

Appendix : Health review for CR3 Neighbourhood Plan

Introduction

This section of our Neighbourhood Plan is a review of current health provision in the CR3 area, as of August 2017, and the possible impact of projected population increases in the next 20 years. The review is particularly concerned with the possible future need for the expansion or relocation of existing premises.

We have considered three areas of healthcare:

1. General Practice facilities
2. The Caterham Dean hospital
3. The North Downs hospital

Following a synopsis of the relevant demographics of CR3 from desktop research the current status of GP services was analysed. Detailed data on current workload, staffing, and facilities were obtained from questionnaires and personal interviews with practice managers and lead GPs. Their views were sought on the impact of the projected population increases over the next 10 to 20 years on their workloads and facilities.

The Managing Directors of the Caterham Dene and the North Downs hospitals also provided data on their institutions during personal interviews and correspondence.

The contents of this Health report were also discussed with the Chairman of the Clinical Commissioning Group for East Surrey, Dr Joe McGilligan.

Demographic Data

Data concerning the four parishes of Chaldon, Caterham Hill, Caterham Valley and Whyteleafe which make up part of the CR3 postcode area has been collated from census material published on the Surrey-i website, (www.surreyi.gov.uk.)

Data relating to Surrey and Tandridge has been taken from ONS Neighbourhood Statistics, (www.neighbourhood.statistics.gov.uk).

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Population data - 2011 census compared with 2001

Surrey

The 2011 census recorded 1,132,400 residents - this is an increase of 73,400 (6.9%) since 2001.

The largest 5 year cohort is the 45-49 age group who represent 7.9% (89,700) of the population. These are popularly known as the 1960's '*baby-boomers*'.

The fastest growing cohort is the 60-64 age group (69,400) with an increase of 35%, closely followed by the over 90 age group (10,900) with an increase of 32.9%.

The population over 65 has increased by 13% and now constitutes 17.2% of the population.

The age group over 85 has increased by 25.5% since 2001 and represents 2.7% of the population.

The age group 0-4 has increased by 13.5% since 2001.

The number of households in Surrey increased by 5.2% (to 455,800) with a small increase in household size, from 2.38 to 2.43.

Tandridge and the CR3 area

Tandridge had 83,000 residents in 2011 – an increase of 3,700 (4.7%) since 2001, a figure that is well below the national average of 7% and the average for the South East of 8%.

Over 65 year olds have increased by 15.8%, (the 4th largest increase of the 12 local authorities in Surrey) and this age group represents 18.6% of the Tandridge population.

Over 85 year olds increased from 1,800 to 2,300, a rise of 27.8%.

The age group 0-4 has increased by only 2.1% (the 2nd smallest increase in Surrey).

The number of households increased by 5.4% (to 33,300) but Tandridge was unique in Surrey in showing no change in household size.

However although the overall population density in Tandridge is 3.34 persons per hectare (ha) the density in CR3, excluding the greenbelt area, is 26.89 persons/ha. (The comparative figures for Surrey is 6.60 persons/ha and for Great Britain is 2.59/ha).

The population of the CR3 area in 2011 was 26,725 which was 32% of the Tandridge population.

The population density in CR3 grew from 24.42/ha in 2001 to 26.89 in 2011 whereas in Tandridge the rise was from 3.20 to 3.34/ha.

These figures give an indication of possible stresses within the infrastructure of services, including healthcare provision, in CR3 compared with the rest of the surrounding area in Tandridge and Surrey.

Future projected population levels

(Office of National Statistics March, 2012)

1. UK

The population of the UK is projected to increase at an annual average rate of growth of 0.8% over the next 20 years. The total population will rise from the current figure of approximately 63 million to 67 million in 10 years and to 73 million in 20 years. (It is believed that 68% of the projected growth will be attributable to net migration).

The population is projected to continue ageing with the median age rising from 39.7 years to 42.2 years by 2035. (Expectation of life at birth is expected to rise from 78.5 to 83.3 years for men and from 82.6 to 87 years for women by 2035).

The number of children under 16 years of age is projected to rise by 12% from 11.6 million to 13 million by 2035.

The number of people of working age is projected to rise from 38.5 million to 44.7 million, a total increase of 16% by 2035, whilst those of pensionable age may rise from 12.2 million to 15.6 million. It is significant that on these projections the number of pensioners exceeding children under 16 will rise from 0.6 million to 2.6 million.

The population aged 80 and over is projected to grow from approximately 3 million to 6 million, thus doubling over 25 years. (By 2085 there could be approximately 11.5 million people over 80 years of age).

2. Tandridge

Tandridge is one of the lowest population areas in SE England, (62nd out of 67 areas), but will probably increase by 15% over the next 20 years. The population of residents over 85 years is projected to double from 30,000 to 60,000 by the year 2030.

3. CR3 Parish Profiles

(Surrey averages – SA - in brackets)

Total CR3 population – 26,725

Measure + SA	Caterham Hill	Caterham Valley	Chaldon	Whyteleafe
Population 2011	12,742	8,348	1,735	3,900
Population 2001	11,555	7,581	1,729	3,607
10 yr. % change (6.9%)	1,187 (+10.2%)	767 (+10.19%)	6 (+0.3%)	293 (+8.1%)
Pop. in households (97.65%)	12,437 (97.6%)	8,144 (97.2%)	1,675 (96.5%)	3,898 (99.95%)
Av. Household size (2.43)	2.48	2.26	2.6	2.19
M/F (%) (49/51)	48/52	49/51	49/51	50/50

Ages (yrs.)	Caterham Hill	Caterham Valley	Chaldon	Whyteleafe
0-4 (6.3%)	840 (6.6%)	607 (7.3%)	63 (3.63%)	310 (7.95%)
5-17(15.49%)	2,198 (17.2%)	1,265 (15.1%)	277 (15.96%)	492 (12.6%)
18-64 (61.05%)	1,235 (60.79%)	5,176 (62.2%)	956 (55.1%)	2,703 (69.31%)
65-84 (17.17%)	1,615 (12.7%)	1,078 (12.9%)	383 (22.1%)	338 (8.7%)
85+ (2.65%)	360 (2.87%)	222 (2.7%)	565 (3.23%)	57 (1.5%)

Ethnic groups	Caterham Hill	Caterham Valley	Chaldon	Whyteleafe
White British (83.51%)	86.1%	83.48%	92.91%	82.51%
Non-white				
British ethnic (16.49%)	13.9%	16.52%	7.09%	17.49%

Long term illness or disability (13.54%)	Caterham Hill	Caterham Valley	Chaldon	Whyteleafe
	15.4%	13.1%	16.6%	10.82%

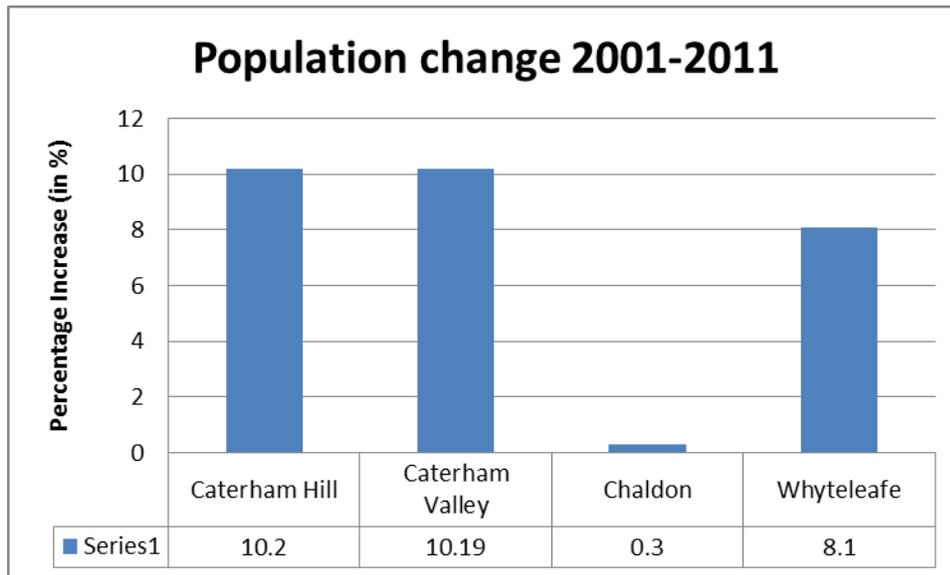
Unpaid Care	Caterham Hill	Caterham Valley	Chaldon	Whyteleafe

All people providing unpaid care (9.58%)	9.9%	9%	13.43%	8.77%
	Caterham Hill	Caterham Valley	Chaldon	Whyteleafe
People with bad/very bad health (2.7%)	3.09%	2.28%	3.34%	1.95%

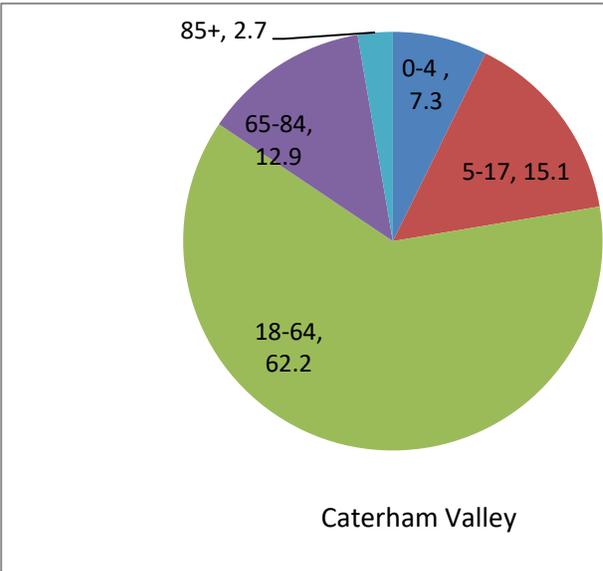
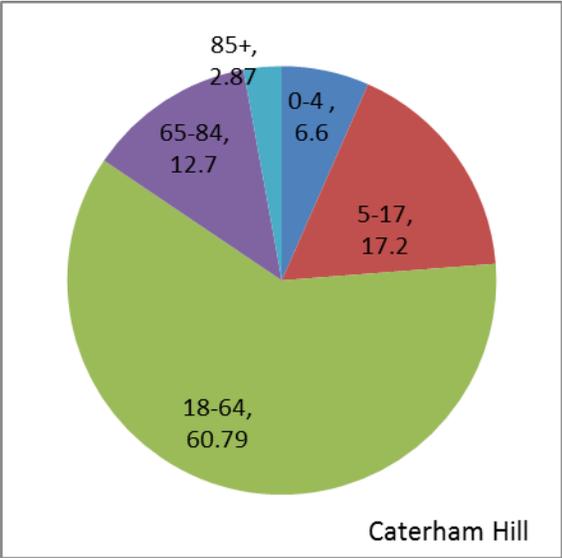
Summary

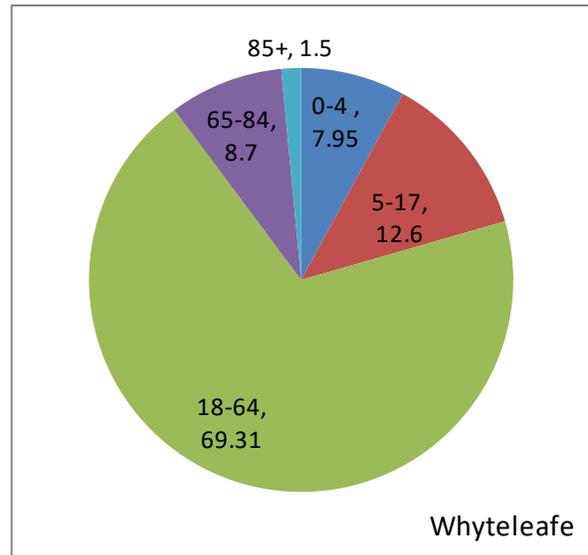
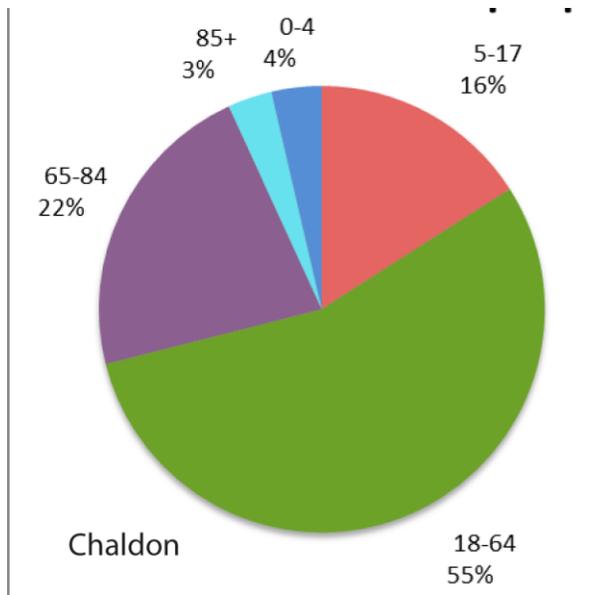
a. The significant variations in population numbers in the 4 parishes are likely to be maintained in the next 10 and 20 years unless housing policies change significantly. The projected increase by 20 years, based on the Tandridge estimate, (ONS data) suggests that the population may rise by 15%, as follows:

Caterham Hill – 1,911; Caterham Valley – 1,252; Chaldon – 260; Whyteleafe – 585.

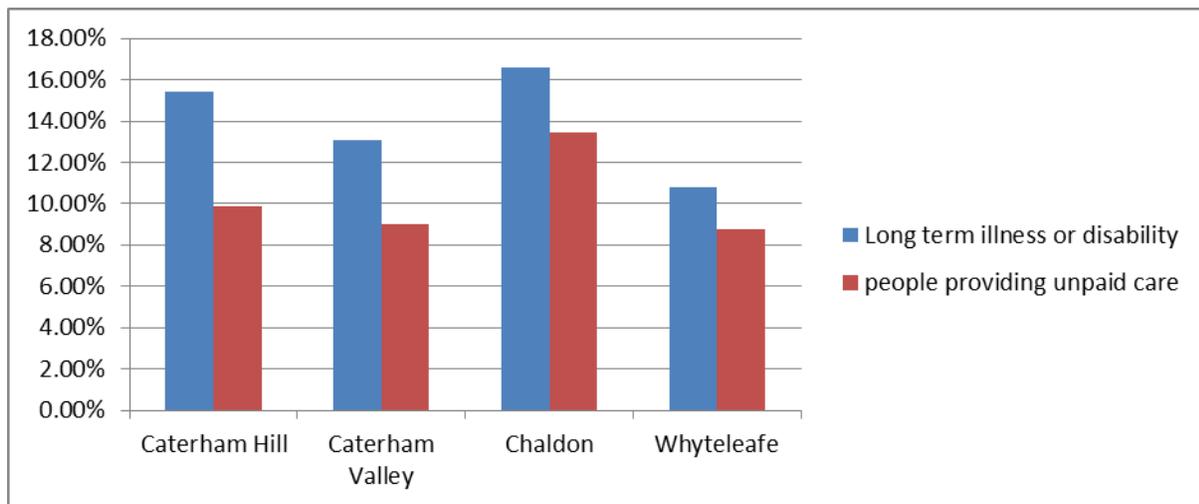


Pie Charts to show the percentages of age bands in the four parishes.





Long term illness and unpaid care providers in the four parishes



The four general practices in CR3 would therefore have a total increase of approximately 4,008 additional patients or an average of at least 1,004 per practice from the CR3 area alone. There would be

additional increases in the numbers of patients who are registered with our practices from adjacent areas. (Currently, 31,864 patients are registered compared with the CR3 NP population of 26,725).

b. The lack of significant change, (0.3%), in the population of Chaldon in the 10 years since the 2001 census might be explained at least in part by the poor provision of public transport in the parish. As they lose the ability to drive, older residents tend to move out to retirement flats etc. as there is no provision for this type of housing in Chaldon.

c. Chaldon is unusual in the high percentage of residents over 65 years (25.3%), and the high percentage of residents providing unpaid care (13.43%) which is the second highest out of 206 areas in the South-East. The latter is related to the high incidence of long term illness or disability in the parish (16.6%). There is a complete lack of appropriate housing for the elderly and/or infirm in Chaldon and it is suggested that this should be considered in future planning strategy.

CR3 Current Health Profile

Neighbourhood Survey Questionnaire analysis report 01-10-2013

An analysis of 1,136 replies to a public questionnaire distributed to all residents in the CR3 area showed that 95.3% of responders used GP facilities in the CR3 area. The Dene hospital, (NHS), had been used by 67.6% and the North Downs hospital, (Private & NHS), by 47.8%.

1. General Practice

The total number of patients registered in CR3 is 31,864 which represent 38% of all Tandridge patients. Four of the 9 general practices in Tandridge are within the CR3 area and although there are significant variations between practices, (see below) the average patient list is 7,966. This is 1075 more than the national average patient list.

The number of patients registered in CR3 exceeds the population of 26,725 by 5,139 people from other areas.

The details of the 4 general practices in the CR3 area were gathered from questionnaires which were completed by practice managers. The data provided in this way was then discussed in interviews held with both practice managers and lead GPs in the 3 practices of Caterham Valley, Chaldon Road and Whyteleafe. (The data from the Townhill practice was only available from the completed questionnaire).

CR3 Forum – General Practice Questionnaire Results

Basic Information

	Caterham Valley Practice	Chaldon Road Practice	Townhill Practice	Whyteleafe Practice
Patient numbers	8502	4,162	13,400	5,800
Over 85 yrs.	255 (2.9%)	62 (1.5%)	398 (2.9%)	110 (1.9%)
Children Under 5			773	
Children 5-16			1680	
Adults			10,947	
GP numbers	4	2FT + 3PT	2FT + 7PT	1FT + 4PT
Nursing numbers	4	2	4	4
Admin staff	1FT 9PT	9	16	9
GP: patient ratio	1: 2,125	1: 832	1: 1,488	1: 1,900

Staff recruitment problems	No	Occasional problems	No problems	Yes
% staff who live locally	Not known			
Inside CR3 area		X6 (66%)	80%	22%
Outside CR3 area		X3	20%	78%
Method of travel to work	Car Other Not public transport	Car - -	Car Public transport	Car Other Public Transport
Is Practice accommodation fit for purpose now?	Yes	Yes	Yes	No
Fit for purpose in 5 yrs.?	Yes	No	Yes	No
3 things that would influence future size of practice	More consulting rooms Larger waiting room More car parking	New housing developments	New housing developments More GP practices Recruitment of clinicians	Enlarged premises – patient numbers increased from 3,800 to 5,800 in 12yrs (52%)
Essential improvements required now	None	Flooring, Automatic doors, Lift to 1 st floor to increase clinical area	Changes to flooring and seating arrangements	Practice needs 100% expansion. (\$106 money promised but not given)
Essential improvements in next 5 yrs.	General maintenance	Installation of lift to allow practice expansion	Maintain current standards	As above
Where would you see the surgery in 20 yrs.?	No wish to change practice significantly	Continue to provide services close to homes in this area.	Fulfilling Government & Strategic Health Authority demands	Possibly merged or even privatised.
Where would you like to be in 20 yrs.? - Stay as you are - Combine with medical centre	Yes No wish to amalgamate with others	Yes No – but already in a 3 group practice – Warlingham & Selsdon	Yes -	Expand premises & facilities on current site. Improve collaboration with other local practices.

Any private healthcare issues?	No	Noticed reduction in private care schemes provided by patients' workplace	N/A	N/A
Nos. of patients referred on to hospital outpatient departments.	116 per 1000 [N.B. Emergency readmissions within 28 days of discharge from hospital – 7.1%]	229 per 1000 [N.B. Emergency readmission within 28 days of discharge from hospital – 7.9%]		
Where are patients commonly referred?	Mayday, Ashtead, Shirley Oaks, various London hospitals	E. Surrey, Caterham Dene, N. Downs, KCH Mayday, St.Helier, St Georges	E. Surrey, Caterham Dene, North Downs	E. Surrey, North Downs, Mayday, Qu. Victoria, St Georges etc.
Referral of cardiac patients	East Surrey	All of the above	7 day ECG monitoring service has reduced referrals	E. Surrey, Mayday, London Heart etc.
Who decides where to send cardiac patients?	GP	GP	GP	GP & Patient
Is there an increasing trend for patient choice?	Yes	Choose & book now – but believe pressure will increase to refer to E. Surrey	Not recorded	All patients have a choice – but not thought to be economic by the practice.
Any other significant issues?	Patients enjoy NHS facility at North Down hospital	Ageing population requires increase in community services. Younger people are the most demanding	None	Increasing need & demand with reduced resources

Parking and Accessibility

Adequate parking for staff?	No – not always	Yes	Yes	No
Adequate parking for patients	Increasing problem	Public car parks available nearby.	Yes	No
Disabled car parking space?	Yes	No – but can use road outside	Yes	Only if they use limited staff parking space.
Transport issues for patients	Not aware of any problems – good public transport	Poor public transport but tend to have their own transport	None	Good public transport but poor car parking.

Future Plans & Planning Issues

Trends for this GP service?	Recent rapid increase in patients – especially the elderly – space problem now.	New housing development will impact on practice numbers. Increased in elderly numbers	More demands /expectations and less resources	Increasing workload but restricted facilities
Predicted patient numbers	Increase in birth rate	Will increase across all age groups	Year on year increase expected in patient numbers but in recent years numbers have been stable	Year on year increase.
5 yrs. time	Increase +	Increase ++	Increase	Increase ++
10 years' time	Increase ++			
Longevity issues?	Significant increase in elderly work load	Majority of the elderly live at home with increasing demands on social services.	No comment	No comment
Chronic disease rates	Secondary to increasing elderly cohort	Increased numbers – especially from screening.	No comment	No comment
Problems associated with poor housing?	Not aware of any problem	Not housing but increased depressive illness from loss of jobs etc.	No comment	No comment

Views on primary care medical centres vs. current GP provision	No desire for a medical centre – other than the provision of the Dene hospital	Majority of patients wish to see the same doctor – and want local services – happy with the Dene services.	No comment	No wish to be part of a 'Darzi' medical centre
Any other issues	Main concern is the NHS regulation that prevents any restriction of list size. Patient list and work load has been increasing rapidly because of increasing numbers of elderly patients. This is threatening the patient/GP relationships which have been a feature of this practice.	Parking is made difficult by the adjacent Hillcroft school and the rubbish dump. The corner of the road is very dangerous especially as school traffic tends to ignore yellow lines etc. Drivers often abusive over parking issues.	No comment	Main problem is the lack of space etc. for the size of the practice.

General Practice

Intention

Our Neighbourhood Plan seeks to provide adequate GP facilities in the CR3 area over the next 10 to 20 years. Two of the four practices are situated on constrained sites which will hinder expansion to meet the needs of an expanding population.

Justification

- Total patients in CR3 – 31,864 (38% of registered Tandridge patients).
- A questionnaire survey of 1,136 residents in CR3 showed that 95.3% were registered with GPs in the area.
- Patients over 85 years – 825 (2.6% of workload). All of the practices consider that the projected increase in resident numbers and particularly the increasing percentage of elderly patients and patients with dementia will inevitably lead to pressure on their premises and services.
- It is noted that the Whyteleafe patient list grew by 52% from 3,800 to 5,800 in 12 years.

- Projected figures for population growth suggest a significant rise in patient numbers over the next 10 to 20 years, (see above). Although 3 of the 4 practices considered their current accommodation for patients to be satisfactory, both the Chaldon Road and the Whyteleafe practice accepted that this would not be the case in the future. The Whyteleafe practice already believes that they need to increase their premises by 100% as soon as possible to cope with their current patient load.
- The data presented in this report suggests that plans should be considered for the future expansion of all 4 of the GP premises and for the provision of adequate parking to satisfy the demands of both the staff and the rising population.
- Expansion of the Chaldon Road practice might be possible:
 1. If the current refuse and recycling area was moved from Chaldon Road. The location of this refuse dump close to a school and a medical facility is considered to be inappropriate and removal could allow re-configuration of a portion of Hillcroft School and the Chaldon Road GP premises
 2. Dr. Crispin, the lead GP, discussed a possible move of the practice to the Dene Hospital site. She would prefer this option as it would give a chance to build a very satisfactory surgery that would have good facilities for X-ray, physiotherapy etc. on site as well as good car parking. The presence of GPs on site would also be beneficial for the Dene.
- Nursing and admin staff recruitment does not appear to be a major problem except perhaps for Whyteleafe which has the largest percentage of staff living outside of the CR3 area.

Aspiration HEA01 for General Practice Our Neighbourhood Plan will positively support the enlargement and/or relocation of the two general practice surgeries at Chaldon Road and Whyteleafe within a mile of their current location.

We would support onsite provision of General Practice within a new development scheme, especially where commercial or residential elements underpin the viability of a new health facility.

We would prefer to see the Caterham Valley practice expand within its current building. The Townhill practice did not comment on any site constraints.

2. The Caterham Dene Hospital

Introduction

This small community hospital of 28 beds is situated at the top of Church Hill close to the boundary of Caterham and Caterham Hill on a site is owned by the *NHS Property Company*. The hospital provides services for patients most of whom are registered with East Surrey GPs. It was under threat of closure 14 or 15 years ago but is now expanding and held in high regard by the population of CR3 and surrounding areas.

The majority of services, (nearly 90%), are run by *First Community Health and Care*, (FCHC), a not-for-profit social enterprise providing community healthcare services to people living in East Surrey and parts of West Sussex. '*FCHC is part of the NHS but with the community interest test - where any profit is used for the benefit of the community.*' The Governors of the hospital, who are elected by the staff, appoint the Managing Director.

The Dene hospital services include 28 in-patient beds, a minor injuries unit which is particularly appreciated by residents of the CR3 area, and a rapid assessment service. The hospital also provides a base for community services such as District nursing and specialist nurse and therapy clinics which include dermatology, Parkinson's disease and multiple sclerosis. Additional services include physiotherapy and podiatry. The diagnostic and screening services available in the Dene include facilities for x-ray, as well as endoscopic procedures. Equipment is also available for the assessment of physiological data in relation to neurological, visual, cardiovascular, respiratory, gastro-intestinal, urinary, and auditory problems.

Consultant outpatient clinics are provided by *Surrey and Sussex Hospitals Trust* and these embrace many specialties including endocrinology, gastroenterology, general surgery, geriatrics, gynaecology, orthopaedics, otolaryngology, rheumatology, urology, and vascular surgery.

A recent Care Quality Commission inspection on 25-03-2013 concluded that the standard of care provided by the hospital met all essential standards in 4 out of the 5 major areas inspected.

Current hospital services

1. **A 'step-down' service** - for patients who are transferred after surgery or other medical treatment at the East Surrey hospital. Bed availability depends on a consistent discharge rate and the average length of stay for patients in the Dene is 21 days. Most patients are discharged back to their own homes and do not go into nursing home or residential care. FCHC provides support for this transition from the Dene to the patient's home using a multi-disciplinary team called Rapid Response which includes both nurses and therapists and which helps to avoid a patient's move into a nursing home or into residential care.
2. **A 'step-up' service** is also provided to give temporary support to residents who cannot cope safely at home but who do not require acute hospital admission or long-term residential care. This service provides a facility to support the person while their current situation is assessed and to ensure that they can return home with appropriate support.
3. **A walk-in service for minor injuries**, which has been available for approximately 3 years, is led by experienced nurse practitioners. The opening hours have been extended recently and treatment is now available from 9am to 8pm 365 days of the year for adults aged 18 and over.
4. **A 'rapid assessment' service** for symptoms such as chest pain, breathlessness, dizziness etc., which is overseen by non-resident medical registrars, is a valuable service which may avoid unnecessary admission to East Surrey or other hospitals. As with the walk-in minor injury service this facility functions from 9.00am to 5.00pm. The on-call doctors service is run by '*HARMONY*', a private company contracted to the hospital through the NHS.
5. **Consultant follow-up clinics**
6. **Physiotherapy**
7. **X-ray and other diagnostic services.**

Possible future developments

The success of the hospital has led to requests for expansion, particularly as the hospital receives patients from a wide area that includes Caterham, Warlingham, Godstone, Merstham and South Croydon. There is some concern that a likely future increase in patient numbers may cause excessive

pressure on the services currently provided. Medical staff, who are recruited through the *First Community Care Clinical Commissioning Group*, are responsible for backing up the nurse practitioner staff. Any future expansion of services may require additional medical staff support.

Consideration is being given to extend the age range of patients to include children over the age of 5 years.

A hospital of 28 beds is a relatively expensive facility in terms of staffing but the services could become more economic by doubling the number of beds. This development would allow the early transfer of an increased number of patients from East Surrey hospital into the expanded 'step down' facility. There is adequate space on the hospital site for either a new build or for an extension of current facilities to allow for this.

A move of the Chaldon Road practice to the Dene hospital site could be extremely beneficial to both the Hospital and to the General Practice. The former would benefit from on-site medical staff and the latter from ready access to x-ray and other facilities for patient investigations.

Intention

We wish to safeguard and expand the facilities available in the Dene hospital for our local community.

Justification

A questionnaire survey of 1,136 residents in CR3 showed that 67.6% had used the Dene hospital.

It is generally agreed that the Dene hospital is an extremely useful facility for the CR3 area and that it is much valued and supported by residents and voluntary organizations. There is community pressure to increase the number of beds and the range of facilities provided by the hospital and this pressure will increase inevitably as the population grows over the next 20 years. (An expansion would of course be dependent on the *Clinical Commissioning Group* funding any increased service).

Problems for the future of the hospital include adequate financial resources, the recruitment of appropriate medical staff and a satisfactory service for the transfer of old and frail patients from hospital beds to either home care services or nursing homes.

It is believed that the clinical success of this hospital provides good evidence for supporting an expansion both in services and buildings on the site.

Aspiration HEA02 for Caterham Dene Hospital

A plan for expansion of the hospital buildings within the existing site would be supported up to a maximum of three storeys. Further expansion should take place on the adjacent Dene field and we would support the relocation of one of the CR3 General Practices on to this site.

3. North Downs Hospital

A questionnaire survey of 1,136 residents in CR3 showed that 47.8% had used the North Downs hospital which is owned by the Ramsey Hospital Group and which has been in Caterham for 40 years.

Currently there are 16 in-patient beds, 5 day case beds and 2 operating theatres. Patients are referred for CT and MRI scanning to other hospitals, (e.g. Shirley Oaks and Ashford). North Downs does not have a High Dependency Unit and this influences the type of work that can be accepted by the hospital. Nursing and other staff are recruited from a wide area but 47% of the staff come from the CR3 area with the remainder mostly from RH8. Only a small number come from further afield. In common with many hospitals there is some difficulty in recruiting staff for some specialist areas such as the operating theatres. Difficulties with staffing recruitment are caused partly by the paucity of car parking space within and outside of the hospital grounds.

There has been a 30% increase in patient admissions to the hospital over the last 10 years. Current annual admission numbers are approximately 3,600 of which 65% are NHS funded and 30% funded through private medical insurance, (PMI). An additional 5% are self-funded. Patient growth has been mainly from the CR3 postcode area and areas south of Caterham, (RH8 postcode). These areas account for over 45% of the admissions. The hospital therefore provides an excellent facility for residents in and around the CR3 area.

The original house which formed the basis of the hospital has been extended significantly, but the site is now severely constrained and any further extension might threaten parking space, which is already very limited. However, the management is definitely looking for ways to expand their services in the future

perhaps through internal reconfiguration of the building to make space more fit for purpose. Management would like additional theatre and outpatient consulting rooms if at all possible.

During my interview it was suggested that a closer working relationship with the Caterham Dene hospital could prove beneficial to healthcare in the CR3 area.

Intention

We wish to support the North Downs hospital which is well used by local residents.

Justification

The hospital has a very good reputation amongst patients and GPs and it provides an excellent service for NHS and Private Patients. The last 10 years has seen a steady growth in patient numbers which has been made possible through the reduction in recovery times and more rapid discharge from hospital after surgery. The hospital also provides valuable employment opportunities for local people in nursing, ancillary services such as radiology and physiotherapy, and support services.

Aspiration HEA03 for North Downs Hospital

We would strongly support expansion of this hospital on its present site or on another site in the CR3 area subject to compliance with the policies set down in the Neighbourhood Plan.

Appendix 1

Working Group

Miss Jenny Gaffney (Chairman)	Resident Caterham Valley	Parish Councillor
Professor Ted Howard	Resident Chaldon	Parish Councillor
Mrs Jacqui Mitchell	Resident Chaldon	Parish Councillor
Mrs Jackie Servant	Resident Harestone Valley	Parish Councillor
Mrs Sally Marks		County Cllr Valley
Mr Random Greenway	Resident Caterham Valley	Rotary, CCP, Local Business
Mr Mark Bristow	Resident Whyteleafe	

Appendix 2

Bibliography

Population data published by Office of National Statistics March, 2012

(www.neighbourhood.statistics.gov.uk).

Surrey Local Area Profiles (www.surreyi.gov.uk)

NHS East Surrey CCG local area profile (www.surreyi.gov.uk)

Tandridge Health Profiles (www.healthprofiles.info)

National General Practice Profiles for CR3 – (www.aphjo.org.uk/PracProf)

Surrey Joint Strategic Needs Assessment (JSNA) (www.surreyi.gov.uk)

The CR3 Neighbourhood Survey. A questionnaire distributed to all residents in the CR3 area and analysed on 01-10-2013

Correspondence

Dr.Anupama Shaikh & Dr Michael Baker, Public Health, SCC – provided data on GP practices in Tandridge (11-04-2013)

General Practice Consultee Questionnaires – completed by all four General Practices

Email from General Manager of the North Downs Hospital (25-02-2014) with data on patient numbers, patient post codes, staff post codes, and future plans for hospital development.

Interviews

30-01-2013 Dr Susan Crispin – Senior Partner, Chaldon Road Surgery

06-02-2013 Dr Victor Tun – Senior Partner, Whyteleafe Surgery

30-01-2013 Mrs Victoria Gillespie – Practice Manager, Caterham Valley Surgery 30-01-13

15-08-2013 Philip Greenhill, Managing Director Caterham Dene Hospital

21-01-2014 Dr Joe McGilligan, Chairman East Surrey Clinical Commissioning Group

13-02-2014 Stuart Emerson, General Manager North Downs Hospital

CR3 Medical Centres and Hospitals

