

From Representatives ID O62: Shawburch Medical Practice Patient Group (SMCPG)

Please note: We are the Patient Group, which represents the patients of the Medical Centre, not the practice itself.

Additional Statement and Question relating to Matter 5 Issue 2 (question 48)

We particularly welcome all the MI 5 questions and would seek further information/ response from the Council in relation to question 48 and its duty to co-operate with “key statutory agencies”

(Local Plan, page 1, 2.9 re: The Localism Act, 2011 and the NPPF).

Question 1: Did the “specific matters relating to strategic planning” with the ICB identifying establishing clear assurances of how GP services were to be supplied in these SCs, and were they substantiated from local levels. We note that quarterly meetings were held with the ICB, but no detail of, for example there being standing item components showing further feedback and planning (*SC01 - Telford and Wrekin Local Plan Duty to Cooperate Statement - September 2025, page 7*).

Question 2: Will their “continuing to do so” include proactive engagement with the Primary Care Networks (PCNs) and local health and wellbeing, and feedback groups - of whom some are a legal requirement to engage with, within the health services?

Questions of soundness:

A) There appears insufficient demonstration or recognition of ensuring health service commissioning /plans are taking account of building up primary care services to match a flexed phasing of building the three SCs, and proactive engagement with PCNs to ensure matching surgeries’ capacity to provide good and timely services to both current and proposed new populations. Given the rapid changing structures of planning and commissioning affecting Primary Care and the NHS as a whole, and the ICB’s merger into a wider strategic catchment area of Shropshire, Staffordshire and Stoke-on-Trent from October 2025, combined with there being multiple Primary Care Networks in at least 2 of the 3 SCs⁽¹⁾ this will be an additional challenge. Familiarity and connection to Telford issues could weaken and co-operation easily deteriorate into tokenism.

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It is well known and evidenced that poor access to healthcare exacerbates poor health. Increasingly difficulties in access to other GP surgery teams in many areas of Telford is national and public knowledge, compounding deprivation. SMC is in the top 3% nationally for excellent performance (<https://www.gp-patient.co.uk/about>). Their patient size has already increased by more than a further 2,000 patients since last summer because of the building on the old Maxell site and is fast approaching capacity to maintain such standards. Co-ordinated planning with services not under the jurisdiction of the Council should be at least about supporting maintaining such performance, not lowering it, otherwise this increases potential for stressors on health service deliverers and both new and established populations, defeating the aim of providing healthy and sustainable communities.

Solution: coordinated and sustained engagement with the PCNs, local communities and the elements of partnerships within Telford & Wrekin Health and Wellbeing Strategy, Public Health, and other partnerships within the Borough such as UPiT (supported by Lloyds Bank Foundation²), can aide in providing valuable information and a strengthening of accuracy in flexing development and to minimize gaps in provision.

b) Weakness in the Integrated Impact Assessment of GP Surgeries

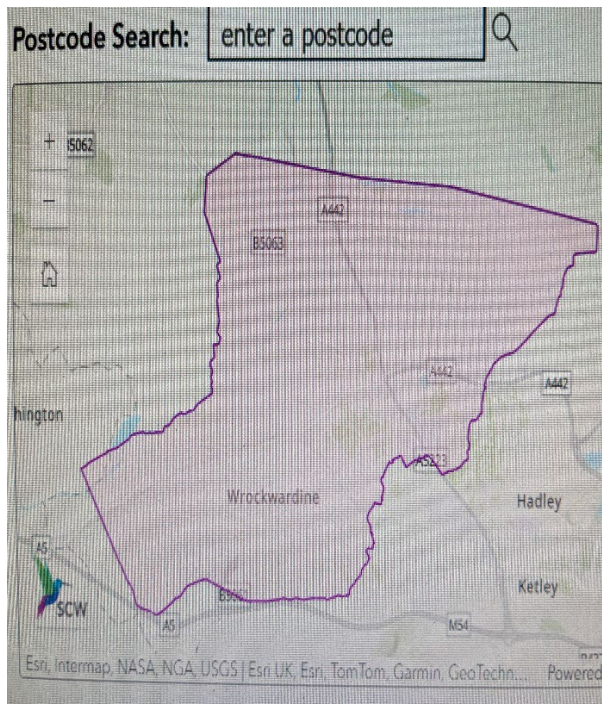
For SC 1 and 3:

The Integrated Impact Assessment (IIA, page 263) identifies 2 GP surgeries. Whilst Shawburch Medical Practice does currently cover a large part of this area (see pink maps below) it is based on its combined rurality spread and inherent relatively low numbers of households and population.

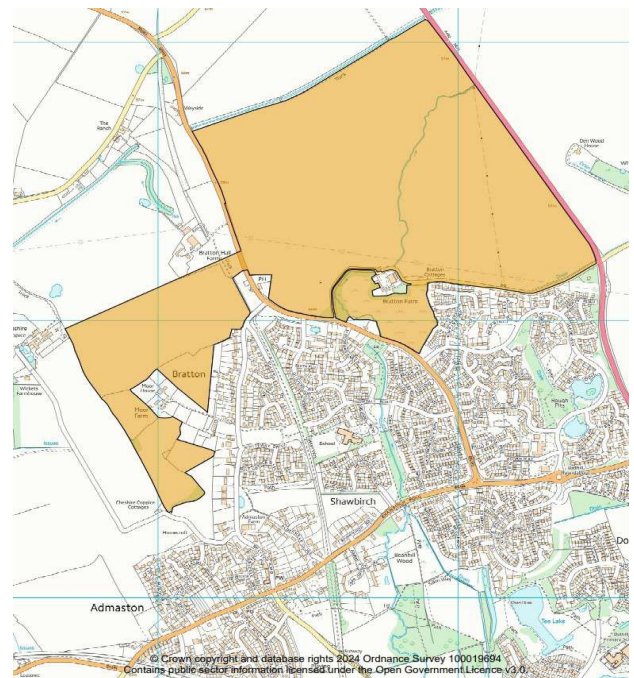
See example diagrams on next page.

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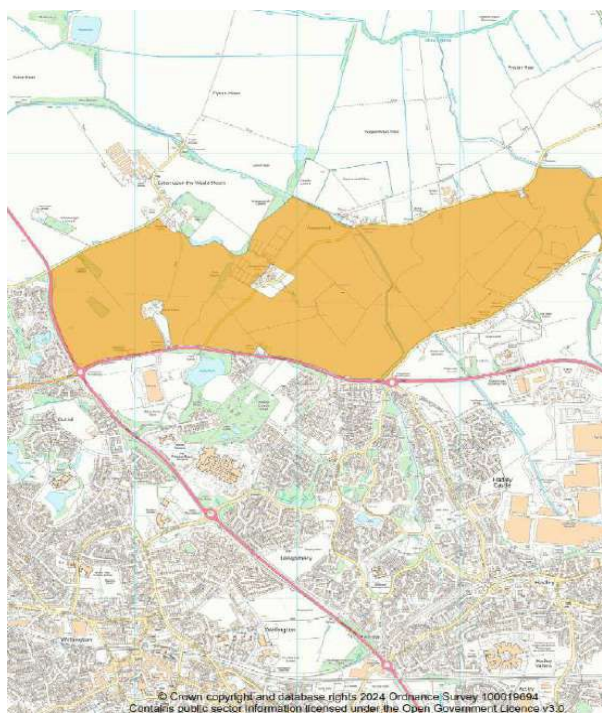
SMC catchment area



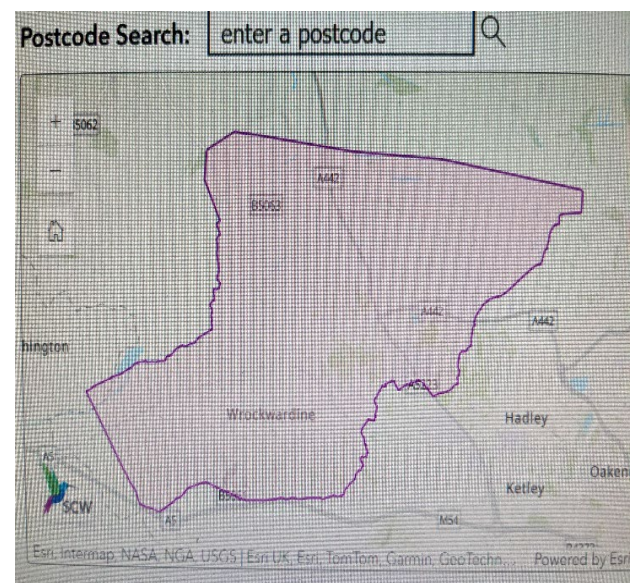
SC1 area relating to SMC catchment



SC3 area relating to SMC catchment



SMC Catchment area



The second practice referred to in the IIA: Leegomery (TelDoc) surgery, is currently a small one and barely covers above the Queensway line. The information provided was no more than is widely available on both Google and the practice websites; for example <https://teldoc.org/register-as-a-patient/> but the assessment did not demonstrate how they gave the risk factor, nor made reference to comparing the current population in

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relation to proposed population increase with numbers of housing that would be aiming to use these surgeries, nor surgeries current or expected capacity.

Solution:

Across the plan make clear that there are definitions given in the Plan, and where the following terms are used:

1) 'Community Facilities' DOES (not 'may') include GP surgeries

2) 'Infrastructure' must take account of GP surgeries capacity to meet the pace of the Plan

⁽¹⁾ SMC is part of Newport and Central Primary Care Network (PCN), Leegomery/TelDoc part of the TELDOC PCN, and the Wellington surgery is part of the third of our four PCNs (Wrekin PCN). This increases the complexity of maintaining multiple engagements at the respective "duty to co-operate" NPFF standards.

⁽²⁾ <https://www.lloydsbankfoundation.org.uk/communities/people-and-communities/telford-and-wrekin#:~:text=Who%20is%20involved.%20The%20Unlocking%20Potential%20in,planned%20by%20a%20series%20of%20focus%20groups>

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