

## Questions for the Wiltshire Health and Wellbeing Board 26<sup>th</sup> September 2024

### Question for the Wiltshire Health and Wellbeing Board 26<sup>th</sup> September 2024

Q 1: The Castle Practice has seen an 83% increase in the number of registered patients over the last 15 years, 70% of which has been in the last 5-6 years. There have been 2,000 new homes built in the last 8 years, building continues, and planning consultations have started for an additional 2,720 homes in Ludgershall which straddle both county borders of Wiltshire and Test Valley (whilst still being built in and affecting Ludgershall residents). Healthcare provision has had a cursory mention in the local development plans for the future, The Castle Practice has *not* been consulted with as part of *any* plans in the past, local practices have *not* benefitted from any Section 106 planning obligations or CIL funds in the past, whilst this has started to happen in other areas across the country.

The providers of the local service i.e. The Castle Practice *is* willing *and able* to work with the Council and ICS to develop a sustainable plan for the future - how can we ensure that this happens to deliver a fit for purpose primary care service for our local population?

**Thank the Chair for opportunity to speak and to the Board for their response to our initial question.**

We had noted on Wiltshire Council's Local Plan that "healthcare provision" has been mentioned, also that Policy 5 sets out the process between the Council for securing and contributing to delivery of the infrastructure made necessary by the development, and for working with **local area boards, town councils and stakeholders to establish local priorities.**

I am attending today with one of our Local Councillors, Cllr Chris Williams. We work closely with our local Council and Health and Wellbeing Boards regarding Primary Care Provision for our towns. We are all aware that Primary Care services have been underfunded and there have been closures nationally, our patients already having experienced a local practice closure resulting in 2,000 patients coming to us in a 10-day period in 2019, our patients are mindful of the fragility of services. They have also witnessed the significant growth in patient numbers due to Army rebasing in 2020, alongside the current housing growth.

Whilst we are a very proactive, resilient and innovative practice, it is essential for the future provision of Primary Care Services for our local community, we bring our concerns to the table. We appreciate that Healthcare Provision can come in many guises, within our Primary Care Network, the practices in Amesbury have also seen significant growth in patient numbers. The Healthcare provision element from the local developers was the provision of assisted living accommodation at Kingsgate, which whilst no doubt also needed, leaves Primary Care with no additional assistance in developing services for the local community.

As Lead Practice for our PCN we have been working with the ICB Estates Team and are in contact with them over the local plans, and we have been updating the ICB Estates Toolkit over this last month, which will show that we are already at the point projected for 2032 as a PCN. We also attended the Primary Care webinar on 25<sup>th</sup> July, all of which were mentioned in your response.

The ICB who we also work closely with, works hard to cover the area of Bath, North East Somerset, Swindon and Wiltshire covering a population of just short of 1 million patients. We would be doing our local community a disservice if we were to not lend additional local support to highlight the need for investment in Primary Care, particularly where we are forecast to see a doubling of the local population in the near future.

**Q 2:** In the planning consultation webinar held on 14<sup>th</sup> August Nick Thomas and Richard Clewer discussed an appetite for cross border collaboration. Having personally attended the planning consultation in March this year for the Test Valley development of Ludgershall I discussed their plans for healthcare provision, and they stated they had already been having discussions with Primary Care – when questioned further, those conversations were practices in Andover, Hampshire Practices and with Hampshire ICB. Those practices are some 6 miles plus away, NOT Ludgershall which is within a mile of the proposed construction area. We highlighted this to our own ICB Estates Team who subsequently wrote to Test Valley, as did the practice.

There needs to be a joined-up approach with the councils working together, carrying out due diligence, consulting with the *correct* primary care services who will be serving those new residents. Planning is key and *must* include *both* county councils, due to Ludgershall's location on the county border. How can we ensure that a collaborative approach will be taken to develop the area with a coherent and planned approach, rather than allowing it to just “evolve” using Richard Clewer's analogy to “cookie cutter developments”. How can we ensure that whilst “easy options” such as using the greenfield areas for development by developers, (which our local area is surrounded by), rather than brownfield sites, that healthcare provision is not also taken down the “easy option” of maybe building a care home rather than investing in Primary Care services.

To ensure that those providing and using the local Primary Care services are included and involved in shaping those services and cease the eroding of Primary Care for the local community and to represent good value for money for the public purse.

