SEMK Expansion Plan – Consultation Response

Summary

1. Asplands Medical Centre will sit at the heart of a major development under SEMK plan

2. Existing Practice could increase from 12000 to c27000 under future plans

3. Existing practice is at 100% utilisation

4. Existing Practice cannot be physically expanded to accommodate new growth

5. Existing parking is at capacity with no option to expand

6. New premises are required to deliver modern healthcare facilities for the existing and larger local community allowing the local population the chance to benefit from working alongside secondary care services and expanded Primary Care Network Teams.

7. Asplands Partnership are willing, able and best placed to provide the service but need support from planners and grant funding to identify and build a new accessible multipurpose health hub.

8. Facilities should be accessible and have adequate parking to provide local population services such as vaccination programmes

9. Opportunity for flagship services for the community to promote both local and national priorities around improving population health

10. Careful consideration should be given to making sure that any new facility is accessible to both existing and emerging populations on foot, by bike and public transport.

11. Planning for health provision needs to be futureproof and take into account the proposed development of the Aspley Triangle and the effects of changes associated with the East West Rail (Bletchley and Marston Vale Line)

Introduction

Thank you for the opportunity to respond to the SEMK expansion plans. I write on behalf of Asplands Medical Centre and Woburn Sands Surgery. The GP Practice operates from two locations – the main practice is based in Woburn Sands: with a smaller satellite practice in Woburn. These are known as Asplands Medical Centre and Woburn Medical Centre respectively.

Asplands and Woburn practices are semi-rural, providing General Medical Services (GMS) for over 12,000 patients. The communities served by the two practices have seen significant development, and patient numbers across the Partnership have seen steady increases.

Over the past 5 years, there has been a practice population growth of more than 8.5% as the area has continued to develop. There are a number of proposed local developments that could see the local population and patient numbers steadily increasing further over the next 5-10 years. Indeed, the SEMK plan proposes the construction of 3000 dwellings; with further plans for the development of 650 dwellings in the Aspley Triangle at Hayfield Park https://www.hayfield-park.co.uk/documents/hayfield_park_leaflet.pdf; and a further 2,800 dwellings in later years are being considered.

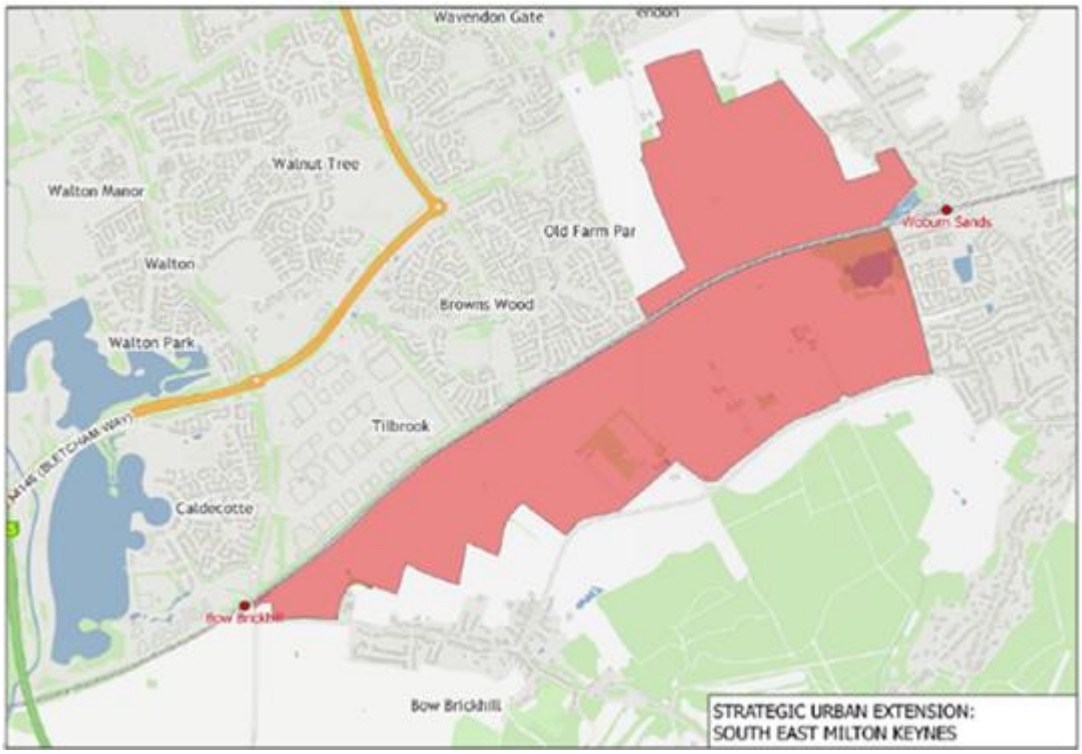

Figure 1 Proposed development area for SEMK expansion

If the local occupancy standard of 2.5 people per household is applied for these proposed dwellings, this represents a potential influx of 14,875 patients into geographical area where Asplands and Woburn Surgeries are currently the sole provider for Primary Care Services. This could see practice numbers swell from 12,000 to nearly 27,000.

The proposed developments are clearly both necessary and beneficial to local communities, but it is also imperative that plans for the provision of effective healthcare take the planned growth into account.

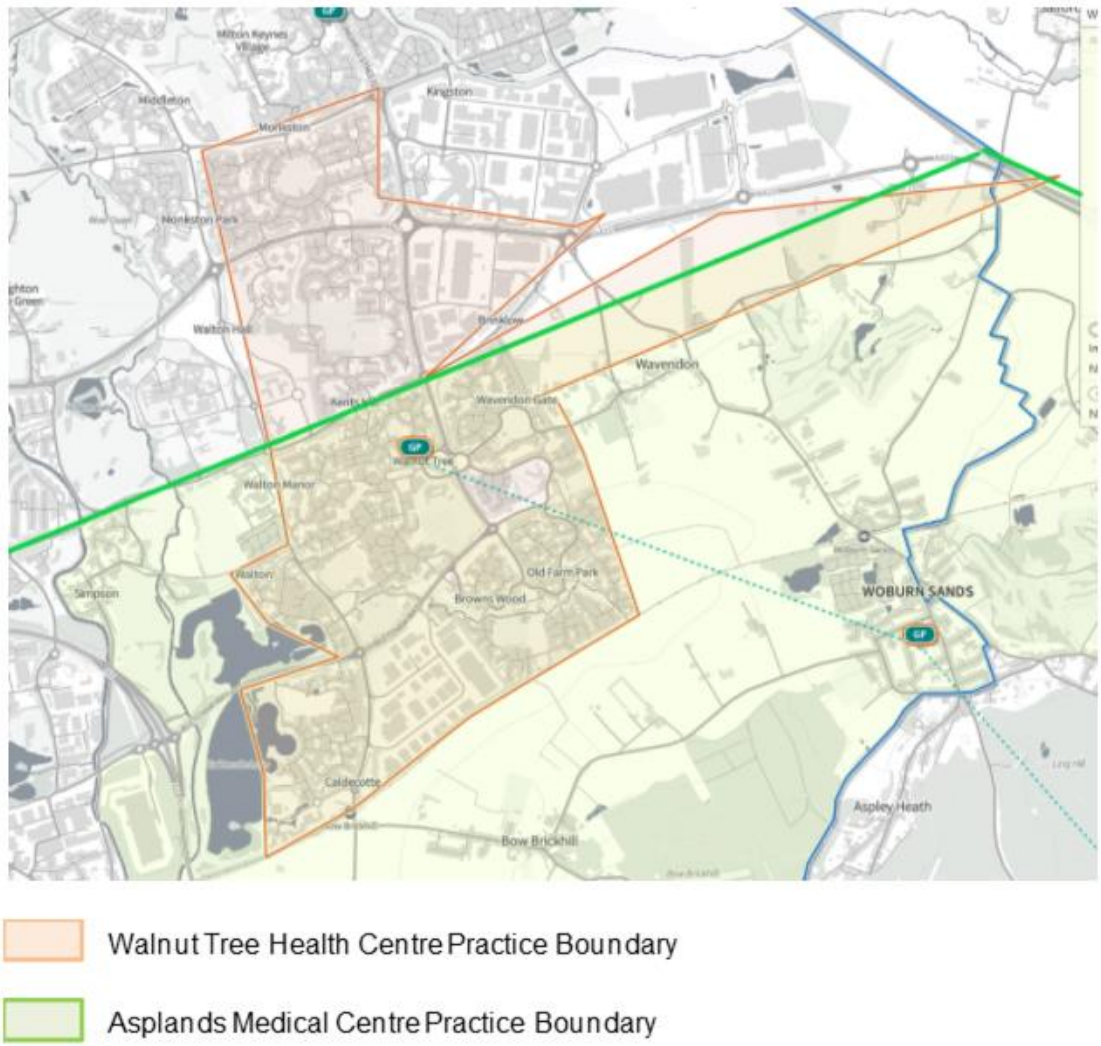

Figure 2 shows NHS Shapes data illustrating that the proposed new development falls exclusively within the existing practice boundaries of Asplands Medical Centre and Woburn Surgery.

As illustrated by figure 2, the proposed development sits within the practice boundary of Asplands Medical Centre. Asplands Medical Centre will be a key infrastructure provider by virtue of its existing practice boundary and therefore an important stakeholder in any planning provisions for health. The sheer volume of proposed development makes this a strategically important site. It is imperative that planning considers both the immediate and long-term population health priorities for existing and emergent populations. The practice area caters to a diverse and semi-rural population and has a significantly more elderly population than neighbouring practices and that is reflected in its Carr-Hill formula.

It is of key importance to note that the practice population borders both Milton Keynes and Bedfordshire authorities. Of course, the South East Milton Keynes plan is a Milton Keynes authority plan, however there is also a significant amount of planned development in the Bedfordshire local authority area in the next 10-year plan. This poses planning difficulties across two local authority areas where responsibility for planning for health is not the sole responsibility of one nor the other with the inevitable risk that neither authority takes the lead to ensure that a jointly considered approach leads to an effective outcome for communities spanning both authorities. This is further complicated by the current East West Rail consultation due to conclude in June 2021. Changes to the East West Rail provision in terms of service, stations and level crossings have the potential to change the way in which people access Milton Keynes and the locality. While some large-scale developments like Hayfield Park have been paused awaiting the outcome of this consultation this merely affects the timeline not the development potential of the Aspley Triangle (See Bedfordshire 10-year Plan).

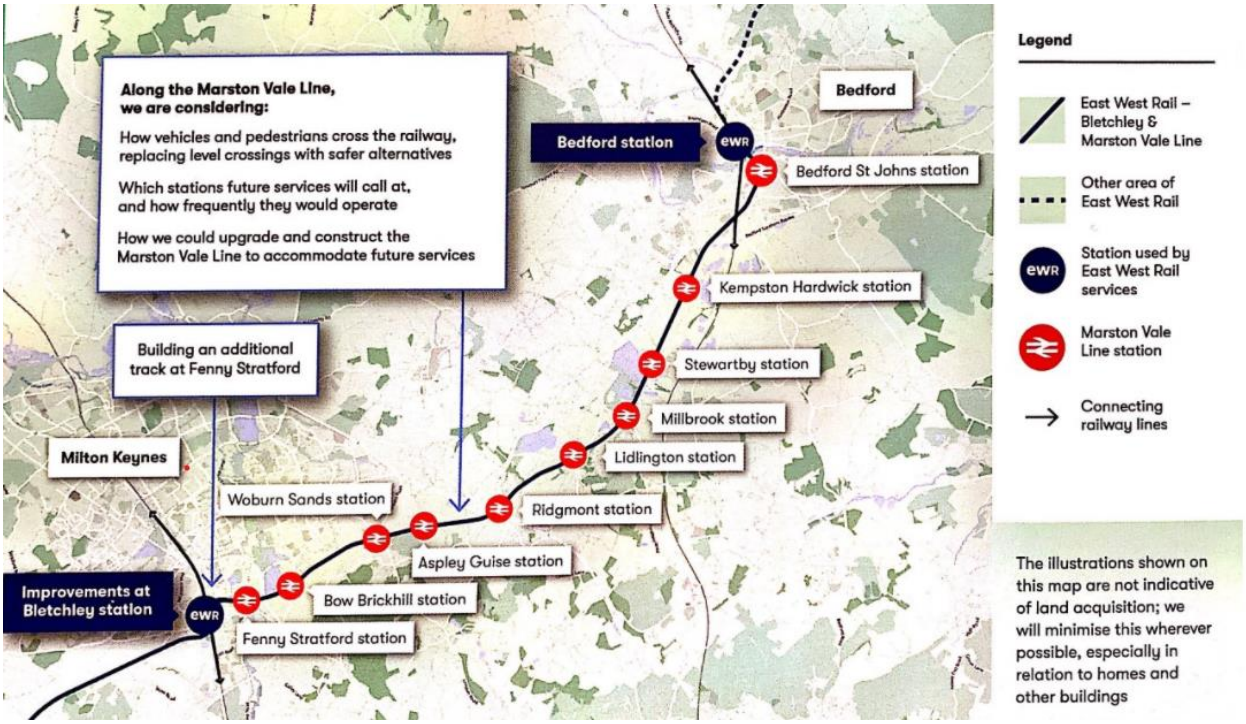

Figure 3 East West Rail Bletchley to Marston Vale Line currently out for consultation.

Context

To provide some planning context, by far the largest volume of NHS activity takes place in a primary care setting. In 2019 alone, there were an estimated 312 million appointments in primary care.

An analysis of the Pressures in General Practice (undertaken by the Kings Fund in 2016) demonstrated that between 2010/2011 and 2014/2015 GP consultations increased by more than 15%. The number of GPs available to meet the increase in demand increased by 4.75% and funding for primary care (as a proportion of the overall NHS budget) fell from 8.3% to 7.9% (ref: The Kings Fund 2016)

Primary Care has faced the dilemma of increased demand from patient numbers, a shortage of GPs to provide the service, reduction in funding and managing the increased complexity of an aging population with associated complex and multi-morbid conditions. 2020 and the Covid 19 pandemic placed further enormous strain on Primary Care.

When planning for health provision it is therefore imperative to consider both the increasing numbers of patients but also the increasing demands and the complexity of serving existing populations. It is also important to understand the National agenda for Primary care includes the

increased emphasis of provision of care on a local footprint. One very clear example of this strategy is the National COVID19 vaccination programme.

Groups of practices were asked to work collaboratively to deliver the vaccination programme at local vaccination sites. This has been key to the success of the programme as Primary Care providers had a unique insight into the populations they serve as well as a local understanding of how best to engage and provision the service for local communities. Local Vaccination Services have been responsible for the provision of 80% of the vaccination effort thus far, including the extremely clinically vulnerable and frail elderly. Asplands Medical Centre was the designated vaccination hub for the local population. While Asplands was the most suitable venue locally it struggled to accommodate the necessary throughput for the existing population due to its location in a residential area and inability to expand parking. Its use was only made possible due to the co-operation of local residents, dedicated community volunteers instigating a temporary one-way traffic system and the erection of a temporary structure on the staff car park to increase patient waiting space. This is something that is clearly not sustainable, however similar vaccination programmes may become the normal going forward as total population vaccination for infectious disease become necessary.

In January 2019 NHSE published the Investment and Evolution Report setting out a series of reforms. Establishment of Primary Care Networks was one of the key reforms announced to try and address the primary care workforce shortfall. Money has been made available to practices to diversify the workforce and appoint to roles over a local footprint rather than a traditional practice model. While diversification and workforce expansion were both welcome and necessary for a modern healthcare system, it has raised significant challenge, not least because the reforms were not backed by an NHSE estate strategy. One of the most significant challenges to the reform has been an inability to physically accommodate the influx of these additional new roles that now sit within Primary Care Networks.

At a time when NHS estates were already struggling for space, there is a limit as to how innovative providers can be in utilising and/or acquiring space or identifying new ways of working. In the past 8 months the Ascent Primary care Network (of which Asplands contributes the largest share of patients) has recruited 8 whole time equivalents to move the healthcare reforms along. Over the next 3 years, the additional roles budget is set to increase but to take full advantage of the

healthcare funding for the local communities, space must be made available to house this additional workforce. If a GP Practice cannot support, accommodate and integrate a larger workforce, recruitment will be pointless, retention rates will be low and any potential benefits for the local population will be lost.

Whilst some have suggested that changes to ways of working may have reduced the requirements for tangible space in which to see patients this has not borne out in practice. Although various remote consultation types have been developed it is inevitable that clinicians, including the wider health care team , will need to see a significant proportion of any days work list and require a space from which to work and to see patients.

The use of remote consultations has been appropriate in a pandemic but requires greater risk management (e.g. mental health consultation) and is very doctor centred in its orientation. This is appropriate in a pandemic but if normalised this risks exacerbating the marginalisation of some already-vulnerable groups including older populations, populations where English is not a first language and those who do not have access to the internet.

https://adc.bmj.com/content/early/2021/04/14/archdischild-2021-321753.full

https://blogs.bmj.com/bmj/2020/09/01/covid-19-is-magnifying-the-digital-divide/
https://doi.org/10.1136/bmj.n798

As more health care and health education is offered and patients attend, parking also becomes a real issue, for staff and patients as well as people living nearby. In addition, more space if required to physically distance patients while they wait, and increased volumes of patients have been seen at practices as part of the vaccination programme.

Asplands Medical Centre

Asplands is a medium sized practice with a stable and dynamic leadership team and a fundamental commitment to providing high-quality patient care. The Practice strives to provide the best of modern medicine with traditional values and runs a personalised list model acknowledging that, for those patients with chronic conditions or medical complexity, continuity of care is a priority and associated with better outcomes.

Patient feedback scores are above the national average and continuity of care data is good. Priority is given to understanding the Practice population and the GP Partners have heavily invested in data analysis such that proactive care models have been introduced so that resources can be appropriately targeted. Results are borne out by benchmarking with similar practices.

Asplands Medical Centre

Some numbers for reference: 2019	
Current list size	**12,500**
Total GP appointments in the period	**35,109**
Total GP time	**7,598 hours**
(per patient)	**36 mins /pt /yr**
Average (GP) attendance	**3 times per year** *(but only 1 in10 patients are average)*
Average # GP appts offered (per week per 1,000 patients)	**54 GP appts (per week per 1000 pts)** **112 counting all practice appts**
Number of "monthly plus" patients (who attended 10 or more GP F2F appointments in 2017)	**743 patients (6% of list)**

**Est. all patients registered during this year*

datasyrup

Figure 4 Baseline activity data

Patient centred service delivery and shared vision and values have allowed the Practice to both fully recruit to and retain GP roles in a climate where this has been exceptionally difficult. This is further evidenced by a higher than average WTE GP per 1000 population. Although there is a full complement of GPs, appointments are distributed and provided by a diverse mix of skilled other practitioners such that GP appointments now account for half of all appointments.

Patients benefit from being able to access a wide number of specialist staff including nurses, paramedics, health care assistants, physiotherapists, mental health workers, midwifes, social prescribers and care co-ordinators to name but a few. Irrespective, while reform continues apace, Practice population data supports the national picture of increased demand for services and on "average" there are at least 5-7 GP appointments per patient on the list per year.

https://www.rcgp.org.uk/campaign-home/~/media/Files/Policy/A-Z-policy/The-2022-GP-Compendium-of-Evidence.ashx

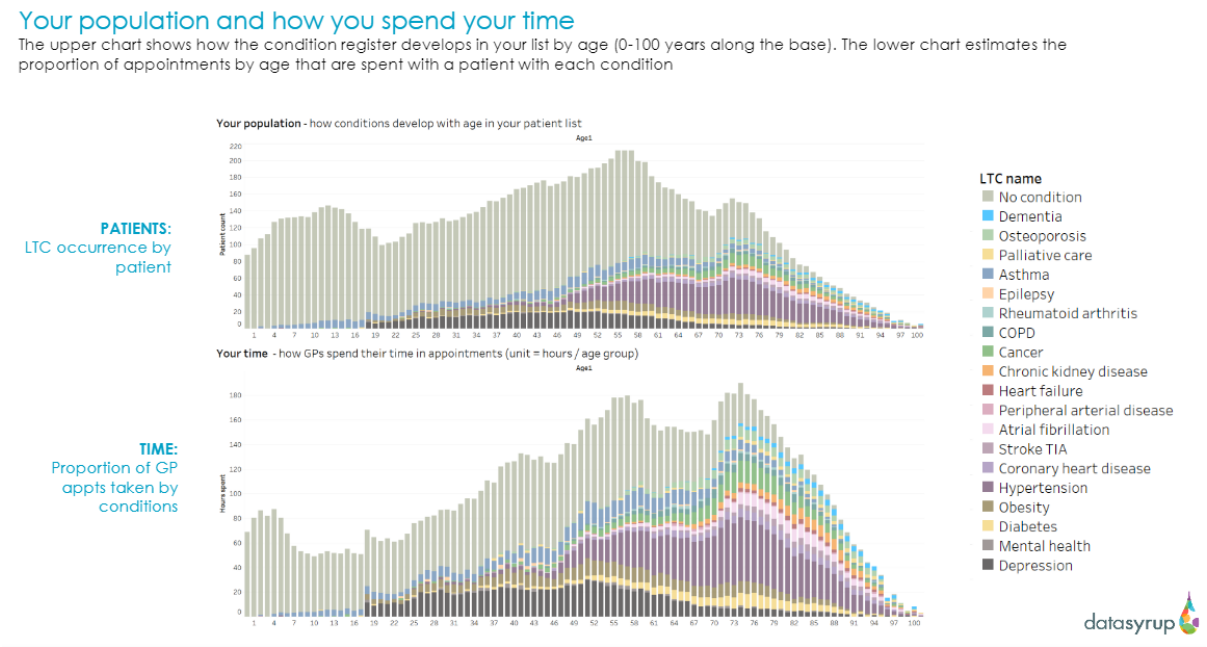

Figure 5 Activity by health condition

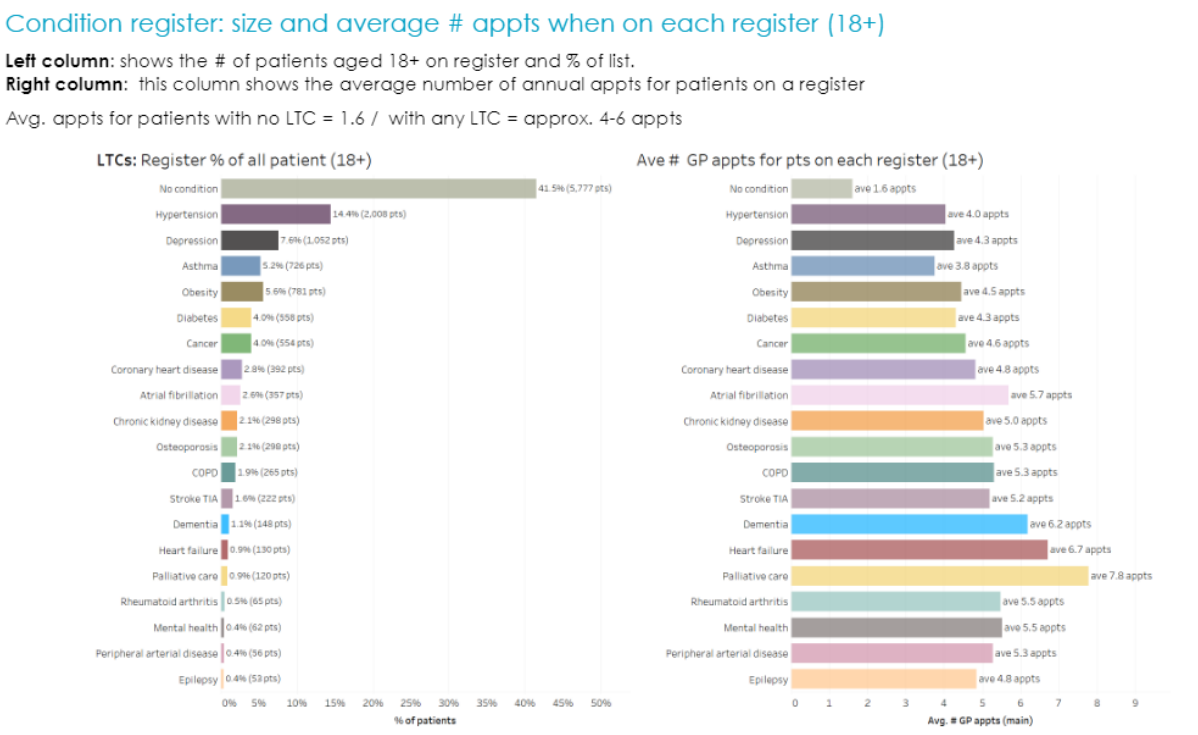

Figure 6 Activity by health condition

Figures 5 and 6 illustrate some of the population segmentation work that has been undertaken to understand the characteristics of the practice population which in turn drives the agenda for local priorities for population health-based initiatives.

Future Proofing for Health

With decades of experience in providing high-quality care and developing community links with organisations such as Love Woburn Sands, DEGA, pharmacies, town councils and the third sector organisations the Asplands GP partnership is uniquely positioned to understand both the current and evolving needs of the community in the context of health and provision thereof.

The General Practice Forward View Document (ref 2016) highlights the need for primary care to evolve to meet the diverse health needs of the population. Within this it emphasizes 10 High Impact Actions which will be essential to release capacity and improve population health going forward. Asplands and the Primary Care Network Ascent, of which it is a member, is committed to work streams aligned to all high impact actions but are significantly limited to take advantages of future opportunities because of a lack of physical space in which to do so. Technological innovation has already seen many changes, not least e-consultations and video consultations but it inevitably remains unavoidable that a significant amount of patient contacts need to be managed in person with physical consulting space in which to do so. In addition, there is a national drive to increase training and research hubs in primary care which Asplands has the skills to deliver upon but lacks the space to pursue.

The recent addition of additional role primary care network staff sees the Practice operating at over 100% occupancy on some days, with a staff rest room now being used as a shared consulting space. New consultation types like group consultations, developing the team, partnership working, social prescribing, increased active signposting are outlined as essential High Impact Actions but are almost all undeliverable or cannot be developed to reach their full potential without the space in which to do so.

Figure 7 10 High impact Actions to release time to care from The General Practice Forward View

1.1 Inadequately sized/appointed consulting spaces

Asplands has already creatively used existing facilities to meet the growing demands of its patients, including converting storerooms and cloak rooms to provide additional consulting rooms. Almost inevitably, use of converted spaces fall short of the recommended size for consulting spaces.

https://www.england.nhs.uk/mids-east/wp-content/uploads/sites/7/2014/07/health-build-pc.pdf

Further, it is the case that the Practice has been unable to offer community services from some consulting spaces as they are too small and ill-equipped to meet the needs of the community service.

Some smaller consulting rooms are currently unusable for anything other than remote consultations because it is not possible to ensure adequate social distancing in such small spaces.

1.2 Occupancy

Having converted storage space/cloakrooms into consulting space, the Practice has up to recently been able to run services at just below 100% occupancy. Ironically, in ensuring the maximisation utilisation of every piece of space (irrespective of how unsuitable that space is) the outcome of those efforts has been somewhat detrimental to the Practice and the Patients as it is clear that practices running even slightly below the 100% threshold are not seen as a priority from an NHS estates perspective.

With the addition of new roles for Primary Care Network Staff the Practice now runs at over 100% occupancy on numerous days. While plans have been submitted to reconfigure the Asplands site to provide one extra consulting room, a technical survey has revealed that the site cannot be expanded upwards and proximity to the residential location means the site cannot expand beyond its existing footprint. The extra consulting space gained will be outstripped by the demand before the changes are complete.

However, as is so often the case, the headline figure does not adequately convey the daily practical challenges. Provision of some services is now determined not by population need but by availability of space. Having already had to discontinue the provision of some clinical services due to lack of clinical space, consideration is now being given as to which other services may need to stop. An example of this is that there are 4 qualified GP trainers at Asplands but in practice, one GP trainer must remain fallow due to lack of available training rooms. This not only has implications for the Practice but also the wider locality as there is evidence that training GPs locally helps to retain GPs and benefits the local workforce. The position is neither desirable nor beneficial to any stakeholders.

Asplands has previously worked closely with secondary care providers hosting consultant clinics for the local population. One example was consultant Cardiologists hosting reviews for patients with Atrial Fibrillation to improve long term outcomes and reduce Stroke risk.

We now must deny the local population this opportunity for high quality specialist input as we lack the space from which to run it.

1.3 Evolving Landscape

Despite the pressures faced by the Practice, there is an additional challenge of forming a primary care network and integrated care systems so that patients benefit from a skilled, professional workforce that will grow with the community over the next 5 years. Current facilities are inadequate and far from futureproof in the context of this evolving landscape and it is difficult to see how current configured premises will facilitate and/or host pharmacists, physicians assistants for the existing patient cohort let alone the plethora of additional needs relating to the planned development and population growth.

1.4 The future for patients?

There are a number of practical and physical constraints with facilities as they exist today, and this will inevitably lead to a real risk of rationing:

- **Delay –** patients will have to wait longer for the same services

- **Selection –** services, clinics and training opportunities will be prioritised or stopped in favour of core services

- **Denial –** patients will not be able to participate in group education or consultation opportunities due to lack of accessible consulting space

- **Deterrence –** services such as sexual health and coil clinics may not be viable (which may deter some patients from seeking and accessing these services at all)

- **Deflection –** patients will need to travel to other providers for a service that should be provided locally (e.g. in house ENT and microsuction service/sexual health/minor surgery)

- **Dilution** – providing services to a larger cohort utilising the same facilities dilutes the care experience for everyone

The first five categories relate to restrictions in access to care but more worryingly, dilution relates to reductions in the quality of care provided which is a significant concern https://www.kingsfund.org.uk/publications/six-ways

1.5 Access for People with Disabilities

The Equality Act 2010 requires service providers to take reasonable steps to avoid disadvantage compared with people who are not disabled, including physical features of the premises, which ironically, are generally physically achievable but often unaffordable.

Several spaces fall far short of recommended consultation room size and some are so small that they cannot reasonably be navigated by a patient in a wheelchair. Existing rooms were designed long before any thought was given to disabled and/or wheelchair access. It remains the case that in some rooms, wheelchair bound patients cannot turn through 360 degrees, despite the rooms being minimally equipped with only a small desk and examination bed. The only way for wheelchair bound patients to exit the space is to reverse out of the rooms into corridors which are themselves routes for other patients to other consulting rooms.

Neither surgery has any provision at all for patients with bariatric conditions. There is no consultation room with a bed suitable for the examination of a patient with a BMI over 60, for example.

Neither Asplands nor Woburn has adequate provision for a disabled patient toilet and any facilities that do exist, are not wheelchair accessible.

1.6 Patient Education

At present there are many opportunities for the delivery of group care or education programmes to patients. Examples of such programmes include group exercise for the

frail or elderly, workshops for patients with hip and knee problems and dietary advice seminars for diabetes patients. Asplands has a single multi-use meeting room but it is upstairs and therefore inaccessible to the very people who could benefit most, that is wheelchair users, frail or elderly patients and those with significant motor disabilities. Whilst there are plans to try and create a larger accessible meeting space, evidence suggests that changing consultation types will require larger consulting spaces and by the time a change is completed, it will already be out of date.

Such is the paucity of suitable space that the only way these essential programmes can currently be delivered is to utilise the patient waiting room to deliver group workshops or educational events. This significantly limits provision of such initiatives as they are by necessity, restricted to times when the waiting room is not in use.

1.7 Extended Hours Access

The surgery has been involved in the provision of extended access for the benefits of patients and is now regularly open 8am-8pm. This has made these appointments much more accessible to our patients, particularly those that don't have cars. The extended access initiative however has materially impacted the times when the waiting area can be utilised for group events and education to the point where it is now the case that the only time when the waiting room is not in use is during protected learning time of one half day per month. Having already utilised the protected time to deliver group workshops, the feedback and response from patients has been good.

As of April 2022, Ascent PCN will become the commissioner and potentially provider of extended access for a population exceeding 30,000. There is currently a business case underway supported by Buckingham New University to look at the use of High Impact Actions in the provision of this care and delivering it locally on a PCN footprint using proactive population health-based approaches and group consultations. There is no suitable provision of space across the Network to enable or facilitate this. If this is not addressed there is a risk of getting stuck in reactive labour-intensive models that are not cost effective.

1.8 Population Demographics, Rurality, and transport links

Asplands is geographically close to Milton Keynes and uses the services provided by both Milton Keynes CCG and Bedfordshire CCG. It is a semi-rural practice spread over a large area with an older than average practice population.

Public transport links to Bedfordshire and Milton Keynes services is limited, and a number of the elderly do not drive or even have access to personal transport. Patients find it difficult to access some services. This has been further impacted by the Covid19 pandemic and significant numbers of shielded patients who have been unable to safely travel to services farther afield.

To mitigate this a partnership has developed with volunteer organisations such as 'LOVE WOBURN SANDS' and volunteer drivers so that, despite a high level of frailty, patients can still access services provided in the locality at the practice. The same cannot be said for services that are provided outside of the practice area.

Much research has been done on patient choice and accessing health care and there is evidence that patients are willing to travel for services that they perceive to be superior but will not travel for services of similar or equivalent quality. This is proven by experience at a practice level where patients offered frailty exercise programmes have declined to attend at remote locations but would attend if the service had been provided in practice. Similarly, patients with leg ulcers will attend the practice for review with the practice nurse but have declined to attend the leg ulcer clinic in Shefford. That is hardly surprising given that the leg ulcer clinic is 17 miles distant; takes a minimum of 35 minutes for those with a car; or 90 minutes plus by public transport including a bus, a train, and a considerable walk. Figures for extended access show that patients attend the hub closest to their home, so, by having that facility locally we facilitate that access. Finally, more recent evidence of our vaccination programme demonstrated that even over a much smaller geographical footprint patients were more likely to attend for their vaccination if it was delivered at their own surgery.

Looking at population growth, it is essential that we embrace every opportunity to develop facilities and avail the practice of development funding so that we can at least maintain the level of service we currently provide in an accessible location albeit to an expanding population.

It is therefore also important that the location of any provision of health in the New South MK Expansion plan is considered carefully in the context of both its location within the site but also the transport links to services.

1.10 Sustainability and Networking

With the formation of networks and integrated care systems it is all but certain that there will be changes to the way practices will operate in future. For example, practices will be employing more network-wide staff as well as co-ordinating care provision over larger practice populations.

With such challenges come opportunities to innovate and work collaboratively but a past barrier to this has been space. If facilities, and principally accommodation, can be improved it is likely that we will be able to consider new models of providing care for patients in one accessible hub.

1.11 Healthcare Provision in the SEMK plan

The proposed number of dwellings on the SEMK site makes it a site of strategic importance that warrants healthcare provision and the consideration of a SEMK healthcare Hub. As a population bordering more than one local authority the impact of the development of the Aspley Triangle and the East West Rail changes should also be considered to ensure that the ongoing needs of the current population and planned growth result in futureproof provision. As the only provider of GMS primary care services in the boundary of the proposed development, Asplands Medical Centre are key stakeholders and have an in-depth understanding of the local population needs. Provision for health needs to be prioritised from the outset and careful consideration needs to be given to the positioning of this within

the site. A purpose-built healthcare hub on the Woburn Sands edge of the development would allow both the existing Woburn Sands population and SEMK development population to access the facility both by foot or by cycle. This is a particularly important consideration in and above average elderly population many of whom do not have access to cars. The Asplands Partnership believes they would be well positioned to provide for the health needs of the expanded population if they have the resources and facility from which to do so.