find a new surgery. This is still a hot topic on Facebook with only this week a number of dissenting voices on this imposition, and lack of choice as promised by the NHS. I guess the reason is the expense of doctors making home visits. It makes me wonder whether these distant patients will be “dropped” when relocated to the Rugby Ground site?

The report states a consultation will be held throughout the summer of 2021, with a final proposal to go to NHS England and the Department of Health and Social Care this winter. A consultation on what? The site has been chosen with no alternatives being offered. Perhaps it’s on more important matters like the colour of the wallpaper?

There has been no meaningful consultation as far as Graham Road patients are concerned, they have been left in the dark. I ask HOSP to seriously consider

whether the process so far is “fit for purpose” and meets the requirement to consult the actual patients.

I am one of those patients and a former Chair of Graham Road Surgery Patient Participation Group (PPG).  
Thank you.”

#### **4 Dr Martin Hime**

" The successful management of the COVID epidemic requires that the prevalence of the virus is kept as low as possible. Vaccination alone will not do this. It has been accepted that an effective locally focussed Test Trace and Isolate (TTI) system is essential for success. Good communication and openness with the population is absolutely essential and that is the reason why I have promoted the following NS Constituency Labour Party motion.

North Somerset CLP calls on the Labour Group at North Somerset Council to campaign for the Test Trace and Isolate system in North Somerset to be well resourced, monitored and accountable to the people of North Somerset. It is vital that an effective system is in place for the long-term control of the epidemic. We call for the Labour Group to obtain the answers to the following questions as part of an on-going campaign to control the epidemic:

- Will new money be coming from central government to finance the service?
- What extra personnel will be required and how will they be trained?
- What are the expected number of contacts and how will non-compliance be dealt with?
- How are local people who are isolated being supported?
- How is the system being monitored and how will the people of North Somerset find information about the service??
- How will North. Somerset Council monitor infection rates in schools when pupils return, given that schools act as vectors of transmission?
- How will North Somerset Council make certain that it will not be held accountable for failures in the national service?"