

The Ascot Plan

Executive Summary

The objective of the Ascot Plan is to deliver a single consistent, resilient, high quality and sustainable primary care service to the whole Ascot population. The plan includes extended access to services at weekends and in the evening, a broader range of services closer to patients and greater flexibility of service delivery.

The Ascot Plan brings together through collaboration of the four existing general practices in the town;

- Magnolia House Surgery¹, Sunningdale;
- Kings Corner Surgery², Sunninghill;
- Ascot Medical Centre & Radnor House Surgery³, Ascot;
- Green Meadows Surgery⁴, Ascot.

The Ascot Plan will enable integrated primary care service with two points of delivery, one at Heatherwood Hospital in Ascot, co-located with Frimley Health Foundation Trust, and one at the Ben Lynwood Retirement village in Sunninghill.

General Practice provides 90% of all NHS care; the service has faced increases in demand of between 3-4% each year over the past five years, whilst during the same period the number of General Practitioners in England has decreased.

1. Purpose

The purpose of this document is to describe the primary care transformation journey for the registered population of Ascot, specifically those patients registered to Kings Corner Surgery and Magnolia House Surgery to support the development of a health facility at Ben Lynwood Care Village in Ascot.

The primary care service in Ascot is not sustainable in its current form, for several reasons:

1. **Demand for services:** This is set to increase further, as the population increases by 9% over the 20-year period to 2038 as a result of underlying growth, including a 150% increase in the population aged 85 and above over the same period (evidenced in the needs assessment carried out by GRIMES - Sept 2018). The local plan for an additional 2,566 dwellings by 2033 with an additional population of 6,160 residents (assuming 2.4 residents per dwelling) for the area based on the Strategic Housing Market Assessment (SHMA) 2016 will further increase demand. This population has increasingly complex health and care needs.
2. **Inability to increase capacity in current premises:** The current premises within which Ascot primary care services operate cannot be increased in size to accommodate this increased demand. The Kings Corner and Magnolia House surgeries cannot be expanded further, and both are already working at full capacity, in the medium term these premises are unsustainable and the future of primary care services in this part of Ascot, is under threat. (see section 6 – Capacity Model)
3. **Pressure on staffing and inability to train additional staff:** There is a national shortage of GPs and over 20% of GPs in the Ascot area are aged over 55 and are due to retire in the next ten years. Both Magnolia House and Kings Corner are training practices with two GP trainers

¹ <http://www.magnoliahouse.nhs.uk/>

² <http://www.kingscornersurgery.co.uk/>

³ <http://rhsamc.co.uk/>

⁴ <http://www.greenmeadowssurgery.co.uk/>

at each practice and could train the future primary care workforce of GPs, nurses, physician associates and paramedics but currently do not have the space to do so.

- 4. Fitness for purpose of current premises:** The Magnolia House surgery operates from a converted residential property built in 1911, with most consulting space on the second floor which makes it difficult for patients who are frail or disabled to access.
- 5. Modernisation of care:** We have developed exciting plans to modernise primary care with new roles and new local services and these are described in greater detail in section 5 of this paper. However, due to either lack of space or to the configuration of space in existing premises, we are unable to deliver this service model which is designed to sustain care into the future for local people.

These plans address the increasing demand and future needs of the population, responding to the pressures described above. The transformation of primary care services in Ascot is essential to deliver sustainable primary care and improved health outcomes for our population. The potential benefits associated with delivering our development plans for primary care are set out on figure 1, below:



Figure 1, benefits of the Ascot Plan for primary care development

This document focuses on the case for change around the transformation needed for sustaining general practice services and the opportunities to have extended health care closer to the patients of Ascot. The evidence presented is both national for predictions with policy frameworks and local for evidence based from the needs assessment and options appraisal.

The new build development at BEN Lynwood will enable:

1. Sustainability by providing premises for practices who are unable to provide care in the medium term in existing facilities
2. Co-location with multiple professional teams, not currently possible due to limited space and fragility of current premises
3. Improved recruitment and retention of extended clinical skill mix, including new roles for clinical pharmacists, physiotherapists, mental health practitioners and extended nursing roles
4. A central facility to ensure efficiency and high quality management and delivery of general practice services in a sustainable way

The co-location of surgeries, onto BEN Lynwood, with community and social care services allow the population to have a multi-disciplinary team wrapped around those patients that require enhanced care due their disease profile or general frailty. The co-location and partnership arrangements are essential to reducing patients' admission to hospital, improving care co-ordination, providing care closer to patients and increasing self-management with patients and carers. It would not be possible to provide this kind of integrated care in the current Ascot primary care premises.

The primary care development at Heatherwood Hospital will enable:

1. Sustainability by providing premises for practices who are unable to provide care in the medium term in their existing facilities
2. Co-location with multiple professional teams and onsite diagnostics, allowing for convenient, same day access to x-ray and ultrasound
3. Enhanced access to shared planned pathways and early diagnosis, resulting in better outcomes for patients.
4. The proximity of the hospital enables development of a flexible workforce model offering rotational placements and enhanced career development for health and care professionals.

Both developments allow for the interdependencies between the two sites to be realised such as:

1. Access to GPs with special interests such as gynaecology and dermatology
2. Increase in appointments being offered with one appointment system across the four practices, enabling greater choice for the patient.
3. Improved triaging so that patients who need an urgent appointment or home visit can be prioritised
4. An enhanced clinical workforce skill mix, patients can be seen by the right person, in the right place, at the right time without compromising other patient appointments.

The enhanced service model will enable trained non-clinical staff to facilitate access for residents to obtain peer support for condition management, self-care and prevention of ill health, for example Health Maker sessions could be run locally in Ascot.

Integrating the wider voluntary community networks with general practice working in partnership from a common community space, provides a unique opportunity to make significant strides in improving the health and wellbeing of our residents, and creating sustainable community assets for the future.

2. Case for Change

The traditional model for general practice needs to modernise in order to sustain our services, NHS England set out in the national policy; General Practice Forward View⁵ (April 2016) a 'rescue package' for general practice recognising the current models of services are not sustainable due to a number of contributing factors. The General Practice Forward View (GPFV) sets out how workload reduction, workforce development, additional investment, care redesign through working collaboratively with other care services and infrastructure modernisation will work towards securing general practice services over the five year plan. This is summarised as follows in the GPFV:

There has been a steady rise in patient expectations, a target driven culture and a growing requirement for GPs to accommodate work previously undertaken in hospitals, or in social care. This has resulted in unprecedented pressure on practices, which impacts on staff and patients. Small changes in general practice capacity has a big impact on demand for hospital care, so the need to support general practice in underpinning the whole NHS has never been greater.

The case for change has been built around key areas, which we also recognise locally within East Berkshire:

⁵ <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

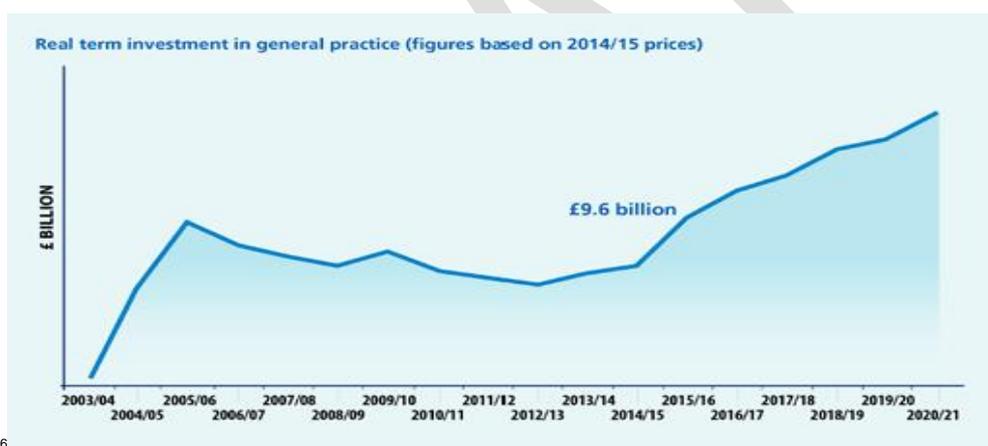
2.1 Demographics, including workforce

Our population in Ascot and surrounding villages is growing through new housing developments leading to an increased pressure on our valuable primary care and community services. In addition, our population is getting older, the growth in both independent living and new residential and nursing homes opening in and around Ascot has resulted in a higher proportion of our population living with more complex health needs.

Workforce Challenges: General practice is already under significant pressure due to a combination of factors including a reduced number of GPs. Many GPs are coming up to retirement age and we do not have a succession workforce due to the reduced number of qualified doctors and those choosing other medical professions. In Bracknell and Ascot (B&A) 22.8% of all general practitioners are over 55 years of age, with 18.8% in Windsor, Ascot and Maidenhead (WAM), leaving at least 1 in 5 GPs in the Ascot locality within retirement age in the next 5 years. We have 41% of our general practices across WAM and B&A qualified as training practices, the retention of these GPs will improve through the Ascot Plan with better extended services and fit for purpose facilities.

Both Magnolia House and Kings Corner surgeries are training practices, with 4 GP trainers between them and the capacity to have two trainees each which can include GPs, registrars, medical students, nurses, physician associates and paramedics but currently do not have the space to do so. The new facility will enable this opportunity to build an innovative successive workforce for the future, both for Ascot and beyond.

Investment: there has been a lack of investment over a number of years which has led to primary care resources not keeping pace with demand. The CCG through delegation has increased investment into general practice by commissioning additional enhanced services offers and non-recurring investment to support change and improvement.



Workload: the orchestrated shift from traditional services in hospitals to providing care closer to home in primary and community care. This shift of care will continue not only to increase the workload of general practice, but also the complexity of conditions and requirement for anticipatory and advanced primary care plans. Through better co-ordination and working collaboratively with associated services and supporting our teams in delivering care at the top of their capabilities. Delivering this ambitious co-location is critical to addressing the increasing workload, through our strategic plans, establishing multi skilled teams of professionals working closer together to provide trusted advice, support and care. The patients tell us that general practice is their trusted source if support and advice when considering how to stay well (outcome of The Big Conversation public engagement 2018).

⁶<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>

3. Local Position

3.1 Local Population

The villages of Sunningdale and Sunninghill, where our registered population are based, fall within the boundary of the Royal Borough of Windsor and Maidenhead (RBWM). The health priorities for RBWM are set out in the Joint Strategic Needs Assessment ⁷ and include addressing mental health (particularly dementia) and the needs of an ageing population including falls prevention and management of frailty and long term conditions. These priorities are reflected in the new facility by co-locating mild to moderate mental health practitioners and promoting the social prescribing services to reduce isolation through signposting to the local community and voluntary sector.

ONS Population Projections for Windsor, Ascot and Maidenhead⁸

	Resident Population Projection	% Increase	Registered Population Projection*
2018	144,600		157,614
2023	147,200	1.8%	160,448
2028	149,400	1.5%	162,846
2033	151,100	1.2%	164,699
2038	152,700	1.0%	166,443

*The Windsor, Ascot & Maidenhead CCG Locality Profile for 2017 produced by Public Health, states a resident population of 142,861 compared to a registered population of 155,803 (as at 1 October 2017) a difference of 9% - this has been applied to the table above to demonstrate the projected growth in the registered population.

The most significant change in population is in adults aged 85 and over which, will increase from 3,600 in 2014 to 9,000 (150.0%) by 2039. The predicted demographic shift towards patients over 85 supported the expectation around increasing workload set out previously.

In accordance with NHS policy, the development has been sized for the anticipated population with a 10% extra allowance to cover patient choice and changes to the demographic. The modelling is based on the NHS England current standard of 1 Full Time Equivalent GP per 1800 patients assuming that the population is similar in its health needs to the national average. The extra growth factor allows for an ageing population who will require more health care services in the future which will need more staff and clinical rooms.

⁷ https://www3.rbwm.gov.uk/publichealth/homepage/6/joint_strategic_needs_assessment

⁸ ONS 2016 based subnational population projections, table 3: NHS Regions and Clinical Commissioning Groups in England; five year age groups, persons Windsor, Ascot and Maidenhead – figures in thousands to 1 decimal place
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/clinicalcommissioninggroupsinenglandtable3>

The following maps illustrate the population density in Ascot in relation to the primary care surgery locations.

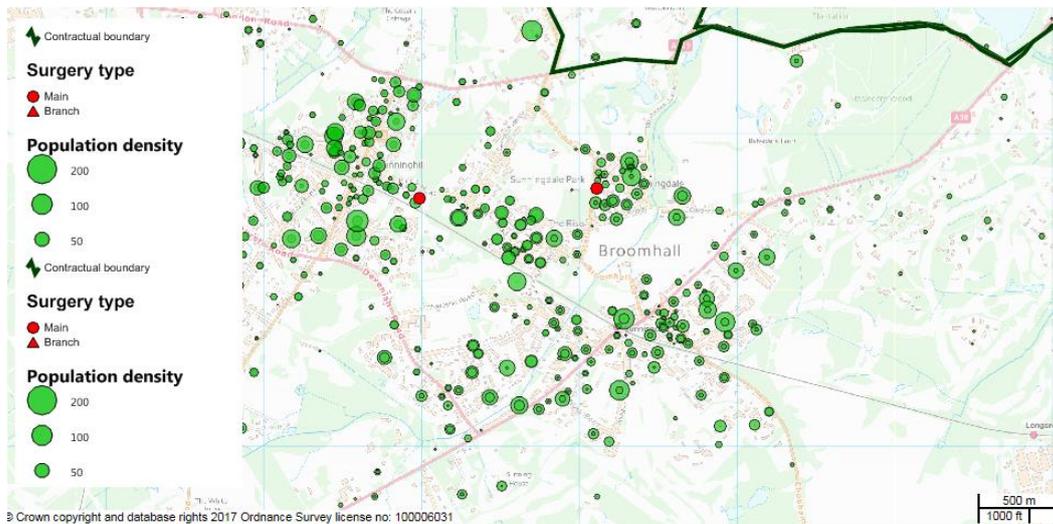


Figure 1: Population density in Ascot

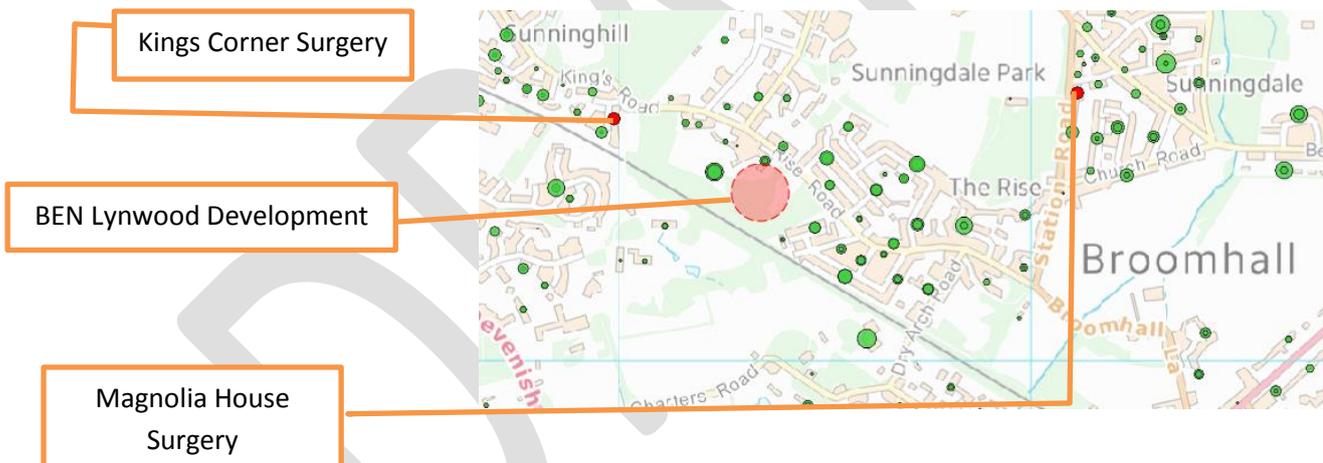


Figure 2: Location current and proposed site at BEN Lynwood

The BEN Lynwood site met the sequential testing of options which has demonstrated this to be the only site which is appropriate in location, suitable in size and viable in cost. The site will also:

- Provide improved local medical services, primary care and community health services, within the Sunninghill and Sunningdale area, close to people's homes.
- Be within walking distance of a large cohort of patients who are currently registered at Kings Corner and Magnolia House surgeries
- Minimise changes to patient travel routes

4. Local Plans

The Ascot, Sunninghill and Sunningdale Neighbourhood Plan (2011-2026) adopted in 2014, indicates that the area will continue to absorb its share (18%) of the borough housing plan amounting to 2,566 new dwellings up to 2033. The needs of the population moving into these dwellings are anticipated to be increasingly complex estimated from current demographic projections. In addition, Ascot and the surrounding area plays host to approximately nine care/nursing homes including the BEN Lynwood

Care Village at which medical services are delivered by Magnolia House Surgery. The close proximity of such a high volume of care homes increases the complexity and demand on local general practice services. The Neighbourhood Plan does not take a view on health provision or make any comment on the sustainability of population affected services and their infrastructure.

The Frimley Health and Care Integrated Care System (ICS) is a partnership of organisations working together to improve health and care services for the 800,000 people in the local area, with a shared vision for the best use of combined resources to make a positive difference for communities, residents, patients and staff. Frimley Health and Care is working in partnership with the local population and local partner stakeholder organisations to provide an integrated health and social care system fit for the future. This means people receiving seamless holistic services that meet their physical and mental health needs at the earliest possible opportunity – right care, right time and right place. Through a focus on individuals, as opposed to organisational structures, there is increased priority placed on prevention and proactive care rather than reactive treatment.

Frimley Health Foundation Trust (FHFT) operate an elective care hospital site in Ascot (Heatherwood Hospital) which is in the process of being redeveloped to provide enhanced elective pathways, administration and education facilities. The new development will include a general practice facility with general practice and locality based services. The development at Heatherwood opens up the possibilities for access to complimentary diagnostic services for the registered population of the proposed BEN Lynwood development, along with enhanced access to shared planned pathways and early diagnosis, resulting in better outcomes for the registered population. The proximity of the hospital enables development of a flexible workforce model offering rotational placements and enhanced career development for health and care professionals.

One of the Frimley ICS priorities is around developing integrated decision making teams of multi-disciplinary practitioners providing single points of access to services such as rapid response and reablement supporting patients' recovery. The expectations of an integrated care service into the community is to deliver a multi-disciplinary community response including general practitioners, district nursing, physiotherapists, mental health professionals, enhanced care practitioners, social care and the voluntary sector.

The programme establishing integrated decisions making arrangements, commits to the following outcomes and benefits;

Patient experience:

- Early access to proactive integrated services for individuals identified as frail
- Seamless, uncomplicated access via a single entry point into the service
- Improved patient experience and satisfaction of individuals receiving treatment and assessment
- Equity of access for all patients and local service delivery
- Optimising quality of life and increasing healthy lifespan

Service integration:

- Adoption of single trusted assessments and care planning will lead to a reduction in duplication of services across the system
- Use of shared care record will be accessible across all settings and therefore reduce duplication of services.
- An integrated approach will enhance supported and seamless discharge into community settings
- Access to social, emotional and psychological support in partnership with the individual

System sustainability:

- A pro-active approach will reduce crisis management impacting on emergency admissions
- Helping people maintain independence and manage their own health and care
- Reduction of length of stays and re-admission of individuals into hospitals.

East Berkshire CCG has been developing local models across the geography for their patients for over two years, within the New Vision of Care⁹ programme; this has resulted in a reduction in the number of patients under this service requiring a hospital stay.

4.1 Premises

Kings Corner Surgery: originally built in the 1980s providing purpose built modern facilities for traditional general practice. The premises are unable to extend from the original footprint, which in the face of a growing population and need to deliver a modernised more resilient model of general practice, renders the premises unfit for future service provision. A six facet survey carried out by the Oakleaf Group in 2016 scored the dimensions as a 'C' meaning not satisfactory with major changes needed as there are not enough clinical rooms. It also reported an overcrowding rate of 10% on clinical, training, administration and storage space.

Magnolia House Surgery: a converted residential property currently deemed 'unfit' as a result of a recent internal ceiling collapse and restricted access for disabled patients (no lift and inadequate turning circle for wheelchairs). The majority of the consultation rooms are on the first floor therefore, disabled patients and patients with poor mobility, may have to wait longer for appointments depending on the availability of a room on the ground floor. As it currently stands, Magnolia House would require significant investment for extending and improving the external structure of the building, as well as internal structural changes to accommodate patients with limited mobility. This site is a 'burning platform' for the provision of general practice, where the premises is unable to deliver facilities to enable access for disabled patients and insufficient car parking for the increasing demands on services.

5. Future Service Provision

The new provision will enable existing General Practice services to be sustained through working together by Magnolia House and Kings Corner on one site with options for a greater range of services. Working at scale the practices will have ability to harness an extended skill mix in their clinical teams, retain and develop valuable members of the team, freeing up 'time to care' through consolidating back office functions across the Ascot practices and creating capacity to deliver an enhanced service for residents.

The enhanced service model will also enable trained non-clinical staff to facilitate access for residents to peer support for condition management, self-care and prevention of ill health and could create opportunities for Healthmaker sessions to be run locally in Ascot.

Integrating the wider voluntary community networks with general practice working, working in partnership from a common community space, provides a unique opportunity to make significant strides in improving the health and wellbeing of our residents, and creating sustainable community assets for the future.

The new facilities will ensure treatment and consulting rooms are suitable for disabled and bariatric visitors, as required for all new build primary care premises. These larger rooms will also provide space for multi professional input to the individuals, and carer's care plans developed to support those patients with multiple long term conditions and frailty.

The development planned at Heatherwood Hospital for general practice services is 200sqm smaller than originally advised which limits the options around accommodating the GP practice already housed on the hospital site together with some integrated care services and the education facility as initially planned. It is envisaged that the majority of 'additional' services will be delivered from the BEN Lynwood facility which will also enable a highly skilled and flexible administrative team supporting patient care.

Patients from all four practices will be able to access services at both the Heatherwood and BEN Lynwood sites. The service delivery model for the Ascot practices is currently being worked through and will form part of the Ascot Plan in due course.

As stated in the Neighbourhood Plan parking in both villages is challenging, which will be an issue for planners no matter where a new health site is developed. In response to reducing the car parking

⁹ <https://www.eastberkshireccg.nhs.uk/our-work/new-vision-care/>

and traffic to the sites, both current practices are committed to digital technology for consulting and self-monitoring by patients of their conditions and providing data to their health records held by the practice.

In addition to the population growth, the shortage of general practitioners puts additional pressure on the practices to deliver the level of appointments needed. To mitigate this risk the practices have developed innovative workforce models around extended skills mix and delegation in order to use limited resources in the most effective way. The new and enhanced roles in the GP led teams will offer better career and progression options for staff, supporting retention and staff satisfaction. The new role of general practitioners will be equivalent to a 'consultant' role taking senior responsibility and co-ordinating the care through their multi-disciplinary team with their supervision.

The practice in Sunningdale has been looking for alternative options for around ten years, aware that the current premises would not be able to grow with the population needs. BEN Lynwood offers the only suitable alternative following the needs assessment and options appraisal (provided in planning portal).

Patient feedback from the recent engagement programme, The Big Conversation¹⁰, supported more services being provided together in the community, particularly health and social care, low level diagnostics, paediatric services and physiotherapy. The patients wanted assurance that the services would be no further than a taxi ride or short bus journey away. They also requested that services be available for longer hours, to which the Ascot model aligns.

6. Capacity Model

The capacity model has been formulated across the full Ascot Plan, but shows specifically the model for the BEN Lynwood development as a new build with capacity to accommodate the growing population (of the current practices) and predicted demand for more services. This modelling approach has been required following confirmation that Heatherwood Hospital are unable to confirm sufficient space for two practices to re-locate together into the intended area, as originally planned.

Intended Opening Hours	
Mon - Fri	8.00am to 8.00pm
Saturday	8.30am to 12.30pm

The expected patient growth, using figures supplied by the NHS, is forecast to be 3%¹¹ per year. In addition to growth, the increasing complexity of needs and the shift in delivering services out of hospital into general practice adds to the requirement for increased capacity. Future proofing our general practice premises for the next 20 years is essential to meet these demands.

Practice	May-18		May-19		May-20		May-21		May-22		May-23		May-24	
	3%	Population												
Kings Corner	7,652	230	7,882	236	8,118	244	8,362	251	8,612	258	8,871	266	9,137	
Magnolia House	9,210	276	9,486	285	9,771	293	10,064	302	10,366	311	10,677	320	10,997	
Green Meadows	9,932	298	10,230	307	10,537	316	10,853	326	11,179	335	11,514	345	11,859	
Ascot MC & Radnor House	5,175	155	5,330	160	5,490	165	5,655	170	5,825	175	5,999	180	6,179	
Totals	31,969	959	32,928	988	33,916	1,017	34,933	1,048	35,981	1,079	37,061	1,112	38,173	

¹⁰ <https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2018/08/Engagement-Report-Web.pdf>

In accordance with NHS policy, the development has been sized for the anticipated population with a 10% extra allowance to cover the patient choice and changes to the demographic. The extra growth factor allows for an ageing population who will require more health care services in the future which will need more staff and clinical rooms. This is shown in the table below:

Practice	May-18	10%	Predicted Population - May 2024
Kings Corner	9,137	914	10,051
Magnolia House	10,997	1100	12,097
Green Meadows	11,859	1186	13,045
Ascot MC & Radnor House	6,179	618	6,797
Totals	38,173	3817	41,990

National statistics show that patients will attend their general practice services around 6 times per year, so for a registered population of 41,990 the required general practice need is for 251,940 appointments per year. The preferred time for a comprehensive consultation is 15 minutes for better outcomes for the patient, and future models are calculated on this basis.

Current Service Provision

Practice	Registered List Size	GP fte	Nurse fte	HCA fte	Sessions offered per week	Appointments per week	Appointments per session (average)
Kings Corner	7,652	3.4	0.7	0.9	51	828	16
Magnolia House	9,210	5.3*	2.9	0.4	40	548	15
Green Meadows	9,932	5.87	4	0.9	50	1350	18
Ascot MC & Radnor House	5,175	3.9	1.33	0.75	30	336	11
Totals	31,969	13.17	8.93	2.95	171	3062	15

The current services provide over 159,000 appointments to their patients, supported in the modelling above. Further work which is currently underway with the practices on the emerging service delivery model will affect these figures.

Future Service Provision - Model:

Practice	Projected Registered List Size	GP fte (based on 1 fte GP : 1800 patients)	OHP fte (based on 1 fte current Nurse : 3580 patients)	HCA fte (based on 1 fte current HCA : 10,000 patients)	FTE - all clinical staff	15 minutes Appointment (Future model) = 4 appointments per hour / per week
Kings Corner	10,051	5.53	2.81	0.93	9	1225
Magnolia House	12,097	6.91	3.38	1.12	11	1508
Green Meadows	13,045	7.24	3.64	1.20	12	1598
Ascot MC & Radnor House	6,797	3.88	1.90	0.63	6	847
TOTAL / AVE	41,990	24	12	4	39	5,178

The future service model will by 2024 provide just short of 270,000 appointments to the increased population of 41,990 patients. Further work which is currently underway with the practices on the emerging service delivery model will affect these figures.

Note: the above appointment does not factor in the appointments carried out by registrars and trainees or the routine visits to care homes and nursing homes. Alternative methods of appointments such as telephone or online consultations are also outside of the above numbers.

Focusing on the Kings Corner and Magnolia House surgeries in relation to the BEN Lynwood development the following summarised current capacity in the existing premises and the planned capacity in the new development taking into account the future service modelling detailed above;

Practice	Current Capacity - Ascot		Clinical Rooms	Current Sessions	rate of sessions per clinical room
	consult	treatment			
Kings Corner	6	2	8	51	6.4
Magnolia House	7	2	9	40	4.4

The planned development at BEN Lynwood provides 25 clinical rooms; this brings an additional 8 clinical rooms to current capacity. The modelling above takes into account the predicted demographic change results in the need for 33 clinical rooms by May 2024, in order to provide the increased number of appointments.

However, the practices' emerging model of services looks to reduce the space requirement through innovation, technology and greater flexibility in the multi-functional design of the clinical rooms. The innovations will include online consultations reducing the requirement of patients to travel, group consultations providing peer and professional support and extending service beyond the traditional hours of provision into the evening and weekend.

7. Additional Services and Opportunities

The new Ascot Plan together with the required premises developments will enable an extended range of services to ALL registered patients in Ascot to be provided, including but not limited to:

Extended Access: working together will provide a committed workforce to enable the practice to deliver care in the evening and weekend, until 8pm weekdays and Saturday 8 am – 12.30pm. The services available should mirror the provision during core hours for all patients.

Minor Surgery: the ability to offer patients joint injections, minor skin operations and biopsy to save referral to secondary care. There is also scope to offer an extended skin service subject to commissioning intentions.

Clinical Pharmacists: providing a supporting role in the management of the GPs caseloads, specifically working with individuals who have long term conditions, living with frailty, multiple co-morbidities or who are taking multiple medications (polypharmacy) as well as providing routine medication reviews within general practice. Clinical pharmacy is considered a key role to the transformation and sustainability of general practice by provided enhanced focused care to patients with complex care with medication regimes, responding to patient queries and ensuring high quality care through clinical audit to continually improve care.

Mental Health Services: providing access to mental health practitioners specifically to support patients with long term conditions, mild to moderate depressions, or mental illness which is impacting their ability to self-manage and avoid crisis in their condition. The mental health practitioners will offer 'Talking Therapies' and facilitate access to wider mental health and peer support services, including Health Makers peer groups and options for social prescribing.

Physiotherapy: offering clinical expertise and autonomy to assess and diagnose individuals with a range of conditions, including musculoskeletal (MSK), neurological and respiratory conditions. Physiotherapists with advanced practice skills have a particular role to play in taking on many of the tasks currently carried out by GPs. The patient experience for MSK conditions, which are estimated to be around 30% of all GP appointments, would be much improved with shorter pathways to the appropriate care. This will support our patients to reducing unnecessary visits to hospital and get professional advice in their local practice.

Self-care and prevention: we know that without good self-care and prevention health outcomes are poorer and demand on services increased. The new facility has been designed with increased emphasis on patient education for self-care and prevention. Incorporating information pods and group rooms in which sessions can be held in a wellbeing environment, with input from specialists when required.

Training Hub: the development of the training facilities across Ascot is essential to attracting new members of the team, both clinical and non-clinical, through working with the local Community Education provider Network and the Primary Care Networks. We would look to increase the retention

post training of medical, nursing and non-clinical trainees through the wider offers of care, career opportunities and continual professional development with East Berkshire and the ICS.

Back office facility: providing efficiency through one management and administration team to ensure a high quality and consistent offer of accessing the practice, quality improvement, CQC assurance, contractual requirements, workload reduction initiatives and business functions. This will support the retention of staff into a team with development and career opportunities. Patients will have a consistent service through the telephone and via e-consultations.

Patient Engagement: one Patient Group across Ascot supporting the transition plans and service model through implementation, enabling a strong patient voice for the registered population of the town.

Other services that may be able to co-locate could include podiatry, community dementia advisors and other community clinics e.g. the Rapid Assessment Community Clinic (RACC) and community gynaecological service.

8. Other requirements

Good Quality Premises – fit for the future

Ensure premises and facilities are fit for purpose to enable high quality services and safety for visitors and the practice team. The investment in general practice premises in recent times has been limited through funding and complexities around ownership, the opportunity at BEN Lynwood is unusual and provides a cost effective model to our tax-payers as well as excellent facilities to provide good care for our patients.

Relocating to a single storey premises to reflect the access demographic of an increasing elderly, frail population and ensure the premises are suitable as community asset offering services to the wider population to improve health and wellbeing.

Ensure the premises development achieves a BREEAM¹² status of 'very good'. The design needs to exceed the energy requirements to use the building by an additional 10% of that required by building control.

Digital technology

Improving technology in general practice is essential to ensure that both patients and professionals throughout the health and care system have the right information at the right time to provide care. The new facility will enable shared and more resilient IT systems which support the use of technology to book appointments, order prescriptions, monitor their own health and recovery. Sharing medical records between professionals that are caring for the same population enables patients to have more assurance on the consistency of care, reducing the needs for patients to repeat their story multiple times and enables a more cost effective and sustainable service model through challenging times for general practice providers.

9. Case for No Change

As stated in the case for change in Section 2 above, the current premises at Magnolia House and Kings Corner are not sustainable to deliver general practice services and will mean they are unable to transform their services to continue to provide high quality care to meet the increasing needs of the local population.

From the information presenting in this statement it is evident that the additional population growth will require more health care, specifically in the community. General practice is the corner stone of health services and will continue to take on their responsibilities to deliver high quality and effective care to patients, the increasing demand will put pressure on our existing general practice providers, and we have seen in other areas the fragility of general practice under pressure. Practices who are unable to recruit and retain staff, those with low staff satisfaction, where investment is not supporting service delivery and where quality is not maintained, are taking difficult decisions around the future of their businesses.

¹² <https://www.breeam.com/>

A critical factor in sustaining general practice provision is in the engagement and retention of the critical workforce from skilled non-clinical teams to senior general practitioners. The current premises are not attractive to incoming professionals or team members, and patients will start to become affected where rooms are unsuitable for delivering care.

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The development of a new GP surgery at the Lynwood site is an essential component for the future provision of primary care services for local residents. The new facility will enable two current GP practices, the Magnolia House Practice (Sunningdale) and the Kings Corner Practice (Sunninghill), both of whom currently reside in cramped and sub-standard premises, to be co-located within new, modern, purpose built premises.

The new facility will provide the two practices with the necessary expansion space required in order to enable them to absorb the growing patient population arising from the local housing growth and so ensuring that services are “future proofed” as well as enabling the practices to work closer together thus giving greater resilience. The new facility will give the practices the necessary capacity to enable them to recruit more staff, with a wider clinical skill mix, which will enable them to offer patients a wider range of services and respond to increasingly complex health and care needs.

The local Clinical Commissioning Group (East Berkshire CCG), has an emerging plan for the future delivery of health care services for the whole of Ascot in order to address the increasing health care needs of the population. It is envisaged that there will be two points of delivery, where patients will be able to access an integrated range of services in addition to primary care. There will be one site at Heatherwood Hospital in Ascot co-located with Frimley Health Foundation Trust and the second one at the Lynwood Retirement village in Sunninghill. These sites will deliver an integrated range of services by a multi-disciplinary team including general practitioners, district nursing, physiotherapists, mental health professionals, enhanced care practitioners, social care and the voluntary sector.

The development of the new surgery at the Lynwood site is instrumental for this service transformation and the longer term sustainability of primary care for the area. This development has the support of NHS England as it is recognised that this is a cornerstone for the delivery of the integrated service model envisaged by the CCG to improve the health outcomes for the population. It is very much hoped therefore that the planning consent for this new surgery is given approval by the Planning Authority so this essential facility can be provided.