

## **Broomley and Stocksfield Parish Council**

Notes of the Annual Parish Meeting held at 7.30pm on Monday 18 April 2016  
at Stocksfield Community Centre

**Present:** Ms M Hunt (Chair), Dr Colin Doig (Consultant Cardiologist and Director of Clinical Support and Cancer Services Business Unit Northumbria Healthcare NHS Trust), Mrs A Dale (County Councillor), Gemma Brown (Hexham Courant) and 16 other residents of Stocksfield

**Apologies:** Mrs K Pollock, Mr J Roy, Mrs J Robson, Dr P Vickers.

The Chair opened the meeting at 7.30pm and welcomed those present

### **Minutes of the Annual Parish Meeting held on 20 April 2015**

The minutes of the previous Annual Parish Meeting were accepted as a true and accurate record.

### **Matters Arising**

There were no matters arising.

### **Northumbria Healthcare NHS Trust – Building a caring future**

The Chair introduced Colin Doig who began by explaining the significant consultation exercise that was undertaken in determining the future of hospital provision in Northumberland. The result is the first Emergency Care centre in the United Kingdom at The Northumbria Hospital at Cramlington. All '999 ambulance' and General Practitioner (GP) emergency admissions are directed to the Northumbria, rapidly triaged and referred to appropriate specialists. Critically, an 'Accident and Emergency' (A&E) consultant is permanently present with specialist consultants present between 8am and 8pm every day of the year. The changes to radiology provision have been significant and have made a startling change to the ability to diagnose and to the speed of specialist decision making. The net result is a reduction in the proportion of attendees being admitted, improved treatment outcomes and survival rates, a reduction of time in hospital and reduced risk of re-admission. On average 12 people per day from the Hexham area attend The Northumbria or Royal Victoria Infirmary (RVI) (ambulances take patients to the nearest hospital and sometimes that is the RVI).

Data from February shows that levels of activity have increased by 30% compared with 2015 equating to 100 additional patients a day. Newcastle hospitals have also seen rises of about 20% but the national average is much less. In reality fewer patients are being admitted which is good news for clinical commissioning groups who pay per admission not per attendance. Readmission rates are significantly lower, probably because people are seen by more senior and experienced staff.

Concerns were expressed about the future of Hexham Hospital which still sees 66% of previous numbers but they are now more minor issues. The hospital provides three in-patient wards, an elderly assessment centre, day surgery and ambulatory care services. The same out-patient clinics and planned surgery continue as before. Five patients a day are transferred back to Hexham whose beds are still used above the recognised optimal occupancy rates. It remains a very busy hospital and is the County's centre of excellence for planned surgery.

The final location of The Northumbria was never going to be welcomed by all residents of the County, simply because of geography but its location is logistically the most sensible and the best compromise. The RVI could not have been expanded to cope with the numbers required and access through Newcastle at times of the day would have caused delay. The investment in the NHS over the last 20 years or so has undoubtedly provided the base for better provision of services. Waiting times for referrals and diagnostic tests are much improved and this applies across all the medical disciplines. In acute cases the response is immediate. Significantly, the capacity of The Northumbria was designed to cope with demand for 10 years. In practice, this capacity was reached within 10 months. The Trust is looking at how to manage that demand but the overwhelming view of the clinicians is that the service delivered to patients is significantly higher when compared to the previous arrangements.

The Chair thanked Dr Doig for addressing the meeting and explaining the local developments, adding that it was important to recognise the specialist skills and levels of expertise that are available locally in the North East.

### **Annual Report of the Chair**

The Chair highlighted a number of areas referred to within her previously circulated annual report including

- Work of volunteers within the village.
- Good service of Northumberland County Council (NCC) and the Parish Council's contractor.
- Full and transparent disclosure of information on the Council's website, far exceeding the new requirements set by the Government.
- One vacancy remains on the Council – anyone interested should contact the Clerk.
- Intention to improve the sports facilities at the sports fields.
- Parish Plan of 2009 is outdated and a new plan will be developed.

### **Report of the Ward County Councillor**

Mrs Dale said that she had stood down as a parish councillor last year but continues to attend parish council meetings. She referred to NCC's Local Plan Core Strategy and the work that has been undertaken in respect of flooding and highways. In response to specific questions she said

- Bywell to Ovingham river road will be repaired or diverted over adjacent land and negotiations are ongoing with the landowner.
- Ovingham Bridge will reopen in late summer
- NCC are looking at the damage to the edges of the Hedley road.

### **Accounts 2015/16**

The Chair referred to the previously circulated accounts which have now been audited.

### **Budget 2016/17**

The proposed budget for 2016/17 had been previously circulated and was noted.

### **Any Other Business**

None

The Chair thanked all residents for attending and taking the opportunity to listen to Colin Doig's interesting presentation. She then closed the meeting.