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## Minutes

**Present:** Jeanette George (JG) – NHS North Somerset  
Penny Hynds (PH) – NHS North Somerset  
Jane Bryant (JB) – NHS North Somerset  
Dick Whittington (for Georgie Bigg) – NS LINKs  
Barbara Hardy (BHa)  
Brenden Hill (BH) – WVMP Consultation Reference Group  
D’Arcy Parkes (DP) - WVMP Consultation Reference Group  
Paul Robinson (PR) - WVMP Consultation Reference Group  
Tiana Gainard (TG) - NHS North Somerset  
Richard Darling (RD) – NHS North Somerset  
Cath Williams (CW) – NHS North Somerset

**Apologies:** Becky Pollard, Mary Hutton, Julie Clatworthy, Georgie Bigg

**1 Attending/Apologies** **Action**  
As above.

JB introduced Cath Williams who will now be a member of the Project Team in place of David Fife, adding to the clinical representation on the Board

**2 Minutes**  
PR had a point of accuracy from the minutes of 25<sup>th</sup> March, at this meeting he questioned the definition of the project. PR agreed the definition that PH had given “to identify the best means of delivering Primary Care to the patients of Wrington Vale Medical Practice” should be added to the minutes.

The minutes of the previous meeting were otherwise read and agreed.

### Matters Arising

- Demographic and Access information is still outstanding – TG had sent reminder e-mail to BP but so far has had no response. BHa offered to contact BP and offer support. JG suggested that BP may want to nominate a deputy to take the work on.

**Action:** BHa to contact BP and work with her to get the required information. **BHa**

- JG has received a letter from LINK regarding the Local Impact Assessment. Their response was as follows:

LINKs formal response to the Impact Assessment was that “it agrees with the PCT that the changes represent a significant variation in services (Question 8

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on Impact Assessment form). Since there seems to be no disagreement over this position, and since consultation has already taken place, the LINK feels that no further assessment is appropriate”.

DW commented that the document was confusing hence the response from LINK is fairly general.

- The project structure requires one more amendment and will be circulated with the minutes.

### **3 Action Plan**

Action plan reviewed. Public health data outstanding as mentioned above.

All other actions completed.

### **4 Consultation Reference Group**

Met after the Project Board meeting on 25<sup>th</sup> March to discuss lay representation on the Business Case Review Group. The CRG agreed on Lottie Enser plus one representative from LINKs, Nick Godfrey was subsequently nominated by LINKs.

The CRG also discussed its purpose now that the consultation has finished. The group will continue to act as a reference group until the final decision has been made at which point it will be disbanded. The CRG do not wish to change their name but the TOR will be reviewed.

The CRG will meet on 13<sup>th</sup> May to read the Consultation Report and part of their role is to assure the Consultation Report, feed into the Project Board and feed into the Business Case Review Group.

JG asked for the chairmanship of the CRG to be reviewed and suggested that PH could take over. This will be added as an agenda item for the next CRG meeting.

### **5 Project Team Report**

JB gave update.

The project team has been focusing on providing the correct information and technical support to Independent Reviewer, Linda Shaw.

Another Newsletter will be produced shortly to keep the public informed.

The project plan was circulated. JB has amended this with all relevant dates going forward, this will be discussed later.

### **6 Business Case Review**

BHa gave update.

The first meeting of the Business Case review Group (BCRG) took place on 27<sup>th</sup> April. Barbara Hardy, Nick Godfrey, Lottie Enser, Jose Tarnowski, Shruti Patel and Penny Hynds were present. John Follows, Capital Development Manager gave his apologies.

The agenda included roles and introductions, declarations of interest and the purpose of the group. It was agreed that the purpose of the group is to scrutinise, assure and validate the Business Case. The group also discussed things that are outside of their scope. Their role is not to write the Business

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Case as this is the responsibility of the practice and it is not to make recommendations to the PCT Board.

BHa works with WVMP on the business case and the work is taken to the BCRG to be assured. After it has been through the BCRG it is then taken to the Community Network for further assurance.

The group agreed a standing agenda and that the meetings would be held monthly at one of the surgeries.

JB requested that the TOR be formally presented to the Project Board at the next meeting.

### Community Network Events

The Community Network is described as a group of wider stakeholders who wish to be involved in looking at the Business Case Review. The first Community Network Event will be to share the long list of options and service benefits.

20 people have registered an interest to date. JG has asked if we can review the list of people to try and ensure we have appropriate representation in the group. For example do we have someone who represents the over 60s, mothers with young children etc. If there are any gaps then others could be encouraged to join. BH suggested that this is a piece of work the CRG could do.

TG

**Action:** TG to collate the information we already have for next CRG. Although the PCT will not share the names of people on the register we can give generic information to the CRG.

BH asked who will make sure that the practice completes the business case in a timely manner. BHa stated that this is her responsibility, the Business Case will be presented to the PCT Board in September. BHa stated that the practice are very committed to completing the work and want to move things as quickly as possible.

## **7 Health Overview & Scrutiny Panel (HOSP)**

HOSP now has a new chair and will be meeting every two months instead of monthly. HOSP have stated that they will only discuss WVMP in the public arena. The next HOSP is not until 8<sup>th</sup> July so we will not have their view on the consultation report until then.

DW asked what the role of HOSP is now that the consultation has finished. JB answered that they will scrutinise they way we have consulted. They have the power to ask the PCT to do more if they feel the process was not robust and ultimately could call for a judicial review if there was reason to.

## **8 Consultation Report**

The executive summary was circulated and the group decided that it should remain embargoed until the full report has been submitted to the PCT on 12<sup>th</sup> May.

The PCT would like to circulate the executive summary as a leaflet to every household registered at the practice once the full report has been to the PCT Board.

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The group were asked to consider the Executive Summary, does it meet the brief that the PCT gave to the Independent Reviewer? Is there anything missing?

Initial thoughts were that the executive summary does not list the options that were consulted on.

Also the total number of registered patients (9100) has been used to calculate the percentage of people that responded. However, the figure of 9100 includes under 18s who were not consulted with. Therefore we need to establish the number of under 18s registered at the practice and ask Linda to adjust the figures accordingly.

PR asked why the petition with 702 signatures has only been counted as one and believes this will make the number of people who participated seem lower than it actually was. JG explained that we are subject to rules when using a petition and that every signature on the petition would need to be validated and cross referenced. It was felt by the majority of the group that the petition has been sufficiently acknowledged in the report.

The full report is due on 12<sup>th</sup> May.

**Action:** TG to circulate the executive summary to the Project Board via e-mail. **TG**

**Action:** Any comments to be submitted to TG. **ALL**

## **9 Consultation submissions from SOS & Wrigton Parish Council**

PR agreed that it was more appropriate to discuss these submissions at the CRG. It was agreed that they would be added to the agenda in June.

**Action:** TG to add to the June CRG agenda and circulate with the papers for the meeting. **TG**

## **10 AOB**

- JB asked the group to review the project plan so that the dates can be confirmed.

CRG – 13<sup>th</sup> May & 10<sup>th</sup> June

Project Board – 14<sup>th</sup> June 1 – 2.30pm

HOSP – 8<sup>th</sup> July, they will potentially make a decision on the day but if not it will be deferred until September. JG asked if the PCT can produce a document stating the key drivers of the Business Case to go to HOSP along with the Consultation Report.

The group discussed communicating the information from the Consultation Report to the public. The leaflet cannot be sent out until the report has been to the PCT Board. Therefore it is likely to be early July, to bridge the gap in between the report being submitted to the PCT and feed back to the public the project team will publish a Newsletter which includes key themes and explains the timescales

Community Network – BHa suggests we have the first event some time in the week commencing 21<sup>st</sup> June. A member of the project board should attend the community network event to assure the process.

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**Action:** TG to set date and venue for Community Network Event.

- PR was asked to pose a question to the Project Board regarding the surgery in Wrington. If a single site option was approved could someone buy the surgery in Wrington and set up their own practice?

JG & PH explained that in order to provide NHS treatment a new contractor would have to apply to the PCT and the PCT would not approve this being as there is already sufficient cover for the population between the practices that already operate in that area.

**11 Time and date of next meeting:**

14<sup>th</sup> June, 1.00 – 2.30 at Clevedon Town Council

**Action Plan**

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| 1. Public Health analysis of Wrington Vale demographics to be shared         | BP/BHa |
| 2. Collate generic information regarding Community Network register for CRG. | TG     |
| 3. Circulate Executive Summary to Project Board via e-mail.                  | TG     |
| 4. Submit comments to TG via e-mail.   | ALL    |
| 5. Set up first Community Network Event                                      | TG     |
| 6. Add SOS/Parish Council submissions to the June CRG Agenda                 | TG     |
| 7. Report on consultation to the PCT Board                                   | JG/JB  |
| 8. Issue Newsletter 5 to provide emerging themes from consultation           | JB/TG  |
| 9. Consultation Report to be presented at the July HOSP                      | JG/JB  |
| 10. BCR Group Terms of Reference to be agreed at next Project Board          | BHa    |