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The Future of primary care services in Long Crendon

Purpose of this document

This document is intended to inform the discussion and decision-making about the future of primary care for people living in Long Crendon and surrounding areas.

We have set out the main issues including the background to these together with a summary of patient concerns and some information about the direction that primary care is likely to take nationally and in this part of the country over the next few years. All of the information provided in this paper is our own interpretation and references to the documents we have used are included at the end of this report.

The document goes on to set out the position of Unity Health on each of four options which are:

1. Continue providing services at New Chapel Surgery
2. Provide services from new GP premises to be built in Long Crendon
3. Close Long Crendon surgery and provide all services from Brill Surgery
4. Register all patients with Brill surgery but continue to provide some services from another facility in Long Crendon to address some of the patient concerns identified through the consultation process and the difficulties in accessing services in rural communities.

We have given a number to each of these four options for ease of reference but it is important to note that **this is not a formal options appraisal**, but rather sets out the position of Unity Health on each one.

Unity Health is committed to continuing to meet the needs of our patients currently registered with the Long Crendon surgery and this document sets out our views on how this might be achieved.

Definitions

Long Crendon or the surgery or the premises- meaning New Chapel Surgery, 38 High St, Long Crendon, Aylesbury HP18 9AF

Primary care – meaning services conventionally delivered by the staff of GP surgeries or in GP premises for which patients do not need a referral. These include GP consultations; nurse

treatments; dispensing of prescribed medicines; clinics for people with long term conditions; mother and baby clinics; vaccinations; travel vaccinations; and so on.

Background and current situation

Unity Health

Unity Health primary care provides services to over 22,000 patients from five practice premises. We are a training practice, taking GP registrars through the final stages of their GP training.

In 2017 Thame Health Centre and Long Crendon and Brill Surgeries (originally operating as Trinity Health) merged with Wellington House Practice, based in Princes Risborough and Chinnor to form Unity Health. Unity Health is now one of the larger practices in Buckinghamshire and is unusual in providing services to this number of patients across five premises covering approximately 200 square miles.

Long Crendon Surgery is one of two dispensing premises within Unity Health serving approximately 7,000 patients who live more than one mile from a community pharmacy.

Population growth

Long Crendon Parish Neighbourhood Plan 2013-2023¹ makes provision for at least 82 new dwellings in the parish. This plan is also included in the Vale of Aylesbury Local Plan 2013-2033² (VALP) as a proposal for 100 homes. Within the Neighbourhood Plan period the council has secured provision for a mix of housing on two village sites that have been granted outline planning permission. The Chearsley Road site has permission for 41 new houses, including 30% classed as affordable, a doctor's surgery and a children's play area. There is a Memorandum of Understanding for this site which outlines the type of housing and amenities that will be provided. Permission has also been approved at a second site in the village for 19 new houses, including 30% classed as affordable. In the plan period these two sites will contribute to the amount of affordable housing and the housing mix for the village. The effect of approximately 82 to 100 new dwellings would mean an additional 220 patients for the Unity Health surgery. This is broadly in line with the increase in list size for Long Crendon that we have seen since merger of 228 patients; a growth of around 6%.

National Strategy for primary care

General practice at scale - the General Practice Forward View³ (5YFV) sets out a plan for primary care over the next 5 years (2016-2021), encouraging practices to work together in larger groups to offer better access and extended services. General Practice at Scale⁴ is a project supported by NHS England that encourages collaboration between individual GP practices in order to deliver new care models set out in the 5YFV⁵. The update on the Forward View⁶ includes a focus on investing in space that has increased flexibility to accommodate multi-disciplinary teams and to develop primary care 'at scale'. The merger that created Unity Health (see above) is in line with this ambition.

Primary care networks – GP surgeries will increasingly work together in primary care networks or hubs with a patient population of at least 30,000- 50,000 which will allow practices to share community nursing, mental health, and clinical pharmacy teams, expand diagnostic facilities, and pool responsibility for urgent care and extended access; as well as providing funding for additional roles shared across the PCN, such as social prescribers, paramedics, pharmacists, care co-ordinators and physiotherapist. GP premises need to have the physical capacity to support this. Unity Health is a member of the AVS Primary Care Network (AVS PCN). Many of the new roles, services and staff are available to the practice through the PCN. These new services and the staff that deliver them

are not attached to specific premises but work across a number of sites. Changes to premises such as Long Crendon will not affect patients' access to these new services.

Local plans for GP premises

The emerging strategy for NHS buildings in Buckinghamshire highlights a number of issues that are relevant to the situation in Long Crendon.

1. Much of the current estate is more than 55 years old and not fit for purpose
2. The backlog maintenance costs for hospital and community hospital/health centre properties are high and need to be reduced
3. Rationalising the estate - delivering care from fewer buildings - is a necessary part of delivering high-quality, integrated care
4. Larger, multi-purpose buildings are essential to achieve the NHS Five Year Forward View aim to move more care out of hospital and closer to people's homes

COVID-19

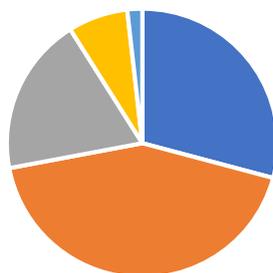
The COVID-19 pandemic has forced the NHS to find new ways of delivering services in hospitals, in the community and in GP practice. When we compare GP appointments in England in July 2019 to those in July 2020⁷ we can see dramatic changes in the proportions of face-to-face and telephone appointments:

	Jul-19	Jul-20
Face-to-Face	79.7%	49.9%
Home Visit	0.9%	0.6%
Telephone	13.5%	45.1%
Unknown	5.3%	4.1%
Video Conference/Online	0.6%	0.4%
All appointments	100.0%	100.0%

In addition, a recent report from AISMA (Association of Independent Medical Accountants) in their Autumn newsletter reported that prior to the covid pandemic 7 in 10 GP appointments were face to face; by the end of April these figures were reversed with 3 in 10 being face to face. Some of these may be short term measures and we are working with the local health and social care system to return to 'business as usual' with the minimum delay. However, the pandemic continues to evolve and there is no clear date for a return to completely normal working. It is likely that the measures put in place to care for our patients in Long Crendon and at our other surgeries will continue for some months in many cases and may be permanent in others.

It should also be recognised that some of the innovations that have been put in place have been well received by patients and have helped to make our service more responsive and efficient. For example, of the 168 people who responded on the issue of the telephone/video consultation in the patient consultation⁸, 72% were either 'very satisfied' or 'quite satisfied'.

How satisfied were you when you used the telephone/ video consultation service?



- Very satisfied
- Quite satisfied
- Neither satisfied or dissatisfied
- Quite dissatisfied
- Very dissatisfied

Patient concerns

A consultation was carried out asking the residents of Long Crendon a number of questions about the future of New Chapel Surgery, Long Crendon⁹. The consultation remains open until 23 November 2020 and an interim report is available summarising the responses for each question.

At the time of writing (23 October) Unity Health has reviewed all of the comments to identify important concerns. This information is summarised in the table below:

Concern	Number	% of total
Attending Brill Surgery	164	60.3%
Pharmacy and prescription issues	91	33.5%
Attending Thame Surgery	75	27.6%
Elderly patients	65	23.9%
Parking issues	44	16.2%
Public transport	44	16.2%
Population growth in Long Crendon	24	8.8%
Children and childcare issues	16	5.9%
Total responses registering 1 or more concerns	272	

We also have additional responses via patient letters and emails. An initial review highlighted similar concerns to the ones above and we will include these in the final report once the consultation has closed.

Long Crendon does have a limited bus service to Brill; services 111, 112 and 113 provide a number of buses in the morning and the afternoon, although some services only operate during the school term and the service seems to be intermittent and un-coordinated. There are three community bus/car services locally which may cover Long Crendon or from which we could learn to look to set up something similar locally; these include Aylesbury Vale Dial-A-Ride; Winslow & District

Community Bus; and Chearsley Car Service.¹⁰ Census data from 2011 shows that 91.6% of households in Long Crendon owned at least one vehicle.

1. Continue providing services at New Chapel Surgery

Long Crendon Surgery provides services to approximately 3,490 patients; of these approx. 2,350 live in Long Crendon and the remainder in surrounding villages so are already travelling to receive services from Long Crendon surgery. The current premises in Long Crendon are inadequate. Although well maintained, the premises are essentially 'unfit' for purpose in a number of ways including:

1. The practice team has grown to meet demand and the present space is very constrained, leading to a poor working environment and increased inefficiency
2. Teaching activities at this site have been curtailed since the premises are not suitable for GP training - with only 2 consulting rooms there are no spare clinical rooms to enable students to see patients separately. The practice has ceased its teaching programme for medical students and future GPs from this site and is unable to expand GP and nurse training facilities
3. The Practice provides a crucial and valued dispensing service to approximately 6,500 patients from Long Crendon and Brill; split roughly equally across the two sites. The current dispensary in Long Crendon is too small for the number of prescriptions dispensed
4. The premises cannot be modified to comply with the Disability Discrimination Act – for example the absence of a lift means that patient areas are limited to the ground floor where consulting rooms are small and access is challenging for some patients
5. Drainage problems are significant due to the shared nature of the drainage facilities
6. Access to the site has no safe off-road drop off area or disabled parking
7. The single, small treatment room restricts nursing provision and does not allow for minor operations to be carried out
8. Due to the size of the waiting room it is difficult to maintain patient confidentiality at the point of reception
9. Clinical room sizes, including both consulting rooms and the treatment room, are below the primary care design guidance range (the guidance is for 16m² for consulting/treatment rooms)
10. The nature of the premises means that there is no opportunity for expansion.

Unity Health position on this option

The issues described above make it clear that it is not possible to continue delivering services from New Chapel Surgery in the longer term.

2. Provide services from new GP premises to be built in Long Crendon

Unity Health GP Partners have, over the years, engaged with the local community including the Parish Council which has proposed that a new surgery could be built on land on Chearsley Road, made available as a condition of planning permission for new houses. The Council has kindly offered to support Unity Health in building a new surgery to replace the current building.

The Chearsley Road site has a space allocated for a new doctor's surgery, although no agreement was reached with the CCG that this would be supported prior to this allocation. We understand that

the land would belong to the Parish Council for healthcare purposes only but reverts to the developer if development has not started by December 2021.

The build costs for a new surgery for the growing population of the village would be in the region of £1.4m (2016 estimate), with an additional non-recurring cost of £80,000 to furnish the surgery to current required standards. Prior to merger, Trinity Health pursued the building of a new surgery on this site a number of times (see timeline in Annex 1); these were repeatedly refused by the CCG/PCT since they were not aligned to the NHS Estates Strategy

Buckinghamshire Clinical Commissioning Group (CCG) has made clear its position on funding new GP premises (see Annex 2). There are two important points to note:

1. The CCG has no capital budget to fund new premises
2. The CCG will only support the development of new practices or premises which cater for populations of at least 10,000

A new practice premises in Long Crendon of a similar size would require us to continue working in ways that are not sustainable in the longer term. Issues include:

1. GPs, nurses and other health professionals would be required to work in isolation from the wider primary care team.
2. An impact on recruitment and retention of staff
3. Insufficient space and appropriate facilities to provide the expanded range of services available to patients using other Unity Health premises
4. The premises are not suitable for training of practice staff

Unity Health position on this option

Without support from Buckinghamshire CCG, building and sustaining new premises in the village is not financially viable.

Even if the necessary financial support were to be available, new separate premises in Long Crendon would not fit with the local or national strategy for NHS services and would not address the other issue around professional isolation/recruitment.

3. Close Long Crendon and provide all services from Brill Surgery

Patients would either transfer to neighbouring Unity Health premises in Brill or Thame or choose to register with another GP practice. Patient appointments would be held at either of these sites according to patient preference.

Patients registered at Brill Surgery would continue to access dispensing services in the same way as presently although we would also look at the possibility of establishing a delivery service for Long Crendon patients.

Visits to patients in their own homes by GPs and other staff would continue as now.

The road distance between the Long Crendon and Thame is 3 miles and 4.2 miles between Long Crendon and Brill. More than 91% of households in the Long Crendon have access to a car and off-road parking is available at both premises.

This option is in accord with national and local strategy to concentrate care in larger premises that can support the expanding range of services provided in primary care settings. In the long term, the

provision of a planned new facility in Thame would potentially allow us to deliver services that patients currently have to attend hospital for.

This option would remove the issues of our staff working in isolation and we anticipate that it will make the practice a more attractive place to work, ensuring that we continue to recruit and retain high-quality staff.

Unity Health position on this option

Closure of Long Crendon would resolve issues and avoid some of the problems highlighted in options 1 and 2, allowing us to continue to deliver a high-quality and equitable service to all Unity Health patients now and into the future.

There are a number of concerns identified by patients with this option (see section Patient concerns, above). Continuing a dispensing service and home visits would address some of these concerns but it is recognised that further work with the parish Council, patient organisations and local Healthwatch is needed to devise a suitable model that addresses these issues.

The practice recognises that this option will lead to an increase in car journeys and the accompanying environmental impact. However, the reduction in sites and the consequent efficiencies in staff travel, energy and waste disposal would need to be taken into account in any impact assessment.

4. Provide services from another facility in Long Crendon

Under this option patients would be registered with Brill as their surgery as with Option 3 above. The difference is that we would continue to provide some essential services in Long Crendon from shared, multi-use premises as detailed below. Clinical services and staff would be based primarily in Brill but would continue to run some services in Long Crendon to address issues raised in the patient consultation.

This solution relies on securing a facility that Unity Health can lease and that is suitable for delivery of the range of services identified. We believe that this should comprise:

1. Consulting rooms for GP and nurse appointments, suitable for minor procedures such as phlebotomy, injections and dressing change
2. A facility for storage and dispensing of medicines that have been prescribed to patients registered with the practice
3. A facility for patients to use for video consultations where they do not have the facility to do this at home
4. We would also like to have access to a multi-use room that would allow us to bring together the entire Unity Health team (around 70 people) for training and for practice events. We anticipate this would also be used for group patient consultations and health promotion as well as use by the wider community.
5. We would like a 'future-proofed' facility that could, potentially be expanded to adapt to future changes in NHS provision, including possible hosting of PCN staff.

Under this arrangement we would expect to provide the services listed below for patients who are unable to travel to the Brill surgery:

1. GP appointments

2. Nurse appointments
3. Other health professional appointments
4. Phlebotomy (taking blood for tests)
5. Clinics for people with long term conditions such as diabetes
6. Dispensing pharmacy service

Unity Health position on this option

We believe that this option has the potential to deliver a high-quality service to patients who currently use New Chapel Surgery as well as reducing professional isolation and recruitment difficulties. It would allow patients to benefit from all of the innovations and new services that will follow in the foreseeable future. This option also has the advantage of meeting many of the concerns expressed by patients regarding access, convenience and environmental impact.

It relies on finding a suitable site that could be configured for delivering the services described and that can be made available through a financial arrangement that is affordable for the practice. This requires the agreement of Buckinghamshire CCG to support the on-going running costs of the service.

Document information

Prepared by Tim Jones for Unity Health

25 October 2020

Annex 1 – Indicative timeline of key events during property negotiations relating to surgery in Long Crendon (LC)

Date	Event
2005	Completion Brill surgery / Ashley House Build – rental agreement in place
Oct 2010	Outline Business Case for New LC Surgery premises- GVA Grimley Heads of Terms agreed for 2 year option on land off Cheersley Road, LC Proposal fails approval for onward progression by PCT
Oct 2016	Update Announcement Re Primary Care Transformation Fund – Approach to funding 2016- 2019 Dame Barbara Hakin – Later referred to as EETF below
April 2015	Letter of approach from Trinity Land on behalf of Land promoter Paul Fincken offering possible site for new surgery in LC. CCG had already been approached by them and they were informed that any proposal for a new surgery would not be supported.
Jan 2016	Outline Project Initiation Document (PID) submitted for approval from NHS England to move to a business case stage for procurement and development of primary medical care premises / Estates and Technology Transformation Fund (EETF) bid. Bids submitted by the practice for both LC and Thame sites.
2 nd Nov 2016	Emails confirming NHS England not approved onward progress of Thame project. Reserve placed on LC scheme to carry out pre-project planning.- – Helen Delaitre Head of Primary Care CCG
4 th Nov 2016	Letter confirming successful application for pre-project planning costs from EETF for LC project £50 K – Helen Delaitre Head of Primary Care CCG
20 th Mar 2017	Letter of clarification of approval of funding -£25 K and reallocation to Thame Hub -Ginny Hope/ Head of Primary Care NHS England
Oct 2017	Formation of Unity Health by merger of Trinity Health and Wellington House Practices

Annex 2 - Buckinghamshire CCG position on funding new premises

Questions from the public 10/09/2020 at Bucks CCG AGM

Question stated from Diana Bowerman, on the committee for the newly formed action group to keep open Long Crendon surgery (Aylesbury Vale).

Why, when the Government wants 6000 more GPs and 50 million more appointments, is the CCG considering the proposed closure of the only GP surgery in Long Crendon, yet unsupportive of a surgery in a building in the village, fit for purpose, when the site has already been given.

NHS Buckinghamshire Clinical Commissioning Group is responsible for the commissioning of primary medical services to meet the needs of its entire county wide population. Where seeking to invest in additional service provision it must take into consideration the differing health needs of the populations it serves, existing service provision and the requirement to reduce inequalities across the county.

Each General Practice has a contract to deliver services to their registered list of patients. As part of this contract they are responsible for arranging suitable premises from which it can deliver these services. A decision to close or relocate a surgery will therefore originate from the practice. When a practice takes such a decision, it must apply to the CCG's Primary Care Commissioning Committee (PCCC) for approval.

Part of the application process requires that patients, public and local stakeholders are consulted on the proposed change (which is currently in progress with regards to Long Crendon). The PCCC then decides whether or not to approve the application, taking into account feedback from the consultation and a range of wider considerations, such as the health and social care needs of the affected area in the context of wider county requirements and service provision.

In terms of investment, although the ***CCG is responsible for reimbursing practice rent in accordance with the Premises Costs Directions, it is not responsible for developing them and indeed, does not hold any capital funding to do so.*** That said, the CCG does have a role to play in setting estate strategy and ensuring value for money and upholds the following principles in line with the local and national transformation agenda:

The CCG supports the development of modern, fit for purpose premises that are accessible to local populations.

The CCG will work with practices to make sure they remain resilient and sustainable for the future. This means it would only wish to support the development of new practices or premises which cater for populations of at least 10,000, for example. If a proposal for the development of smaller premises were to be made by a practice, it would be considered. But cost and long-term sustainability would be key factors in any decision.

Where possible, the CCG will promote the consolidation of services onto fewer sites. This maximises the use of existing infrastructure and promotes joint working between healthcare services and professionals.

Response from Louise Smith, Interim Director of Primary Care and Transformation

References

¹ Long Crendon Parish Neighbourhood Plan 2013-2023

https://www.aylesburyvaldc.gov.uk/premisess/default/files/page_downloads/Long%20Crendon%20Parish%20ONP%20Post%20%20Examination%20Version%20%2019-6-17.pdf

²Vale of Aylesbury Local Plan 2013- 2033 <https://www.aylesburyvaldc.gov.uk/section/vale-aylesbury-local-plan-valp-2013-2033>

³ NHS England (2016) General Practice Forward View. London: NHS England. Available at: <https://www.england.nhs.uk/wp-content/uploads/2016/04/gp-fv.pdf> (accessed February 2018).

⁴ <https://www.rcgp.org.uk/clinical-and-research/our-programmes/general-practice-at-scale.aspx>

⁵ Nuffield Trust (2016) A look at the facts: can large-scale general practice deliver? <https://www.nuffieldtrust.org.uk/news-item/a-look-at-the-facts-can-large-scale-general-practice-deliver>

⁶ NHS, Next Steps on the Five Year Forward View, March 2017 <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>

⁷ <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>

⁸ The future of New Chapel Surgery, Long Crendon: Interim report - consultation responses. 23 September 2020

⁹ The future of New Chapel Surgery, Long Crendon: Interim report - consultation responses. 23 September 2020

¹⁰ The Vale of Aylesbury Plan Long Crendon Fact Pack December 2011 https://www.aylesburyvaldc.gov.uk/premisess/default/files/page_downloads/LONG-CRENDON03-05-2013.pdf