

Health Background Note

Background and challenges

Challenge 1: How to provide GP services to an estimated influx of 2800 new patients + several hundred more from the surrounding catchment area.

Currently, the Whitecliff Group Practice and Eagle House Practice serve Blandford and the surrounding catchment area, including several larger villages, such as Child Okeford, Pimperne and Shillingstone. Both practices are working at full capacity and have utilised all available space to accommodate necessary staff. The challenge facing these two practices now is the building of 1200 new houses in and around Blandford, plus many more in the surrounding catchment area. Assuming an average 2.4 persons per new dwelling, Blandford alone could increase demands for GP services by $1200 \times 2.4 = 2800$ new patients. This influx of new patients will have to be accommodated by these already over-stretched medical facilities as every new resident will need to be registered with a GP who can meet their health needs.

Challenge 2: Complications arising from proposed merger of the two practice, including operating model and resulting accommodation needs.

Recently (2018) the two GP practices agreed to merge to meet the challenges currently facing GP practices and the NHS, which can only be surmounted by working collaboratively. If the merger is approved by NHS England, the new Partnership will come into effect from 01 October 2019. As individual practices they can no longer be confident in finding locum cover when needed as there is a national shortage of doctors, nurses and good experienced people. Whilst the Whitecliff Group Practice has been able to successfully recruit into clinical posts; the workforce issues remain and when staff leave it is a challenge to replace them. However, Eagle House has been struggling with GP recruitment and therefore a merger will guarantee the sustainability of both Practices for the future. As the merger has only recently been agreed, issues such as the way the Partnership will operate, and the resulting premises requirements have yet to be finalised. Both Practices are keen to retain a Partnership model of ownership rather than moving away to a salaried GP model (as has happened in other parts of the country) as this will negatively affect GP retention. Also, the partners have rejected earlier ideas to relocate to the Blandford Community Hospital (soon to be a Hub under plans by Dorset Clinical Commissioning Group to reshape the provision of medical care in Dorset) as there is insufficient accommodation, insufficient car parking and residents have clearly stated they do not want the GP practices to be based there.

Challenge 3: Blandford and the surrounding areas have more elderly people than the national average that places an additional demand on GP services.

The population mix drastically affects the demands for health services with elderly patients topping the list. Blandford and the surrounding areas have a higher than national average number of people over the age of 65 as Dorset is a preferred area for retirement, for example.

Challenge 4: Any additional NHS/Dorset CCG funding is unlikely

National Health Service funding is limited. Government funding has increased in monetary terms, but any additional funding is being out-stripped by the increasing costs of managing the health and well-being needs of an aging population with increasingly complex medical needs.

The main funding source for funding new medical buildings/surgery in Blandford also lies with Dorset CCG and NHS England (Wessex). Despite requesting evidence for this to happen at a meeting between North Dorset District Council (NDDC), GP Surgeries, Dorset CCG and Blandford+ Steering Group held on 25th October 2018, no evidence has been put forward.

Challenge 5: Historic loss of S106 funding opportunities

Due to a lack of concrete proposals from the surgeries to meet the increased demand from the already committed developments at St Mary's Hill and Dorchester Hill, Blandford St Mary, the planning process, up to now, has been unable to collect developer contributions (S106) to meet the increased patient demand from these new developments. This is a national problem as many GP surgeries do not realise they have to submit specific projects with evidence and costs for the collection of S106 contributions, rather than money automatically being collected from developers and then allocated to them by councils.

Solution

New accommodation needs to be found:

- a. Creative re-organisation of the current surgery buildings** - After the merger, for example, the upper floor at the Whitecliff Surgery could be used to increase consulting space (currently admin). There is no lift currently for access by less mobile patients, so one would need to be installed. **Cost: £50, 000 to install a lift and undertake minor building works to make better use of the Whitecliff Mill St Surgery.**
- b. Building a new Health and Wellbeing Centre** - Increasing the health and well-being of patients lessens demand (number of times they use the GP service) on medical and social care services and is sustainable going forward. Also, many clinics can be provided off site/away from the GP setting GP setting. **Please see attached outline business case.**

The practices have already started a very successful and creative programme using Health Champions (volunteers) to deliver a range of health and wellbeing services, to support patients, for example walking groups, gardening, running groups etc. This is proving to be very popular and very effective. The Health Champion Programme is set to expand but finding suitable venues to base these services is proving to be costly and challenging as there is clearly no room to accommodate them at the surgery buildings.

Some clinics have also started to be provided off site, such as the leg ulcer clinic and this is also set to expand.

Having a facility to provide refreshments often helps patients to share problems and lessen loneliness - all factors that frequently lead to an increased demand on medical and social care services.

Overall, to expand the delivery of health and well-being services and clinics, that will lessen the demand on the overstretched GP services, really now needs a dedicated satellite Health

and Wellbeing Centre, away from the surgery setting, that can be managed, directly or indirectly, by the GP Partnership.

Conclusions

The proposed developments North/north east of Blandford will further seriously increase the demands on GP services. The two surgeries are already currently overstretched. Given the lack of evidence from DCCG for further funding, or support from NHS England to accommodate this influx of new patients from new developments, both underway or currently at the planning stage, the surgeries will need:

- to re-organise current surgery buildings creatively to provide 5-6 more clinical rooms (from existing back space), including a new lift at Whitecliff. **£50,000**
- to build a new Health and Wellbeing Centre in the proposed development north/north east of the town. **£555,000**

For both, S106 contributions from developers are being sought to fund these projects, which are both essential if patients, both old and new, are to continue to receive first class primary care in the rapidly expanding Blandford area.

From Carol Tilley 14 01 19

OUTLINE BUSINESS CASE - COMMUNITY CENTRE FOR NORTH BLANDFORD FORUM

1. Issues to Address

- Build a sustainable and engaged community:
 - An engaged community
 - An active community
 - A connected community
 - A resourceful community
 - An inclusive community
 - A sharing community
 - A considerate community

- Provide community space that can be used flexibly to meet a wide range of social, health and wellbeing needs of the local population.
- To provide space that mitigates some of the infrastructure risks resulting from the delays in developing a definitive health care premises strategy, which is required to meet the needs of an expanding population.

2. Potential Usage of Community Centre:

- Communal cooking / cooking club / Sunday lunch clubs / afternoon tea
- Outpatient clinical space (e.g. leg ulcer club / steps to wellbeing / flu clinics/ health screening)
- Cinema Club / kids cinema club
- Knit and natter / bingo / quizzes / mother and toddlers / art and craft classes /space for music practice
- Clubs and community meetings venue
- Children's book, toy, clothing swap
- Exercise classes / slimming clubs / chair based yoga and tai chi for older folk and those with health based disabilities / dancing for all ages
- Community events - Harvest Supper, Xmas Fayre
- Household maintenance classes / adult education
- Private hire (for residents)

3. Building Requirements / Cost:

- Large kitchen facility
- Main Hall
- Two smaller rooms – for small meetings / outpatient services (hard flooring).
- Storage / toilets / car parking
- Estimated outside dimension 25m x 15m = 375m²
- Estimated cost (based on Building Cost Information Service figures of £1480 per m²) is £555k.