

Burnham Surgery Meeting: Public Question & Answers 18/08/2023

Transcribed by Chloe Brewster, Maldon Nub News

(This has been transcribed to the best of my ability but may still contain some inaccuracies due to sound quality, paraphrasing etc.)

IH: Ian Holloway- Burnham Waters

SR: Stewart Rowe- Planning director at Burnham Waters

JW: John Whittingdale OBE

DD: Dan Doherty- Alliance Director NHS and Health authority

DR & CB: Dr Rahman and Carol Banham- Burnham Surgery representatives

SG: Samantha Glover CEO of Healthwatch Essex

MDC planning representatives have declined the invite sent but have sent a statement

Public Questions

23:14 David Kennedy (DK): "Thank you to the town mayor and to the town council for organising this in such short notice. As you said this is about process, this is about the Waters-leak email. The email from the NHS to MDC 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. 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 you can give us just so the panel can give an answer in one swoop. I am just conscious of time and I fear if we ask all 8 we may not get onto theme 1, 2, 3, and 4"

DK: "The mid Essex and South Essex health authority, the ICB, have a statutory and constitutional obligation to consult with the public. That email led the public to believe that statutory and constitutional consultation had not been carried out. When do you believe that this consultation that was spoken about in that email started?"

DD: "In terms of when did that consultation start, it hasn't. And the reason it hasn't is that the ICB have not been in receipt of a proposal on a surgery moving. If the ICB does get to the point of receiving a proposal for the surgery to move, it will have to see that there has been a statutory consultation. 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. At the moment it hasn't started because there hasn't been anything for us to engage on.

DK: "What criteria was chosen for the assessment that was called out in the Watersgate email and what experience people consulting and then ignored for alleged commercial reasons?"

DD: "I think what you are referring to and I referred to in my statement is the surgery themselves commissioned what is considered an options appraisal, which gives them a set of options on how they could expand their premises. That looked at a whole raft of options, but it only looks from a very estate's driven lens. So it is only looking at the practicality of land ownership, planning permission, the state of buildings, those sorts of things. That document went to the surgery to give them different options that they could look at and that could potentially give them the space that they are seeking to get. I think the Waters-gate email, that appraisal did suggest that new developments (Burnham Waters) is what Burnham surgery is looking for. Just because they said that'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. It was a purely estates driven process for the surgery.

DK: "I take it nobody denies the email exists and nobody refutes the content?"

DD: "No...

DK: "Would you not believe that the 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?"

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... Was the appraisal made? Yes, Did it look at Burnham Waters as being an option available to the surgery? Yes it did. Does that mean it is a done deal? Not at all. All of those things would be subject to the process I referred to earlier."

DK: "Will you be sharing that appraisal with the public"

DD: "It doesn't make a recommendation..(audience murmur) Okay in which case the email is misworded because it doesn't make a recommendation. All it does is say to surgery on a purely estates basis that that is the most viable option 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 from a purely estates basis is that that is the most viable option for them.

(Inaudible audience murmur) - maybe something like why is it most viable?

DD: "So I have been asked about that and what I have been told about that is that it is commercially sensitive, as it contains a number of things around land ownership, value of buildings, various things like that. What I am asking for is perhaps a version of that that maybe takes out 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 have come here today"

SG: "I will come back to you David but this woman is desperate to ask a question"

Woman 1: "This question is for Dr Rahman. You have had the surgery do a fact finding perhaps looking at different premises and how you will expand the surgery, make it more viable for the people. Does this mean you at the surgery are looking for new premises because a lot of what is going on is a lot of misleading going on and what we want to know is do you want to move the surgery"

DR: "Yes we have to do it, if you have a better option..."

Woman 1: "We have got the crouch clinic, barclays bank is coming up for lease"

DR: "They are going to look at it, but it is not my decision, it is the safety department's to decide it is viable. There should be enough space, everything should be covered but we need to move, we need bigger space at the moment".

Woman 1: "So you wouldn't use the crouch clinic for your training place?"

CB: "So we have used crouch clinic for physio, however the charges for that site are exponential, and the charges has gone up by about 15% from the year before"

Anon: "That's the NHS that's charging you for using that building?"

CB: "The building isn't up to scratch, is outdated, it is older than where we are and infection control... it costs a lot of money to upgrade"

Back to David

DK: "How much can the health authority be trusted to abide by public opinion, now you've seen public opinion today. And how much can a developer be trusted to deliver the commitments they make to get us to move to their site, and we've seen it time and time again, they back off! Can we talk about capacity, I was at the doctors surgery today with my wife, 9 consulting rooms, 4 people in the waiting rooms and 3 doctors on duty"

DD: "In answering the first one: How much can you trust the NHS, in some respects I am going to refer to Sam here. If we don't refer to the statutory requirements for public engagement that you referred to, you guys can rightly overturn one of our decisions and take us to judicial review anyway. I would understand that and that would be your right, so it is absolutely imperative for every decision that you make to scale such as a surgery that we are able to demonstrate that there has been public engagement. The reason why Sam's organisation Healthwatch exists..

(Lady outside "Is this what public engagement looks like when half of us are outside")

I guess from my perspective I was an invitee here.. For us there isn't much for us to engage on at the moment because we haven't got the proposal with us to relocate the surgery, if that

happens you are more than welcome to hold us to account to engage in order to demonstrate that anything we do has been done through due and proper process, the process that you have just described, If we do that than you are more than likely to quash our decision”

CB: “(Healthwatch) will 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 public channels are, how to go to a public consultation, and so forth. What I don’t know is how to hold to account a developer, to ensure that they deliver on their developments. Seeing that I have got a developer next to me, maybe we should ask him to respond?”

SR: “I understand your point. I am part of a chartered planning institution meaning I have professional obligations to my organisation... ‘How are developers’ feet held to the fire during the planning process’ so if a new surgery is approved if this is at Burnham Waters or anywhere else it is likely to require planning permission from MDC not the town council. Commitments made or requirements that MDC as planning authority have that may relate to transport, accessibility, or anything else, can be enshrined in a planning legal agreement, what is called a section 106 agreement. This is an agreement between the developer and MDC. That is a legal document which is an agreement under the planning act. That’s enforceable through breach of contract through the courts, it is a civil matter. The short answer is that matters that matter to your community are presented through your councillor’s, your elected members and your planning officers will take that into account and provide your members, your councillors with advice. Important matters can be enshrined in a planning legal agreement which can be enforced by the council. It is under the town and country planning act 1990 it is a legal agreement, an act of parliament. That is how you can ensure that things are delivered.

Wendy Stamp: “Thank you for explaining the planning process but i think the residents of Burnham are well aware of enforcement. When planning permission has been granted that site has actually breached the pp and the... I never ever underestimate our residents. They give me a lot of information that enables me to represent them. What I would like to say is that obviously the issues and confusion have most likely probably come from me, because I have got an email that was sent to me from mdc planning that actually says “the question has been raised about boc doctors surgery and its future. I contacted the NHS prior to the governance, ordnance and audit committee meeting last week because i thought there may be a question, then in big letters it says ‘an appraisal of options to enhance primary care provision in boc’ has been undertaken and the assessment has been undertaken. The assessment concluded that a new-build surgery on Burnham waters offers the best solution. Rebuilding 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 are developed. Ease of accessibility to the site will be an important consideration and plans will be taken into account in the business planning process and plans develop’. I make no apologies for sharing that email because I am an elected member and we are here to listen and everybody

who has attended this is the start of it. I will do everything I can to stop this surgery moving out of the town centre regardless of any threats that may come my way and believe me I am used to them”

DD: “That email refers to the options appraisal but everything you have said is correct, and the GPs are, are DR has said looking for extra space. The reality is burnham surgery is constrained, they are looking for extra space, and they can’t rebuild it to the standards that they need. (Audience member ‘rubbish’, more shouting) It is not rubbish! Let me continue, please understand what I’m saying. The appraisal have told the surgery that expanding their existing surgery won’t give them what they need so they do to look elsewhere and that is what they are doing. They have not reached a position yet but they are looking elsewhere. They need to!”

Mayer Duncan Rowlinson: “What I would like to ask our MDC is why have they not sent an officer to answer that question that you put out? MDC everytime let burnham down and it is not acceptable”

Wendy Stamp: “Nobody will be surprised but I was the first once to ask a maldon district corp leadership team to actually appear here. I am fed up with Burnham getting the bad end of the deal with everything. They wouldn’t attend. I circulated the email, I put it on facebook, I often get called out. I really don’t care. They can’t be here so they said because it will be a conflict of interest if and when another planning application comes along. You can call us district councillors out as much as you like but there are alot of us how do a lot of hard work for your community. They did and they didn’t respond”

Nick Skeens: “You say you have done an appraisal and it seems evident that you like the idea of moving the surgery out of Burnham. You can see how that is a deeply unpopular opinion here and that is because there is such a sense of community here and most of the people here live south of the railway line. But anyway there are other locations and we want to know whether you have considered those. Places like Petticrows, Station Approach, Burnham clinic or further extension elsewhere, Prior shed, barclays bank. There are all sorts of other places that would be better locations?”

CB: “As we did previously mention we have employed someone to do an assessment for us to find us options not choices, not what down on the table, our options. Considering all the bills... Crouch Road etc, they are going to have to come to infection control standards and its going to cost an awful lot of public money to do that. (Audience shouting) To reiterate the BW site is not the only new-build site we are considering we are also considering Endway but no one seems to up in arms about that”

Resident n3: “It has been rumoured that the developer has phase 1, p2, p3 where it has been rumoured the developer will be building on the fields at the back of the houses. It’s been rumoured that the developer if he doesn’t build the med centre and move burnham, he is not allowed p2 or p3 in his planning regulations”

SR: "This is the problem with rumour because it is factually entirely incorrect. I mentioned section 106 agreements earlier, planning permissions have to have permission and phase 3 is very close to being so. The agreements are about to be signed. The clause says we must provide a surgery in p1, and it required GP's to be available and pharmacies and other stuff. It is a public document and if you email us at Burnham Waters we will be happy to provide you with that. We have nothing to hide. Phase 2 predicated so we are unable to start phase 2 until we have provided a number of facilities on phase 1 and that includes doctors (public or private), its not a rumour its a fact. phase 3 cannot be started until phase 1 and 2 have happened. So it is a phased approach worked out with mdc so the facilities were onsite to serve the residents as the development grew. Which is sensible town planning.

Audience member "you cannot build any more until you supply a surgery at bw. We don't allow you to move our surgery to your site."

SR: "No not at all you have completely misunderstood what I said. Let me be clear about this, the surgery at bw will be proposed as a private surgery and that is what will be delivered, unless the nhs come to us and say 'we want to take your private surgery'. For us we will proceed, it has been worked out and costed, despite all the rumours, and believe me we monitor social media and most of it is nonsense. Frankly most of it is unfounded, misinformed and frankly untrue, the information is out there if you go looking for it it's on the council website and the legal docs are there, or we will provide you with that or ask your councillors or planning officers for that. We will provide ourselves a private surgery 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 you the viewers, as by the nhs process. Basically what you said wasn't right."

NS: "I think the people were obviously concerned about the idea that there was going to be a private surgery built, and all of a sudden you're stealing the one from the centre of town with all its staff because staff are so hard to find. That is why people are upset, and what we need the nhs to understand is the location is really hard to get to, for reasons that we will be coming to in questions that are coming up. We want you to consider that whatever your reporter said, there are other locations that can amplify the effectiveness of the current surgery because its location is so good"

DD: "The surgery I know is open to looking at all options, the options appraisal is completed by experts in the field. That is not to say there aren't options that you know about that perhaps they didn't know about. I know the Dr's are open to looking at other options, if you guys know of any, speak to them because they are very interested."

Dr Atif: "I think it is amazing the statement that has been made here that there is not capacity in the surgery for an expansion. When we were practising, I was practising for 30 years in this area, in 1982 we built the surgery and we have expanded 3 times. You are talking about how there is not capacity... at that time the burnham population was only 6000 and our capacity of patients who are in burnham now are 9 to 10,000. We had 5 doctors at the time, two nurse practitioners, we had a physiotherapist, and we were full. We were at capacity then, now we

have 10,000 patients. This is not only Burnham, this is north fambridge, mayland.. So basically we should have our capacity filled by people who live here. Let me remind people we used to work until 8 in the evening, we used to have a surgery on Saturdays and there were 5 (people from the hospital), medical students coming in... (not sure what was said). Basically the issue is now suddenly when you go there there are hardly more than 4 to 5 people sitting there, 5 consultation rooms, you're telling me all those consultation rooms are being used? Of course not! I challenge that the capacity is being fully utilised and I appreciate we had a recruitment problem and now we have two doctors coming in from London to do their thing and they have a travelling time of 3 and a half hours to get here but that doesn't mean the surgery is being utilised. We don't have saturday clinics, we have gynaecology clinics, we have psychology clinics, this guy in front of you knows that and when he is making a statement.... All this drama about we are at capacity is a joke"

DR: "I think you know he was a previous partner, with regards to capacity this is something I am not making up here. I am not here telling all these people that we are at capacity just so I can expand the surgery, that is what I am not doing. Yes when I came here... there were two doctors travelling 20 miles from London... Fortunately the Burnham practice is in a much better position and Burnham would be able to tell that. So I am not here saying we are at capacity and we are going to move, no we would not move unless there is a need for it. So Dr Atif, you can come to practise we can show you all the evidence, it is not like we are making up anything. All Burnham residents can come and see how many facilities we have. (Audience Shouting)

Garry Murray: "How will people get to an out of town surgery? Will there be a bus route? If there is a bus route how regular how long will we have to wait"

IH: "As you have heard from the NHS, this conversation is in its very early stages. We have made representations to the surgery about what we think we can do and that includes an extensive review of transportation, under section 106 we will provide a minibus service (audience chatter). The minibus service is a legal obligation we have to meet, we have also had conversations with Andy Ambrose of Essex and Suffolk DART with the view to bring in the D4, D5 and the 99 to create extensive transportation into our site."

Andy Ambrose: "There are already two services which pass bw which is the D5, D99 which has been operating for the past 12 years"

SR: "The point has already been made. We are yet to do any extensive work on this because the decision has not yet been made. The point of the question is about transport, unless we are told the surgery will be coming to bw we are not going to be spending an inordinate amount of time on that. What I can say is we are required to operate a mini bus service and those details have been submitted to MDC about 18 months ago for our residents. We have had a very early discussion with AA who has been operating DART services for a long time in the Dengie and we have said in the event that the surgery came to bw what sort of upgrades we could do. So if the surgery came to us we would develop a bus service that came from Burnham, the other point is that the surgery serves north fambridge, althorne, it serves the town, all points of the Dengie

and as far north as southminster. So it is not just a Burnham surgery it serves the southern part of the dengie so the point about transport is that AA DART service is in a good place to serve the whole dengie. We could develop a service hat assisted everybody but we are not at the state yet”

Garry Murray: “The regularity is a concern to me, how regular will it be, where would they wait during the winter. There isn’t a direct footpath to BW, so if anyone wanted to walk the 3 mile round trip across maldon roads, which is ideal with pushchairs etc, these were other observations”

SR: “It depends on the surgery and where the majority of its patients come from, we don’t have that information before us and haven’t prepared any transport analysis that would be if and when the surgery came to bw. We would look at catchment, and this 3 miles is 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 considered when providing transport.”

DD: “80% of the patients come from Burnham North and Burnham South town, that is the facts. But it does cover the entire Dengie.”

Susan Brewer: “Access provision for those most vulnerable patients, dementia sufferers on minibuses, would carers go? The change of site will cause an awful lot of stress and anxiety and needs to be considered. The current surgery is at the heart of our community, it is a short walk from (everything) and this location has access to services and it keeps the community together, keeps the community alive and flourishing. Moving the surgery out the town would diminish these important health and social factors. In what way is it good to rip the heart out of the burnham community”

DR: “We have home visits, a dedicated paramedic, nurse home visits for vaccinations”

DD: “The process that the NHS have would need any proposal to demonstrate the impact it may have on particular groups, we have to do a thing called an equality impact assessment is one of the other legal things we have to put in terms of any decision. This particularly looks and groups including those with learning difficulties or those with dementia are looked at within that. The NHS will be unable to take decisions if it adversely impacts those groups, so that acts as an assurance that should the ICB be forthcoming with any proposal it will have to assess whether it will affect particular groups.”

Dr Phillips: “I was a GP here in 1999 from 1967, I did branch surgery in althorne and fambridge which were very helpful to elderly people to be seen. Until now there is an either/or, surely it is not impossible to retain the advantages of the Burnham surgery and have a unit on the premises in the new-build”

CB: “As we have reiterated several times, we haven’t yet decided, we haven’t made any choices yet (x4). You have called us here. Again, all we have done is try to plan for the practice, bring up the surgery, bring up transport, cost for money it is your money we are spending, and also in

regards to health and safety the building at the moment will need substantial help to meet the standards of infection control team. (audience shouting)

Susan Brewer: "In what way would the proposed new site give better services? Would the new surgery offer minor surgical procedures, diagnostic tests, secondary care provided by hospitals are miles away from Burnham"

DR: "That is our plan. Provided the NHS give us those facilities as long as the NHS says that is it, you can have it now, we can provide those services"

Resident 4: "I have been a resident of Burnham for 65 years, way back when it was a community, bw is a bit of a misnomer, it is outside of the town of burnham and there ain't no water. The capacity problem is a maldon councils making. They have never had the courage to fight the developers properly, something's gone wrong. MDC has killed the community, not a single brick or rotten piece of wood should go up until promises are made to build the surgery first. There is no need to move our surgery from the centre of burnham. And I think if you would ask us who is in favour of the email leak proposal, to put their hand up, I would be interested to see how many hands go up in favour"

JW: "I had a meeting with MDC this afternoon about the local development plan, and where future housing should take place. There is a requirement on every council to find more housing, I am afraid that is the case, and as your member of parliament I can tell you I receive letters every single day from people desperate to have housing and saying there isn't enough housing, that it is overcrowded that there isn't enough statutory housing, we do need housing,. Now where that housing is placed is a matter of MDC, and Burnham has grown, it hasn't grown anything like as much as Maldon has grown, Maldon has 3000 houses under construction at the moment. Construction brings with it schools, new health facilities. I am simply telling you the facts, now where that housing goes is a matter for MDC and that will be a debate that takes place as a future provision. At the moment, we have enough housing in the pipelines for the next five years, and actually Maldon is getting much less than neighbouring areas. If you go to Colchester, you go to Chelmsford, you see thousands and thousands of new houses. Personally, I don't think there should be more housing on the Dengie beyond what we have got already and one of the things you might be aware of is I tried to stop 1,200 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. You cannot avoid the fact that there has gotta be some new houses somewhere, I would prefer them to not be in the Dengie because there are particular problems here in terms of isolation, in terms of transport infrastructure. We already have houses here under construction, already the surgery is under pressure and there are going to be new families moving in or new children born to families that are already here and they are going to need new healthcare provision so what we are looking for is trying to improve the healthcare provision in this area. And one of the things people write to me frequently is about saying why do we have to travel 45 mins to get to Broomfield why can't we have more services locally, and the answer is I would love to have new services locally, but I don't think you will get those new services in the existing premises. So that is one of the

factor's you are going to need to take into account, and there are lots of options but just to refuse to consider any of these new options at a time where the pressure is already considerable seems to me short sighted. That is why we need to have a debate, along with Duncan Rawlinson, that it would be a good idea to actually have the people who will be responsible for those future decisions to be here to listen to you and that is the purpose of this evening and I think we are nearly there to achieve it"

Councillor Mumford: "Who would pay for a new surgery on Burnham Waters? Would they own it, would the NHS own it, the developers own it? Isn't any proposal to move entirely motivated by cost factors particularly profit? Who is set to gain?"

DD: "The NHS doesn't build GP surgery's, we don't own any, the vast majority of GP surgery's are owned by partners, then the NHS pays those partners a rent to use those buildings for the public so that is how it works. One of the things at the moment is given the cost of health facilities and given how the cost has risen over the years very few GP's now want to build their own surgery's and then rent back to the NHS. What happens typically is the money to build is borrowed from a third party, that can be a developer but doesn't have to be a developer. In some instances councils do it, in some instances other organisations do it, the nhs then pays the gp's a sum for money to lease that building back. Who owns it will be whoever builds it. In the case of a developer it would be a developer, in the case of the council it would be the council, in the case of any other party, it would be them. The GPs enter into a lease and the NHS fund that lease. That is true of any surgery. The NHS have very strict requirements for any new build surgery. They have to be built to the same standard as hospitals, if you've seen Crouch Vale that is a reasonably modern example. They also have to build sustainability things, they must be energy efficient, so the buildings themselves are a lot more costly than people think. In order to build a surgery now to the standards they have to be it is a very expensive process so invariably wherever that happens the builder has to front the costs. But clearly they enter into a 20 year lease with the NHS so they get a payment for that annually."

(Audience question- about national funding in NHS)

JW: "The amount of money going into the NHS goes up way more than the retail price every single year. But the NHS (audience question- unsure) money is increasing every single year." "Every government has increased the money going into the NHS but obviously you must take into account the ever increasing demands in terms of the ageing population, the social care budget, medical technology advancing, people living longer, all of those things are increasing demands on the NHS and therefore the pressure rises at the same time. That is a national issue and it is one that every government is having to grapple with, but it does mean that as i said to you when you have a brand new building such as Crouch vale that came about with the sainsbury's and part of the agreement with the development of sainsbury's was they should build a medical centre, similarly there is one in Southminster, Heybridge. (Audience shouting) There are surgeries across Essex, across the country, that are in buildings that are not appropriate the population they are serving, so one must look at the options and developments is one of the way in which you can acquire new buildings for the NHS"

IH: "As you heard earlier we have planning permission to build a private surgery at Burnham Waters the decision to make it an NHS surgery is not ours it is down to the ICB. If they decide to go down the bw route, we have made a proposal and an offer to give the land and build a surgery at our expense and lease it to the Dr's. We are open to other cost models, open to a satellite option that is something we had considered ourselves, and it is fair to say under the lease model we make no profit at all over the next 20 years."