

WINGERWORTH PARISH COUNCIL

Minutes of the Parish Council Meeting Held on 9 March 2006

Present: Councillor Mrs A Sainty (Chair)

Councillor T Fisher	Councillor Mrs M Parker
Councillor CE Hutchings	Councillor RAC Scothern
Councillor J Ollis	Councillor R Stafford

with Mike Taylor (Clerk)

The Chair opened the meeting at 7pm and a 8.30pm guillotine was agreed.

058/2006 Apologies for Absence

Apologies for absence were received from Councillors SJ Ellis, K Moore, PW O'Neill, W Pickford, T Snowdon and K Walker.

059/2006 Proposals for a Medical Centre

The Chair briefly summarised the background to the present position with regard to proposals for a new medical centre in Wingerworth. Although she didn't want to dwell on the past, it was important to stress that the Parish Council had always been keen to see a new medical centre in the village. However the Council was unable to do much more than add its voice to any proposals as it was not permitted to commit any of its resources and finances to what would be a business operation.

Major changes in the organisation and funding of health care meant that the recent calls for a new medical centre needed to be considered against, amongst other things, the recent White Paper entitled "Our Health, Our Care, Our Say". With that in mind she was pleased that the Chief Executive of the North Eastern Derbyshire Primary Care Trust had offered to meet with the Council.

Dr Martin McShane, Chief Executive of the North Eastern Derbyshire Primary Care Trust joined the meeting at this point.

Dr McShane addressed the meeting by referring to the recent interest in a new medical centre in Wingerworth and then summarised the current position of GP provision. Some 2,000 patients from Wingerworth were registered with a practice in Wingerworth and about 1,000 with a Clay Cross practice and just over 500 with other practices in the NED area. The remaining 2,800 patients were registered with Chesterfield area practices. In all, it appeared a total of 17 practices catered for residents of Wingerworth.

He then gave a brief summary of the many changes that had taken place with the provision and funding of health services in recent years. There had been a general movement from the administration to the management of the service but there had also been a number of particular developments. These took account of changes in demographics (with a looming

cross-over of the age line as older people outnumbered younger people), diseases (with a much increased proportion of total spend going on chronic conditions) and developments (with an increasing focus on preventative care). The current position was that more and more activity was being delivered in primary care – some 75% of the total health activity against about a 25% for hospitals. It was also important for the public to understand that GPs are not employees of the NHS. They mostly worked as partners holding a contract with the NHS and since 1948 most general medical services have been delivered through this independent contractor route. Recent contractual changes meant that people other than doctors can now hold this contract although the delivery of the service will still be by doctors and nurses and the contractors remain accountable to the NHS in the same way as are GP partnerships.

Dr McShane then outlined two ways whereby a community could have a new medical centre. One way was for a current practice to reprovide new buildings, as has happened in various places locally such as Clowne, Eckington and Dronfield. This was very much a matter for the independent contractor running the practice to decide to invest although the PCT would need to approve the specification of the premises and the associated levels of reimbursement.

The recently published White Paper “Our Health Our Care Our Say” provided guidance on another way this could be taken forward. The new way was for a community to make a ‘call for action’ for a new service. This has brought much-needed clarity. If there was substantive support for such a development, the Primary Care Trust would have to respond and determine the extent to which a new service would be used and also set this against competing priorities and that it represented value for money. It was important to recognise that many people may not want to register with a new centre, preferring to stay with their existing practice.

It was also important to recognise that this second option – the setting up of a new service – constituted a reconfiguration of services locally and would almost certainly impact on the 17 existing providers of GP services given that the new contracts and associated funding were geared around the number and type of patients. The Primary Care Trust would have to be able to demonstrate that the new services were going to be used and would be cost-effective. If this was the case, then the Trust would have to go out to tender to any willing provider.

Changes in health care management were continuing as the Primary Care Trusts were due to be re-organised later in the year when there was the possibility of the creation of a new county-wide or Derbyshire wide Primary Care Trust. Another development is the implementation of Practice Based Commissioning.

On behalf of the Council, the Chair thanked Dr McShane for an illuminating presentation which Members had found helpful in identifying ways forward even though it was clear that the Council was unable to do much more than articulate community needs.

Dr McShane left the meeting at this point.

After a brief discussion the Council unanimously adopted the following resolution: “This Parish Council supports the building of a medical centre in Wingerworth.”

060/2006 Date of Next Meeting – Wednesday 5 April 2006

The Chair thanked Members of the Council for their contributions and members of the public for their attendance before closing the meeting at 8.22pm