

Wokingham Health Overview and Scrutiny Committee

10th September 2014

NHS Thames Valley Area Team Report



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Introduction

The Wokingham Core Strategy to 2026 identified a need to develop 13,232 new dwellings by 2026. The Wokingham strategy is to deliver the majority through four Strategic Development Locations (SDLs).

Based on an average occupancy rate of 2.52 the Borough will see an increase in population of 33,280 persons totalling 185,020 household residents which equates to a 22% increase in resident population by 2026. If the population meets the low household size prediction of 2.42 the household resident population of Wokingham Borough would reach 183,761, representing a growth of 21%.

This growth will impact upon GP practices as key providers of health services in the community.

Key Issues

The key issues for GP practices are:

- Need for additional GPs
- Need for additional premises

Need for GPs by Strategic Development Locations is shown below:

Area	North Wokingham	South Wokingham	Arborfield Garrison	South of M4	Non – SDL	Total
New Dwellings	1,500	2,500	3,500	3,000	2,732	13,232
New Population (at 2.52 per dwelling)	3,773	6,288	8,803	7,545	6,871	33,280
GP WTE (at 1,850 patients per WTE)	2.0	3.4	4.8	4.1	3.7	18

In addition to this there is a need for practices to recruit to replace GPs due to retirement. This number is approximately 21.

With the increase in number of GPs there is a need for an increase in GP facilities. This is detailed below;

Cost Proposals for developing GP estate in the Borough of Wokingham

	SDL	Facilities expansion	Space required sq m GIA	Overall Cost	
				Excluding VAT	Including VAT
1	North Wokingham	Expand Burma Hills Surgery 2 WTE GPs	179	£408,436	£490,123
2	South Wokingham	Expand Burma Hills Surgery 2 WTE GPs	As above	As above	As above
3	Arborfield	Develop new Health Centre 5 WTE GP	800	£2,724,494	£3,269,393
4	Non SDL	Expansion of Brookside surgery for 2 WTE GP	75	£171,132	£205,359
		Totals	1054	£3,304,062	£3,964,875

Process for additional GPs

NHS England is the commissioner of primary care services for the population; on that basis it does not specify the number of individual GPs required. The process by which practices receive money is via the patient list size (capitation). For each patient on the list the practices currently receive £72.74 per patient. There is additional income via the Quality Outcomes Framework/Enhanced Services e.g. Flu immunization/ Public Health Services e.g. Health Checks.

Capitation is revised on a quarterly basis. The issue is that practice list sizes can be slow to grow and because funding is retrospective practices may not be in a position to appoint a GP until there is a substantial growth in workload. As a guide for a full time GP the national figure of 1850 patients per GP is used. It should be noted that actual the weighted average for practices across Wokingham CCG is 1915 per GP. Patients also have a choice of GP and may choose not register with the practice which is nearest to where they live. This adds an element of uncertainty to planning for growth in GP services.

In order to plan effectively for this growth and for primary care services to meet the futures needs of the population there needs to be a plan agreed between local practices, the Wokingham CCG and NHS England Area Team working in partnership with the Health and Wellbeing Board.

Process for developing primary care facilities

There are two elements for funding primary care facilities. One is the capital cost and second is the revenue cost. NHS England, via the Thames Valley Area Team, is the NHS body responsible for the reimbursement of premises costs to GPs and is a re-current revenue cost..

Capital cost is when the there is a contribution towards the capital cost of a project by the NHS.

For GP premises; the NHS pays for the rent of premises for use by the NHS for primary care. This can take several forms. This is detailed below:

- Actual Rent – this is when the premises is owned by a third party (ie not the GP practice) and the actual rent is paid by the NHS. Value for money is assessed by the District Valuer and in some case the amount reimbursed may be lower than the actual rent.
- Notional Rent – this is when the premises is owned by the GP practice. The premises are assessed by the District Valuer as to its rentable value for providing GP services. There are national directions as the amount of space can be reimbursed.

The level of development required by the additional build will add to the overall expenditure on premises.

Developing Primary Care for the Strategic Plan

Part of the assessment of the impact of this growth in the Strategic Plan is whether the primary care needs of the additional population could be met by developing the existing practices or whether new providers of primary care will be required. The table below outlines some of the options;

Year	Premises Option	Current Position	Future Work
2015/2016	Potentially expand Burma Hills Surgery to 2/3 WTE GP	NHS England has received a proposal from the practice to increase the contract holders from a single hander to a partnership with a local practice. This requires approval from the Area Team.	Discuss with revised partnership the development of the practice and premises. Explore options around available funding e.g. use of minor capital monies,
Ongoing	Arborfield	Need to discuss options for the provision of primary care. Including the option for a separate premises facility for GP based on the Arborfield Garrison Strategic Development Location Plan to deliver a sustainable community.	Discuss with strategic partners. Ensure that options take account of competition and procurement requirements.
Ongoing	Expansion of Brookside and Loddon Vale Surgeries	No current developments.	Discuss with practices their potential development plans and timescales.