THE BURNHAM SURGERY POSITON STATEMENT

CURRENT POSITION

PATIENTS

Patient List Size as at 29/11/23	-	9,635
Patients before railway bridge	-	48%
Patients after railway bridge	-	52%
CLINICAL STAFF		
Number of GP's	-	8
Number of GP Appointments	-	621 per week
Number of Advance Nurses	-	2
Number of ANP Appointments	-	135 per week
Number of Nurses	-	4
Number of Nurse Appointments	-	400 per week
Number of Health Care Assistants	-	4
Number of HCA Appointments	-	300 per week

PREMISES

Built c.1980 to accommodate 5 GP's and 1 Nurse and to serve 6,800 patients.

Extended in 2015 to provide 2 extra Consulting Rooms to serve 7,600 patients.

An NHS Estates commissioned survey of all NHS buildings, undertaken in July 2022, showed the premises to be non-compliant with current standards and in need of major work within the next five years.

In particular:

- 1. No baby feeding or changing facilities.
- 2. The only disabled WC is non-compliant for wheelchair users and needs redesign or relocation.
- 3. Non-compliant taps in all clinical rooms, infection control.
- 4. No acoustic door seals on clinical rooms, privacy, and dignity.
- 5. Non-compliant doors on clinical rooms, disabled access.
- 6. Non-compliant ventilation in clinical rooms.
- 7. Insufficient wheelchair turning in corridors.
- 8. Window glazing needs replacement.
- 9. Boundary Wall on the verge of collapse.

In addition, the survey deemed that there was no extension and / or expansion possible in the current location.

In addition to the survey findings:

- 1. The roof leaks.
- There are insufficient toilet facilities for the number of staff employed, Workplace (Health, Safety and Welfare) Regulations 1992. Regulation 20, Sanitary conveniences, states: for 26-50 employees there should be 3 toilets.
- 3. There is an inadequate kitchen facility, Workplace (Health, Safety and Welfare) Regulations Act 1992. It is a legal requirement that staff have access to hygienic facilities to prepare and eat meals whilst at their place of work.
- 4. There is no dedicated staff rest room, Workplace (Health, Safety and Welfare) Regulations 1992 states: employees should have somewhere to rest and eat meals.
- 5. There are no lockable spaces for personal items bags/ purses have been stolen in the past.
- 6. Poor sanitary drains, which are constantly becoming blocked causing bad smells and sewage back up.
- 7. The slope into the building is too steep for wheelchairs.
- 8. There is no dedicated training room.
- 9. There is no dedicated meeting room.
- 10. Clinical Rooms are at capacity, between 8:00 and 18:30 Monday to Friday 90% of rooms are regularly occupied with the remainder being booked on an ad-hoc basis by mental health practitioners, mental health support workers, social prescribers, PCN staff, etc.
- 11. Reception is too small for the number of staff.
- 12. Admin Rooms are overcrowded, with additional desks being added in excess of the space available.

In 2017 the surgery raised the issue of the premises with the Mis Essex Clinical Commissioning Group, we were advised to wait until 3 years before the lease expiry date (23 March 2023).

In 2020 the issue was again raised but due to the pandemic discussions were postponed.

In 2021 the surgery met with Burnham Town Council to up date them on the pressures that the surgery were under due to the increase in house building in the area.

In late 2021 the surgery met with the CCG and they agreed to fund an options appraisal to look at the surgery premises, NHS premises in the area, and options for repurposing existing buildings or new builds.

The options appraisal was finally completed in November 2022.

OPTIONS

1. STAY IN CURRENT BUILDING

- a. CLOSE THE LIST & CUT SERVICES
 - i. Patients will still be allocated so the list will continue to grow, but patients will not have a choice of practice;
 - ii. The patients in the care home on the Burnham Waters site will still be allocated to the Burnham Surgery.
- b. CLOSE THE LIST & REDUCE THE CATCHMENT AREA
 - i. Existing patients will have to find new GPs;
 - ii. Patients will still be allocated so the list will continue to grow, but patients will not have a choice of practice;
 - iii. The patients in the care home on the Burnham Waters site will still be allocated to the Burnham Surgery.

RISKS

- a. The practice could lose its training status, due to inadequate facilities.
 - i. This would result in the loss of 3 GP Registrars.
 - ii. This could result in the loss of 2 GP Trainers.
 - iii. This could result in the loss of 1 Salaried GP.
 - iv. This would leave 1 GP Partner, working 2 days per week who is due to retire within 2 years 5 months and 1 salaried GP, working 3 days per week, with zero prospect of recruiting new GPs.
 - v. This could result in the handing back of the GMS Contract, leaving patients to either be reallocated to other practices or a commercial company like Virgin or Commisceo being brought in to provide basic core services.
- b. The lease has expired, and the partners are unwilling to enter the 20-year new lease the current landlords (Dr Latif and Dr Phillips) are asking for.
 - i. The partners could be issued with a notice to leave the building.
 - ii. The building could be offered for sale for redevelopment.
- c. The NHS could refuse to continue to reimburse the lease cost and business rates on the building.
 - i. The practice would be financially unviable.
- d. The CQC could downgrade the practice's rating due to the lack of facilities for patients and staff.
 - i. This would result in the loss of existing staff and potential new clinical staff.

BENEFITS

- a. No change of location.
- b. No increase in the cost to the NHS.

2. RELOCATE THE PRACTICE TO SUITABLE NEW PREMISES

The option appraisal brief set out a number of requirements for the future provision of services:

- Provide adequate space from which to provide primary care (GP) services for up to 14,000 patients (to support to development growth to 2029).
- Provide adequate space to support GP/Clinical training.
- Include adequate space to accommodate PCN and out of hospital services.
- Ensure sustainability of primary care services within Burnham.
- Provide fit for purpose premises, suitable for the delivery of new models of care aligned to the NHS Long term plan i.e., Integrated services/care closer to home.
- Provide capacity to accommodate development growth.
- Support new models of care and care closer to home.

Investment objectives and service needs were defined at a stakeholder workshop held in September 2022.

The options appraisal looked at various options including:

- c. Redesigning the Burnham Surgery
 - i. This would entail the practice vacating the premises for 18 months while the current building was rebuilt to meet the current building standards and provide the additional clinical space.
 - ii. Estimated cost of rebuild c. £5 million, potential for 66% reimbursement from NHS, the current landlords (Retired ex-Partners Dr Latif and Dr Phillips) would still own the building and benefit from the increase in the building value and increased rent.
- d. Repurposing the Burnham Clinic
 - i. Burnham Surgery to take over the whole of the clinic space.
 - ii. Complete refurbishment of Burnham clinic and Extension to meet the current building standards and provide the additional clinical space.
 - iii. Estimated cost c. £5.5 million.
 - iv. There would be no onsite parking for staff or patients.
- e. New building in a new location to accommodate all health service for Burnham and dispose of the Burnham Clinic and the Burnham Surgery
 - i. Land within the Burnham Town for a new build, no Land availability, Tesco site no longer on market.
 - ii. Land within the catchment area for a new build. A search was undertaken for new sites via websites, for both existing buildings and available land. The search took account of location relative to the location of the practice population and size in terms of providing a site potentially large enough for both the building and parking requirements.

- iii. Three potential sites were initially identified:
 - Site 1 Endeavour Way site greenfield site currently earmarked for development, no planning approval. Approximately 0.6 miles from the nearest bus stop. Cost of land £500,000, estimated cost of build £6.5 million.
 - Site 2 Developer site outline planning approval. Bus stop on site outside of proposed medical facility. Cost of land and build NIL, developer keen to take on 3PD role (the delivery and development of new primary care premises on behalf of GPs, Integrated Care Systems and other associated healthcare partners).
 - Site 3 Ramblers site (Note no longer on market).

The strategic estates committee 11/1/23 recommended that Burnham Waters be put forward as the preferred option and for talks to commence with the developers.

RISKS

- a. The partners may not want to take on a new 20-year lease.
- b. Increased cost to the partners and the NHS.
- c. The developer may choose to redevelop the land for housing if letter of intent is not forthcoming.
- d. Public opposition to the Burnham Waters site in general.

BENEFITS

• To offer improved services to the population

As more professionals are employed by the PCN they will need space to see their patients, complete administration and to take comfort breaks. Current roles are as follows:

- Clinical Pharmacist.
- Pharmacy Technician.
- Health and Well-being Coach.
- Dietician.
- Podiatrist.
- Paramedic.
- Health Practitioner.
- Nursing Associate
- Occupational Therapist
- First Contact Physio
- Care Coordinator
- Physician Associate

Provision of Hot-Desks will allow all staff access to SystmOne, including district nurses, health visitors, and community mental health workers. Being based in the same building will make it easier for staff communication and will make for better integration.

• To offer digital and virtual access for patients to secondary care appointments.

Confidential rooms will allow patients who do not have access to internet services at home to book a video call with their secondary care doctor, where they can be seen and assessed.

• To offer facilities for outreach facilities for patients.

Provision of an outreach room, with a walk-around couch, will enable the first contact physio, ultrasonography, and other outreach workers to assess and treat their patients close to home. Confidential rooms will allow secondary care professionals to see patients on a face-to-face basis close to home, this will be especially useful for mental health patients as hospital appointments are sometimes very stressful for them to attend.

Provision of a MDT room with large screen capability will enable professionals from different services to discuss patients together, access advice on treatment and support, and create a care package individual to a patient.

Parking space for the Essex Breast Screening Mobile Unit will allow patients to be seen locally, being on-site the uptake of this service can be better promoted and encouraged.

• To offer training facilities for medical and nursing placements.

The practice has three registered GP trainers and supports three concurrent GP Registrars. Education space is limited to use of the staff common room, The MDT room would improve the access to training and education for all staff and medical and nursing students.

• To promote self-care and healthy and active lifestyles with group sessions and activities, information and signage on social websites and information boards.

The MDT room would allow for group sessions and activities for several different agencies. Bringing together vulnerable and isolated patients will improve their mental health and reduce the demand on GP appointments.

The Health Pod will allow patients to record health information into their medical records for review by the clinical team without the need for an appointment.

Access to health and social care information via interactive information boards will assist patients in self-care and accessing appropriate care.

• To support patients at home and to avoid unnecessary trips to hospital, accident and emergency visits and hospital admissions.

By being able to better meet the needs of patients, in a timely fashion and delivering a variety of different treatment options we will be able to continue to support patients in their own homes. The development of Burnham Waters will mean the practice will have to support the influx of 1,400 over 55's, many of whom will have complex health needs.

• To meet the ongoing challenges to provide integrated health and social care, based around individual patients.

Having the space to meet with other professionals will enable better care planning for patients. Provision of a central clinical consumables store will improve stock control, access for all staff without interrupting clinical colleagues and control costs.

Provision of interactive screens which will adapt to aid those who are visually impaired. Provision of hearing loops to aid those who have hearing difficulties. Confidential interview room for discussion of sensitive subjects.

• To provide patients with access to late clinics, weekend clinics, telephone, video and online clinics.

The surgery premises will be built to allow parts of the premises to be locked at night, whilst other areas will be open for late clinics and weekend working.

Provision has been made for ambulance parking on site, and to allow emergency staff out of hours access to staff facilities, e.g., rest area, kitchen, toilets and showers.

Confidential Rooms will allow for more telephone, video and online appointments with clinicians, cutting down the travelling requirements for patients

• To promote online prescription ordering and facilitate 24-hour medication collection for dispensing patients.

Provision of a secure dispensary collection point, operating 24-7 will allow dispensing patients to collect their medication at their convenience. Access to extended pick up times will encourage patients not to over order items in case they cannot get to pick them up.

• To have the flexibility to house close to home annual screening services, e.g., diabetic retinopathy, mammography, AAA screening.

Close to home screening will encourage patients to attend, with the practice using social media and information boards to promote upcoming services.

• To future-proof the surgery offering and establish an integrated hub that is able to unify local health and social care services.

CLINICAL SERVICES

GMS CORE SERVICES

General primary medical service to the registered population:

Essential Services

Services required for the management of the contractor's patients who are, or believe themselves to be:

- a. Ill with conditions from which recovery is generally expected;
- b. Terminally ill; or
- c. Suffering from chronic disease

Appropriate on-going treatment and care to all registered patients and temporary residents taking account of their specific needs (this includes providing primary medical services required in core hours for the immediately necessary treatment of persons to whom the contractor has been required to provide treatment owing to an accident or emergency at any place in its practice area)

ADDITIONAL SERVICES CURRENTLY OFFERED

Cervical Screening Contraception Services, including coils and implants Childhood Vaccinations and Immunisations Routine and Travel Vaccines and Immunisations Child Health Surveillance Maternity Medical Services Long Term Condition Management, e.g. Diabetes, Asthma, COPD, Heart Disease. Minor Surgery, e.g. Joint Injections and Aspirations Health Checks Near Patient Testing, e.g. blood tests, INR monitoring, spirometry Smoking Cessation Shared Care

ADDITIONAL SERVICES PREVIOUSLY OFFERED BUT NO LONGER POSSIBLE DUE TO CONSTRAINTS OF PREMISES

Diabetic Retinopathy Ultrasound Mental Health Counselling Dementia Support Service Psychiatry Pain Management Cryotherapy

ADDITIONAL SERVICES THE BURNHAM SURGERY WOULD LIKE TO OFFER

- To provide a closer to home primary care service for the patients of The Burnham Surgery and the wider population of Dengie & SWF Primary Care Network (a rural location), with space for a wide range of staff including additional roles such as the First Contact Physiotherapist and Social Prescriber.
- To offer digital and virtual access for people to secondary care appointments avoiding 1h+ journeys.
- To offer training facilities for medical and nursing placements.
- To promote self-care and healthy and active lifestyles with space for group sessions and activities, information and signage on social websites and information boards.
- To support people within their own homes to reduce ambulance call outs and conveyances, and hospital admissions.
- To provide anticipatory care, particularly for patients with more complex needs or conditions, thus reducing patients escalating and requiring urgent care (i.e. reduction in falls).
- To meet the ongoing challenges to provide integrated health and social care, based around an individual's needs, particularly for the ageing population and to be a base for the developing Integrated Neighbourhood Team.
- To provide people with access to late clinics, weekend clinics, telephone, video and online clinics.
- To promote online prescription ordering and facilitate 24-hour medication collection for dispensing patients.
- To have the flexibility to house close to home annual screening services, e.g., diabetic retinopathy, mammography/breast screening mobile unit, AAA screening.