

BLACKPOOL COUNCIL
REPORT
of the
HEAD OF LEGAL AND DEMOCRATIC SERVICES
to
THAMES AREA PANEL

THAMES AREA FORUM MEETING HELD ON THURSDAY 17TH JULY 2008

1. Introduction

The Chairman of the Area Forum and Ward Councillor for Squires Gate Ward, Councillor Wynne welcomed members of the community to the first of the revised format Area Forums. He introduced the remaining members of the Area Forum which comprised of Councillor Green (Squires Gate ward), Councillors Fowler and Lee (Waterloo ward), Councillors Mrs Fowler and Mrs Henderson (Highfield ward) and the Community members, Dorothy Maley, Des Pulford and Arthur Storey. He also expressed his appreciation to Dorothy Maley for her previous Chairmanship of the Area Forum.

The Chairman advised the meeting that elections for the community members were due to take place at the Area Forum in January 2009. He reported that the deadline for nominations was 19th December 2008 and that nomination forms to apply for the positions were available at the meeting.

The Chairman explained the format of the meeting and welcomed representatives from Blackpool Primary Care Trust who had attended to present information on health issues for Blackpool and the plans for the new South Shore Primary Care Centre.

2. Context

The Area Panel, at its meeting held on 22nd May 2008, had identified that the new Primary Care Centre due to be developed at the site of the former South Shore Hospital would impact on residents within the boundaries of the Area Forum and consequently be of interest to them. Members of the Area Panel had also considered that information on general health issues for Blackpool, with particular emphasis on the wards within the Area Forum, would assist in setting the context for the Primary Care Centre.

3. Theme

Dr Arif Rajpura, Director of Public Health, Blackpool Primary Care Trust (PCT) commenced the presentation by outlining the health of people within Blackpool compared with the rest of the country. He highlighted that Blackpool had been identified as having the second lowest male, and sixth lowest female, life expectancy rates in the country. He advised the Forum that the trend was showing an improvement in life expectancy for Blackpool, but that this was increasing at a slower rate than the rest of the country resulting in a widening of the gap for health inequalities. He presented the life expectancy rates for each ward and highlighted that Waterloo ward had a lower than average life expectancy compared with the rest of Blackpool.

Dr Rajpura advised the Forum of the main causes of the reduced life expectancy in Blackpool and highlighted alcohol and smoking as key contributory factors. Poor uptake rates for screening services were also identified across the town, including cervical screening that was particularly low in the Squires Gate ward.

He reported on the key interventions which had been identified to improve life expectancy in the short term which included influencing people's lifestyles, improved diet and exercise and a reduction in the prevalence of smoking and alcohol intake. Longer-term interventions included improvements in the wider determinants of health inequalities, such as better housing, improved educational attainment and reduced unemployment.

In response to questions from the floor, Dr Rajpura agreed that transience was an issue that had been recognised by the PCT. People moving to Blackpool sometimes were in poor health whilst many of those leaving the town were often in good health. The PCT had also recognised that Blackpool had a high rate of sexually transmitted diseases. To address this, screening was being undertaken in addition to preventative actions, which included providing advice and guidance to high-risk groups to reduce transmission of diseases.

Mr Richard Emmess, Director of Corporate Affairs and Partnerships, Blackpool PCT outlined the progress of the South Shore Primary Care Centre. He advised the Forum of the particular health issues contributing to the high death rates for residents in the South of Blackpool. He explained that the main aim of the new Primary Care Centre was to improve the level of care within the community through advanced technology and improved facilities and advised the Forum of the range of services which the Centre would provide.

He explained that each General Practitioner (GP) would decide whether their practice would move into the new Centre and that should they choose to do so, the practice would remain independent. He also confirmed that patients registered with GP practices located outwith the Centre would still benefit from its services on a referral basis. Currently, Highfield Practice, Lytham Road Practice and St Mary's Practice would be relocating to the new Centre.

Mr Emmess reported that planning permission for the Primary Care Centre had been granted in January 2008. The next stage would be to submit the full Business Case to the North West Strategic Health Authority in September 2008 and subject to approval, the development would commence in December 2008 with the opening planned for January to March 2010.

Responding to questions from the floor, it was confirmed that there were 7 GP practices within the South Shore catchment area. Residents expressed concerns regarding the relocation of Harrowside Medical Centre and Mr Emmess explained that GPs were autonomous and made independent commercial business decisions regarding the location of their practices. He reaffirmed that patients would have the option to remain with the GP practice or to transfer to another practice within the Primary Care Centre. He also confirmed that the surgeries within the new Centre would have the capacity for additional patients.

Mr Emmess also confirmed that arrangements were being made for voluntary sector facilities to be provided within the new Primary Care Centre. He also reported that screening services would be more readily accessible and that the centre would not house a drugs rehabilitation service. He confirmed that an audiology service would be provided within the new outpatients facilities.

Residents expressed concerns relating to the availability of an on-site pharmacist and were assured that Blackpool PCT was in consultation with the pharmacist representative body to ensure that there would be sufficient work to support the network of pharmacists within Blackpool.

Following questions from a resident, Mr Emmess reported that there had been a slippage in the timescales mainly due to the complexity of the building and a determination to ensure that the internal aspects met the detailed requirements, with particular regard to infection control. He confirmed that the unique features of the former South Shore Hospital, for example the stain glass window and the Madonna statue would be incorporated into the new building. He also reported that security at the site had been increased and requested that any issues related to insufficient security should be directed to the PCT.

In response to concerns raised by residents regarding car parking at the Primary Care Centre, Mr Emmess agreed to provide information on the number of available car parking spaces for both staff and patients. He also assured residents that a requirement of planning permission was that a transport plan had to be in place. This was in the process of being developed in conjunction with Blackpool Council and would consider accessibility to the centre, and would include the needs of people with reduced mobility.

4. Conclusion

Blackpool Primary Care Trust had designed the new Primary Care Centre to assist in addressing the current health issues for Blackpool and to provide increased accessibility to additional services and advanced technology. All GPs had been offered the opportunity to relocate their practices into the new centre and patients would have the choice whether to remain at their existing practice or to relocate to another practice within the centre. GPs who chose not to relocate would have the facility to refer patients to the centre which would ensure that they would still benefit from the services provided by the centre.

As the North West Strategic Health Authority had not yet approved the full Business Case, there was a risk that the Primary Care Centre would not proceed as planned, but this was considered minimal as the outline business case had been approved and the financial elements had already been secured.

Mr Emmess concluded by offering to share the draft designs to Thames Area Panel at its next meeting due to take place in September 2008 if available from the developer.