Minutes of the Meeting of the HEALTH LIAISON PANEL held at the Council Chamber, Epsom Town Hall on 3 March 2026

PRESENT -

Councillor Christine Cleveland (Chair); Councillor Alex Coley, Councillor Liz Frost, Councillor Bernice Froud and Councillor Bernie Muir.

In Attendance: Councillor Rod Ashford (Reigate and Banstead Borough Council) and Rachel Graville (Director of Operations) (Epsom Primary Care Network)

Absent: Councillor Kim Spickett

Officers present: Rachel Epton (Community Development Manager) and Lucy Buckland (Arts, Culture and Heritage Programme Officer)

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10 DECLARATIONS OF INTEREST

No declarations of any disclosable pecuniary interests or other registrable or non-registrable interests were made by Members in respect of any items considered at the meeting.

11 MINUTES OF THE PREVIOUS MEETING

The Panel confirmed as a true record the minutes of the meeting of the Panel held on 21 January 2026 and authorised the Chair to sign them.

12 EPSOM PRIMARY CARE NETWORK - SERVICE UPDATE

The Panel received a presentation (published subsequent to the meeting as a supplement to the agenda) from Rachel Graville – Director of Operations, Epsom Primary Care Network.

The Panel considered the following matters:

a) A Member raised a question around residents accessing GP appointments and getting an appointment in a timely manner. The Speaker explained that each practice will have their own process for residents accessing their services. The new GP contract for 2026/27 states that practices will have capped access – the clinical decision around what services are regarded as urgent will remain at practice level.

b) A Member raised a question relating to residents receiving support for mental health services. The Speaker explained that there isn't a practitioner at each practice who will triage for mental health support – the elected GP would triage the needs case-by-case.

c) A Member commented on residents who are regularly attending GP practices – who also benefit from support from wider community services. The Member raised concerns about funding for the legacy and sustainability of the community-led scheme. The Speaker explained that the GP contract and Primary Care Network is changed each year. The Speaker explained that for next year, funding will move from 'network level' to 'practice level'. The Speaker commented that GP funding is 'safe', however there is always a risk around sustained resourcing.

d) The Speaker stated that there is an additional cost to run out-of-hours clinics and that approx. The Speaker stated that approximately 4% of patients use c.20% of GP appointments time.

e) A Member commented on the success of GPIM and the impact of those with mental health and/or neurodivergence.

f) A Member commented on GP appointment times – and the impact for both patients and those caring for them – linked to travel costs and accessibility to care.

g) A Member commented on patients seeing the same GP when they visit the practice to receive care – the Member asked how this is sustained via recruitment/staff levels across practices. Speaker shared that most GP practices have an established and stable team of staff. Speaker recognised the positive effects of continuity of care for patients. Speaker went on and explained that when patients present at the practice with an acute need, then patients would be seen by the first GP available, however if the patient is able to wait, then practices would look to book appointment with the patients existing GP, in line with continuity of care provision. However, speaker shared that GP and practices are mindful of staff care and the risk of burnout due to high levels of appointments and requirements.

h) The Speaker agreed with Members' comments regarding waiting times/access to care for patients with mental health needs and those patients who are neurodiverse being too long. A Member commented that extended periods of waiting often causes increased anxiety for those residents in need of support.

i) A Member stated that Community Levy Infrastructure (CIL) funding for this year opens on 9th March 2026. The Member asked what type of applications would be beneficial to the Speaker's area of work. The Speaker stated that some practices are not fit to deliver modern-day healthcare, due to physical structure of sites. The Speaker also stated that

the PCN are struggling for practice space and consulting rooms and that expansion of GP space and an urgent-treatment centre would be helpful.

j) The Speaker shared that some practices are rented while others are privately-owned. Cllr suggested that it may be worth exploring opportunities linked to CIL funding.

k) The Chair shared that they had/continue to receive positive feedback from residents in relation to the GP online booking system. However, is mindful of those residents who are still not digitally savvy.

l) The Chair positively supported the community events taking place – stated that communication is key to sharing events with local residents to receive positive health outcomes. Speaker noted that they are keen to link community events with flu clinic.

m) An External Councillor Representative commented on CIL funding opportunities – with success stories across their borough via CIL funding. The Councillor commented on accessible community events and benefit of Community Development Officers working alongside residents – linked with the Chair's comment of importance of communications of events.

13 NORTH SURREY DOMESTIC ABUSE SERVICE - SERVICE UPDATE

The Panel noted that the invited speaker for this item had provided notice that they were unable to attend the meeting, and on this basis the item could not be considered.

The Chair advised that the speaker would be contacted with a view to rescheduling the item for consideration at a future meeting of the Panel.

The meeting began at 7.00 pm and ended at 7.55 pm

COUNCILLOR CHRISTINE CLEVELAND (CHAIR)

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