

**Burnham-on-Crouch Surgery public meeting
Ormiston Rivers Academy
18 August 2023**

Panel:

SG	Samantha Glover	CEO of Healthwatch Essex (Moderator)
DD	Dan Doherty	Alliance Director NHS Integrated Care Board
JW	Rt Hon Sir John Whittingdale OBE MP	MP for Maldon District
AR	Dr A Rahman	Partner, Burnham Surgery
CB	Carol Banham	Practice Manager, Burnham Surgery
SR	Stewart Rowe	Planning director at Burnham Waters
IH	Ian Holloway	Burnham Waters

Speakers:

DR	Duncan Rawlinson	Burnham-on-Crouch Town Mayor (Chair)
DK	David Kennedy	
WS	Wendy Stamp	Essex and Maldon District Councillor
NS	Nick Skeens	Burnham-on-Crouch Town Councillor
HL	Dr Hamid Latif	Retired Partner and joint owner, Burnham Surgery
GM	Gary Murray	
AA	Andy Ambrose	Dengie Dart
SB	Suzanne Brewer	
JP	Dr John Phillips	Retired Partner and joint owner, Burnham Surgery
AL	Ant Law	
MM	Mary-Ann Munford	Burnham-on-Crouch Town Councillor
KH	Karen Hamilton	

- A Audience
- A(M) Audience member (male)
- A(F) Audience member (female)

DR Good evening. On behalf of Burnham-on-Crouch Town Council I would like to welcome you all to the Ormiston Rivers Academy for the public meeting regarding the Burnham Surgery. Ormiston have generously donated the use of the hall please therefore be mindful that we do need to be out fairly prompt at 9pm 00:00

A Laughter and shouting

DR This meeting is being recorded so that anyone who hasn't been able to attend or couldn't get in can listen to it via the Council's website. As this is a public meeting, members of the press are here and may take photos during the meeting. In the event we need to evacuate the building your exit points are the main door that you came in through or the fire exits – one at the right on the back and one at the left on the back. You will then be led to the front where you will muster to the left of the car park. 00:30

DR Your invited panel is the Right Honourable Sir John Whittingdale OBE MP, Mr Ian Holloway of Burnham Waters, Mr Dan Doherty, Alliance Director NHS and Health Authority, Burnham Surgery representatives Dr Rahman and Miss Carol Banham, assistant practice manager, and our facilitator Samantha Glover, CEO of Healthwatch Essex. We also have 01:06

Mr Rowe, Planning Officer for Burnham Waters and Mr Ambrose of Essex and Suffolk Dart who will answer questions from the lectern. MDC planning representatives have declined the invitation sent but have sent this statement: 'We have unfortunately had no response from the Primary Care Network Clinical Director.'

DR Can I please ask that everyone is respectful when addressing the panel and allow for responses to be made to ensure that everyone here is able to hear what is being said and no-one is left in doubt. Thank you to everyone that has submitted questions, and can I please ask that all participants listen and take on board what is being said as I am sure there will be some strong opinions voiced this evening. Can I also just say that if there is any out of order people or anything like that we won't have any doubt but we will shut the meeting down because we've got to think of your safety. I will now hand over to Sharon who will get the meeting underway. Thank you. 01:55

A Applause

A(M) Who's Sharon?

SG Turn the mike on or I'll start singing - promise! Hello – I am not Sharon, I'm Sam – I'm a cheap substitute for her. So, I'm here from Healthwatch Essex and I'll be chairing the questions today. We are going to start by – Sir John Whittingdale wants to just give a bit of an opening plenary. We are then going to hear from Dan Doherty. I am grateful to so many of you emailing your questions in advance so that we can try to answer as many of them as we can today, and then I will give you a little bit of an overview at the end about emailing stuff in or sharing information that you haven't been able to share today, or you haven't had answered today. So, with no further ado I'm going to pass you over to Sir John Whittingdale 02:50

A Weak applause

JW Thank you, Sam, and thank you everybody this evening for attending. I have been your Member of Parliament for over 30 years and this is (laughing) by far the biggest meeting I have seen, not just in Burnham but, I think, at just about any time in the constituency and that is an indication of the strength of feeling which exists in the town. However, that feeling has been made stronger by, I think, quite a lot of speculation and rumour and actual misinformation that has been circulating, particularly on social media. So what I wanted to do was to have the opportunity for *you* to listen to the *facts* of what is the current position, what the options are for the future and the process that is followed before any decisions are reached and it is important to say – and I think you will hear from every single person on the panel this evening **NO DECISIONS HAVE BEEN TAKEN**. But obviously we do need to think about the future health provision within the town – and not just within the town, because as you will hear from Dr Rahman, the Burnham Surgery actually looks actually looks after patients from quite a wide area across the Dengie Peninsular and the population is growing and that is putting increasing strain on the building and I have known, as your MP, of the letters I've had over many years with people complaining about the difficulty getting appointments, or about the surgery not being fit for 03:40

purpose - and that is not to say it doesn't do a great job but those pressures are going to go on increasing. That's why it's right that we look at the different options. Dan Doherty, on behalf of the NHS will set out to you exactly what the process is under which the NHS reaches decisions about health provision in the future.

A Speak up, we can't hear you

JW Now in terms of Burnham Waters, Burnham Waters, I know, is controversial in the town but it is being built – you know, you drive past it, I drive past it every time. It is going to be there. As part of that development, actually the District Council said there should be a health facility, but no decision has been taken about who should be providing care within it – whether it should be the NHS or maybe a private health provider. As I say, all of that has still to be decided. But the reason I wanted Burnham Waters to speak was simply that a lot of the emails that I have had have been talking about how it is remote, how difficult it is to access, about the lack of any bus connection or other transport and that is something that we can set out the facts now because they will obviously be relevant in considering that option alongside a lot of other options and Ian Holloway is here to look at those specific things. The only final thing I would say is that healthcare is probably the top issue within my constituency. Primary care, particularly, is under great pressure – but what I have seen is new health facilities. I represent South Woodham Ferrers where there is a brand-new health centre which some of you will know about – the Crouch Valley Centre. In Southminster we have a new facility opening there. In Heybridge there will be new facility built there and in Maldon we are considering options for the relocation of the hospital. But in all four of those cases those will have only happened or will only happen because of development. And so it is a fact of life that developers, as part of the community benefit, do provide facilities for communities but, as I have said, no decision is taken and actually I'm going to invite Dan to set out in greater detail exactly what the position of the NHS is at the moment and what will be the process in the future. 05:41

DD Thanks John and thank you everyone – it's good to see you all, to see some familiar faces so that's nice. My name's Dan Doherty. I'm actually a physiotherapist in the NHS - I first started at St Peter's hospital in, I think, 2005 so I've been in the area for a while, and I did do a number of clinics in Burnham over the years as well so I'm pretty familiar with the area. The first thing that I need to reiterate - I work as a physiotherapist but I'm alliance director for a thing called the ICB. Everyone will look at me a bit confused saying what's an ICB? It's the latest three letter acronym that the NHS has given to the health organisation that oversees care. You might have heard of a CCG – that's what we were previously, before that we were a PCT, before that we were a PCG and before that I have to say I can't remember because that was before my time ... 07:45

A Some muttering

DD ... but I work for the health organisation that oversees, in particular, community services, GP services, in this area. I also made the mistake – I said to the panel earlier – of wearing my Maldon Rugby Club tie. I am a Maldon resident, not a Burnham resident, but, as I say I'm pretty familiar 08:40

with the area and the geography. The first thing that I need to reiterate under no uncertain terms, make it crystal clear that ICB has made no decision to relocate Burnham Surgery to Burnham Waters - or anywhere else for that matter. Further still, the ICB has not even received a proposal to relocate Burnham Surgery to Burnham Waters or anywhere else. So at the present time there is no proposal that is sitting with the ICB to even make a decision on and no decision has been made to relocate Burnham Surgery. Hopefully, if I'm not loud enough for the people outside, I'll try and reiterate - there is no decision been made to relocate Burnham Surgery to either Burnham Waters or anywhere else and hopefully that makes things crystal clear. Obviously, we'll be taking questions.

A What do you mean by 'no decision made yet? Is it actually a done deal?'

DD I'm sorry I didn't hear that

SG We're going to struggle to hear questions from outside. When the speakers have said their piece, we will move on to questions and we will reiterate how you can feed those questions in as well, if we don't speak about them today. I'm just conscious that if you all shout questions at me I won't hear any of them. 09:55

DD So let me continue. Hopefully, it sets us up for what can be a useful conversation. It is fair to say though, that Burnham Surgery is facing a number of challenges. Dr Rahman is here alongside me and I'll let him speak more about that in a moment. Burnham was built – Hamid will tell me –1980s time – originally for about 6,000/6,500 patients. As of today, Burnham's registered list is just shy of 10,000. OK? So it's gone up from what was originally about 6,500 up to now 10,000. You guys know about the growth in the area. I get the planning information about growth in the number of houses that are going to come. I don't need to tell you that that number of 10,000, if left unabated, will grow probably to 12, 13, 14 thousand over the next few years. The Doctors are challenged. At the moment, there's money available to surgeries to employ more staff, to improve GP access, to offer better care to patients. That's no good to doctors if they haven't got the space to employ people. Some of you will be aware that Burnham Surgery over recent years have put things in place to try and expand their clinical capacity. You guys will tell me better, but you changed a notes room into clinical space, you shrunk your admin space to make more clinical space, but really, they are getting to the point where there is no further places that they can go in the existing building that they've got. So – part of the job that we have is to try and help surgeries to find new space or to look to solutions to provide space to a growing population. So, I think one of the things that created noise in the system is Burnham Surgery did undertake what is called an options appraisal. They asked a professional organisation to go out and look around Burnham and the surrounding areas to say, 'is there anything out there that we could use to expand our space'. This is looking at old buildings, it's looking at expanding their existing building, it's looking at new developments - all of those things and it gives an impartial view back to the surgery that says, 'these are the options that you've got'. Now that review did say to the surgery that the most favourable options available to them are newbuild sites in new developments – but just because it said that doesn't mean that that's

1015

going to happen because ultimately for the NHS to deem a project worthy of going forward there's two really important things. First of all, it needs to demonstrate value for money for the taxpayer (you'd expect that). The most fundamental thing for you guys here tonight is for the ICB to make *any* decision, any decision at all on a surgery relocation, the surgery must demonstrate that they've undertaken engagement with the public on whatever that decision, or whatever that proposal, is. The ICB has a statutory duty in law to ensure that that happens so we would be in breach of our statutory duties if we made a decision on *any* proposal – not just about surgeries, it's about all forms of the NHS - unless it showed that there had been engagement with the relevant parties on the topic and, in that case, that is the patients of Burnham Surgery. Sam's organisation, Healthwatch, is an independent organisation that is designed to scrutinise the NHS to make sure that it does those things. If the NHS makes decisions and it *hasn't* done those things, what happens is that people take us to judicial review and the decisions get overturned because we've made them without the proper means. So, I want to assure people that that process *will* be followed – *should* a proposal come forward. But, to date, no proposal *has* come forward.

A(F) Rubbish!

DD So that's where we are at the present time. That said, (in a moment, I'll hand over to Dr Rahman) I don't want people then to think 'that's fine – he said it is 'as it is' because equally we've got a surgery that is starting to struggle with capacity. There's one further thing that I need to get across to you - and this probably won't be the most popular thing that I'll say this evening - I represent mid Essex (that's Maldon, Braintree and Chelmsford districts) there isn't really a surgery (apart from the ones that have been built in the last four or five years), there isn't a surgery that doesn't want more space. Virtually everywhere you go - whether it's Maldon where I live, whether it's Chelmsford, whether it's Burnham Southminster, Althorne - there's growth everywhere isn't there. We've all seen it and all of those patients want to register with GPs and all of the GPs are saying to us 'we haven't got the space' and the public generally say 'we have problems getting GP appointments, we can't see people' and the GPs say 'we can't employ any more people because we haven't got enough space'. So virtually every single surgery at the moment wants more space. We have to look at surgeries on a list of priority and the things that make a surgery a higher priority are the size of the growth (how many people are there are in the area?), the state of the existing building (we have some buildings that are very, very old that are very, very fragile) - some of them have problems that need resolving and there are other factors,- like the health of the population. On that list, Burnham isn't at the present time, at the top of that list and there are other areas in mid and south Essex that are in greater need for surgeries than Burnham. That's not belittling the problems that Burnham face and saying that they're not real - they are - but there are other surgeries that are in poorer condition, that have a higher volume of patients that they can't serve or are in areas of very high deprivation or health need that are higher up that list. So (and I'm not setting this as challenge to you guys) but ,if Burnham Surgery do want to put forward a proposal that says they're going to move - to a new development or to anywhere else - or indeed if they want to extend their existing building, or take a second

14:05

site, or any of those options that are available to them, they will need to demonstrate to the NHS all those things that I said – it's value for money, that they have engaged with the public *and* they will need to do that to such an extent that my organisation says 'this is an opportunity that is too good for the NHS to turn down' because, at the moment -and, as I said, this wasn't to be unpopular - because as I said there are other surgeries that are a higher focus in this area for us at the present time. So that's facts, that's me just telling you the situation as it is at the present time and at this point, I'll stop. I appreciate that we are going to take questions in a moment, but I just wanted to hand over to Dr Rahman just to give you a bit about the operational pressures that the doctors are facing at the present time. Sorry if you guys outside can't hear.

AR Hello, Hi, this Dr Rahman here. Can you hear me? 17:25

A Yes

HR It is nice to see you all here and thank you for inviting me here. I think a lot of things already have been mentioned so I think I'll probably speak for a very short time and highlight a few of the problems we are facing in the practice. As you know, when it was built nearly 40 years ago, we had at least, I think four, two, three or four doctors maybe. At present we have, including medical students, a GP registrar, and several GP partners - around ten doctors. 17:30

A Muttering

AR So yes, including medical students - we have two or three medical students, we have about three registrars – you can count about eight GPs. We have a lot of doctors in the surgery and nowhere to place all these people. Sometimes we have to share the rooms - I finish my surgery and have to clear all my stuff, all my paperwork, and then another doctor can come in. And the next day when I when I come in my room is totally different. So, the challenge that we face you can see how much. Things like the training practice - we need good teaching facilities - because we want to train our future doctors. And we have a very small room - and even if you can see five or six people sitting down there is not much you can do there. Normally we have a clinic meeting where the nurses, doctors, healthcare assistants, if everyone turns up to attend this meeting for a teaching session or anything but unfortunately, we haven't enough room. Simple things - like we have 40 staff at least and one, one toilet. I know you may be laughing at why I am saying that but sometimes I have to go five times there just to go to the toilet. I may have to go there in the middle ??? So that is the challenge we are facing now. The good thing about this (and we don't want to move this practice somewhere else because it will cost us as well - financially it will cost us). Our salary shares will go up but we want to make this sacrifice for the patients of Burnham. So there are the challenges. I can go through lots of them, but I want to highlight a few of the benefits you will see when we move to the new premises. For example ... 18:00

A Noise and 'so you are moving!'

- AR ... if we build this primary care system you will benefit the most, I think. 20:05
That's why we are doing this - for all our patients. First of all, our hospital is nearly 50 minutes away from us and there are lots of clinics that could be set up in the Burnham Surgery where the consultant can come in. There are others like lymphedema (?) clinics, ultrasound, then some of the screening services could be set up in Burnham Surgery so you don't have to travel all the way to Broomfield Hospital or somewhere else. It will save you time to go somewhere. I've got a lot of other lists – I can go probably over some of the benefits so if you have any questions maybe I can answer them later on.
- A **Muttering**
- SG Thank you Dr Rahman I'm sure we'll come back to you with some of the 21:10
questions that we've got raised. So, as I said, lots of you have emailed your questions in already or shared them by various formats and they fall into seven main themes, from what I can see. One is about the health authority's process and public consultation, one is around the site options that have been put forward, one is around financial considerations, there is something else around transport (lots of people have been concerned about that) and – second to that – access to the service and how people are going to access services. Some of you have raised questions around about the environmental impact and then Burnham Waters. I hasten to say, I'm not from Burnham so this is all quite exciting for me
- A **Laughter**
- SG So, I'm going to go through these questions. I've got some people that 21:55
are going to ask them and try and cover as much as we can in the course of the next hour and a bit. I will ask that you ask your question quite succinctly. If outside, you can't hear their question I will repeat it and then I will get someone from the panel to respond. I will also ask - panel - that you answer factually and clearly. If you use acronyms or if you use terminology, I will call you out on it
- A **Laughter**
- SG So hopefully we will be able to get across some big themes and then we 22:3
can get into the minutia of some of the more specific questions either via email if we don't get time today or at a later date. So, have I got David Kennedy here? David Kennedy – you are going to ask our first question, I understand.
- DK First of all, could I thank the town mayor and the town Council for 22:50
organising this at such short notice. And the panel for turning up in the evening. Thank you very much to everybody.
- A **Enthusiastic applause**
- DK As you said this is about process, it is about the Waters-leak email. The 23:05
email from the NHS to Maldon District Council that had what appeared to be a series of done deal statements in it. So that's what I want to cover on behalf of the community. Now, I have been given 8 questions,

- and I know the panel has seen them. Would you like me to go through the 8 questions right away or do them one by one?
- SG Is there one overarching theme that you can give us so we can kind of them answer in one fell swoop. I am just conscious that if we ask all eight... 23:40
- DK Let me start with the first one ...
- SG I'm just conscious that if we ask all eight, we may not get onto the other themes.
- DK DK Let me start with the first one which does cover quite a few
- SG Brilliant
- DK The local health authority, mid Essex and South Essex ICB, (and, by the way, when I talk about NHS it's the *whole* NHS). So, I know you have different acronyms for different teams – if I can cover you all as one it would help). So, you have a have a statutory and constitutional obligation and duty to consult with the public. *That* email led the public to believe that that statutory and constitutional consultation had not been carried out. When do you believe this consultation that was spoken about in that email started? 23:55
- SG Thank you. Dan, can I ask you to answer that?
- DD Yes, I'll take that. Hopefully I've covered a bit of that in what I said so 'in terms of when did that consultation start?' - it hasn't. And the reason it hasn't is that at the moment the ICB is not in receipt of a proposal on the surgery moving. If the ICB reaches a point where it does get a proposal from Burnham Surgery to move, it will have to see that there has been a statutory consultation so, in terms of when *will* it start, that very much depends on whether the surgery comes up with a proposal to move. If they don't it won't ever start. If they do come forward with a proposal, part of that proposal will be a statutory consultation or a piece of statutory engagement with the public. So, at the moment it hasn't started because there hasn't been anything for us to engage on. 22:45
- SG Thank you Dan. Mr Kennedy, I think that answers a couple of those questions. Would you happy to move on to questions 5 and 6 – kind of together?
- DK Yep. So what criteria was chosen for the assessment that was called out in the Watersgate email and what experienced people were consulted and then ignored for alleged commercial reasons?" 25:45
- DD So I think what you are referring to, is again what I referred to in the statement I made, is the surgery themselves commissioned what's called an options appraisal, to give them a set of options on how they could expand their premises. That looked at a whole raft of different options, but it only looks from a very estates driven lens. So, it is only looking on the practicality of things like land ownership, planning permission, the state of buildings, those sorts of things. That document went to the surgery to give them a whole range different options that 26:10

they could look at that, for them, could potentially give them the space that they are seeking to get. And the thing that - what did you call it 'the Waters-gate email' (very good!) - that did that. I think the thing in that was the fact that that appraisal did suggest that new developments (and in this case, Burnham Waters) were the best vehicle to deliver what the surgery is looking for. Just because it says that it's the best doesn't mean that's what they need to do nor does it mean that it will tick the boxes for the NHS should they put that proposal forward. But it was a purely an estates-driven assessment process for the surgery.

DK So, in responding to that, I take it that nobody denies the email exists and nobody refutes the content? 27:25

DD No...

DK Would you not believe that a reasonable man reading that email would think and believe that a done deal was done? At least the element of that email that was in the public domain. 27:35

A Cheers and prolonged applause

DD I think with the context of how you have put it I can see how some people would reach that conclusion. However, what I am saying tonight is that there isn't a done deal and that there isn't a decision made. What that email was referring to was an estates options appraisal that the surgery conducted to look at the options available to them for getting the right space. So, has that taken place? Yes. Did it look at a new surgery on Burnham Waters as being an option available to the surgery? Yes, it did. Does that mean that it is a done deal? Not at all – because all of those things would be subject to the process that I referred to earlier.” 27:55

DK So will you be sharing that appraisal with the public? 28:40

DD It doesn't make a recommendation.

A(F) It said it did

DD OK, in which case the email is misworded because it doesn't make a recommendation. All it does is say to the surgery that, based on a purely estates basis, that that is the most viable option available to them. There will be other options in that appraisal including expanding the existing surgery, buying old buildings and converting them and all of those things. But what it says is purely from an estates perspective, that is the most viable option for them 28:45

A(M) Question, barely audible, but possibly something like 'why is it the most viable?' or 'why isn't the information available?'

DD So, I have asked about that and what I have been told about that is that it is commercially sensitive. 29:15

A Laughter and muttering

DD Just let me finish on that point though, and I've questioned that. What I was told was because it contains a number of things around land 29:25

ownership, the value of buildings, and various things like that. What I am asking for is whether we can give some form of version of that which maybe takes out some of the things that are commercially sensitive but demonstrates that. I have asked that question, and I haven't had an answer at the point that I came here today.

- DK Can I just finish the last 2?
- SG This lady is desperate to ask a question. I come to this one then I'll come back to you David if that's OK.
- A(F) This question is for Dr Rahman. You have had the surgery do a fact finding with regards to perhaps looking at different premises and how you can expand the surgery, make it more viable for the people. Does this mean that you are actually - the surgery - looking for new premises because a lot of this what is going on, is there is a lot of misleading going on and what we want to know is do you want to move the surgery? 30:10
- AR Yes, we have to move it. It doesn't matter where it is. If you have a better option somewhere... 30:45
- A(F) We have got the Crouch Clinic, Barclays Bank is coming up for lease
- AR Well, I think they are going to look at it. This is not my decision to look at it because it has got to be viable. But we have to look at space. Everything should be covered but we need to move somewhere. Wherever it is we need bigger space at the moment. 30:55
- A(F) OK - so you wouldn't use the Crouch Clinic for your training place? 31:10
- CB So we have used Crouch Clinic for physio, however the charges for that site are extentional and it went up by about 15% from the year before. 31:15
- A(F) And that's the NHS that's charging you for using that building?
- CB It's Provide. However, the building isn't up to scratch, is outdated, it is older than where we are and infection control. - if we were to move there it costs a lot of money to upgrade. There are only five rooms. 31:30
- SG Can we go back to David to ask his last questions. And I have just been handed a statement to read out. I'm not entirely sure who it's from at the moment but while you are asking the questions I'll find out. Or would you like to read it? (Do you want your phone back then?) Back to David
- DK Let me roll the last two questions out. The last two questions are about trust. "So how much can the health authority be trusted to abide by majority or public opinion – and you've seen public opinion today. And how much can a developer be trusted to deliver on the commitments they make to get us to move to their site, and we've seen it time and time again, they back off. 32:05
- A Applause and cheers

- DK Can I just say one last thing. We talked about capacity, I was at the doctor's surgery today with my wife: 9 consulting rooms, 4 people in the waiting rooms and 3 doctors on duty. 32:45
- A Loud applause and cheers
- SG Dan, so I know you mentioned this in your open plenary, but I am going to come to you to respond and then I'm going to come to the councillor in the front row.
- DD So, in answering the first one: How much you can trust the NHS, in some respects I am going to refer a little bit to Sam here. It's what I said to you before - ultimately, if we don't deliver on that statutory duty for public engagement that you referred to in your questioning, you guys can rightly take us to judicial review and overturn one of our decisions anyway. 33:20
- A Inaudible question
- DD Yes, and I understand that and that would be your right, so it is absolutely imperative to every decision that we make of scales like surgery moves that we are able to demonstrate that there has been public engagement. The reason Sam's organisation Healthwatch exists. 33:50
- A(F) Is this what public engagement looks like when half of us are outside? Is this what public engagement looks like when most of us are out here?
- DD So the lady said 'is this what public engagement looks like when people are outside?' I guess from my perspective I was an invitee here. So, I can't help on that front. All I can say is to reiterate what I am saying. For us there is not anything to engage on at the moment because we haven't got a proposal with us to relocate the surgery. If that happens - in answer to your question – we will be held to account to engage in order to demonstrate that anything that we do has been done through due and proper process, the process that you have just described. If we don't that than you are will rightly be able to kybosh our decision" 34:00
- A(M) Will we be able to hold you to that?
- DD I hear you loud and clear. And Sam's organisation is there to ensure that we deliver on that – so I hear you. 34:55
- A(F) Do we get funding to help us do that if you don't follow through?
- SG We'll push for it – don't worry. I understand the NHS process and how I can hold to account the NHS process and we can share that process with you: how to refute a decision, what the channels are, how to go to a public consultation, and so on and so forth. What I don't know, because it's not my field, is how to hold to account a developer, to ensure that they deliver on their developments. So, seeing that I have got a developer next to me, maybe we should ask him to respond? And then I'll come to the councillor in the front row in the green dress 35:05
- A Muttering

- SR Good evening, everyone. Thank you, panel. My name's Stuart Rowe.
- A More muttering
- SG They can't hear you
- SR Apologies everyone. I'm Stuart Rowe. I'm a planning consultant. I'm the planning director for Burnham Waters
- A Jeers
- SR I understand your point. I am also a chartered town planner so what that means is I am a member of a professional institution (The Royal Town Planning Institution) 38:10
- SG They are still struggling to hear you, Stuart.
- SR I'm sorry – I'll have to hold the microphone really close. What I said was, as well as being the planning director at Burnham Waters I am also a chartered town planner and so I have professional obligations to my organisation. So, whether or not I agree with my employer, the opinions I give have to be my professional opinions and that's what I'm trying to do this evening. So I'm not going to push Burnham Waters I'll try to assist the debate on planning matters if I can. So the question that was put was ... 'How are developers' feet held to the fire through the planning process?' So if a new surgery *anywhere* is approved whether this is at Burnham Waters or anywhere else it is likely to require planning permission from Maldon District Council not the town council. Commitments made or requirements that the district council as planning authority have – and that that may relate, for example, to transport, accessibility, or anything else, can be enshrined in a planning legal agreement, what is called a section 106 agreement. That's an agreement between the developer and, your council – Maldon District Council MDC. That is a legal document which is enforceable under the planning act. It is a form of legal contract between the Council (that's your District Council) and the developer. That's enforceable as a breach of contract through the courts - it is a civil matter. So, the short answer (and I've come a long way round about it) is that matters that are important to you as a community are presented through your councillors, your elected members and your planning officers will take that into account and provide your members, your councillors (and I know some of them are here today) with advice and important matters can be enshrined in a planning legal agreement. That can be enforced by the council. That's *your* District Council. So that's the mechanism, and as I say, it's under the Town and Country Planning Act – it's an act of parliament and it's a legal agreement. So that's how you can ensure that things that are said to be delivered *are* delivered. 36:20
- SG I'm going to come to this lady in the front row and then I'm going to move on to site options.
- WS Thank you. Just before I actually do read the statement out (which I tried to read out at the beginning because it would have been more pertinent when Mr Kennedy was actually speaking 38:30

A Inaudible comments

WS Sorry I do prattle – anyone who knows me does understand that. I would like to say to Mr Rowe thank you for explaining the planning process, but I think the residents of Burnham are well aware of enforcement and when planning permission *has* been granted that site has actually breached the planning permissions ...

A Applause and cheers

WS ... and is still sitting up there. I never ever underestimate our residents – 39:15
they are very, very intelligent - in fact they give me a lot of information that enables me to represent them. But what I would like to say is that obviously the issues and the confusion have most likely probably come slightly from me, because I have got an email that was sent to me from Maldon District Council Planning - or one of the officers in planning that actually says – allow me to read it as it is important “the question has been raised about Burnham-on-Crouch doctors surgery and its future. I contacted the NHS prior to the performance, governance and audit committee meeting last week because I thought there may be a question, and then in big bold letters it states **‘an appraisal of options to enhance primary care provision in Burnham has been undertaken. The assessment concluded that a new-build surgery at Burnham Waters offers the best solution. Rebuilding a surgery on the existing site is not favoured as the site is too small to accommodate the space required. The scheme is at early stage of development. However, it is expected to include a broad health and wellbeing offer, delivering an enhancement to current provision. The ICB is working with the GP practice and the developer to explore what can be achieved and further updates can be provided as plans develop. Ease of accessibility (because that was a query I had because we all know how difficult it is to get to the to the out-of-town surgery if it moves up there) the ease of accessibility to the site will be an important consideration and will be taken into account in the business planning process before a final decision is made’**. So I make no apologies for actually sharing that email because I am an elected member and I am open and transparent.

A Applause and cheers

WS We are here to listen and everybody who has attended (and I feel sorry 41:30
for the residents outside - they can't get in). This is the start of saying (and I hope you *do* listen to us because I will do everything I can to stop that surgery moving out of the town centre ...

A More applause and cheers

WS ... regardless of any threats that may come my way – because believe me I am used to them.

SG Dan – do you or Dr Rahman want to respond that? Then I'll move on to the next question

DD I'll respond. I'm not going to reiterate what I said earlier. That email 42:10
refers to the options appraisal but everything you have said is correct,

and the GPs are, as Dr Rahman has said' looking for extra space. The reality is that Burnham surgery is constrained, they do need to look for extra space, expanding their existing surgery does not give them what they need to the standards that they need it, and they can't rebuild it to the standards that they need.

A **Rubbish!**

It is not rubbish! Let me continue, please understand what I'm saying. The appraisal have told the surgery that expanding their existing surgery does not give them what they need to the standards that they need it

DD It's not rubbish – let me continue

A(M) **Inaudible comment/question**

SG If you all talk at the same time, I can't hear any of you

DD Please understand what I'm saying. What I'm saying is that the options appraisal has told the doctors that expanding their existing surgery will not give them what they need so they do to look elsewhere and *that is what they are doing at the moment. They are looking elsewhere.* They have not reached a position where they have got a proposal, but they are looking elsewhere. They need to! 43:05

SG I am going to ask the mayor to respond as the last comment on this because I'm really conscious that I want to get to the questions about access and transport. Mayor – you get the final word on this and then I'm moving on to the next set of questions.

A **Noise**

DR What I would like to ask our District Councillors (there are four of them here tonight) why have Maldon District Council refused or not sent an officer to answer that question that you put out? 43:35

A **Applause**

DR MDC every time let Burnham down **and it is *not* acceptable**

A **Cheers and applause**

WS Nobody will be surprised but I was the first one to actually ask a Maldon District CLT (Corporate Leadership Team) to actually appear here because I feel exactly the same as you - I am *fed up of* Burnham getting the raw end of the deal for everything. They wouldn't attend. I circulated the email, I put it on Facebook as I do, I often get called out but I really don't care - they should be here. They can't be here so they said because it will be a conflict of interest if and when a further planning application or whatever comes into this site. So, you can call us District Councillors out as much as you like but there are a lot of us who do a lot of hard work to try and help our community. We did it and they didn't respond. 44:05

A Applause

SG I'm going to move onto my next set of questions because otherwise we'll be on our first set of questions all night and some of these questions and points that you are raising are reiterated in these questions. So, have I got Councillor Nick Skeens? You've got the next set of questions and I think again we can probably consolidate some of them.

NS Yes we are going to wrap this into one or two questions because it all amounts to the same thing. You say you have basically done an assessment; you've done an appraisal and it seems evident that you like the idea of moving the surgery out of the centre of Burnham. That, as you can see, is a deeply unpopular opinion in Burnham and that is because there is such a sense of community here and it is so well located and most of the people in Burnham live south of the railway line. But anyway, there are other locations and we want to know if you have considered those. Places like Petticrows, which is a large site, Station Approach – the current surgery plus a satellite such as the Burnham clinic or further extension elsewhere, The Police Station (if there's anything that can be done there), Priors shed, Barclays bank. There are all sorts of other places that would be better locations. What is your response to that, please? 45:20

SG Dr Rahman or Carole – would you like to come in?

CB As we previously mentioned we have employed someone to do an assessment for us to find us options not choices. What's down on the table are options. Now they've gone through all the builds and if we do move to a ... Crouch Road, Barclays Bank, however, they are going to have to come to infection control health and safety standards and it's going to cost an awful lot of public money to do that. 48:25

A Shouting

SG OK, one at a time, one at a time. I'm going to go back as you have asked this question, Councillor Skeens – can you kind of consolidate all of these questions and put that back.

CB Just to reiterate, Burnham Waters was not the only new-build site that's been suggested. It also suggested Endway* but no one seems to up in arms about that one. 47:05

*she later clarified on social media that she meant Endeavour Way

A Shouting from audience

SG OK can anyone who wants to ask a question use the microphone. We have got someone here with a microphone who wants to ask a question.

A(M) It has been rumoured that the developer has got phase 1, phase 2 and phase 3 where they are going to build across all the fields at the back of the houses. It has been rumoured that the developer, if he doesn't build the medical centre and move Burnham, it's in their contract that he's not allowed to build phase 2 or phase 3 in his planning regulations. 47:20

A Applause

SG OK so I'm going to pose that question to Ian or Stuart – which one of you wants to answer that? OK, Stuart's going to answer that.

SR This is the problem with rumour because it is factually entirely incorrect. I mentioned section 106 agreements earlier. Phases 1 and 2 have received planning permission and Phase 3 is very close to doing so. The agreements are about to be signed – literally about to be signed. The clause says that we have to provide a surgery in phase 1. That's the Section 106 agreement for the first phase of the development, and it requires GPs to be available at all times and a pharmacy and some other stuff. It is a public document, it's out there and you can read it. If you email us at Burnham Waters, we will be happy to provide you with that. We have nothing to hide. 48:00

A Laughter

SR I stand by that. Phase 2 ...

A More laughter

SR ...Let me finish because otherwise you don't get the information. This is a debate and we're here to try and help you and give you that information honestly and freely. Phase 2 is predicated that we can't start phase 2 until we have provided a number of facilities on Phase 1 and that includes a doctor's surgery, whether it's public or private, So it's not a rumour, it's a fact. And Phase 3 can't be started until the majority of Phase 2 is built. So, it is a phased approach which we worked out with Maldon District Council, so the facilities were onsite to serve the residents as the development grew, which is sensible town planning. 49:00

A(M) So, it's true - you can't build any more until you supply a surgery at Burnham Waters. We don't allow you to move *our* surgery to *your* site."

A Applause

A(M) You can't build any houses until you have a surgery

SR No not at all you have completely misunderstood what I said. It could be private. Let me be clear about this - the surgery at Burnham Waters was proposed as a private surgery and that is what will be delivered, unless the NHS go through their process, which has been explained to you, unless they come to us and say 'we would like to take your private surgery' and everything else being equal. But for us we will proceed, it has been worked out and costed, despite all the rumours, and, believe me, we monitor social media and frankly most of it is nonsense. 49:50

A Shouting

SR Frankly most what is said is unfounded, ill-informed and just untrue. The information is out there if you go looking for it - it's on the council 's website - the legal agreements are all there and we will provide you with that evidence - or ask your councillors or your planning officers at Maldon District Council. We will provide ourselves a private surgery - 50:25

that was always the intention, and it remains that. If we can assist the surgery and/or the NHS we will do so, and if we can't, we won't. That is contingent on the input of you as the public via the whole NHS process. So, basically what you said wasn't right."

SG OK I'm going to come back to Councillor Skeens

NS I think the people were obviously concerned about the idea that there was going to be a surgery built – a private surgery - and all of a sudden it seems that you're stealing the one from the centre of town with all its staff because staff are so hard to find. 51:05

A Applause

NS That is why people are upset, and what we need the NHS to understand is that the location out there is really hard to get to, for reasons that we will be coming to in questions that are coming up. So, we want you to seriously consider, that whatever your report said, look at it again; there are other locations that can amplify the effectiveness of the current surgery because its location is so good. 51:20

A Applause

SG Thank you, Councillor Skeens

A More applause

SG Dan Doherty – I'm going to come to you to respond to that and then I'm going to move on to the financial questions.

DD To respond to that, I know that the surgery, and I've spoken to the surgery and the partners today, are open to looking at all options, the options appraisal was conducted by experts in the field. That is not to say that there aren't options that you people will know about that perhaps they didn't. 52:00

A(M) They don't live in Burnham!

DD Let me finish. The point that I'm making is I know that the doctors are open – that if there are other suggestions that they haven't looked at that can deliver them what they need they have told us that they are very open to looking at that. So, if you guys know things, speak to them - I'm not suggesting we do it tonight – but speak to them because they are very interested. 52:20

A(F) Barely audible question/comment about previous use of surgery

SG I'm just going to ask Dr Latif to respond to that from the practice (applause)

HL I think it is amazing the statement that has been made here that there is not capacity in the surgery for the expansion. Let me remind them something - that, when we were practising, I was practising for 40 years in this area. In 1982 we built the surgery, and we expanded it 3 times and it was a hub at that time. You are talking about how there is not 52:50

capacity because, at that time, the Burnham population was only 6,000 and our capacity at that time for patients who were registered in Burnham was for 9 - 10,000. We had 5 doctors at the time of Margaret Thatcher, (when we had a ??? practice). We had two nurse practitioners, we had a physiotherapist, and we used to have all the surgery full. We had capacity then, now we have 10,000 patients. The thing was it's not only Burnham that we served. We served North Fambridge, we served outside areas, we served Mayland and ... So basically, as the development has taken place outside Burnham the capacity should have been taken up by local people using space which is already there. Now, let me remind people that we used to work until 8 o'clock in the evening. We used to have a surgery on Saturdays and there were 5 clinics from consultants from the hospital. We had medical students coming in and a resident medical student at that time. Carol is sitting here – she knows all that – and basically the issue is now suddenly, when you go there, there is hardly more than 2 to 5 people sitting there, 5 consultation rooms. You are telling me all those consultation rooms are being used? Of course not!

A Long applause

HL I challenge that basically the capacity has never been fully utilised. I can appreciate we have a recruitment problem and now we have two doctors coming in from London to do their thing. They have a travelling time of 3 and a half hours to get here but that doesn't mean the surgery is open later. There is no Saturday morning surgery. There are no special clinics. We had all that - we had gynaecology clinics, we had psychiatric clinics - consultant led. This guy sitting in front of you – he knows that and when he is making a statement, he knows he's quite wrong. All what we set up at that time is still there. It's a question of funding – nothing else. So I think basically, all this drama about capacity is a joke 55:05

A Loud cheers and applause

SG I'm going to come to Carol to respond to some of those comments. Thank you

AR Can I answer that please. Dr Latif – I think you know that he was a previous partner, and he knows a lot about Burnham surgery. With regard to capacity this is not something I am making up here. I am not here telling all these people that we are over capacity just so I can expand the surgery, that is not what I am doing. Yes, when I came here to the practice, Dr Latif was here and there was a special need. There were two doctors travelling 20 miles from London. Fortunately, the practice is in a much better position, and I think Burnham people would be able to tell that. So, I am not here saying we are at capacity, and we are going to move, no that's not the case. We will not move unless there is a need for it. So, Dr Latif, I think you have to get the facts correct. And you can come to the practise we can show you all the evidence, it is not like we are making up anything. Please come and look. All the patients at the Burnham Surgery can come and have a look at it – how much facility we have 56:15

A Shouting

- SG I'm going to end this and come to the next set of very meaty questions because this is going to be another good topic. Transport
- A Applause
- SG So, have I got Gary Murray in the audience? There are a lot of questions that came in around transport so I ask you if you can try and consolidate some of them – that would be really helpful.
- GM Yeah, the main question is how will people without their own transport get to an out-of-town surgery? 58:00
- SG Can you hear that outside?
- A Yes
- SG OK brilliant. So, who are we going to go to first to answer this question on transport?
- A Silence, then audience start shouting.
- SG The question raised was around how people are going to access a practice if it's outside of the town. Would that be a fair summary, Mr Murray?
- GM That's the main one but Burnham Waters – there's no bus route there. If there is a bus route how regular and how often will people have to wait? There is no bus route.
- SG I'll ask the developer to answer that.
- IH Thank you for the question there. Clearly as you've heard from the NHS and the rest of the panel, this entire conversation around the Burnham surgery is at a very, very early stage. You've also heard that we have made representations to the surgery and made them an offer about what we think we could do ... 58:50
- A Rumbling
- IH ... and that includes, that includes if I may carry on, an extensive review of transportation. We have provided under our section 106 – as Stuart has referred to earlier – it is our legal obligation to provide a minibus service into and out of Burnham. 59:15
- A Jeers and chatter
- SG So just to summarise the views in the room. The minibus service is going down like a cup of cold sick!
- A Laughter and applause
- SG If you want to come back with some of the other options around transport

- IH The minibus service I was referring to is part of an obligation which we have to meet, and we have also had early conversations with Andy Ambrose from Essex and Suffolk DART with the view to bringing in the D4, D5 and, I believe, the 99 into our site ...
- A Rumbling**
- IH ... to add and create an extremely extensive service into the site. Mr Ambrose is here as well and will be happy to comment on that if he wishes.
- SG Mr Ambrose would you like to make a comment on that?
- AA Hello. I'd just like to correct a statement that has been made already. There are already two bus services passing Burnham Waters which is the D5 and the D99 which has been operating for the last 12 years. 1:00:35
- A Angry shouting**
- SG** Well, that's a lot of response! Can I just say, Mr Holloway, have you got any answers to this question that's been posed before we go back to Mr Murray? Or Stuart – is there anything you want to come in on here?
- SR Yeah – I think I can probably assist a little bit. The point has already been made. No decisions have been taken so we haven't done any extensive work on this because, at the end of the day, the surgery might well not end up at Burnham Waters. 1:01:35
- A 'Hooray' and applause**
- SR But the point of the question that you are putting to us is about transport, and what I am saying to you is until and unless we are told that the surgery *is* coming to Burnham Waters, we are not going to be spending an inordinate amount of time and money on that. However, what I can say is we are required to operate a minibus service and we've submitted those details to Maldon District Council a long time ago – probably about 18 months ago and for our residents. 1:01:40
- A For *your* residents?**
- SR For *our* residents. What we have had is a very early discussion with Mr Ambrose who operates the Essex and Suffolk DART services and they operate 18 seats minibuses - the Dengie DART services - and they have been doing so for a long time in Dengie and we have said, in the event that the surgery came to Burnham Waters - the NHS surgery - what sort of upgrades could you potentially offer and we are in dialogue with them on that. Now *if* the surgery came to us we would develop a bus service that came from Burnham, and the other point to bear in mind - and I appreciate that this is a Burnham audience, but the doctors have explained, the surgery serves North Fambridge, Althorne, it serves the town of Burnham and it serves all points east of the Dengie and as far north as the bottom part of Southminster. So, it is a very substantial portion of the Dengie. And so it's not just a Burnham surgery, it serves the southern part of the Dengie, so the point about transport ... 1:02:05

A Heckling

SR If you are going to heckle, I'm not going to be able to speak or assist you. So, the point is that if the surgery serves the southern part of the Dengie, Mr Ambrose's DART service is in a good place help all of the patients get from Althorne, from North Fambridge, from the Southern part of Southminster and we could develop a service that actually assisted everybody. But we are not at that stage yet. 1:03:20

SG OK I'm going to come back to Mr Murray because there were a lot of questions about transport. Do you feel that all your questions have had an answer? Not the answer you require but an answer - or are there any other additional questions you want to ask?

GM The regularity is a concern to many people. how regular will it be? How long would they have to wait after each appointment for the return journey etc? Where would they wait in the winter etc? Those are some of the questions that have been posed. The other thing to be pointed out as well is that there isn't a direct footpath to Burnham Waters, so if anybody did want to walk the 3-mile round trip you do have to cross Maldon Road a number of times to get there as well ... 1:03:55

A Applause

GM ... which isn't really suitable for anyone with pushchairs, elderly etc, So, those were all the observations that were actually made about the transport.

SG Thank you, Mr Murray. I just want to see if anyone can come back on that footpath access because that's a bit of a danger. Has anyone got any response to that?

SR Just briefly. Thank you, madam chair. It comes back to the point I just made – the surgery doesn't just serve Burnham and so it depends on its catchment and where the majority of its patients come from 1:04:50

A Jeering

SR We don't have that information before us as a developer, we haven't prepared any sort of transport analysis that would be if and when a surgery came to Burnham Waters and that's not a decision that's been made ergo we're not going to spend any time or money on it at the moment. We would look at the catchment, we would work out transport solutions - and this 3 miles is just a made up number based from somewhere in the middle of Burnham but the surgery serves the entire southern part of the Dengie and that is what has to be looked at in transport.

A Rumbling

SG I'm going to go to Dan to respond and then I'm moving on the questions about access, because I think this is quite linked.

DD I'm not necessarily going to respond but I am going to furnish people with *facts* again this evening. The facts at the present time are that 80% 1:05:50

of the patients registered with Burnham surgery come from within what I would call the Burnham North and Burnham South town.

A Applause

DD That is a fact. But Burnham surgery does cover virtually the entire Dengie peninsular. There is a small percentage of patients that come from Althorne, they come from as far as North Fambridge, they come from Southminster, they come up as far as Bradwell, Steeple, Mundon – and indeed there are even a few patients from Maldon. But the *fact* is that 80% of the current registered list for Burnham live within the town of Burnham. That is a fact.

A Applause

SG OK, thank you very much. I going to try to move on to access because I think that's kind of linked with some of the transport concerns that people have raised. So, have I got Mrs Susan Brewer here?

SB I think the first question I was going to ask has been responded to - linked to access provision particularly for those most vulnerable patients and I'm not quite sure that it's been answered but it has been covered. But I would like to add a particular concern for those dementia sufferers and how they would manage on minibuses – would carers have to go? They are going to be going to a completely different environment which is going to add an awful lot of stress and anxiety and needs to be considered. 1:06:55

A Applause

SB Secondly, the current surgery is at the heart of our community, it's a short walk from the railway station, bus stop, supermarket, chemist and post office and this location provides the very best access to services, and it keeps our community together, keeps the community alive and flourishing.

A Applause

DD Moving the surgery out of town would diminish these important social and mental health factors. In what way is it good to rip the heart out of the Burnham community?

A Applause

SG Can anyone from health respond to that because I think there were some quite specific health questions?

HR With regard to vulnerable patients, we have home visits - our nurses regularly visit s ... 1:08:45

A Laughter

AR ... we do home visits, we have a dedicated paramedic now appointed recently by the PCN (Primary Care Network) they do home visits as well

and our nurses also do home visits for any sort of routines such as immunisations, vaccinations – so we do cover them.

DD The questions were very much spot on. The process that the NHS - that I have referred to multiple times and won't go through again - would need any proposal to demonstrate that it has taken into account the impact on particular groups, we have to do a thing called an equality impact assessment - it is one of the other legal things that we have to put in in terms of any decision. That specifically looks at the impact on groups – and many of the groups that you mentioned - people with learning difficulties, people with dementia – all of those things are looked at within that. And again, the NHS is unable to take decisions if it adversely impacts those groups, so again, it's an assurance that, should a proposal to the ICB be forthcoming in time, the ICB will look at it and will have to assess whether it does disadvantage any particular groups. So, rest assured that, should any proposal come to the ICB, they would have to look at it against those things you have described there 1:09:20

SG I'm going to come to this gentleman in the front row who has been patiently waiting, and then we'll go back to Mrs Brewer

JP I was a GP here until 1999 from 1967 and I did branch surgeries in Althorne and in Farnbridge which were very helpful for people – elderly people coming to be seen at a branch surgery. Up until now, it's an either/or, but surely it is not impossible to have/retain the advantages of the Burnham surgery and have a unit on the premises in the new build. It doesn't have to be an either/or 1:10:35

A **Applause**

SG Thank you very much for that question. If there was anyone outside that struggled to hear, this was about this doesn't have to be an either/or situation. We could have outreach surgeries like there have been in the past. Carol – would you like to respond?

CB Yes. sure. As we have reiterated several times, we've only gone into the options. We haven't made any decisions. we haven't decided if it will be one singular site, whether it's going to be multiple satellite sites. We've not made a decision which is why we haven't come to you, the public, to ask your opinions. We've not made any choices yet.

A **Then why are you here with Burnham Waters?**

CB Well, you called us here. You called us here. Whoever called this table up has called us here. Again, all we have done is try to future plan the practice. We are trying to look to keep the services in Burnham, trying to improve the services, trying to bring up the standards of efficiency, cost for money (it's your money that we're spending) and also, with regards to health and safety the building at the moment we are in, will need substantial uplift to meet the inspection of the infection control team. 1:11:45

A **Shouting – something about 'it's our money'**

- SG OK so I'm going to come back to Mrs Brewer's questions and get through the rest of these and then I'm going to move on to money. Mrs Brewer ...
- SB My final question. In what way would a proposed new site give better access to services? Would a new surgery, or indeed an additional surgery, offer minor surgical procedures, diagnostic tests such as X-rays, ultrasound, audiology. Secondary care provided by hospitals are miles away from Burnham. 1:12:50
- SG Great question. Thanks Mrs Brewer. Can I ask Dr Rahman to respond.
- AR That was our plan. That is our plan, provided the NHS give us those facilities. We will have those rooms are available as long as the NHS says 'that is it, you can have it now,' we can provide those services. Absolutely no problem with that. Thank you. 1:36:35
- SG OK we have got 20 minutes left before we get thrown out and I want to move on to money. (In response to audience member) You've got two seconds to ask a question then I'm going to move on to finance questions.
- AL Ant Law - resident of Burnham for 65 years, way back when it was a community. Burnham Waters is a bit of a misnomer - it is outside the town of Burnham and there ain't no water! 1:14:00
- A **Laughter and applause**
- AL But I won't go into that. What I would like to talk about, very briefly, is the problem that Hamid Latif has mentioned, and Dr Rahman have on capacity. The capacity problem is of Maldon Council's making. They have never grown the courage to fight the developers properly. I won't talk about cosying up, or bullying or any sort of grant but something's gone wrong. Because you have killed – not you - Maldon Council, have killed the community, and the capacity problem is one of your making. Not a *single* brick or rotten piece of wood as far as Burnham Waters is concerned should go up until the promises made are kept – that they build the surgery first and *then* they build the buildings – not welch on it or try a fiddle like this. There is no need to move our surgery from the centre of Burnham and I think, through you, Madam chair, if you would dare ask this audience that those in favour of this email leak proposal, to put their hand up, I would be very interested to see how many hands go up in favour. Thank you.
- A **Applause**
- SG I think I could probably make a well-educated guess on that question.
- A **More applause**
- SG And as you can see, there's no-one here from Maldon District Council to respond to your comment.
- A **Comments, including something like 'maybe we should keep our money and run the thing ourselves' followed by applause.**

- SG Fair comment – I don't know if there's anyone on the panel that can respond to that – what I think is a really good point. I've made a comment on it.
- A 'Perhaps our MP could comment'.
- JW I'm happy to say a word, because I had a meeting with Maldon District Council this afternoon. The meeting I had with Maldon District Council was to discuss the local development plan, and where future housing should take place. Now, there is a requirement on, not just Maldon, but every single council to find more housing. 1:16:00
- A Heckling
- JW I am afraid that is the case, and as your member of parliament I can tell you I receive letters every day from people desperate to have housing and saying there isn't enough affordable housing, that they are overcrowded. It's a statutory requirement – we *do need* more housing.
- A Shouting
- JW Now, where that housing is placed is a matter for Maldon District Council, and Burnham has grown. It hasn't grown anything like as much as Maldon has grown, Maldon has 3,000 houses under construction at the moment and one of the things that happens with those when you build 3000 houses is that it brings with it, schools, new health facilities. 1:16:45
- A Shouting
- JW Look, I'm simply telling you the *facts*
- A More shouting
- JW Now – we need more housing. Where that housing should be is a matter Maldon District Council and your district councillors here will take part in a debate regarding future provision. At the moment, we actually do have enough housing in the pipeline for the next five years, but this is an area that is going to continue to grow and actually Maldon is getting much less than quite a lot of neighbouring areas. If you go to Colchester, or if you go to Chelmsford, you'll see thousands and thousands of new houses.
- A Shouting
- JW Personally, I don't think there should be new housing on the Dengie beyond what we have got already and one of the things you might be aware of is that I tried to stop 1,200 houses being built in South Woodham Ferrers very recently by asking the government to call it in, but that was because of the difficulty it was going to cause the transport from the Dengie. But you cannot avoid the fact that there has gotta be *some* new houses somewhere. I would prefer that they were not in the Dengie because I think there are particular problems here in terms of isolation, in terms of transport infrastructure. But we have houses already under construction, and as Dr Rahman has said, already the 1:36:35

surgery is under pressure and there are going to be new families moving in or there are going to be new children born to families who are already here, and they are going to need healthcare provision so what we are looking for is trying to improve the healthcare provision for this area. And one of the things that people write to me about frequently is saying why do we have to travel for 45 minutes or more to get to Broomfield Hospital. Why can't we have more services locally, and the answer is, yes I would love to have more services locally, but I don't think you are going to get those new services in the existing premises. So that is one of the factors you also need to take into account, and there will be lots of options but just to refuse to consider any of those new options at a time when the pressure is already considerable and is going to go on growing seems to me short sighted. So that is why we need to have a debate, and that is why I suggested, along with Duncan Rawlinson, that it would be a good idea to actually have the people who are going to be responsible for those future decisions to be here to listen to you and that is the purpose of this evening and I hope that we have got some way towards achieving it

SG I think this leads us very nicely on to finance and environment - so Councillor Mumford would you like to pose your questions?

MM Thank you. My job is to ask the finance questions and I think a lot of people are extremely anxious to know who would pay for a new surgery if it is built on Burnham Waters? Who is going to own it? Does the NHS own it? Do the developers own it? Isn't any proposed move to Burnham Waters or elsewhere entirely motivated by cost factors - particularly profit?

A Cheers and applause

MM Who is set to gain? That's the main question on finances – who is set to gain? 1:19:45

SG Thank you, Councillor Mumford. Mr Doherty?

DD I can answer some of those, not necessarily all of them, Mary-Ann. In general, at the moment The NHS itself doesn't build GP surgeries. We don't own any. The vast majority of GP surgeries are owned by the partners themselves, and then the NHS pays those partners a rent to use those buildings for the public. So that's how it works. Some people don't know that and some clearly do. 1:20:35

A(F) That needs changing

DD So, one of the things at the moment is, given the cost of health facilities, and given how much that has gone up over the years very few GP's now want to build their own surgeries and then rent back to the NHS. What happens typically is the money to build a surgery is borrowed from a third party. Now that third party can be a developer, but it doesn't *have* to be a developer. In some instances, councils do it, in some instances other organisations do it, but then what happens is the NHS pays the GPs a sum of money to, essentially, lease that building back for the public. So, in answer to the part of your question - who owns it? – it will

be whoever built it. So, in the case of a developer it would be the developer ...

A Shouting

DD ... in the case of the council it would be the council, in the case of any other party (there are examples of various people who built them), it would be them. The GPs enter into a lease and the NHS fund that lease. The answer to the part of the question 'who owns it?' – it will be whoever built it. So, in the case of a developer, it will be the developer 1:21:55

A More shouting

DD In the case of a council, it will be the council, in the case of any other party (there are examples of various other people who built them) it would be them. The GPs themselves don't own it, the NHS doesn't own it . The GPs enter into a lease and the NHS funds that lease. So in answer to who owns it – it's whoever builds it and that's the case with any surgery.

A(M) Inaudible question

DD I can't comment on that! Sorry. So that's the situation, Mary-Ann. The other things to put in context – two things I just want people to understand – and it's useful information hopefully for you. The NHS now requires very exact requirements for any new build surgery. They have to be built really to the same standards as hospitals and, if you've seen somewhere like Crouch Vale, that is a reasonably modern example. They also have to build in sustainability type things, they must be energy efficient and those sorts of things - those standards are very precise. So, the buildings themselves are a lot more costly, I think, than people realise. A lot of people say to me 'why don't you just use like a Travelodge or something like that?' You can't. In order to build a GP surgery now to the standards that they have to be it is a very expensive process so invariably wherever that happens there is usually another party that fronts up that cost. But clearly they enter into a 20 year lease with the NHS so they get a payment for that annually for a period going forward

A(M) So you said all that money was going to go to the NHS

DD That was directed at John I, I take it, rather than me

SG Mr Whittingdale – would you like to respond?

JW I can tell you think it is going to the NHS because the amount of money going into the NHS goes up by way more than the retail price index every single year. But the NHS ... 1:23:45

A Inaudible audience question

JW ... Look, the amount of money going in is increasing every single year.

A(F) 'I can't hear you' and something like 'so you should approach the developers'.

- SG OK, talking about developers, I'm going to ask the developer to respond on this and then we'll come back to Sir Whittingdale. Sir Whittingdale I think they are having trouble hearing you outside so if you could just move a little closer to the microphone that would be really helpful.
- JW The question was simply about the overall national funding of the NHS. 1:24:20
And as you will have seen, every year (this is not unique to this government, or indeed the last government or the one before), every government has increased the amount of money going into the NHS but obviously you do have to take account of the ever increasing demands in terms of the ageing population, in terms of the social care budget, in terms of medical technology advancing, people living longer - all of those things are increasing the demands on the NHS and therefore the pressure goes on rising at the same time. Now that's a national issue and it is one which every government is having to grapple with, but it does mean that, as I said to you, when you have, for instance, Dan just mentioned the Crouch Vale Medical Centre which is a brand-new building in South Woodham Ferrers ...
- A **Shouting**
- JW ... that came about in part through the development at Sainsbury's and part of the agreement with Sainsbury's was they should build a medical centre there. Similarly, there is one in Southminster. Similarly, there is going to be one in Heybridge when the development is completed in Heybridge.
- A **Yes, but it's not just a surgery we need. It's an accessible surgery**
- JW Yes, but they are GP practices and the GPs decided that they could offer a better service by moving from where they were to those buildings.
- A **More comments - something like 'that's no good then'**
- JW That may well be the case – I'm not saying necessarily its Burnham Waters but there are surgeries, as Dan said, there are surgeries across Essex, surgeries across the country, that are in buildings that are not appropriate for the population they are now serving, so obviously one looks at the options and development is one of the ways in which you can acquire new buildings for the NHS. 1:25:45
- SG OK I'm going to get the developer to respond and then we're going to have to wrap up in a minute. We are running out of time.
- IH Can I add to Sir John's comments there please - and directly to that question about who pays for the surgery. As you heard earlier in the evening, we have our planning permission to build a private surgery at Burnham Waters. The decision about an NHS surgery is not ours it is down to the ICB. If they decide to go down the Burnham Waters route, we have made a proposal and an offer to give the land that was the space for the private surgery and build the surgery at *our* expense (*not* the taxpayers' expense) and then lease it to the doctors. *We are*, however ... 1:26:15

A Shouting and inaudible questions

IH ... If I may finish here because time is precious. We are, however, open to other cost models, open to a satellite option because that is one of the things we had considered ourselves as well, and I think it is fair to say that it is under the lease model we make virtually zero profit at all over the next 20 years. 1:26:60

A Shouting and laughter

SG OK. So we have a nine o'clock curfew on this meeting and I want us all to just acknowledge and say a massive thank you to those people who have stood outside in the dark for two hours

A Cheers and applause

SG I mean if that is not commitment to engagement, I don't know what is. Usually, when I chair these meetings about three people turn up. Now we've got 200 outside – I mean that's just incredible. But I am conscious that I can ask every single person in here a question about their opinion, and everyone would have one. And we have not got time to ask them all, let alone everyone outside. Now I have been given an email address that apparently you can email all of your questions in and a response will be provided and that may be that they gather all those emails together, and again, put out a public email. I'm going to go to Dan in a moment to talk about what that process looks like. But I just want to share with you what that email is – it's:

consultation@burnhamoncrouchtowncouncil.gov.uk

SG I'm sure some of our councillors will share that on Facebook so people can continue to feed in their concerns, their questions, their queries. Now I'm going to hand over to Dan to just talk about the next steps and the process before we close the meeting but on behalf of Healthwatch, I'm just so grateful for so many of you schlepping up on a Friday night. I really did not expect anyone to turn up, let alone quite so many of you and I think it's fantastic that you've actually shared a lot of your views and I would like to stress, panel, that they've been heard and that we've got an awful lot of information this evening that can be acted upon in the decisions ahead.

A Cheers and applause

DD Just to reiterate what Sam said, thanks everyone for coming. Thanks everyone for listening to us. Part of my job is to come out and listen to the public. I appreciate that there were a ton of people outside tonight who didn't necessarily get their questions heard. I've made this point to Mary-Ann already - I'm fully intending to come back out and visit the Town Council. I'm very happy to come out and speak to any group, whether it's a local group, a charity, whether it's the school itself. I'll make sure my email address can get circulated with the meeting. If people didn't get the time to get into the level of detail they wanted to get into tonight, let me know. Clearly, I serve Maldon and Chelmsford as well and there are other bits of my job, as you may imagine, but I'm very happy to come back to different groups and have conversations with 1:29:20

you. One thing I'm not going to do is hide away from the conversation. It's my job to listen to what you folk have to say. So, the nature of the process going forward will be very much dictated by: should the surgery choose to put a business case in to the ICB to consider – obviously if that happens you'll hear about it. Outside of that, please do get in contact with me - I'll come back out and we will speak as much as we need to, not just about the GP surgery, not just about relocation but about the wider health and wellbeing of Burnham in general. I have a whole raft of information now, that we didn't used to have historically that gives us some really fascinating insights into what keeps people in Burnham fit, well and healthy and that's a really important part of the conversation for me to have so please do get in touch and if there's people not here who you think would be useful for me to be in conversation with feel free to pass on my details. At that point I'm finished

A(F) Inaudible question/comment

A Applause

SG Thank you, Dan Doherty, for your clarity and your candour this evening. I'm going to hand over to Mayor Rawlinson to close today's meeting.

WS Where's the petition?'

A(F) How many properties have they sold at Burnham Waters?

KH Hello, I'm not used to public speaking so bear with me. So, about a week and a half ago, a few residents got together, and we organised a petition and currently we've got about 1,300 signatures. We originally aimed for 800. 1:31:40

A Applause

KH We've got the same percentage of signatures from the surgery list which is about 10%, which is the percentage of the electorate that could trigger the recall process for their local MP.

A Applause

KH The support for the petition was overwhelming – we didn't get a single dissenter and that's because this proposed move is very unpopular ...

A Applause

KH ... and it seems like there's more going on behind the scenes than certain people are going to admit openly here ...

A Applause

KH ... It looks like the developers have been in consultation with MDC already, prior to the GP going through the options process. So, we're going to not allow this to stand and, if this decision, or if this proposal isn't quashed then we will take the petition signing to the next step and it

will escalate to whichever is the most appropriate form of legal protest.
So, I'd like to hand the petition now to Healthwatch please

A Applause

SG Thank you. Over to Mayor Rawlinson

A More applause

SG I can take this from you - and I gladly will – but we are an apolitical charity, so I have no political affiliations with anybody. I suggest we hand this to our councillors to take forward – or the MP on your behalf. Thank you.

JW I can take it but one thing I can tell you is that it's certainly not my decision. The people whose decision it is as Dan has set out repeatedly throughout the entire evening, it will ultimately be the NHS and you because there will be a full engagement *if* a proposal appears. But as we have tried to get across, there isn't a proposal at the moment, so you are signing a petition against something that, at the moment, is not even on the table. 1:33:40

A General noise

JW But when and if a proposal does come in then obviously, as we have tried to explain, there is a full engagement so Dan, I'll leave this with you as an expression of local feeling.

A Much noise

JW It is not going to be my decision – it is a decision for, first of all, for the *practice* to decide whether or not they wish to come forward with an alternative option to meet certain challenges that have been set out and then, if they do make that proposal, then it will be for the NHS to consider and undertake a full engagement. But we've been here for two hours and that was what we told you at the beginning.

SG What I will do, is I will take this petition, I will hold on to it, and I will find out the correct route for it

A Applause

SG I will now hand over to Mayor Rawlinson to bring this to a close before the heavies come in and throw us all out because the building is shutting at nine.

A(M) Why don't you retire John?

DR I'd just like to thank everybody for coming. I do apologise to those that couldn't get in. We've had a bigger turnout than I think was expected but it does go to show the strength of feeling that the Burnham residents have over the subject.

A Applause

DR I would just like to thank all the town councillors that have worked hard over the last two or three weeks to get this meeting to the stage we got tonight. It has taken a lot of time and a lot of effort.

A Applause and 'well done'

DR I would just like to thank the panel for giving up their time and coming to answer some of the questions, and even if they are not the answers you wanted. I'm going to take this opportunity now to ask every single member of the panel to work with Burnham Town Council to keep us involved and keep us in the loop at *all* points. And when the consultation, if a consultation starts, we are told and we are kept in the loop.

A Applause, whistles and calls of 'here here')

SG So, on that note, I'll wish you a very good night. If you could all leave fairly quickly and in an orderly manner it would be very much appreciated. Thank you very much. Good night

A Final applause