

West Monkton & Cheddon Fitzpaine Revised Neighbourhood Development Plan

PART A

Please complete Part A in full, in order for your representation to be taken into account at the Neighbourhood Development Plan examination. This information will not be made public and will only be used if we need to contact you.

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Address	NHS Somerset LPA Engagement Commercial Development Team 1st Floor Estates and Facilities, Torbay Hospital, Lowes Bridge
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Telephone	N/A
Email	
Organisation (if applicable)	NHS Somerset CCG
Position (if applicable)	
Date	25/11/2021

PART B

Please complete Part B to tell us what parts of the neighbourhood plan you wish to comment on. Your representation should cover succinctly all the information, evidence and supporting information necessary to support/justify the representation and the suggested change, as there will not normally be a subsequent opportunity to make further representations at a later stage. Further submissions will be only at the request of the Independent Examiner, based on the matters and issues he/she identifies through the examination.

The majority of examinations are expected to be through written representations. However, should the Inspector decide there is a need for an oral examination, please state below whether you would like to participate.

- No, I do not wish to participate at an oral examination
- Yes, I wish to participate at an oral examination

Please note the Inspector will determine whether an oral examination is necessary. If an oral examination is required, please outline why you consider that your participation is necessary.

Which part of the Neighbourhood Development Plan document is your representation about?

Paragraph Number		Policy Reference:		Map	
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Do you support, oppose, and/or wish to comment

- Support
- Support with modifications
- Oppose/Object
- Have Comments (about The Plan, Examination or Referenda)

Please give details of your reasons for support or opposition, or make other comments here: Please be as precise as possible

Correction of NHS Organisation Type

Please set out what change(s) you consider necessary to enable the plan to proceed, including any suggested revised wording of any policy or text, related to the objection you have raised. You will need to say why this change will enable the plan to proceed. Please be as precise as possible.

What improvements or modifications would you suggest?

Page 174 of the WM and CF Neighbourhood Plan Revised document, it makes reference to the following:

"PCT Primary Care Trust

An organisation legally established in the United Kingdom whose purpose is to develop health services for a particular community."

Primary Care Trusts were abolished on 31st March 2013 and superseded by Clinical Commissioning Groups (CCGs). The NHS is going through a period of change and its likely that CCG will be abolished 31st April 2022 being replaced/and or incorporated into an Integrated Care System (ICS).

Can the documents please be updated to remove reference to PCTs and include reference to Clinical Commissioning Groups or their successors

If you have additional representations this form can be reproduced for each item. Please make sure any additional pages are clearly labelled and attached.