

PROTECTING THE FUTURE OF THE GP SURGERY IN SHERSTON

We are trying to protect the GP surgery NHS facility in Sherston. The current surgery is inadequate in so many ways:

- Extremely difficult access for patients with mobility issues or carrying small children.
- All GP consulting rooms are on the first floor accessed via the steep staircase.
- Insufficient storage space for patient notes and many other items meaning the loft needs to be frequently accessed.
- Patient confidentiality compromised as there is nowhere to speak privately.
- Nurse/Treatment rooms inadequate and appointments need to be carefully managed as certain procedures can only be carried out in one of the rooms.

The only real way we can protect the surgery for the future is by building a **community owned** facility. If we do not build a new surgery, the current surgery could be threatened with closure, probably within 7 years when Dr Harris and Dr Pettit are likely to retire. With the current national GP recruitment difficulties, the concern is that the surgery might not be able to attract new partners who would wish to invest in the building thus making it unsustainable. The retiring partners would also not be able to sell on and release retirement capital. The current partners are fully committed to providing a new facility in the village, and a community owned solution will provide for the GP surgery in Sherston long after they have gone.

WHY CHOOSE A COMMUNITY SOLUTION?

The options explored when considering the procurement of a new surgery were:

1. GPs to fund the development through the cost rent/notional rent route.

For the doctors to invest their own money in a new surgery is fraught with difficulties. When a partner retires from the practice, they would need to sell on their share of the property to a new partner. GP surgeries are experiencing huge problems recruiting GPs even without this added problem, and it would make succession at a surgery like this almost impossible.

This is an extract from a letter from the partners to the patients at a practice based in a village in Essex:

We are writing to give you more information as you may have heard that we have given six months' notice on our contract with NHS England to provide GP services..... ...following the Government's National Policy decision we have had a Contract review that means the Practice will lose a third of its current funding over the next two years.

We have had two such "reviews" in the last six years resulting in a significant reduction in our funding. The uncertainty this creates, together with the national shortage of GPs does not lend itself to GPs wanting to invest their own money in

building surgeries, the trend is going completely the other way. Asking doctors to invest in buildings while this is going on is not realistic.

The Tolsley Surgery building is owned by two of the Partners, and the NHS rent goes towards the mortgage on the property. When the property is sold, there is unlikely to be much equity to invest in a new building.

2. Use a Third Party Developer or PFI

This option was ruled out as the size of the development cannot offer the returns required by a commercial developer. It was also considered beneficial to keep the ownership of the surgery with a community consortium. The surgery initially met with a commercial developer that specialised in the medical sector. The conclusion was that the project was too small for the developer to take on.

Private Finance Initiative schemes have fallen out of favour for good reasons. Any private investment in the NHS has to make a profit, so it is obvious that you get less for your NHS £. Also, the land cost would be higher if it was to be sold for development. Operating from a managed building brings with it huge disadvantages and unforeseen expenses. All the NHS rent would go directly to the PFI and every time we wanted to hang a picture on the wall or make any internal changes, these could be subject to uncapped surcharges. All the control is with the PFI and none with the surgery or the community.

3. Joint venture with Wiltshire Council, Sherston Parish Council and GP Partners.

The advantages of this route are numerous. Firstly, the land to build on has been identified and agreed. This is one of the biggest problems faced by surgeries wishing to relocate. Wiltshire Council has the option to buy back this land, if that is what they decide to do.

The property would remain in the ownership of the community and would not be subject to the terms and conditions placed on a commercially owned, leased building. It is protected from the uncertainties of the NHS to a large extent, and the progression of doctors is secured by not needing a large financial investment from any potential candidates. Another advantage we hope to gain from a new surgery is to become a training practice, for which we have already been given approval in principle. This brings with it the opportunity to secure the succession of GPs as trainees frequently like to stay where they have trained.

SIZE OF NEW SURGERY

The scale of the build is bigger than that agreed by the NHS because over the last 15+ years the amount of work carried out in primary care has increased exponentially. This increase in work is not recognised by the NHS in terms of space requirement. Instead, NHS England has returned to a formula based on list size similar to that used over 15 years ago. Most of this extra work is in chronic disease management, CHD, CKD, COPD-spirometry, Asthma and Diabetic clinics, BP

monitoring, ECG monitoring, contraception, phlebotomy, Learning Disabilities, Dementia and Memory clinics and Leg Ulcers. The number of immunisations now carried out in primary care has also seen an enormous increase with not only the flu vaccines being offered to a wider range of patients, but HPV, Shingles, Pneumococcal, Meningitis (numerous), Rotavirus, MMR, Hep B, Pertussis, etc. The Dispensary is a vital part of the offering at the surgery. We also supply many of our patients with dosette boxes, do drug deliveries, hold Minor Operations and Carers clinics and carry out NHS Healthchecks. There are other services we would like to offer but simply don't have the space, such as Retinal Screening for our diabetic patients. We have a private physiotherapist and a foot healthcare worker for a very limited number of sessions, which are the type of services we would like to offer more of, if we had the space.

We cannot do all of this extra work in the space allocation, and we see little point in building a new facility that is inadequate from day one. The new school built in Sherston was an example of building too small and having to extend within a couple of years of opening. The likelihood is that patient numbers will increase with better facilities, as I am sure there are many patients that prefer to travel further afield, if they are able, to access a more up-to-date surgery. We would not increase our catchment area, so will only be servicing our current area.

The space we are asking for would provide for an additional GP trainer room, a phlebotomy room together with two nurse rooms, giving the flexibility to make full use of the facilities. A reception interview room would give patients the confidentiality they need. It would also give us the additional clinical, administration and storage space needed to operate in a safe and effective way and meet current infection control standards.

It has to be said also that the staff work in very challenging conditions at the surgery. We would like to provide a staff room, separate staff and patient toilets and a meeting room that could also be used for training and public health promotion.

We have reduced our space request from 668sq m to 500sq m to be realistic about what can be delivered. However, the NHS England proposal of 333sq m, based on current list size and the provision of a training room, does not give us the space required.

NHS FUNDING

We have applied to the NHS for all possible funding, and in principle, have received approval. In order to take advantage of any funding that becomes available to us, we still need a developer to forward fund the development and build the surgery. Some of the NHS funding that may be available has a time limit of March 2019 for a completed building. We believe the best way to secure the future of the NHS in Sherston is for the community to build and own the facility which is then protected from the uncertainties in the wider NHS.