To Eastleigh Borough Council 16th February 2016

Response from Stokewood Surgery to the consultation on the Draft Local Plan 2011-2016

I would like to comment on the Sustainability Appraisal section of the Local Plan 2011-2036

with reference to Strategic Locations Bishopstoke 1, Bishopstoke 2, Fair Oak 1, Fair Oak 2, Fair Oak 3, Fair Oak 4, Fair Oak 5 Fair Oak 6 and Fair Oak 7.

I am the senior GP partner at Stokewood Surgery, Fair Oak. The day to day work of our practice would be fundamentally affected by the extensive programme of residential development proposed in the Local Plan in the strategic locations referred to above. The view of the partners at Stokewood Surgery is that our registered patients (who attend both Stokewood and Old Anchor Surgery) have been adversely affected the increase in population that has already occurred due to local developments already approved (and partially or fully completed). Our waiting times for acute and routine appointments have extended and we are struggling for space to accommodate the extra clinics we require, and to recruit the necessary clinical staff, which is a national problem. For these reasons we objected to the West Horton development which we understand has now been approved, and also to the options outlined in the Draft Local Plan as we believe the resulting increase in population in our catchment area will make the provision of primary health care services even more difficult should these developments go ahead without significant funding from both the developers and primary care service commissioners.

I would like to make some general comments about the Plan as a whole and also some specific comments about various subsections of the Sustainability Report and the Sustainability Report Appendices.

General comments

As a practice we have serious concerns about the proposed draft Local Development Plan.

Many of the concerns we raised in our previous objection to the proposed West Horton development (attached) are also relevant to this proposal. The huge increase in the amount of housing within our practice boundary in the draft local development plan would magnify these problems greatly.

For many years the combined practice populations of Old Anchor and Stokewood Surgeries has been stable at 16 500. Over the last year, due to developments that have already taken place within our practice boundary, our population has increased to 17 100. We are struggling to cope with this increased population. This comes at a time when GP workload is increasing nationally – the reasons for this are complex but in broad terms are due to a shift of a large amount of work from hospitals to general practice, greater complexity of treatment possibilities and an increasingly elderly population with multiple long term conditions.

It is also difficult on a national basis to recruit GPs, a problem that we have encountered ourselves and which is restricting our ability to cope with the needs of our current patient list.

We are already considerably larger as a practice than the national average. Whilst there are some advantages to being a larger practice, there are also disadvantages and we do not want to increase our practice list size further, even if we were given the premises which would enable us to do so.

Planning permission has already been given for further housing development in our area, which will make matters worse. We are applying (via the West Hampshire Clinical commissioning Group (CCG)) to the Transformation Fund for resources to improve and extend our current premises but there is no guarantee that this application will be successful. The responsibility for funding of GP premises is devolved to CCGs by NHS England. Until a few months ago this funding was the responsibility of the local Primary Care Trust (PCT). For several years we have been asking for funds to enlarge and improve our practice premises but these applications have been unsuccessful. We have received no increased funding for premises to cater for the population increase that has already taken place nor for the anticipated population increase that will occur as a result of housing developments for which planning permission has already been granted. During the planning phase of these developments the PCT were consulted by the Planning Department of Eastleigh Borough Council. The PCT advised them that our practice facilities were adequate and could cope with the increased population. This was done without consultation with ourselves. Consequently no money was required from the developers of the new housing to enhance local healthcare facilities, a most regrettable state of affairs and one that must not be repeated with future developments. If our opinion had been sought we would have clearly stated that we did need funding from the developers for the provision of additional premises.

To the layperson the answer might appear simple – we should just decide not to register any more patients. Unfortunately the situation is not that straightforward. The legal situation is that any patient living within the boundary of a general practice is allowed to register with that practice. A practice may apply to NHS England to close their list to new patients but most applications to do so are unsuccessful and even if they are successful the closure is allowed on a temporary basis only whilst the practice makes changes that would allow them to take on new patients again.

If our application to the Transformation Fund is successful we would be able to have an additional 4 consulting rooms at our Stokewood and Old Anchor sites combined, together with improvements to other parts of the practice buildings such as an enlarged waiting area at Stokewood. Even with our current population, patients often have to stand in the waiting area due to lack of seating, an unacceptable situation for patients who are ill or infirm.

Other than enlargement of the waiting area these are not changes that we want to make but are essential to cope with the enlarged patient list that we have and will have. These changes should allow us to adequately cater for the medical needs of much (but not all) of the population of the new housing that has already been given planning permission.

It is important to note, however, that the Stokewood site is a considerable distance from the proposed West Horton development (and the Old Anchor site even further). The vast majority of patients travelling from West Horton would do so by car and there would be a noticeable increase in the amount of traffic on our already overcrowded local roads. We already have inadequate car parking at the Stokewood site. Patients without a car would be further disadvantaged as public transport links between Fair Oak and Horton Heath are poor.

We would not be able to make any further extension to our current buildings other than those already described, even if we had unlimited resources. Any local population increase as proposed in the local draft development plan would require the construction of a new practice building on a new site. In the absence of such a building, registration of these new residents as patients at our practice would put an intolerable strain on the existing infrastructure, resulting in a poor quality of service to both the new patients and our existing patients.

If, despite the objections of ourselves and others, the proposed increase in local housing does go ahead, it is essential that the developers are required to make an adequate contribution (in terms of money and land) to allow the development of healthcare facilities within our practice boundary sufficient to cater for the needs of the increased population.

We have reviewed the options put forward which affect us directly and those affecting neighbouring practices whose catchment areas are either shared or adjoin our area (options A, B, C, D, E and F). We have had a meeting with other practices within the parts of Eastleigh Borough that would be affected by the local development plan. We considered the implications of each proposal and assessed the issues around that would affect provision of medical services to patients in these new developments. The practices attending were Blackthorn Surgery (Hamble), Bursledon Surgery, Hedge End Medical Practice, St Luke’s Surgery (Botley), West End Surgery and Stokewood Surgery (Fair Oak).

We considered that options A, B and C would create the most difficulties for the practices. Those most directly affected felt these options would be an intolerable strain on the surgeries and there is no easy way to increase premises to provide adequate medical services to the patients from these new developments.

Options C, D and E, while also adding considerable strain to the current practices, may possibly be manageable with some financial contribution towards enlarging premises (from the developers) and in rental reimbursement agreement from the West Hampshire Clinical Commissioners. In particular with regard to Stokewood and Old Anchor surgeries, we identified a possibility of either changes to the existing premises (at both sites) or the possibility of a new larger surgery in place of Stokewood Surgery. This leaves aside the issue of how to recruit clinical staff for the increased population. This plan would also be dependent upon permission being given by West Hampshire CCG to boundary changes for ourselves and West End Surgery and for their proposal to increase the size of their surgery to be successful.

Specific comments

Sustainability Appraisal, p 58, section 6.65

In this section there is discussion re the effects of development in Bishopstoke 1 and Fair Oak 1 on health service provision. As I have stated already there will be no capacity at Stokewood Surgery to provide health services for the new population in these locations. Thus their proximity or otherwise to Stokewood Surgery is irrelevant. It is not true that ‘development at these locations could cumulatively result in negative effects with regard to healthcare provision’ – the truth is that there would be no capacity from the outset.

I was pleased to see reference to this issue later in the section, but I would like to state for the purpose of clarity that no plans have been made so far as to how these needs might be met, despite meetings with the CCG. Providing healthcare facilities for this new population would require the construction of a new building.

Sustainability Appraisal Appendices

Bishopstoke 1 p 84 2.2 Comment as my comment under Sustainability Appraisal, p 58, section 6.65

Bishopstoke 2 p 90 2.2 Comment as my comment under Sustainability Appraisal, p 58, section 6.65

Fair Oak 1 p 122 2.2 Comment as my comment under Sustainability Appraisal, p 58, section 6.65

Fair Oak 1 p 124 4.6 Comment as my comment under Sustainability Appraisal, p 58, section 6.65

I also note that a ‘+’ justification has been made as provision has been made for a remote consulting room at the development currently being built at Crowd Hill. I would like to emphasise that a remote consulting room is totally inadequate for the purposes of modern general practice. It would not be compliant with Care Quality Commission regulations and we would not be allowed to practice from it even if we wanted to. The reasons for this are discussed in detail in my letter re the West Horton development, but in summary - in order for a consulting room to be used for GP consultations it would also require the provision of an attached waiting area, a nurse consulting room, a reception office, a side room for unwell patients, quite extensive resuscitation facilities, a meeting room and storage space of various types. It is simply not possible to predict what illnesses a patient may present with and GPs need to be prepared for all eventualities. Patients attending for routine appointments can still need emergency medical treatment, requiring several staff and quite sophisticated equipment for a successful outcome. It would be not cost effective to provide all these facilities for just one GP consulting room – at least two would be required and probably more.

Fair Oak 2 p 129 2.2 Comment as my comment under Sustainability Appraisal, p 58, section 6.65

Fair Oak 2 p 130 4.6 Comment as my comment under Sustainability Appraisal, p 58, section 6.65

Fair Oak 3 p 135 2.2 Comment as my comment under Sustainability Appraisal, p 58, section 6.65

Fair Oak 3 p 136 4.6 Comment as my comment under Sustainability Appraisal, p 58, section 6.65

Fair Oak 4 p 141 2.2 Comment as my comment under Sustainability Appraisal, p 58, section 6.65

Fair Oak 4 p 143 4.6 Comment as my comment under Sustainability Appraisal, p 58, section 6.65

Fair Oak 5 p 148 2.2 Comment as my comment under Sustainability Appraisal, p 58, section 6.65

Fair Oak 5 p 149 4.6 Comment as my comment under Sustainability Appraisal, p 58, section 6.65

Fair Oak 6 p 155 2.2 Comment as my comment under Sustainability Appraisal, p 58, section 6.65

Fair Oak 6 p 157 4.6 Comment as my comment under Sustainability Appraisal, p 58, section 6.65

Fair Oak 7 p 162 2.2 Comment as my comment under Sustainability Appraisal, p 58, section 6.65

Fair Oak 7 p 163 4.6 Comment as my comment under Sustainability Appraisal, p 58, section 6.65

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On Behalf of the Partners at Stokewood Surgery