

From: Richard Williams on behalf of Stop Norwich Urbanisation



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Appendix IV

4th February 2011

**Website:** [www.snubcampaign.org](http://www.snubcampaign.org)  
**Blog:** [www.snubcampaign.blogspot.com](http://www.snubcampaign.blogspot.com)

Inspector Roy Foster  
C/o Programme Officer  
Claypit Hall  
Foxearth  
Sudbury  
Suffolk CO10 7JD

Dear Inspector Foster,

**Joint Core Strategy for Broadland, Norwich and South Norfolk – Inspector's Possible Changes: Flexibility and Resilience of the JCS in relation to the Norwich Northern Distributor Road (NNDR) – issued 5 January 2011**

There are two additional points which we need to make before the deadline today. It is our intention that these should clarify some of the issues which we have already raised. The first concerns the Northern Distributor Road and the second the viability of the Housing allocation.

**1. The Norwich Northern Distributor Road.**

We noted in our main submission that we were not aware that any traffic modelling had been done to justify the claim that 3400 or any greater number of houses could be built in the Growth Triangle. We therefore asked the Council for confirmation. Yesterday we were advised by the County Council that no such work has yet been carried out. So there is, as we suspected, no justification for the claim that these numbers could be built before the building of the NNDR. This seems to us a material issue and seems to confirm that the GNDR have no intention of considering any option in which the NNDR is not constructed.

**2. The provision of Healthcare**

The Joint Core Strategy as promoted by the GNDR, calls for an investment for £53.3M over the next fifteen years to provide new health services. SNUB are concerned that due to these changes that NHS Norfolk, the local NHS commissioners (the ones who contract and pay for all of the NHS services in Norfolk), would not be able to commit to this level of expenditure particularly as they would be disbanded in 2013. So we asked the following questions under Freedom of Information:

1. Please detail the frequency of any meetings that NHS Norfolk have had with the officials from either the Greater Norwich Development Partnership or the individual Councils who make up this partnership to discuss these requirements and where I can find the minutes of these meetings?
2. Please confirm where HC1, due to be ready in 2011, is going to be built and who is funding the estimated cost of £1.03M.
3. Please confirm that if the additional housing as predicated by the JCS is approved that there are contingency plans in place for existing healthcare facilities to take up the additional patients until these additional facilities are provided.
4. Please confirm what plans are in place for the provision of additional ambulance cover for such an increase in need as predicated by the JCS and that the commissioners of the EoE Ambulance trust have this in consideration.

The following answers were provided:

1. There have been a number of meetings with officials of the Greater Norwich Development Partnership (GNDP) over the past 3 – 4 years. Specifically on the infrastructure discussions, some 9 – 10 meetings where estates and public health issues have been discussed. These were informal meetings for which, to the best of our knowledge, no minutes exist.
2. Management consultants retained by GNDP but which we had the opportunity to comment on provided the Infrastructure Framework data. HC1 refers to the suggested need for an additional 3 GPs by 2011 with the associated infrastructure cost estimated at £1.03m.
3. The requirement for additional capacity in the city was recognised by NHS Norfolk and resulted in the establishment of the Timber Hill practice. No further GP capacity has been identified for the immediate future.
4. There are contingency plans in place to ensure that existing healthcare facilities will provide the requisite service for patients until new additional facilities are in place. For example, discussions are already under way with Broadland District Council and the Hoveton & Wroxham practice to ensure appropriate facilities are in place at Rackheath as the “demonstrator” homes for the Eco town are built.
5. Both commissioners and service providers jointly develop services to meet the changing needs of their population driven by a range of factors.

This raises the following points:

The JCS Appendix 8 gives information about healthcare facilities p127, 128, all of which was produced before the changes to Government Policy. We would challenge the presumption that a 30-40% increase in the population can be managed using the figures for hospital bed requirements quoted in the JCS.

Local residents remember when the NHS Dussindale Walk In Centre was closed due to the opening of the new GP Surgery in Timber Hill in the City. At the time this new GP facility was being promoted as the local response to the recommendations by Lord Darzi’s NHS review, High Quality Care for All, published on 30<sup>th</sup> June 2008. One of his recommendations was the establishment of an Equitable Access Clinic

providing GP cover 7 days a week opening for 12 hours each day. On querying this with NHS Norfolk the following response was received:

*“It’s a combination of both. The aim was to provide a “Darzi” solution – ie equitable access clinics with a drop-in capability, but in addition the intention was to provide a GP solution with capacity for them to have a registered practice list as well as the capacity to handle “unregistered” patients.”*

Until now the Timber Hill surgery has not been promoted as additional GP capacity for the expected residents of the new houses in the North East growth triangle. Would it be a reasonable solution having to go to the City to see a GP. There is already a long waiting list to see a GP at Hoveton and Wroxham surgery. According to the answers the existing surgery at Hoveton is only in discussions about providing a temporary solution for the residents planned for the 200 houses in the proposed exemplar development.

The GNDP secrecy is confirmed by the fact that they have held “informal” meetings with the NHS and no minutes were taken. How does anyone know what was said over the past 3 to 4 years? How were actions from these meetings discharged if there were no minutes? It beggars belief that meetings of this importance go unrecorded. This makes the absence of the NHS from the Examination Hearings a matter for serious concern.

It also raises questions about other unrecorded meetings, which may have formed the basis for unequivocal statements in the JCS.

Yours sincerely

Richard Williams  
for  
**Stop Norwich Urbanisation**