

**SHREWSBURY TOWN COUNCIL**  
**Extraordinary Meeting of Council**  
**Held at St Chad's Church, Shrewsbury at**  
**6pm on Tuesday 4<sup>th</sup> October 2022**

**PRESENT**

Councillors E Roberts (Mayor), B Bentick, R Dartnall, M Davies, J Dean, P Gillam, N Green, K Halliday, C Lemon, P Moseley, A Mosley, K Pardy, A Phillips, D Vasmer and A Wagner.

**IN ATTENDANCE**

Helen Ball (Town Clerk), Ruth Jones (Office Manager) Michelle Farmer (Committee Officer), Sally Nicholson (Mayoral Administrator).

**ALSO IN ATTENDANCE**

Gareth Robinson (Director of Delivery & Transformation at NHS Shropshire, Telford & Wrekin Integrated Care System), Rachel Robinson (Executive Director of Health, Wellbeing and Prevention at Shropshire Council), Dr Charlotte Hart (Primary Care Network lead for Shrewsbury and GP, Radbrook Green Surgery), Dr Ed Jutsum (GP, Beeches Medical Practice), Dr Carla Ingram (GP, Marden Medical Practice), Dr Pippa Hine (GP, Marysville Medical Practice), Dr Kate Leach (GP, Belvidere Medical Practice), Simon Whitehouse (CEO at NHS Shropshire, Telford & Wrekin), Phil Brennar (Programme Manager NHS Shropshire, Telford & Wrekin), members of the public and two members of the press.

**88/22 APOLOGIES FOR ABSENCE**

**RESOLVED:**

**That apologies be accepted from Councillors B Wall and R Wilson.**

**89/22 DECLARATIONS OF INTEREST IN ACCORDANCE WITH THE CODE OF CONDUCT**

Shropshire Councillors	Twin hatted members declared personal interests in matters relating to the Town Council's relationship with Shropshire Council
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**90/22 PRESENTATIONS REGARDING A PROPOSED HEALTH AND WELLBEING HUB FOR SHREWSBURY**

**90.1 Introduction from Councillor Kate Halliday, Chair of the Town Council's Health and Wellbeing Hub Working Group.**

Councillor Halliday commented that she was really pleased to see so many people in attendance and it showed the strength of feeling about the proposal and why they were holding the meeting. She explained that she was a Councillor in Belle Vue and two medical practices in her ward were due to relocate. The reason for the meeting was that Councillors had been inundated with concerns regarding the proposal. A working group had been formed (The Health & Wellbeing Working Group) which was a cross party group and they had put forward a proposal to hold this meeting.

Councillor Halliday went on to explain that Shrewsbury Town Council were here to represent the people of Shrewsbury and to give them a voice. Councillors were hearing from residents

that a lot of proposals had dripped through the media, being invited to engagement events, but there had been no chance to put forward public concerns, so this meeting was arranged.

The meeting was a chance to question the people who were making the proposals. Councillor Halliday was pleased that representatives were present from NHS Shropshire, Telford & Wrekin ICS (Integrated Care System) which were the health leads and would be providing a presentation. Also present were Shropshire Council who would explain their involvement in the proposal.

Councillor Halliday stated that residents and Councillors cared about their GP surgeries and the relationships that patients held with their GPs. These relationships may become fractured by this proposal and felt they hadn't been given enough of a say on this or asked for public views on whether the proposal was a good idea. It would also become apparent throughout the meeting that there was a real concern about transport.

## **90.2 Presentation from the Shropshire, Telford and Wrekin Integrated Care System.**

Gareth Robinson, Director of Delivery & Transformation, informed attendees that he was responsible for progressing the proposal forward for the citizens of Shrewsbury. He thanked all for attending and commented that he would be providing a presentation but asked first if some GPs from the medical practices involved in the proposed hub could speak.

First to speak was Dr Ed Jutsum who provided his perspective as a local GP. He also commented that it was nice to see the level of attendance and people who cared about GP Practices. He was speaking on behalf of colleagues at Beeches Medical Practice.

He understood that people would either be for the proposed hub, against the proposed hub, sitting on the fence or feeling the proposal was a threat to GP practices in general. He was keen for the Beeches practice to be included within the new hub. Several GP partners (who owned a permanent fixture at practices) had gone down 17% since 2015. Also, the population of over 65s who make up a lot of patients seen at the practice, had doubled in the last decade. This had put pressure on the whole system, with less workforce and more numbers of patients.

Beeches Medical Practice worked across two sites in Bayston Hill & Dorrington. If this practice joined the hub, they would move out of the Bayston Hill site but keep the Dorrington surgery open, and possibly increase the services offered there.

Beeches Medical Practice was a converted estate house which had been extended many times and it was not possible to extend any further. The current building was inadequate and had a small car park. They had been looking to move into bigger premises, but no capital was available to build such a project. When the idea of the proposed hub was heard of, they were very interested and wanted it to work for themselves, their patients and for it to be as near to Bayston Hill as possible.

Over 800 surgeries across the UK had closed due to lack of staff and inadequate buildings. There were twenty trainee GPs in Shropshire, but no surgery had the room to accommodate them, which could lead to them leaving the County. They frequently decline professionals at the surgery as there was no room. If they joined the hub, they would be in a stronger position to recruit further staff in the future. In the press it stated that six practices are combining in

to one. This was true in combining into one building but not true that it would become one practice.

All six practices want to remain as independent practices. All money on offer from Central Government was for a purpose built multi practice hub. There was no money for building a single practice development, which would be the preferred choice, but it was not an option. The hub proposal was too good an opportunity to miss.

Next to speak was Dr Carla Ingram, a GP partner at Marden medical practice. She had joined the practice almost 10 years ago and, in that time, patient numbers had increased to 10,000. She completely understood the reservations from retired GPs about the idea of changing the fundamental model of how general practice had always been delivered. At Marden, compared to five years ago, there had been a 33% increase in face-to-face appointments and a 65% increase in the demand for telephone appointments. This was additional work over and above the increased face-to-face appointments offered. There had also been an increase in work from secondary care to primary care. She believed there was a need to look at different models to how primary care was provided, and they needed to take on additional clinicians and practitioners. There was a need to be able to employ more administration staff to deal with the increased workload, but they couldn't provide this service from the existing premises. There were no more clinical rooms available for additional staff. Marden Medical Practice could not be an equal opportunities employer as they had no capacity to provide disabled access for their staff and the current building could not be modified to provide this. A bespoke facility could enable them to recruit and accommodate additional technicians and support staff required to meet the future health needs of patients. She also hoped that it would prevent excellent GPs from leaving the profession as their workload would be more manageable. She concluded that if the role of the family doctor was to survive, they would need to find a new way of working and the proposed hub could be a good opportunity for general practice.

Next to speak was Dr Charlotte Hart. Alongside her role as a GP, she was also the Clinical Director for Shrewsbury Primary Care Network, which allowed collaboration between practices whilst still maintaining their autonomous status. One of her roles was to support the integration across the healthcare system, working with Local Authority, community trust and various other providers in the system. She also ensured that general practices were sustainable for the future and helped them to address any estates issues.

As a system there were many challenges faced; some were financial, some were organisational, but the key was to make sure the public had access to the great care they wanted and to maintain that high quality care. They needed to think differently on how they could provide this. There was a need to provide more appointments as the population was growing and the needs of the population were changing. They didn't have space in current buildings. There was a need to create more space to do more appointments. Dr Hart reiterated that this was still a proposal and not a 'done deal'. They could still shape things moving forward. If the hub did go ahead one of the things to do was to shape the services so they work for the patients. The hub was an opportunity to re-shape services.

Their vision for what could change was that additional facilities would increase the number of services provided which could include:

- More appointments
- Improved access to care

- Better diagnostics on site
- Mental health and other services on site
- Healthcare professionals working together (more multidisciplinary working)
- The state-of-the-art building, high-quality, modern healthcare facilities which are flexible and future-proof to meet changing needs.

Shrewsbury Primary Care Network had £1,000,000 in budget that they couldn't spend because they did not have the space to put people. They were struggling and needed this help. The proposed hub would be sustainable and would help to safeguard the future of general practice.

Gareth Robinson finished the presentations by stating that this was a unique opportunity to attract approx. £40 million of national funding into Shrewsbury to improve provision in General Practice and Primary Care. This was a route to significant funding to support services and if they didn't progress, this funding may not be available to them. This was a way of securing funding into the system that they may not be otherwise able to access.

Funding was designed to drive an approach based on a Cavell building which brought benefits in terms of estates, resilience, co-location of services and access to diagnostics.

Based on feedback, residents described that they wanted to understand if other options were available. There was another Options Appraisal underway and that would complete over the coming days. These scenarios were being finalised and would be worked through at the next Stakeholder Reference Group. Essential criteria would be applied to the long list to discount any scenario that was not viable to take forward to the next stage of appraisal. The next Stakeholder Reference Group meeting would be held on 6<sup>th</sup> October 2022. The Reference Group included Councillors from this forum, patients from local practices and other Stakeholders. He would be happy to come back with the outcome of this process.

Important feedback they had to date regarding the public's main concerns about this development were;

- **A lack of information in relation to other options than the Shrewsbury Hub that have been considered and discounted.** *These options were now being considered and taken to Stakeholder Reference Group. There was a list of 14 options identified from earlier public engagement, which included, doing nothing, extend existing buildings, six new builds, different configurations and the Cavell hub option.*
- **The preferred site at Oteley Road and the patient ability to get to it, particularly on public transport.** This site had led to them reopening the Options Appraisal process. It had been made clear that this was a challenging location. He stated that this was a preferred site and not a concluded site. Based on feedback they were revisiting alternative site locations. If people were aware of site locations, they would be delighted to hear the suggestions.
- **A lack of information and transparency of decision making, particularly in the early stages of the project.** He was happy to acknowledge this, they admitted they had not been clear enough in the purpose and change behind the proposal. They were working harder to resolve this, and a programme of community events would continue.
- **When the formal consultation was going to start and what was to be consulted on.** The initial timeline was for formal consultation to commence around now. The new anticipated timeline was April 2023, once they had been through the Complete Site

Options appraisal, the Travel Impact Assessment, Integrated Impact Assessment and the Pre-consultation business case.

### **90.3 Presentation from Shropshire Council.**

There was a presentation from Rachel Robinson, the Executive Director of Health, Wellbeing and Prevention at Shropshire Council.

Rachel was asked to attend the meeting to clarify the role of Shropshire Council in this programme. She explained that NHS Shropshire, Telford and Wrekin lead this primary care development and that Shropshire Council was one of several partners.

Shropshire Council supported the need for sustainable primary care services, and to help to maintain and expand a highly experienced primary care workforce. They recognised that a new hub could bring much needed investment into primary care in the Shrewsbury area.

The concept of an integrated health and wellbeing hub was important as it would release pressure on primary care workforce and on estates but also those joining up services and joining up teams of people, would lead to much better outcomes for the population. They supported this principle of bringing integrated services together around health & wellbeing. Any hub development should consider how it could address the current and future health and wellbeing needs.

They strongly agreed that this needed to be an accessible site for residents and that the programme needed to be transparent, and they must continue to improve engagement with the public and stakeholders. Shropshire Council also supported the programme's decision to review potential additional site options and supported the need for a full assessment of site options at the appropriate time.

In terms of Shropshire Council, they had a role to play. The programme had identified land on Oteley Road in Meole Brace as a potential site for the proposed hub. No planning application had been submitted for this site to date.

Shropshire Council were fully aware of the concerns of residents around public transport to the potential site and the location of the proposed site. Shropshire Councillors had also heard the concerns of their residents and shared this with the programme board.

Shropshire Council continued to work with the programme to help identify any other alternative site options in the Shrewsbury Area that met the criteria for the site. They were committed to work to find and look at site options. Any future planning application would need to be considered against planning policy once submitted.

Once a site had been identified, Shropshire Council would investigate potential transport options for all sites put forward by the programme. Until sites were identified, the transport need was not clear. Shropshire Council confirmed that they could not pay for ongoing costs and dedicated transport to a site, so that would need to be part of the program. The programme would need to identify financial resource to meet day to day transport costs as part of the model to support transport to the final chosen location. They recognised that there would be a financial impact for transport whichever site was chosen, and this needed to be handled as part of the programme when a site was known.

Shropshire Council supported the need for a full impact assessment of proposed sites that included mapping the transport impacts of a proposed site, the impact both positive and negative, on inequalities and vulnerable groups. The programme would undertake a full impact assessment at the appropriate time; and the Council would provide any information along with other partners on the health and wellbeing of the local population to support the Impact Assessment process.

## **91/22 PUBLIC QUESTIONS/COMMENTS**

The Mayor reported that standing orders had been followed in seeking questions ahead of the meeting, questions were accepted up until 4pm on Monday 3 October 2022.

The following questions had been received and were grouped according to the nature of the question. Councillor Halliday went through each of the questions:

### **Continuity of Care**

**Alison Allott** -She was concerned that if GP practices joined a larger hub, patients would be seen (or may be seen in the future) by a larger pool of GPs. This would inevitably mean they were seen by GPs who did not know them, their circumstances, or their family. This would make accurate diagnosis more difficult. In a time of national and international uncertainty, it was especially important for patients to feel there was a GP there who knew them as an individual and could see them when they were needed.

**Ian David Groves** - How could he be assured that the six practices involved would keep their individual identity rather than be absorbed into one huge impersonal identity as happened on a smaller scale with Mount Pleasant and Albert Road now they had become Haughmond View?

**Peter Bottomley** - Of the six practices that would be relocating to the Hub, three had been designated "outstanding" by the Care Quality Commission and the other three "good". This, together with very good patient feedback, indicates exceptionally high quality of primary care delivered by these practices. The concern was that their relocation to the hub would eventually lead to their amalgamation, their loss of identity and the abandonment of continuity of care. So, what measures would the ICB put in place to ensure their autonomy would be preserved not just in the short term, but beyond the retirement of some of the partners, and for years to come?

### **Answered by Dr Charlotte Hart**

There was no intention at present for the practices to merge. They would remain autonomous practices providing autonomous businesses. The practices were independent businesses and could make their own choices. The ICB had no power to tell practices what they could and couldn't do as they were autonomous businesses.

### **Transport**

**Philip Evans** - Did you perceive any location acceptable to meet the needs of all residents who were being impacted across the six surgeries merging. The bus services in Shrewsbury were a joke, the Taxi services were a joke. How did the council and health authority expect residents of all cohorts to reach an appointment at the required time? This was going to end up costing more in missed appointments and the final outcome would be poorer healthcare services for residents. **Annie Banham also made this point.**

**Denis Cheese** - What progress had been made with Shropshire Council over providing proper transport links and active travel infrastructure at the proposed site of the new hub in Mytton Oak?

**Julian Birch** - The main objection to the proposed Hub appeared to be that of access. Could innovative solutions to this problem not be found if the Council and the Authority worked together? Could bus routes not be rerouted or a minibus funded to collect patients from various collection points?

**Rob Gallagher** - Not enough information had been given on the proposed building – if six separate GPs, plus extra services, were to be housed within it, it would be the size of a small hospital! A large car park would also be needed to cater for staff and patients – the site would be vast, and no guarantee was given that parking would be free of charge. As costs escalate, it almost certainly wouldn't be!

No one currently registered with one of the six GPs would be able to walk to Oteley Road, so on environmental grounds this should not be considered. Public transport options were currently being withdrawn rather than increased and timing a once-an-hour bus for a specific appointment was not acceptable. People would potentially be sitting in waiting rooms (taking up places) for a very long time between buses.

**(Marilyn Priddey also asked about car parking)**

**Ian Winstanley** - As the council had said they would not under right the cost of a bus service to the new site, which must be an absolute must to ensure appropriate access, bus companies (who were currently cutting routes and services including to the hospital) would not be able to guarantee to supply the route, then who would give cast iron guarantees that access links were at a sufficient level not to leave vast numbers of people waiting considerable time until their appointments due to the scheduling? What had been the modelling for appropriate scheduled bus times alongside walk-ins and people in cars to ensure overcrowded surgeries with people waiting for their appointments? Please consider the response in terms of a flu season and or covid re-emergence.

**Answered by Rachel Robinson/Gareth Robinson**

As Rachel was not a transport expert, she would ask her colleagues at Shropshire Council, and would happily do full written responses to those questions. They recognised that transport was an important issue and that any locations would have implications on transport, which was why a review on each site would be critical.

Shropshire Council strongly supports sustainable and active travel and had ambitious plans around that. They are continuing to move forward and look for opportunities for funding to bring into the County, including Shrewsbury, particularly around having more public transport and better access.

With regards to car parking, Gareth Robinson stated that until they knew the final option, they couldn't make any commitments around carparking arrangements as they didn't know the site. In principle, they would be looking at providing car parking in the most convenient way possible. At the current preferred site of Oteley Road, the provision of free car parking was included in that option.

## **Location**

**Sarah Dyas, Brian Sergeant and Sybil Hughes –**

Question: (i) Would it be possible for the Health Hub to be located in the currently vacant Pride Hill Shopping Centre, rather than the proposed location in Meole Brace, and, if the answer to this is 'yes' (at least in theory).

(ii) would it also be possible for concerns over parking charges that might be incurred by patients who, for example, would need to park in Frankwell car park in order to visit the Hub, to be addressed by providing patients with 30 minutes of free parking?

Pride Hill seemed like the obvious location and would certainly address many of the transport concerns that had been raised given the regular bus services to the town centre.

### **Answered by Gareth Robinson**

They were looking at all options and the town centre comes within the footprint of all the options they were looking at. As previously stated, car parking would be subject to the options that go forward but they were looking at all site options.

### **More detail on the proposal**

**Dennis Cheese** - Why was a Health Hub a suitable base for six surgeries but not Radbrook and Mytton Oak? Had consideration been given to having two hubs rather than one?

**Adele John** - It seemed usual that developers contributed to local facilities when receiving planning permission. How much did the Developers on Oteley Road (up to the Weeping Cross roundabout) contribute? And was it ring-fenced for the area i.e., towards the cost of a Doctors Surgery?

**Sybil Hughes** - It was stated that surgeries were not allowed to stop accepting new patients (but new housing was allowed). Why were developers allowed to build without contributing to upgrading existing surgeries?

**Karen Young** - As not all of the six GPs affected did suffer from old buildings, inability to expand, and high rents, it would be good to know more details on this for each GP? Perhaps then just the ones who were now claiming not to be fit for purpose could be accommodated in the hub?

**Sybil Hughes** - Had each medical practice drawn up a costing of what needed doing in terms of refurbishment, and how did this compare with what NHS were going to fund.

### **Answered by Dr Charlotte Hart**

Radbrook & Mytton Oak were involved in the discussions when they first started. All the practices within Shrewsbury who were not currently in new buildings (not Riverside and not Severnfields because their buildings were already new) were asked to join in the conversations. For their own reasons, Radbrook Green & Mytton Oak decided they did not need to go into the hub, and the other six practices decided they would like to consider it. It would be ideal if they could have two hubs as it would solve a lot of issues around the location, but this was a national project. NHS England were steering on this, and they had



stated only one hub. The funding was also not for refurbishments. It was a hub or nothing when it came to the funding.

**Answered by Rachel Robinson**

Rachel agreed to go back to Planning Colleagues and submit the question for more detail behind it. In terms of the planning process, invitations were taken from NHS, CCG (as was) and now the Integrated Care System who would comment on planning applications and put forward proposals around whether additional capacity and support was needed. The specific question about the Oteley Road site and the previous housing developments that had been on there where developers asked to contribute. So, in terms of the Oteley Road site where developer contribution agreements had been put in place, she confirmed that there was no specific reference in those to health hubs or contribution to fund delivery of doctor surgeries within these current developer contributions. However, the council could ring fence unallocated funds from a number of locations to contribute to health facilities if it met the legal tests for the use of the funds. If there was a requirement for contributions as part of the impact of the health hub this would be considered as part of the planning application process when it got to that point.

**Answered by Charlotte Hart**

In response to Karen Young's question, all of the six practices who were looking at going into the hub, they did suffer from a variety of these issues. They had their own very good reasons for wanting to be included in the hub. The inability to expand maybe due to financial as well as space reasons. So even though a site may perhaps permit a practice to expand, the financial aspect behind it makes it very challenging. One of the issues was understanding how general practice was financed and that they get reimbursed a rental cost for the building that they provide for services, they were not employed by the NHS, they were sub-contractors. By asking practices to expand to fund the costs themselves, they were asking them to take all the financial risk, without the rent, it doesn't go up to cover that amount of the building. It doesn't go up to cover that amount of the building. The way it was funded makes it really complicated to expand and it was unfair to ask GPs to put themselves into debt that they were not going to be able to cover.

Most of the practices had looked at what refurbishment needed to be done but the proposal with regards to the hub was a bit more complicated, as the issue was not just about what buildings they needed but also what they cost moving forwards and the aim of the hub was to provide up-to-date facilities but also to provide savings to the system as they moved forward. There was no funding for refurbishments at present as previously mentioned. When it came to the costings, the idea with regards to the business case was that as a system they were able to demonstrate that they were providing savings as well as improving the facilities that they provide and the provision of services that they had.

**Mark Phillips** - In the absence of an explanatory paper and with little more than newspaper reports to go on, as a South Hermitage patient, all I understand of the project is that various GP practices are to relocate into one building whose whereabouts are undetermined. Apparently, no additional funding was identified for new services. No resources are identified to compensate for any additional patient travel costs. Perhaps a presentation at the meeting will provide some explanation about why money for this building was initially sought, but I want to ask what the proposed Hub was for and how might I benefit?

**Barbara Phillips** - What services, apart from GPs, would definitely be provided at the hub and how would it benefit Shrewsbury residents to have them based there rather than where they were at the moment?

**Christopher Adams** - Severnfields seemed to offer an ideal opportunity to benchmark the new proposal. What evidence was there of patient satisfaction with that hub and to what extent do the services provided there now match the promises made during the proposal process?

**John Wynn-Jones** - Whether a proper objective evaluation of the undertaking at Severn Fields had been carried out and could the project team inform us as to whether the move resulted in the two practices keeping their own identities, improved staff and patient moral, improved recruitment of GPs and improved patient outcomes?

The proposals for the Cavell Centre claim a wide range of unsubstantiated benefits to the people of Shrewsbury. Could the project team give us the published evidence that these claims are based on?"

**Ian Winstanley** - The Nuffield trust report used as primary evidence for change focused on 1000 patients of which only 500 registered and were used in the study against 45,000 registered here. Considering that the Nuffield hub was staffed for the 1000 separately from and additional to other GP services it would seem staggering if some benefit had not been seen, but equally the report was marginal in its endorsement of support for system change for this size of cohort rendering this proposal like so many NHS "big ideas" at best a potentially dangerous experiment but more likely a way of being seen to do something other than deal with the underlying problem that rather than combining surgeries we should be creating more. Please in the context of above why this was not being prioritised?

**Sybil Hughes** - It would be appropriate to have feedback from other "new Hubs" that had been built around the country. A full report was required and had questionnaires been sent out in those areas as the views of those currently attending those hubs were important and this should be communicated to all patients of all surgeries involved, and NOT just put on the council or NHS website as many people do not or choose not to go onto the internet.

**Answered by Gareth Robinson**

Regarding the benefits of the hub, one of the areas they had not gone into in detail on was the ability for this proposal to separate the service provision that GPs would be able to offer for patients from the management of the buildings. Right at the core of this proposal was the separation of estates and the GP workload which had a massive impact on GPs and allowed them to focus on the really important things. The building would be owned by the NHS, and it would allow GPs to focus on what they wanted to do. He believed that separation was a really important factor in being able to recruit and retain GPs. The imperative behind taking this forward was as much around bringing workforce, both GP and additional roles, into the community in a way that if they continued with the traditional model, may not exist. He suggested looking at the website as it had been recently updated to contain a lot more information.

**Answered by Charlotte Hart**

There were no definites on other services at present. They had a list of organisations who would like to be in the hub who they had been asking to communicate with them and to

express and interest in being in there. They are looking at their services and how much space they would need. This was something they would like public help with. This was going to form part of the public consultation when it starts which would probably be next year. They wanted to know from the public what services they would like to see in there.

They could also understand why people would want to compare the two models, but they were very different. Severnfields was built under the private finance initiative which meant that the partners there had to focus on the building and on the financial issues that being in the building gave them, as well as the services that they provided to their patients. What they were proposing with this hub was to remove the stress of the financial building issues and allow the six practices to focus on a great service to the public and that would help to maintain the sustainability of these practices in the future.

**Christopher Adams** - Marysville had said that they would not renew the lease on their current property when it expired in 3 years. If the new hub does not go ahead, what safeguards were in place to ensure ongoing local GP services for the Belle Vue area?

**Answered by Gareth Robinson**

In the event of a practice deciding to close, the responsibility for those patients returned to the ICB, and it's then their responsibility to share the patients out amongst the existing GP practices within the community. The ongoing provision of care would be vital. The only safety net that shared patients across existing practices. They would have an impact on the fragility of services within those existing practices and that's part of the stimulus behind us taking this approach. The ability to maintain the six practices and primary care at this scale was vital for the sustainability of our services.

**Marylin Priddey** - The idea of more in-house services like blood tests, would this be just one such service for the use of each Practice?

**Answered by Charlotte Hart**

No, the idea was that the six practices who were in the hub would be able to benefit from this. The aim was to open this up to all patients across Shropshire so that if there were services that were there that other people needed to be able to access, then they would be able to access them as well. They wanted to design the services in a way to support the patients within the practices but to support patients within Shropshire and in and around Shrewsbury as a whole. This was all part of the discussion if the hub went ahead.

**Annie Barnham** - How did this proposal square with the councils' green responsibilities? This would give rise to many additional journeys by car and increase traffic flow in an area of expanding population.

Could they reassure the patients from the existing surgeries that they would have sufficient access to the Hub, given the large number of households already in the immediate vicinity, as well as those from new housing schemes scheduled to be developed in the near future? How would demand be controlled to ensure those patients who needed to travel some distance were not disadvantaged? Would there be sufficient capacity in this building for such a huge expansion in population, especially given the rate at which GPs and other health professionals were currently leaving the NHS?

**Answered by Rachel Robinson**

This would be part of the options appraisal process when reviewing the site, once the site was known. They had been clear that they supported active travel and public transport and had got ambitious proposals that they were putting together.

**Chris Bentley** - Would the land freed up by the moves be sold to the highest bidder for housing? What conversations had already taken place, or were ongoing, between developers and landowners?

**Sybil Hughes** - If a new hub was built what would happen to the existing surgeries? Would they be sold off for building? If so, the current GPs who would benefit financially would probably retire and thus creating another problem.

**Answered by Gareth Robinson**

Gareth commented that he hoped people would understand that the nature of individual relationships of the six practices were confidential amongst themselves. They were individual businesses, and those issues would be determined by them as individual businesses.

**Ian Winstanley** - Could you please be specific about the ongoing revenue to service the now spiralling (recession related) cost would come from, specifically as at the last hub venture in Severn Fields the community trust refused to be relocated due to the disproportionate and unfounded short fall in ongoing costs.

**Answered by Gareth Robinson**

This was all part of the future work. They would go through a really detailed business case development process which was set out by His Majesty's Treasury. They would go through a rigid business case process which would help them understand the revenue costs which were the ongoing cost and the capital cost; the costs of building equipment. This would all be set out in the business case process as they developed.

**Detail on Consultation.**

**Andy Lewis** - Where did the initiative come from for the Health & Wellbeing Hub i.e., from the GP surgeries or another organisation? What input had my GP practice had in formulating the proposal, and had all their comments/input/suggestions/concerns been used to form the final proposal?

**Annie Barnham** - Why were there no *alternative* plans to be included in a public consultation? Could the many vacant buildings in the town be utilised for some core services? The Hub could go ahead, but some basic / core GP provision remained in the town centre? Are the practices being given a choice in this venture? Could they remain where they were now?

**Answered by Charlotte Hart**

This was a national proposal that was worked up by the Government by NHS England and was opened to a few areas and Shropshire was one of the areas invited to bid for the funding. They had very little say on that development. It was the evolution of a lot of research into healthcare and effective ways of doing it. The recognition that taking out worry about estates from primary care really did help to sustain it and helped it moving forwards. They were having that opportunity to be part of that, as invited by NHS England.

The alternative plans were being taken to the Stakeholder Reference Group meeting this Thursday and the other options were being taken to them.

**Jenny Birch** - There were concerning reports that over 40% of England's GP's may leave Primary Care within the next 5 years. As the Hub was expected be an incentive for Shrewsbury GPs to stay in the town surely it was imperative that all parties got behind it and found ways to make it work for all concerned or, do we face an alternative of no Shrewsbury GPs.

**Susi Turner** - Would you please detail how & when patients would be properly consulted - as was legally required - regarding the proposals to significantly change the delivery of our GP services & care by transferring them to an out-of-town health hub. A letter received from Claremont Bank practice in September 2022 reads as a done deal, with no invitation to comment or even to request further information. And when I say "properly consulted" I do not refer to the weighted questionnaire asking what services we'd like to see provided at the hub, I mean full & proper patient engagement using communication methods that were inclusive & accessible & which solicit comment & opinion on whether we agree with the concept of a health hub, where that hub might best be located & what public transport or car parking arrangements we might need to access the hub.

**Karen Young** - In response to a planning application for 135 new houses on London Road in April this year (21/05981/FUL), why was the hub (something that has apparently 'not been decided') already being cited by the Clinical Commissioning Group as their solution for 'a significant shortfall in GP provision'? On this basis, they did not object to the application but did request £87,749 of funding via S106. This implied that the hub was already a done deal, even though we are told that a decision had not yet been made!! And as the hub was only aiming to be built by 2025, what were new residents meant to do in the meantime?

**Answered by Charlotte Hart**

There were many GPs who were going to be retiring soon and it was a real concern for them. How did they attract young GPs into the system? They believed that this hub would give them the opportunity to do that. They were trying to protect primary care for the future. They had to work with what they had got, and this was a way of helping to protect things and help to grow general practice moving forwards.

**Answered by Gareth Robinson**

The formal consultation was anticipated in April. If they continued down the programme timelines, April 2023 was the likely period of formal consultation but that was an indicative timeline which could change.

They wished to highlight that the hub was far from a done deal. They were conscious that there appeared to be a feeling amongst the community that the hub was a predetermined decision which it was not. They were going through the process of engagement at present, they would come forward with the proposals and they would seek public views through a formal consultation process.

**Answered by Rachel Robinson**

This was an example of where developers, where the CCG has been consulted and then developers had been asked to contribute towards the health hub. In terms of development, this was an example of where funds were requested from the CCG. The money wasn't available at the present moment because the decision on the application was still pending, there was various requirements and stages of the development to pay the contributions, but it was due to be issued shortly.

**92/22 SUSPENSION OF STANDING ORDERS**

In the interests of continued public engagement, it was proposed and seconded and

**RESOLVED:**

**That standing orders be suspended to allow the public to take part in the meeting (maximum 20 minutes) and ask questions.**

**Question 1**

The study published last year (2021) in the British Journal of General Practice, showed that those seeing the same GP for many years are 30% less likely to need hospital care. 30% less likely to use out of hours service and 25% less likely to die. What plans to ensure reductions of these three would they be able to see, and would they be able to see the same GP?

**Answered by Dr Charlotte Hart**

They wanted to be able to continue to provide good care for all. They wanted to be able to get to know their patients, but the sad fact was that there were not enough GPs. They were having to try and come up with slightly more innovative ways of working so that if it's a relatively minor issue that you needed to see someone, then patients may be invited to see a physician's associate or an advanced nurse practitioner to deal with that as it would be a small issue and maybe they would be appropriate to deal with but then you actually need to see your GP for that long term condition, that you could actually have that conversation with your GP because they know you and they know what happened. They were still trying to maintain this. The size of the proposed hub was being used as a negative, but the size could enable them to put a lot of things together so that they have access to services in a timelier fashion.

**Question 2 – Graham Shepherd**

Patient at Marden and a member of their PPG. He stated he would be concentrating on the lack of patient involvement and the unacceptable level and quality of communication to date. He had been involved with the hub since August 2021, when the NHS Arden and Greater East Midlands Support Unit, contacted the six medical practices involved asking them to nominate a member of their PPG to sit on the Reference Group. He attended this meeting to comment on behalf of the PPG but he had no direct question to ask. He would be

attending the next reference Group on Thursday and he had hoped it would be more successful than the previous meetings held.

### **Question 3**

A resident who lived opposite and attended Marysville practice felt this was a somewhat done deal as they were not going to renew the lease at Marysville, so that meant anybody in Belle Vue, registered at that practice, would have to go to either another practice or a new hub. If the new hub didn't take place, could they not use some of the £40-60 million to help give travel vouchers to the needy, the elderly and the disabled. The amount of travelling they may have to do could stop them attending an appointment, or not even bother to attend.

### **Answered by Gareth Robinson**

In response to funding and if it could be used elsewhere, the answer was no. It was part of a national programme which was a great opportunity for them as an overall population of Shrewsbury, to attract that funding in and develop additional new services and build on what they already had. The way the funding was allocated, it couldn't be used for transport subsidies. They would try and work with each of the groups and practices to find out the best way they could to solve transport problems. Until they knew the site option, he couldn't provide an answer to the question.

### **Question 4**

A resident from South Hermitage. Could you please provide the web address for everybody so people could educate themselves further in their own time?

### **Answered by Gareth Robinson**

He would be happy to provide anybody with the website address at the end of the meeting.

### **Question 5**

Has this model been used elsewhere in Britain and if so, what was the outcome? If it had not been used before, were the patients of the surgeries being used as guinea pigs to find out if this model worked or not?

### **Answered by Gareth Robinson**

This was the evolution of primary care at scale. Over the last few years, they had been moving towards delivering primary care services in this way. The Cavell hub itself came with some national guidance and it was the culmination of all the guidance in this area. It was totally evidence based in what it was trying to achieve which was the amalgamation of services, allowing patients to access more than just their local GP, accessing diagnostics.

Simon Whitehouse, Chief Executive of ICS, then spoke to the audience and Councillors to explain that he had been involved in the development of similar hubs in Crewe, Cheshire. They had bought three GP practices together along with community services, community dental, community café and a voluntary sector engaged citizens advice bureau within the same centre. This had bought a number of services together in the same place. There were a number of sites in Staffordshire with the same model, varying between two practices to four to five practices. This one had the name of the Cavell Hub and the Cavell Centre because that was the national policy it sat under. The model of the way that general practice had

been delivered was replicated across the country. Patient satisfaction in those practices had increased compared with the facilities and the access to services that they had previously, and that was monitored and demonstrated through the GP survey and the Patient Satisfaction Survey. There were travel challenges in a number of the sites, but they were dealt with in a similar way that had been talked about in this meeting. Some of that varied depending upon where the hub was and where the centre was.

#### **Question 6**

Oteley Road was the preferred site, what are the alternatives in and around Shrewsbury?

#### **Answered by Gareth Robinson**

The original options appraisal showed there nine sites were identified and that reduced to one preferred option. They had reopened the options appraisal and they were currently looking at other viable sites within the geography and that work was underway now.

#### **Question 7**

Would be interested to know what made the Oteley road site preferable? What criteria was applied to get to the site choice and how it was determined?

#### **Answered by Phil Brennar**

When they embarked on the initial study there were nine sites identified, called the long list sites. The long list was considered through technical appraisal. It was a technical aspect as to whether the sites could be delivered or not. Was the site area large enough? Were there any specific encumbrances on site? Were there any legal encumbrances on site that could be identified early on? They technically looked at the nine sites and the long list was then taken down to a short list of three sites based upon the technical assessment.

They then looked at prioritising the three sites in order and looked at the parking rights which Shropshire Council owned. The first site, the highest priority from the technical assessment on the shortlist, identified the Park and Ride site was the highest priority. They then moved on to the next level of assessment, so they did due diligence on the site, look at the site in more detail, in terms of whether the site could be delivered or not. This was again technical details looking at the legal aspects of the site, access to the site, the ability to bring transport to the site and the transport links to the site. The Park and Ride site had public transport associated with it, so that was why it was identified as the highest priority as the public transport links were already in place. They worked through that site looking at the detail of it with Shropshire Council but there were a whole series of technical issues that came out over a period in terms of being able to access the site. It linked into housing development that was occurring next to this site, the legal aspects to the rights of way to the site and various other aspects. It was concluded from that exercise that the site couldn't be delivered for several reasons.

They moved to the second priority site of the old pitch & putt. During the time they had been looking at this site, Shropshire Council had sold part of the pitch & putt site which meant there was not sufficient space left to deliver a building on that site.

This left them effectively with the Oteley Road site as the only other option to look at. They had looked at this site with the same due diligence and if it could be delivered from there. It



was not agreed that this was the site. They were still in the process of doing that. In the meantime, they had agreed to open the option appraisal again and look to see if there were any other sites. If residents had an identified site, they wished to put forward, they were happy for suggestions which would go on to the long list to be evaluated. It would have to meet the technical criteria and assessment to whether a building could be placed there.

#### **93/22 RECONVENING OF STANDING ORDERS**

##### **RESOLVED:**

**That standing orders be reconvened to all on the meeting proper to continue**

#### **94/22 QUESTIONS AND COMMENTS FROM COUNCILLORS**

Councillor Dartnall commented that the ICS had only been in existence since the beginning of July and in delivering healthcare service, it was required to contribute to carbon reduction, in delivering the service. Does the ICS recognise that should the hub go ahead, all efforts must be made to ensure that the site was not car dependant. That public transport must be obviously essential to the whole thing but also active transport, active travel for staff as well as patients who wanted to use it was vital as it was unclear how many staff would be working at the hub, but we were guessing it would be a substantial number. These are very important considerations. In addition to that, the understanding was that the ICS would make some saving on accommodation costs through this government investment in the building and it had been made crystal clear previously and at tonight's meeting that Shropshire Council would not fund public transport for the hub. So, would the ICS pick up the bill for public transport?

##### **Answered by Gareth Robinson**

On the environmental side, at the heart of the Cavell Hub, the sustainability agenda in terms of its development and construction is approached. As part of the process and consultation, they would have an integrated an Impact Assessment which would set out the implications in all areas described. In terms of the financial side and transport, they would make decisions based on how they could make that as easy as possible going forward but they couldn't make any commitments in terms of financial support.

Councillor Vasmer questioned the way the arguments were being phrased. They were talking about a hub all the time, but there were no alternatives being presented. They stated that all options were being considered but all talks this evening had been about the benefits of a hub and what it would bring. He wanted to know whether they had worked out options other than a hub as it appeared that they hadn't. He would like representatives to go away from this meeting and come up with real alternatives to the hub if there were such things. He didn't believe the public were being told the full story.

Councillor Dean thanked all speakers for their presentations and thanked GPs for outlining the problems that they faced, of which he understood. The town had an ageing population and a growing population. The first GP spoke of their preference prefer to stay where they were. The 2<sup>nd</sup> GP said it was a good opportunity. The meeting had basically been told by NHS England to take it or leave it. In the end, this was an exercise in "polishing a turd". The meeting had been told there was £40 million available. Councillor Dean had looked up the cost of the Tannery building which included a medical centre. That cost was £10 million. On this basis they could have more than one and could also have the improvements that GPs

wanted. There was the possibility to have improved GP centres that were still close to people. Local NHS representatives needed to go back to NHS England and say no.

Councillor Halliday stated that they had been provided with some answers this evening that they hadn't had before. There were still some concerns with some of the answers that had been provided. Residents had asked several times about the evidence. The presenters for the proposed hub were asking residents to make a massive leap and it was going to be a massive change. They had heard that there was no money for a single practice and this hub was the only option. Councillor Halliday had written to NHS England asking them if this was the only option and they had replied that they would work with local leaders on whichever options they wanted to work and that included expanding single practices as well as larger practices. We had seen this model in Shropshire, Shifnal have just built a new practice. Why weren't people, the residents in Shrewsbury, being offered a range? Councillor Halliday supported the comments made by Councillor Dean. If we were really being told that this was the only option, we need to go back to NHS England. They seemed to be willing to look at other options including smaller practices and we needed to go back and ask them for that.

Councillor Parry believed there was something missing. There was talk of a better service, but it was more of a business plan and people had been forgotten. He gave the example of a 79-year-old patient who lived 3 miles away and couldn't get to this hub. They couldn't drive, couldn't afford a taxi and the bus service provided was rubbish. There appeared no sympathy and no urgency in doing something about that. He went on to say that this kind of presentation was always giving promises; it was bait for residents to take. It stated it was a community centre, providing for the local community but it wasn't. Its proposed location was on the edge of the town. Had they thought about the people who couldn't get there. The shortage of doctors was nationwide so what was so special about NHS Shropshire? There were not enough doctors at present to fill the gaps so why would they come to this hub? Patients currently had to wait for long periods for appointments and now they could promise this would improve – it was not true. Councillor Parry said his concerns were that this was a promise they couldn't keep, there was a lack of promise for transport, and it was all based on business rather than people.

Councillor Alan Mosley stated that he had received a copy of the presentation and he was sceptical and critical of the hub, but he was pleased to see what was being proposed within it. Unfortunately, what he had heard this evening counters the feeling he had because all he had heard was that you've got to have the hub if you want the money. There was an element of blackmail going on. Everyone was aware of the problems that GPs face and fully sympathised with the stories heard this evening, and with the ambitions that the GPs had for protecting a community based, family based, personal service based within a health setting. They all recognised that the NHS was grossly underfunded and had been for several years, but it was £40 million being offered to Shrewsbury if we adopted the Cavell hub. But it was also stated that the project team were now working with the stakeholder reference group to develop and evaluate other options. Long list of 14 options identified from earlier public engagement included do nothing, extend existing buildings, six new builds, different configurations and the Cavall hub. But there was only money for the Cavell hub. How realistic was the options assessment actually going to be?

**Answered by Gareth Robinson**

The stakeholder reference group was working through those options on Thursday, and they would draw a conclusion. He agreed that one of the key factors would be the finance availability for the Cavell hub which was at the heart of one of the options and he couldn't hide away from that.

Councillor Bentick stated that they had heard that the health hub was the only option, yet around the country other options had been adopted. There are only six Cavell Hubs planned in the UK and most practices have similar problems to those in Shropshire. Why hadn't they considered taking on the financial responsibilities of those practices, which was quite within their remit to do, therefore reducing the financial burden to those practices and contract back to them to provide the services. This happened in a number of different situations around the country. This hadn't been discussed as an option or presented and it was a perfectly reasonable one. With development of these practices in existing sites as far as possible using the resources of the integrated care board and its financial base which was quite substantial to underwrite those improvements. The health hub could continue as one of the proposed diagnostic and treatment centres; there were 160 planned in the UK, 73 were already in place. So having one GP practice in such a diagnostic and treatment centre seemed a reasonable option whilst maintaining the local service for all the other practices in Shrewsbury. Why hadn't this been considered?

**Answered by Gareth Robinson**

The hub itself came with a funding opportunity that they, as an ICS, wouldn't otherwise have. As an ICS, they don't have the ability financially to look at every single option that's available in front of them. It was an interesting challenge to them, and he was prepared to take it away and think it through with colleagues, but at present this was an opportunity that was played in front of them by the NHSE nationally, and it would be wrong of them to look away from that opportunity. What had been suggested was a viable discussion to have and he would be happy to pick that up separately afterwards and feedback openly on how it could be taken forward.

Councillor Bentick asked why a representative of Shropshire Council's public transport department was not present to answer any of the questions asked on this important topic. Although Shropshire Council may not directly pay for this, they do commission most of the buses in Shrewsbury and so were best placed to be involved with discussions about co-ordinating services.

Councillor Bentick also asked why the ICS was using the fuller report to base their services on, which used only a thousand patients in support of its report, when the UK had 67 million people. How could they possibly extrapolate 1000 people to 67 million? It was not possible and would not be done in any other scenario and certainly in no scientific scenario. He would strongly like to see all documentation produced well in advance of decisions being made, particularly irrevocable decisions in relation to this project and for all other options to be realistically considered before proceeding to the health hub.

**95/22 TOWN COUNCIL RESPONSE TO THE PROPOSED HEALTH AND WELLBEING HUB FOR SHREWSBURY**

**Presented a motion to Council and had accepted an amendment ahead of the meeting. Councillor Bentick duly seconded the motion.**

Shrewsbury GP services would benefit from investment in their buildings, and this would be welcomed by Shrewsbury residents. However, the Shrewsbury, Telford & Wrekin Integrated Care System proposal for a health and wellbeing hub, to replace most south Shrewsbury neighbourhood surgeries, has been controversial and poorly received by many residents in Shrewsbury for a number of reasons including:

- The scale of the proposals – it is by far the largest of the 6 pilot sites in England identified for the ‘Cavell Centre’ initiatives at 45,000 patients (the smallest being 15,000 and the next largest being 35,000). It also represents by far the largest merger with 6 practices closing their current premises (with the smallest of the six pilots being 1 and the next largest being 3 practices merging).
- The proposal which will represent a significant change to local health services, appears to have got very far into the process without consulting the public or elected representatives, despite this being an experimental pilot with no evidence that the model will be effective.
- The fact that the ICS stated in July that Shropshire Council would be funding a bus route to the preferred site but on being questioned Shropshire Council has said in September that it will not fund a bus route to the site. This suggests a lack of planning and coordination on the part of the ICS. The public are now not sure if they will be expected to get to the proposed site without public transport, or whether the ICS will cover the costs of public transport. Without public transport many patients without cars will find it difficult/ impossible to access their GP.
- The Project Initiation document (PID) was completed in July 2021. This document outlines the strategic case for change for investment and is usually made available to the public to scrutinise, but this has not happened, despite requests from the Shrewsbury Health and Wellbeing Hub Working Group Chair.
- The fact that it is not clear whether or not there will be options offered to the public in the (now delayed) consultation. Other areas in Shropshire and beyond have had the option to upgrade existing medical practices, build new, smaller practices locally to meet the needs of growing populations but this has not so far been offered to Shrewsbury residents.
- The listening and engagement exercises to date have provided only the positives of the proposals, with few options to raise questions or concerns. Many residents and councillors have found out about developments in the project via the press. Consultation with the public could have been better.

This council resolves to:

(i) Write to the ICS stating that:

a. A range of options should be included in the consultation when it occurs, including the option to upgrade the existing surgeries involved in the project that are able to extend, and

to provide a new 'normal sized' surgery to meet the needs of the growing populations around Oteley Road.

b. That it is unacceptable to go ahead with proposals to site that have no adequate public transport for staff, patients and their families.

c. The ICS will also need to ensure that there is good active travel access to the site and negotiate this with Shropshire Council before any decisions are made. They must ensure that there is good communication with residents and councillors about the future consultation, including in writing to patients via the post.

d. The PID should be made public.

e. All relevant documents are published in sufficient time for changes to the proposals to be made before launching a Public Consultation, including any evidence that individual Surgery size exceeding the optimum of less than 10,000 patients will be beneficial in terms of patient satisfaction and outcomes.

f. Published documents must include a Report showing how the changes will produce a return to adequate access to GP Practice services, including seeing GPs themselves, answering telephone calls and other communications and processing of investigation requests, results and referrals.

g. That the adverse experiences of patients of GP Practices who moved to The Severnfields Health Village are reviewed and the lessons learned are incorporated into Proposals for the 8 GP Practices under consideration for The Health & Wellbeing Hub.

Councillor Dean wished to add an amendment as a new final point based on his discussion, about whether NHS England was set on funding a single hub or multiple hubs

(ii) Call on local health leaders to open discussions with NHS England for several new and or upgraded centres for primary care in the areas concerned, making clear Shrewsbury residents do not accept the case for a single hub.

**RESOLVED:**

**Councillor Halliday accepted the addition to the motion.**

**96/22 CLOSING REMARKS**

In closing the meeting, the Mayor thanked all presenters, all Councillors and members of the public for attending, and also thanked all staff involved in the meeting.