

BRECKLAND DISTRICT COUNCIL

Report of: Executive Director of Commissioning & Governance

To: Special Overview & Scrutiny Commission – 24 July 2014

Author: Teresa Smith – Committee Officer

Subject: Report of Task & Finish Group – Watton Medical Practice

Purpose: The purpose of this report is to highlight issues that have been raised as a result of Watton Medical Practice de-registering 1,500 patients and the impact on Neighbouring practices.

Recommendations :

1. That NHS England review the rules and guidelines for becoming a dispensing practice and to consider whether they had an impact on the recruitment and retention of GPs; and
2. That NHS England, Clinical Commissioning Groups and Local Practices should be consulted with regards to planning applications to assist with future staffing requirements.

1.0 BACKGROUND

- 1.1 It was identified in early May 2014 that Watton Medical Practice was under severe pressure. Two options had been discussed with NHS England. One was to close the patient list for a maximum of 12 months, and the second was to de-list a number of patients based on BMA guidelines on patient safety.
- 1.2 A decision was taken by Watton Medical Practice and NHS England to close the patient list for a period of time. The decision to de-register 1,500 patients was made by the Practice itself.
- 1.3 On 5 June 2014 the Eastern Daily Press reported that Watton Medical Practice was de-registering 1,500 patients whose postcodes fell within the catchment area of neighbouring practices. As this was not technically a closure of a service it did not fall within the protocol that requires GP practices to consult with the Norfolk Health Overview and Scrutiny Committee (NHOSC) in advance of considering branch or main practice closures.
- 1.4 The Watton practice had been attempting to recruit new staff since August 2013 but had been experiencing significant issues with capacity following the resignation or retirement of several members of staff which it has not been able to replace. Further clinical staff are due to retire or leave in the next 12 months. The ratio of patients to doctors at the Watton practice had increased above that which is seen as clinically safe within the NHS. The practice is still trying to recruit and NHS England East Anglia Area Team (EAAT) are continuing to work with the practice on the recruitment process.
- 1.5 In addition to the de-registration of patients the Watton practice had also closed its list, which means that it will not take on new patients other than the family members of existing patients.

- 1.6 The practice has also implemented a new appointment system in recent times to enable it to provide a greater number of appointments. The process involves patients who wish to book an appointment being initially assessed by a doctor or nurse over the phone. Those who do not need or wish to attend in person receive advice over the phone, while other patients who need to be seen are allocated an appointment of an appropriate length or urgency. This system is very similar to that operated by a number of other local practices. A valid criticism of the process could be a loss of privacy when a patient is in either a family or work environment and therefore sensitivity needed to be observed.
- 1.7 The decision to close the Watton Medical Practice patient list came into effect on 1 June 2014. The NHS England EAAT consulted with the neighbouring practices immediately before the decision was taken and considered their concerns but, on balance, felt that the application to close the patient list should be agreed. On the evidence provided to the Task and Finish Group by those consulted, Members considered the overall consultation left much to be desired.
- 1.8 Following the de-registration of the 1,500 patients from Watton, NHS England EAAT is very conscious of the effects on neighbouring practices and is providing additional resources to:-
- Secure additional capacity to undertake home visits for all affected practices
 - Provide communications support to the Watton practice
 - Support discussions with the community service providers to ensure continuity of care for patients in the community.
- 1.9 There are no plans to commission a second surgery in Watton as the NHS England EAAT considers the existing practice, with sufficient GP resources supported by other clinical staff including Nurse Practitioners, would be able to provide services to the local population.
- 1.10 The NHS England EAAT acknowledges that the shortage of GPs is now an important issue across Norfolk and East Anglia. It describes recruitment and retention of doctors as a significant risk to many practices, with locum doctors becoming more difficult and expensive to recruit. It is working at a local and regional level to highlight the issue and identify opportunities to raise the profile of East Anglia. The issue of NHS workforce planning with particular regard to GP recruitment and retention as it affects Norfolk is one which NHOSC might wish to examine.
- 1.11 Councillors from Breckland District Council and the local Member of the Norfolk County Council have met with NHS England EAAT about the situation in Watton and neighbouring areas.
- 1.12 The issue was raised at Breckland Overview and Scrutiny Commission meeting on 30 June 2014 where it was agreed a Task & Finish Group would be set up to consider the following issues:
- Data Gathering
 - Future Growth of the District and means by which NHS respond to that.
 - Recruitment and retention of GPs at the surgery and across Norfolk.
 - Locally specific Issues
- 1.13 The Task & Finish Group met on two occasions, 1 July where specific questions were agreed to be asked of the Watton Medical Practice, and neighbouring practices. The second meeting held on 15 July saw consultations with the Watton Practice Manager, a representative of patients de-registered Maxine Creed, and Julian Horn, Editor of the Wayland News.

- 1.14 The Task and Finish Group issued letters to the neighbouring practices to ask them specific questions of which the feedback is set out in Appendix 2.
- 1.15 A letter was sent to the Watton Medical Practice to invite the Practice Manager and Senior Practitioner to a meeting to discuss a list of issues the Task and Finish Group had raised. A copy of the letter is shown in Appendix 3.
- 1.16 Capita was asked to provide information on the housing figures for Watton and the surrounding villages to inform if population growth has had a major impact on patient numbers. This information is shown in Appendix 4.
- 1.17 NHS England reported there were no issues of concern with regard to the quality of medical treatment given by the Practice. This view was supported by other consultees.
- 1.18 After high-level research had been undertaken, the Task and Finish Group highlighted the following issues as being the main concerns as a result of the Watton Medical Practice de-registering 1,500 patients and the impact this has had on neighbouring practices.
- 1.19 **Issue 1 - Growth in Population in and around Watton**
- 1.19.1 It was understood initially the growth in population of in and around Watton was the main cause for the de-registration of 1,500 patients.
- 1.19.2 Following investigation with Capita on the housing figures, together with the meeting held with the Practice Manager it was clear that this was an issue with the recruitment and retention of GPs and not an increase in patient numbers through population growth or in-migration.
- 1.19.3 Appendix 4 gives housing completion data for the parishes in and around the Watton area since 2009 and shows the growth in population has not had an impact on an increase in patients at the Practice. The collective effect of planning permissions within the affected areas is broadly equivalent to one additional GP over a five-year planning cycle.
- 1.19.4 The catchment area map (Appendix 2) is very unclear particularly around who should be registered at the Watton Surgery. Access to catchment area maps is not easy for the general public.
- 1.19.5 It was reported at a meeting held with Elizabeth Truss MP on Friday 11 July that those living in the core catchment area of Watton Medical Practice and in areas not covered by any other medical practice could still be allocated to the practice, but would need to follow the formal allocation process which was administered by SERCO.
- 1.19.6 Following feedback received from neighbouring practices it was noted that GP Practices nor NHS England were involved as a statutory consultee as part of the planning process. Only NHS England can commission new GP Practices and are only involved if a premises needs to be allocated, they are not included in the growth plans.
- 1.19.7 It is recommended by the Task and Finish Group that in future NHS England EAAT, Clinical Commissioning Groups and local practices should be included as a consultee on large planning applications.

1.20 Issue 2 – Recruitment and Retention of Clinical Staff

- 1.20.1 It became clear that following a series of unforeseen circumstances the Practice found themselves in a position of needing to recruit a number of clinical staff, however following the attempts of the Watton Medical Practice to recruit they had been unsuccessful in doing so. The Practice would continue to work with NHS England in recruiting GPs and have advertised in a variety of places including the British Medical Journal and the Local Medical Council.
- 1.20.2 It transpired that a key reason behind the difficulties in attracting GPs to the Watton Medical Practice that it is not a dispensing practice. Further investigation would be required to look at the disparity between dispensing and non-dispensing practices. Some practices in the District, in particular rural practices carry out their own dispensing; others have independent pharmacies co-located with their own premises.
- 1.20.3 Whilst recruitment is underway at the Practice to fill the vacant posts there is no guarantee that this process will be successful and in what timeframe. Should the practice fail to recruit and should there be further staff changes, then the Practice would – later this year – need to consider the options open to them and how they best meet the needs of their catchment whilst maintaining an appropriate GP/Patient ratio.

1.21 Issue 3 – Public transport

- 1.21.1 Concern was raised by the public about the lack of public transport around rural Norfolk. Some had been transferred to a surgery that was up to 13 miles away, and therefore transport costs were likely to increase to a point where patients would not be able to afford this and this could compromise their health.
- 1.21.2 Community Car schemes would be able to support patients where they were supplied in villages and Breckland Council would be able to provide financial assistance to Towns and Parishes that wish to operate the scheme.
- 1.21.3 The Task and Finish Group were informed that a Sub-group of the Health and Wellbeing Board was being set up at Norfolk County Council which would specifically look at how transport provision could be co-ordinated across Norfolk. Further information would be disseminated once known.

2.0 OPTIONS

- 2.1 Members are invited to endorse the report and forward the recommendations to Norfolk Health Overview and Scrutiny Committee.

3.0 REASONS FOR RECOMMENDATIONS

- 3.1 In examining the issues surrounding the de-registration of 1,500 patients from Watton Medical Practice it has become apparent that the number of GP Vacancies in Norfolk, is circa 50 which approximately represents an overall 10% shortfall.

- 3.2 The NHS England workforce strategy to 2020 fails adequately to consider the provision of GP services. GP practices are of course contracted services, however neither the NHS or local practices are statutory consultees' in the planning process.
- 3.3 Additionally, the cost of Locum Services in Norfolk can be up to £800 per session, making such services strategically unaffordable. Such costs for Norfolk are perhaps twice the equivalent costs in centres such as Cambridge.
- 3.4 A further factor is the provision of GP training posts, which have a number of unfilled vacancies in Norfolk (and Suffolk).
- 3.5 Breckland's Task and Finish Group identified significant disparity of potential earning between dispensing and non-dispensing GP practices making it more difficult for the latter to recruit.
- 3.6 Some Doctors Surgery leases, including those operating under PFI, have specific clauses restricting or debaring the use of premises for dispensing, adding further to local recruitment difficulties.
- 3.7 The 2014-15 workforce planning process has identified an extension of process to include GP provision through liaison with commissioners.
- 3.8 It is unclear how commissioners access information relating to growth of housing numbers proposed or what strategic vision exists for GP provision in 2020.
- 3.9 Overall therefore the subject of GP provision, growth, recruitment and retention is worthy of scrutiny on a Norfolk Wide basis.
- 3.10 The Group heard evidence that the process of de-registration was set by strict guidelines from NHS England and was therefore carried out having regard to postcode areas allocated to neighbouring practices. Any other basis could be seen to be wholly or partially unfair or biased.
- 3.11 The Group were very pleased to hear that there were no issues regarding the quality of medical care provided by the practice.
- 3.12 Breckland Council could become more pro-active to support the recruitment of GPs by promoting the benefits of living and working in the Breckland District, its five major Towns and wide range of villages and smaller communities.

4.0 **EXPECTED BENEFITS**

- 4.1 There are none for Breckland Council.

5.0 **IMPLICATIONS**

5.1 **Carbon Footprint / Environmental Issues**

- 5.1.1 It is the opinion of the Report Author that there are no implications.

5.2 **Constitution & Legal**

- 5.2.1 It is the opinion of the Report Author that there are no implications.

5.3 **Contracts**

5.3.1 It is the opinion of the Report Author that there are no implications.

5.4 **Corporate Priorities**

5.4.1 It is the opinion of the Report Author that there are no implications.

5.5 **Crime and Disorder**

5.5.1 It is the opinion of the Report Author that there are no implications.

5.6 **Equality and Diversity / Human Rights**

5.6.1 It is the opinion of the Report Author that there are no implications.

5.7 **Financial**

5.7.1 It is the opinion of the Report Author that there are no implications.

5.8 **Risk Management**

5.8.1 It is the opinion of the Report Author that there are no implications.

5.9 **Staffing**

5.9.1 It is the opinion of the Report Author that there are no implications.

5.10 **Stakeholders / Consultation / Timescales**

5.10.1 It is the opinion of the Report Author that there are no implications.

6.0 **WARDS/COMMUNITIES AFFECTED**

6.1 Watton, Shipdham, Harling, Kenninghall, Swaffham, Burgh & Haverscroft, Queens, Thetford Abbey, Thetford Castle, Thetford Guildhall, Thetford Saxon.

7.0 **ACRONYMS**

7.1 BMA – British Medical Association
GP – General Practitioner
NHOSC – Norfolk Health Overview and Scrutiny Committee
NHS – National Health Service
NHS England (EAAT) – NHS England East Anglia Area Team
PFI – Private Finance Initiative

Lead Contact Officer

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Director / Officer who will be attending the Meeting Vicky Thomson, Democratic Services and Legal Manager

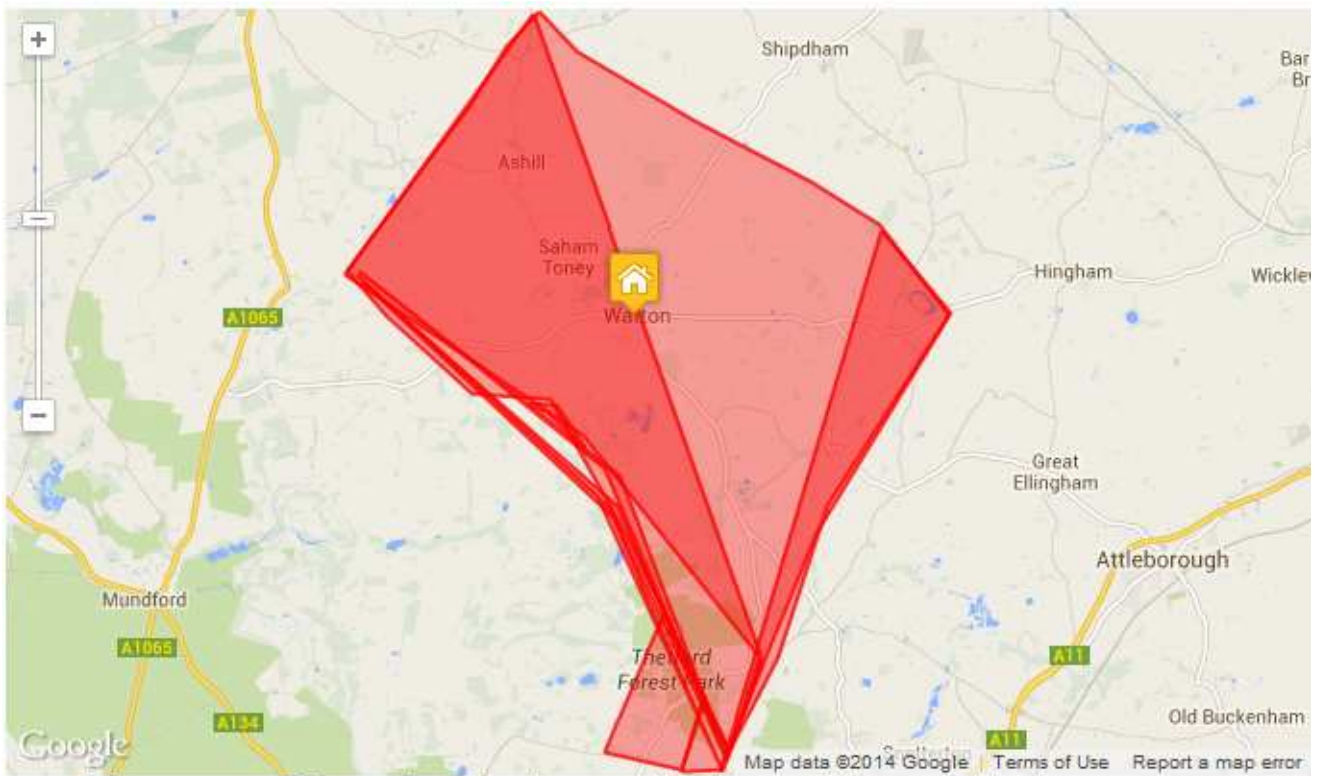
Key Decision: No

Exempt Decision: No

Appendices attached to this report:

1. Map of the area affected
2. Issues raised by Neighbouring practices
3. Watton Medical Practice Letter
4. Housing Growth in and around Watton

Appendix 1 – Map of the Area affected – Watton Medical Practice



The above map shows the boundary of the South Norfolk CCG.

The surgeries that were recommended for those who were de-registered are:

Surgery	Distance from Watton	Approx Length of Driving Time
Hingham	7.5 miles	14 mins
Shipdham	5.8 miles	11 mins
East Harling	11.2 miles	20 mins
Kenninghall	13.5 miles	24 mins

Appendix 2 – Issues raised by Neighbouring Practices

The Task & Finish Group wrote to the following neighbouring medical practices

- Manor Farm Medical Centre, Swaffham
- Campingland Surgery, Swaffham
- Dr Riddell & Partners, Grove Lane, Thetford
- Thetford Healthy Living Centre, Croxton Road, Thetford
- Plowright Surgery, North Pickenham Road, Necton
- The Surgery, Station Road, Attleborough
- Attleborough Surgeries, Queens Square, Attleborough
- East Harling Surgery
- Kenninghall Surgery
- Shipdham Surgery
- Hingham Surgery

They were asked the same questions and the anonymised responses below highlight the feedback received.

1. What had been their recent experience of recruitment and retention over the last five years, and did they have any experiences which would be useful to share with other practices?

Good quality recruitment over the last 5 years within the NHS has been and is still very difficult. We lost our senior practice nurse in January and advertised in the EDP (very expensive), tried all the normal networks, tried locum agencies, tried recruitment agencies, but to no avail. We really went out to multiple recruitment avenues and found a more senior nurse (Nurse Practitioner) who joined us in May. We were without a senior nurse for three months and found it very difficult.

Practices only wants to take on top quality, as if they take on a subpar clinician, they are going to end up with more problems than they had originally.

Overall we do not have a high turnover of staff and a number of the team here have been with us for over 10 years.

In the past five years we have lost two Partners who have moved outside of the UK. Furthermore, one of our Salaried GP's decided to leave the medical profession and retired early. We have been fortunate to recruit without too much difficulty using mediums such as the LMC, word of mouth and British Medical Journal. There will be a requirement to recruit shortly as one of our Partners has just resigned from the Practice.

We have only recruited one GP and this was due to the retirement of a previous long term locum. Luckily we were able to secure another regular locum to come onto the books and its working out well. Staff turnover in general is relatively low in our practice except for the usual wastage of retirement / house moves. Our highest turnover team would be Reception as the job is very challenging and they often don't receive the recognition they deserve. Most of our GPs are in their late 40s / 50s and so we are hoping to stave off the discussion around retirement for a year or two yet. Prior to this period, we did recruit 2 salaried GPs when a previous partner retired. We did have a limited selection of candidates for these positions although this was 5 years ago, and I am glad we are not facing a similar situation at present.

Recruitment of GPs is a significant challenge and we have faced huge issues in the past in trying to recruit. There appears to be a disconnect between supply and demand in that there are far more GP vacancies than there are GPs looking for work.

We have recently recruited a new GP from 1 June 2014 and we have a low turnover of all our staff.

2. Had they been adequately consulted with regarding the de-registration of Watton patients? What impact has this had on their surgery?

We received very little in the way of warning except an email from Watton Medical Practice asking whether certain villages were within our boundary area. When we confirmed that four such villages were in our Practice Area we were notified that Watton would be writing to these patients informing them that they were de-registering them and advising them to register with us. The number of patients that were likely to be affected totalled 186.

As at the end of June 2014 we have had 131 Watton patients register with us. This has caused a significant impact on all areas within the Practice. The main concern for us at present is the Out of Area allocations, specifically the ability to undertake home visits should they be requested. The Area Team have been trying for a considerable period of time to solve this issue but have yet to do so. In reality should we have to visit one of the allocated patients it could compromise clinical care for our existing patients.

Another concern for us is that the patients who are being allocated may be subjected to travel some distance to attend an appointment or collect medication. To our knowledge there is no Public transport available for these patients and this potentially renders them vulnerable.

No we were not consulted at all; we were just told that it was happening. There has been a major impact on our small surgery with our practice list size increasing around 8-9% in 5 weeks. This has put a real strain on our resources and existing patients are very unhappy that they have to wait longer for appointments. There has also been a real administrative and clinical strain put on us with the increased workload. I have to say that my team has been brilliant and all mucked in to support each other.

We were given 10 days' notice of this action and the patients were given 14 days' notice to reregister elsewhere. This timescale did not allow us much time to prepare and therefore had a huge impact on the day to day workload at the surgery.

A number of patients we have registered from Watton are very angry at being deregistered with little notice and we have borne the brunt of their anger, my team has remained calm and assured them this was Wattons' decision and we are just trying to help by taking them onto our books.

We hope we are through the worst of it, but if Watton deregister more patients (3000-4000), something they said they might do later this year if they cannot recruit, then it's going to be very serious, not just for us, but for all surrounding practices.

We did not feel that we were adequately consulted regarding the de-registration of Watton patients. We were given 10days notice of this action and the patients were given 14 days notice to register elsewhere. The timescales were therefore very quick which did not allow us a lot of time to prepare and therefore had a huge impact on the day to day workload at the surgery. Some of the patients concerned were very upset about their de-registration by Watton and this all takes extra time and effort at reception to allay any worries/fears. This large increase in patients at one time has also meant that our practice list size will have increased by 7% in one month, which in turn will mean a 7% increase in workload/daily activities for the future. We are working to try and prevent this having any adverse impact on our existing patients' care.

Yes Watton did adequately consult with us.

The consultation was minimal and strictly in the legal sense as opposed to the common interpretation of the word. We were 'consulted' with during May through one letter from the Area Team asking for our input into Watton closing their list to new patients – this is different from de-registering patients. Each of the 6 practices concerned expressed their grave concerns about Watton closing their list as all practices are facing not only challenging times, but considerable building of new houses within their areas. We assume that these concerns were considered but they were not acknowledged. The next communication came from the Area Team directly to the Watton practice in an email on 22nd May, into which we were copied, which said that they had received agreement to close their list for new registrations. This letter did not allude to a de-registration scenario at all. We then received an email

from the Practice Manager at Watton on 23rd May to say that not only were they closing their list as of 2nd June, they would also be de-registering 1500 patients as of this date. So, although in theory we were consulted with, we were given exceedingly little notice that we would have 831 patients descending on us within 10 days. It only became apparent after a call to the Area Team on 23rd May that Watton did not need to gain permission to de-register the patients. In hindsight, it would have been much more sensible for the Area Team to have EITHER said to them, close your list immediately and then we'll discuss de-registration when we know the impact, OR de-register first and then we'll decide about a list closure. To do the 2 things in tandem has caused immense concern and stress to not only the 1500 de-registered patients, the patients moving into the Watton area who are being forced to register with surgeries many miles away, but has also risked de-stabilising 6 surrounding practices. We have been relatively fortunate in as much as we could put on some extra clinics, but we have a huge number of patients still to assess with regard their medical histories. The pressure on the surgery has been across all departments. Pressure on appointments for clinicians, dispensary staff who are trying desperately to manage a huge sudden increase in patients on medications, our reception team who have managed the registrations and the admin team who are struggling to keep abreast of the medical notes arriving weekly. We have experienced a 5% increase in patient list size in less than a month!

3. To what degree were you consulted with regarding future growth and how did they plan for future resourcing?

During my tenure (10 years) I have never been consulted about future growth in our Practice Area. Information such as this would be welcome in order that we can plan for future resourcing.

As far as I'm aware, we are not consulted at all with regard future growth, if this alludes to new builds and extending our towns and villages. I monitor the planning applications periodically – probably 6 monthly – and recently received a very helpful email from one of your planning team, when I enquired, with regard the number of current approved planning consents issued for multiple housing sites. These stats suggest that there is planning permission granted for another 834 houses within our catchment area. This would probably equate to approx. 2400 new patients, split between three practices. We all have an eye on this, but as we are financed retrospectively, it is not possible to bring resource in PRIOR to the demand. Thus we will be continuing to use locums to absorb any issues when they arise. In normal situations, although we think we will be nearing saturation point with another 1/3 of the expected 2,400 patients. This is manageable as long as there isn't a repeat of the Watton de-registration situation. We have made it eminently clear to the Area Team that we will NOT be absorbing any more mass de-registrations from patients from the Watton practice as the pressures are not sustainable. Unfortunately, legislation is not on our side and it is legally not possible to refuse to register patients who fall within your current catchment area unless you have closed your list. This is a last resort but something we would consider if the pressures became extreme.

We are not consulted about future growth and feel that the apparent lack of young GPs being trained nationally could cause us problems in the future.

As a practice we look at how many new registrations we are doing each month and see what building work is going on in the area that might impact us. We always future plan for growth in our own surgery and have increased clinical time with the recruitment of our salaried GP and trainee Nurse Practitioner. What we were not prepared for was the massive increase due the issue at Watton surgery.

We have not been consulted about future growth so currently have no plans for future resourcing. We are hoping that this issue is resolved in the shortest amount of time possible.

Other Comments/concerns raised:

Of a more worrying nature is the fact that the Watton Medical Practice list is closed. This means that any patient moving into the Watton area is unable to register with their local GP surgery. They will be assigned by SERCO to a practice surrounding Watton on a rotation basis. This takes no account of possible transport issues, patient's ability to drive or medical conditions, and may present severe difficulties in the future. It is not good for either patients or the practices for patients to not have a local

surgery.

There is also the worry of the domino effect resulting in the destabilising of the surrounding practices. We are one of the practices that will be included in this rotation and obviously depending on numbers this may not be sustainable over a longer period of time.

Appendix 3 – Letter to the Watton Medical Practice



Democratic Services
General Enquiries: 01362 656870
Fax No. 01362 690821
DX 743950 Dereham 2

Mrs M Osborne
Practice Manager
Watton Medical Practice
24 Gregor Shanks Way
Watton
Thetford
Norfolk
IP25 6FA

Your Ref:
Our Ref: TS/
Contact: Teresa Smith
Direct Dial: 01362 656295
E-mail: teresa.smith@breckland.gov.uk

Date 3 July 2014

Dear Mrs Osborne

You are I believe aware that the Overview and Scrutiny Commission of Breckland Council decided at its last meeting to set up a Task and Finish group to look at the issues surrounding the de-registration of 1500 patients from your surgery, and the effect upon what we regard as a significant number of Breckland residents.

I have been selected to chair this group as I am currently the Breckland appointee to Norfolk Health Overview and Scrutiny Commission (NHOSC).

The group consists of 6 voting members; other District Councillors are also entitled to attend our meetings. Members of the group have been selected on the basis of prior experience of Health Issues, or having relevant knowledge of Watton and neighbouring Parishes.

We will be sending out a simple questionnaire to adjacent Medical Practices, and will take input from community representatives.

I would like to extend an invitation to the senior partner and/or yourself as practice manager to attend a question and answer session of approximately one hour to discuss the issues arising and to put your own points of view.

I am aware of the time pressures you must have, we can therefore arrange for a meeting to be held either in Watton or at the District Council Offices in Dereham. We are hoping that this meeting can take place on 15 July, and would be grateful if you could let us know of a time that would suit you to attend.

We will also, but not concurrently, be seeking a representative from South Norfolk CCG to attend.

The task and finish group identified a number of specific questions for your practice which are set out overleaf.

1. On what basis did the surgery seek to recruit GPs and what were the incentives offered?

2. What is the current level of Do Not Attend rates at the surgery?
3. The Task and Finish Group would like to understand what the current Management Structure is, and under what terms has it has been constituted.
4. Why had there been no public consultation, or why had the public not been offered the opportunity to voluntarily de-register?
5. If there had been a problem with recruiting GP's why had other local surgeries not reported any issues?
6. What impact has the de-registration had on neighbouring surgeries?
7. What support has been provided for those that have been de-registered?
8. Do patients feel that the current Patient Liaison Group are not serving the patients as it should be?
9. Were the first people to be de-registered those who were not within the Watton boundary and why has the Surgery taken on those patients in the first instance?
10. Has Watton Surgery recently asked patients to complete a questionnaire and have the results been forwarded to Quality Care Commission?
11. Had Watton Surgery recently undergone an inspection by the local Clinical Commissioning Group?

District Council issues that have relevant overlap include planning for growth in housing and funding of Community car schemes which help those in more remote areas access medical and other services. District Councils were recently given additional responsibilities as members of the County wide Health and Wellbeing board.

The question and answer session will not be open to the public, however the final summary report will be presented to Breckland's Overview and Scrutiny Commission for onward transmission to NHOSC.

Should you require further information on the role of health scrutiny we can provide links to the appropriate Government publications.

I would be grateful if you could let me know as soon as possible if you are able to attend this meeting at a time that suits you

With kind regards

Robert Kybird

Robert Kybird
Chairman of the Council and Chair of the Task and Finish Group
Breckland Representative on NHOSC

Appendix 4 –Housing growth in and around Watton

Housing completions data for parishes in and around Watton area from 2009:

	2009/10	2010/11	2011/12	2012/13	2013/14	2014-19 (expected) Housing with permission
Watton	16	16	2	35	33	410 (large scale) + 38 (small scale)
Carbrooke	176	86	11	18	16	205 (large scale) +18 (small scale)
Griston	3	1	0	1	0	
Thompson	0	0	0	0	2	3
Merton	0	0	0	0	0	0
Little Cressingham	0	0	0	0	0	0
Saham Toney	2	4	2	2	0	4
Ovington	2	0	0	0	0	0
Shipdham	2	4	2	0	33	43 (large scale) +18 (small scale)

These figures were produced pre-April 2014.

The housing with planning permission waiting to be developed has been added. As indicated in the recent 5-year housing land supply statement, these dwellings are expected to be delivered over the next five years.

NOTE: Since these figures have been produced, there have been subsequent planning permissions granted within the broader area. For instance 110 homes are in being built in Watton on the Thetford Road, and a large number have just been approved in Shipdham, which is one of the receiving practices.