From:

**Subject:** West Berks Local Plan Submission Burdwood Surgery

**Date:** 29 January 2025 10:37:11

**Attachments:** 

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Good morning.

Following your invitation to comment on the latest West Berks Local Plan, please find attached Burdwood Surgery submission.

Best wishes.

Mark

Mark Foster Practice Manager Burdwood Surgery











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## West Berkshire Local Plan Review January 2025

## **Burdwood Surgery Consultation Submission**

Burdwood Surgery have reviewed the West Berkshire Local Plan Review and have the following key observations:

- Burdwood Surgery is already beyond full capacity and cannot take on any substantive number of new patients
- Burdwood Surgery would not bid to operate a branch site within Thatcham as we believe it to be both uneconomic and against the strategically recommended direction of travel for larger community health centres with more facilities.
- Regarding the proposal for new housing overall we think it is crucial that there is appropriate additional health care provision
- Burdwood Surgery could relocate in a new facility in the development, or elsewhere if assistance was given
- At Burdwood Surgery we are looking at a thirty year health care planning horizon
- In the last year, Burdwood Surgery has worked with the local ICB and healthcare estate requirement modelling has been produced for the needs of the North East Thatcham development.

## **Background**

Burdwood Surgery is one of the three local General Practices affected by the planned development of 2,500 residential units in North East Thatcham.

Burdwood Surgery is a three partner PMS primary care practice serving a population of 10,250 patients in the locality. The surgery has a CQC rating of good and a Patient Survey satisfaction level of 92%. The surgery is currently operating at 91% room occupancy which is above its planned capacity utilisation of 80% which is already limiting the ability to bring in new staff to create new patient capacity. The surgery has completed two clinical extensions since its original build and now fully occupies its footprint. Surgery additional patient facing resources and services are now severely curtailed due to space.

The Burdwood site limits the integrated health and social care working potential of the Surgery for its population. The increasing healthcare needs of the ageing population and the NHS policy shift to more care being delivered through General Practice settings mean that going forward, due to space constraints at the practice, care capacity and care quality are likely to be under extreme pressure, even without population growth. Our proposal to solve this is a new site on which to relocate Burdwood Surgery. We would not support a Burdwood satellite site on the new housing development, as a satellite site is not economically feasible, nor in line with NHS best practice. The existing Burdwood team plus additional clinical resources would relocate to the new facility. The existing facility would be sold and or exchanged for the new facility as part of the consideration.

A new site would facilitate space for an enlarged team which would fit with the policy direction for

more preventative care and care in the community. Over the last ten years Burdwood Surgery has had to move towards only housing it's directly employed staff; this is to the detriment of its patients who then do not have the same access to the allied professionals for their wider care. The shortage of space has been partially mitigated by technology and remote working, including remote consultations, but this leads to sub optimal surgery resource deployment. Further significant increases in utilisation of remote working would not be in line with best medical practice and would also likely make Burdwood Surgery a target of media/NHS management pressure based on rates of consultation done 'in person'.

We have considered alternative approaches that have been suggested to us, such as moving most of our non-clinical staff off site to create more consultation space. We strongly disagree with this idea as we do not believe that our clinicians can function optimally without the dynamic and close relationships we have with our support team. We believe the high patient satisfaction we have, is in large part due to our excellent wider team.

The new facility would be modelled on the existing ethos of the Burdwood Surgery namely, doctor led with an aim for continuity of care and an overall aim of being a practice we would be happy for our own families to be treated at. Based on the above the new facility would be a minimum of approximately  $1200\text{m}^2$  potentially across two floors as this works successfully currently and the enhanced footprint would meet future needs. Suggested capacity consideration also encompasses current undelivered services not offered at the practice due to space constraints such as: smoking cessation, alcohol dependency, Citizen's Advice, mental health clinics, physiotherapy and group consultations. The new facility would bolster the capacity for the wider Kennet PCN. The new surgery would successfully model and conform to the integrated health care structure and direction of the Buckinghamshire, Oxfordshire and West Berkshire Integrated Care Partnership Strategic Priorities December 2022. The facility would also encompass the NHS Green Practice zero emissions gaol protocols consistent with the North East Thatcham Development Plan.

In short, at Burdwood Surgery, we believe we are already at or beyond our patient capacity (especially when considering the growing needs of this group as they age). The practice was designed for 7000 patients using the standards of around 40 years ago when consultation rates were a fraction of what they are now. We do not have the ability to safely take on more patients from a new housing development on our current site. We need either a new site, or a guarantee that the new people arriving would not come under our care. In our opinion, to not do either of these things would jeopardise patient safety and quality of care locally.

Burdwood Surgery thus requests either an assurance that none of the residents from the new development will be included in the Burdwood Surgery catchment, or a new surgery is provided of circa 1050 m<sup>2</sup>, in line with the ICB commissioned feasibility report.