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26th August 2008

Dear Dr

Re: Melksham Minor Injuries Unit (MIU) Petition

As you will be aware, since the closure of the Melksham MIU there have been concerns raised by the community and a petition was organised by Mary Jarvis (Melksham Without Parish Council) and Gill Butler, which was worded:

“Since the Melksham Community Area now has a population of 22,000; with a further 1000 homes planned for the future, we the undersigned require Wiltshire Primary Care Trust to reinstate the Minor Injuries Unit at Melksham Hospital without delay. We do not accept that we should have to travel to another town when we have our own hospital, which was gifted by private bequest to Melksham in 1938 and has always provided superb care for Melksham residents up to this day. Please give us back our hospital”.

12,469 signatures were collected and the petition was presented to the local MPs, Melksham Town Council, Wiltshire PCT, Wiltshire County Council Cabinet, the Healthcare Commission, and the Strategic Health Authority. The Cabinet referred the matter to the Wiltshire Health and Overview Scrutiny Committee (HOSC).

The HOSC, and its Reforming Community Services (RCS) Task Group, have considered the petition (see ‘Chairman’s remarks’ attached) and also received a personal representation from Mary Jarvis on the subject. We understand that none of the three practices in Melksham are interested in providing a minor injury service and the Committee agreed that I write asking if this is still the current position and the reasons why. The committee was concerned with the issues raised in letters from the public. These related to the inconvenience of having to travel to Chippenham, Trowbridge or an acute hospital, the additional travel costs for those travelling by bus and also those using a car. Very few letters had apparently been received via the Patient Advice & Liaison Service (PALS). It is claimed that people are not fully aware of this service.

The petitioners have subsequently presented the petition to the Strategic Health Authority and clearly the strong feeling within the Community continues.

The Committee resolved to write to the PCT and the three surgeries in Melksham (St Damians, The Spa, Giffords) for further information that would allow a better understanding of the present position.

The questions that we would like you to answer are:

1. Why is your practice not interested in providing MIU services?
2. What might need to be put in place to encourage the practice to gain an interest in providing the service?

The Committee will next meet on 18th September 2008 and if you require any further information regarding the Committee's position on this matter, please do contact me. I look forward to hearing from you soon.

Yours sincerely,

Roy While
Chairman
Wiltshire Health Overview & Scrutiny Committee

Enc

Chairman's Remarks - HOSC 17 July 2008
Copy of letter to Jeff James, Wiltshire PCT

CC

Mrs M Jarvis (Melksham Without Parish Council)
Alison Knowles (Wiltshire PCT)
Peter Biggs (Chair RCS task Group)
Jane Scott (Leader Wiltshire County Council)
Rt. Hon. Michael Ancram (MP)
Andrew Murrison (MP)
HOSC members
Reforming Community Services Task Group

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INVESTOR IN PEOPLE

Health Overview & Scrutiny Committee –Meeting July 17th 2008

Chairman's Remarks

I am sure members will join with me in thanking Mary Jarvis and Gill Butler for coming along today. We have been impressed with their efforts in organising this petition which has been supported by a large number of people in the Melksham Community.

Members of the task group have spent some time discussing the various issues with Alison Knowles, Director- Corporate Affairs & Communications.

Mary, following representations made to central government was informed by the SHA that the WCC HOSC 'has the clout' to ensure that Wiltshire PCT is doing what the people of Wiltshire expect. The committee has powers to a) take up concerns re lack of consultation with the Secretary of State b) take up concerns re ineffectiveness of PCT consultation with S of S and c) contact S of S if it is felt that the proposals are not suitable.

I would like to say a few words about the background relating to the reforming of services.

The PCT went through a wide ranging 16 month engagement process before carrying out a twelve week consultation in line with guidance from the Department of Health/Cabinet Office. The HOSC could not dispute that every effort had been made to engage, inform, involve and consult with the public. We did not, as some have stated, approve the PCT's programme of change. The Committee recognised that the pattern of community health services was unsustainable, inequitable and unless action was taken quickly by the PCT would be subject to continued threats of arbitrary cuts leading to greater instability and uncertainty for the people of Wiltshire. The Committee considered the overall provision of services throughout Wiltshire and the promise of 24 hour neighbourhood teams, among other proposals, offered benefits for the whole County.

In the Task Groups' final report presented to the HOSC Committee in March 2007 it was recognised that;

'It may be that a series of negotiations will take place between GP's and the PCT regarding the services that have to be delivered within the GP contract and that will include minor injury services.(Para 79).

'There are a number of areas where the Task Group needs to carry out further work with the PCT to satisfy itself that future services will meet the requirements of the population, in particular minor injuries services..... (Para 113) and

'Sections of the community will remain angry that their services are being changed, but it must also be accepted that a great many people in all Wiltshire's community areas will benefit from being treated at, or closer to, home. (Para 116).

Turning to the Task Group report on the agenda you will see that the committee is being recommended to write to the three GP practices and the PCT seeking further explanation and information. There is also reference to the PCT's PALS (Patient Advice & Liaison Service) and if evidence is to be available then it is essential that local peoples' comments/complaints be channelled through this system and the petitioners should encourage this. Issues can then be picked up in the PCT's report to the December Board meeting. This will cover the review of the first year operation of the MIU service. The PCT will soon be introducing a patients MIU survey. The report also welcomes the PCT's decision to provide a birthing unit at the Trowbridge Primary Care Centre. The PCT have acted positively on the recommendation in our March 2007 report.

Later on the agenda members will receive an update report on the new Local Involvement Network and this will provide another vehicle for local people to raise local health issues/ concerns.