

Annex 2.1f Submission from the Letchworth Heritage Foundation: Commentary on Primary Care Provision in Letchworth Garden City

General Background

Over recent years it has become increasingly difficult to recruit replacement/additional GPs to small practices. The work is regarded as stressful and difficult to a point where General Practice has become the Cinderella service of the NHS. This is a feature of Primary Care across the country. When Simon Chatfield applied to become a partner at Nevells Road some 30+ years ago, he fought off competition from a further 83 applicants. Recently, the practice has advertised three times and received no applicants at all.

The way in which medical training is managed these days (long term training plans made way too far in advance of known needs) and the demands made on family practitioners to be 'mini experts in everything' have been factors in the changing circumstances, as have the costs of running small practices and the risks and stress of possible error because of inadequate time and support. Junior doctors do not want the responsibilities of being partners in what are essentially, private businesses in many respects. They prefer a salaried, portfolio career.

Young doctors are also not attracted to practices where the problems they deal with on a daily basis are insufficiently varied. Nevells Road Surgery, for example, has a larger proportion of elderly patients with chronic conditions and this, coupled with the very poor standard of their buildings, means that they are simply not attractive to young doctors looking to begin a career in primary care.

Bureaucracy has exploded in the running of a practice as I have already mentioned, but is also worth noting that doctors spend a great deal of time these days on paperwork and records – not just that which is associated with their clinical work (which is very significant), but increasingly on providing supporting letters and reports for patients on benefits or those going through the reassessments which are commonplace these days before benefit awards can be renewed. Much of this work is done remotely from home in their private time.

<https://www.economist.com/britain/2018/01/04/the-nhss-latest-problem-a-shortage-of-gps>

To combat these problems, over recent years, the NHS has promoted a strategy of Health Hubs where single practices come together and essentially pool resources and share costs. These also enable individual GPs to develop specialist knowledge in various fields in which they might have an interest – paediatrics and childcare, geriatrics, diabetes and so on. This provides the level of 'collegiality' which doctors prefer today and which mirrors the experience in hospitals where ready access to specialist knowledge and experience is available. And of course it means that doctors can expand their professional horizons and increase career and job satisfaction. More on this will become apparent when we see more details of the proposed new GPs contract.

<https://www.telegraph.co.uk/news/2017/10/15/rise-super-size-gp-surgery-quarter-practices-now-deal-10000/>

There are now a number of Health Hubs up and down the country and I have provided a link to what the NHS calls Wave One so that you can see what has been happening elsewhere:

<https://www.england.nhs.uk/gp/gp/v/redesign/improving-access/gp-access-fund/wave-one/pilots/>

This is an **important document** to read as it shows many of the positive impacts, including 0800-2000 seven day a week surgeries.

As everyone knows, the NHS today is under enormous pressure in every part of its service. Arguably the country needs to completely rethink how it provides healthcare but that is not going to happen any time soon. But for all its faults, the NHS is the most highly regarded feature of British life according to most polls and there would almost certainly be riots on the street if ever it were seriously threatened.

However, the reality is that the NHS simply cannot provide all that people expect anymore. Whilst it seeks to control training numbers generally and in specialisms, it cannot dictate to doctors exactly what they will do after qualification or where they will work. If individuals choose to go into hospitals or research and not general practice that is down to them. It can hire some in from overseas but that brings with it problems of visas, equivalence of training, competence in English and so on, all of which will be familiar to many. (It also begs the question as to whether it is right that a first world country takes highly trained and much needed resources from the third world, but that is a whole other argument!)

So the NHS is looking to the Health Hub initiative to provide a long-term future for Primary Care and it is looking to local partnerships of all kinds to make this happen. Indeed it is looking beyond health to a partnership with Social Services (<https://www.england.nhs.uk/improvement-hub/2018/07/02/the-coffee-break-no-50/>). But Health is the first step down a new road.

Currently I understand there is no capital available to our local CCG for development so any project will either have to be developer led or funded by others and paid for through rental on a long lease. Obviously funding situations can change if the government decides to announce a third wave but we don't know if or when that or indeed any other initiative will be announced.

<http://www.pulsetoday.co.uk/home/finance-and-practice-life-news/primary-care-hubs-among-plans-to-receive-share-of-325m-funding/20034841.article>

Two of the practices in Letchworth have for a long time been trying to find a site in the town on which they could build a new facility and have paid themselves for work on this but nothing has yet been successful.

What has happened locally to date?

In mid 2016, I and another Governor (now no longer with us) at the time and a member of the Foundation's staff, Alastair Stewart, met with doctors from Birchwood and Nevells Road to discuss health issues related to the Foundation's Families' project (which we had been asked to lead on when we became Governors) and which had been flagged up by Head teachers and others during our research.

It was during these discussions that we learned of the **very significant problems facing the delivery of Primary Care** in the town. We were asked if there was anything the Foundation could do to help and we advised them to write into the CEO, Graham Fisher, outlining the issues. This they did and in July 2017, Graham and I, along with Ala, met with the two senior partners at Nevells Road and Birchwood.

At that meeting it was agreed that the Foundation would facilitate further meetings to explore the possibilities and level of interest for the development of a Health Hub. We invited all the 'players' (GPs, Health visitors, Midwives, etc. plus CCG reps for clinical and property and NHDC) along to the first meeting which took place on 18 October 2017.

There was 100% support for the idea of an all embracing facility **to include also the Ernest Gardiner Treatment Centre** (currently a service funded by the Heritage Foundation). Subsequent meetings were taken up with working out initial requirements in terms of space and discussing possible sites. The CCG managed to obtain a grant to help with site evaluation and legal advice to doctors on establishing a single practice – an important step along the way and one that often causes such efforts to founder elsewhere.

Significantly, all the doctors in the three practices have agreed to form themselves into one single practice. (Sollershott East is contracted differently at present though this could change in the future and it is thought that joining the main grouping may then be their preferred option.)

The Foundation's role to date has been entirely that of a facilitator and 'solution seeker'.

The doctors initially expressed a preference to develop the Nevells Road site (including the existing Police building and the health centre as well as the GPs practice) and initial thoughts were that a land swap might be possible with another site in the town to accommodate new Police needs, but the Foundation property team advised that this would be an expensive option due to the Police requirement for full value on their current site.

The doctors' position now is that they will consider any offer that will enable them to develop a Health Hub for the town, though clearly their preference is for a town centre site for reasons of transport and central location. At this juncture we suspended further meetings pending internal discussions within the Foundation.

Where we stand today

As a result of a personal contact I was able to open discussions with a member of the Board of the company which owns Garden Square, Cromwell Property. After various discussions they have offered us some 2000sq metres of space in the centre of town with the possibility of more in the pipeline. They would welcome the development of a Health Hub which would bring with it huge advantages to a part of the town centre which is effectively dying on its feet. They have agreed to meet the costs of redeveloping the site to provide the necessary internal layouts needed (up to £2.8m) and have offered £1m to mitigate the expensive lease costs which some of the practices face in giving up their current premises. The doctors are keen and the CCG have been involved in discussions about planning issues and the many other matters which need to be addressed. The site also has the advantage of separate parking for doctors' vehicles and ambulance access, a multi-storey car park in the same shopping facility and a bus stop at the rear of the building.

No matter what one might normally expect, the CCG/NHS *cannot deliver* what they do not have – suitable alternative premises and the doctors to replace those who have left. The problems at Sollershott will simply be mirrored across the town if the current partners in the remaining practices decide they have had enough.

The market for GPs has become a highly competitive one in the UK and in order to ensure Letchworth has what it needs to sustain a high quality primary health care service for our town, it is essential that our GP Practices have the best facilities possible in order to recruit and retain staff and deliver the sort of care needed for the aging population and indeed, for the others identified in the recent Public Health surveys which show Letchworth to be, in many ways, a 'sick town' by comparison with others locally.

The vision the doctors have, shared by all those involved hitherto is

A fit for purpose building housing a single practice covering the whole population of the town. They will have access to a modern facility that would house a stable, efficient, resilient primary care service. It would be an attractive place for nurses and doctors to work as it will be managed at scale to ensure efficient recruitment, training, peer support, policy development, HR and be as future proof as possible.

Importantly patients would maintain continuity of care with their existing GP but have better access to on the day/urgent care from doctors, nurses, clinical pharmacists, physiotherapists and health care assistants from 8am to 8pm.

We envisage that the building would also house physiotherapy, district nursing, phlebotomy, social worker, mental health and Ernest Gardiner Day Centre and space for allied and voluntary services.

It will be in the centre of the town and hence not only will access be easy but also the footfall should benefit the town centre itself.

I believe this is the single most important thing any of us can do **for all the residents of the town** – good quality healthcare is important for everyone regardless of their income or post code. We believe, in any poll, it would matter more to residents than any other facility which we might make available.

The footfall of those attending the Health Hub alone would be very significant - probably well in excess of 5000 per week over the course of seven days (see Wave One impact - 12 hour day surgeries, seven days a week). Not all of those people will be going home to bed after their appointment! A lot will simply be calling in for prescriptions, letters, referrals and routine blood tests, injections and the like. Many of them will therefore want to go for coffee or to do some shopping. Add all the other associated activities of a Community Hub and you have the makings of a really lively centre of town which would greatly benefit *all* the commercial and retail offers.

So in meeting a critical need for primary health care in town, we could also develop something that will give us what we want to see and which has evaded us to date – a vibrant and active town centre with all the economic benefits that brings.

Pam Burn
Vice Chair - Letchworth Heritage Foundation
30 July 2018

Amended to reflect revised position February 2019