

Upper Lighthorne GP Surgery Provision Meeting  
Friday 20 January 2023, 12:00, Elizabeth House

Attendees:	Jeremy Wright MP	Tony Perks
	Tamara Reay	Carol Roberts
	Cllr Jacqui Harris (Chair)	Tony Horton
	Neil McElduff	Emily Napier
	Alison Cartwright	Dominika Stockham
	Simon Lefevre	Cllr Chris Mills
	Andy Smith	Tim Sacks
	Zoe Dandridge-Brown	Margaret Bell
	Sam Betts (notes)	
Apologies:	Rose Uwins	

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### **Introductions**

All parties introduced themselves and it was agreed that the purpose of the meeting was to discuss the provision of health care at Upper Lighthorne.

### **Results and conclusions of ICB survey**

NM confirmed that the ICB survey had now been completed and that option two, provision of a new medical facility on site was chosen. All agreed that they were happy with this outcome.

### **Status and decision-making process**

AC agreed to distribute FAQ's after the meeting but outlined the next steps for the ICB.

It's currently estimated that the number of occupied houses will reach 725 by July 2024 (currently 305) this could be delayed due to the economic climate.

AC confirmed that the NHS will identify the GP practice through a procurement route and once completed the GP practice and the developer will work together to deliver the facility.

NM explained that a plan for the geographical area is taking place to include the GP practice and other areas such as the local community and shared resources. He is working with EN to explore ideas to find the right options.

AS questioned why the land can't be requested immediately. AC explained that the ICB must manage the risk rate and follow legislative processes that are in place. S106 timescales kick into place once the land has been confirmed as required.

JH asked if the developer could be included in future meetings to reassure them of progress. It was agreed that dialog would be acceptable but the process and timescales must be adhered to.

MB shared her recent experience of a project that she was a part of that had taken a long time to complete due to the lack of ownership of the project. MB stated that this is a complex project and needs a project manager to take ownership, and it is critical to know which GP practice will be chosen.

In response AC confirmed that NM is the Director of Estates so will be the leading member for the NHS, and that the procurement process to identify the GP practice will start imminently. NM has spoken to local GP practices and all have expressed an interest. NM will steer and guide the practices but they will need to provide their own resources.

TP confirmed that a village centre vision is important with a project manager focussing on all parts of the development with one integrated project, not just the GP practice in isolation.

TP questioned the timescales involved for procurement of the GP practice and AC confirmed approximately 3-6 months depending upon the procurement option chosen to follow.

### **Funding**

JW questioned if the decision to have a GP practice or a multi-function facility will affect the funding. NM confirmed that there will be a capital shortfall and there may be a need to approach SDC for additional funding.

TP emphasised the need to work on this together with the GP practice to brainstorm ideas and to work together with the developer.

### **Target Date for delivery**

All agreed current target date – July 2027.

### **Process for determining GP practice to run a permanent facility**

- a) Proposals will be sought from interested GP practices – the procurement process will commence imminently through ICB.
- b) Target date for decision – 6 months (July 2023)
- c) Involvement of selected GP practice in facility design – agreed, key masterplan

### **Provision of temporary health facility**

JH asked about temporary facilities.

AC advised that in 2018 it was decided not to proceed with a temporary facility, the option was not viable. Additional capacity has been provided at Hastings House Wellesbourne. The ICB are working with SW Foundation Trust and SWIFT to manage workloads and workforce strategies. AS questioned why the temporary decision wasn't viable. AC explained the thinking, confirmed that ICB will uphold that decision and it will not be reviewed. AS expressed concern that facilities will suffer by having to take on new patients. JW questioned how many new patients Hastings were expected to accommodate. AC believed 2,250 but would need to check.

### **Future primary healthcare needs for SDC and WDC**

TP noted the importance of taking the lessons learnt from this project for all future projects. We should be ambitious in what we try to achieve but need to ensure that the building meets our needs, fits on site and is affordable.

### **Any other Business**

AS expressed concern about NHS Property Services. NM assured AS that improvements have been made and he has seen a positive change in partnership with NHS Property Services.

JW acknowledged that there will be a challenging interim period and the importance of focussing on the initial decisions asap, e.g. a GP practice or a broader multi-facility. NM outlined the opportunity to move away from just a GP practice and developing a building to benefit the wider community and gave examples already developed in other parts of the country.

**Next steps**

- SDC team to discuss how they project manage the village centre and GP practice
- ICB to start the GP practice procurement process
- It was agreed that it would be beneficial for this group to meet again once a masterplan is emerging
- AC to share the FAQ's as mentioned at the beginning of the meeting