

**STAFFORD BOROUGH LOCAL DEVELOPMENT FRAMEWORK
NOTES OF MEETING BETWEEN THE PRIMARY CARE TRUST
AND STAFFORD BOROUGH COUNCIL**

DATE OF MEETING: 17 SEPTEMBER 2007

Officers in Attendance:

Geraint Griffiths - Director of South Staffordshire Primary Care Trust
Alex Yendole - Principal Planning Officer, Stafford Borough Council

Introduction

Geraint Griffiths is the Locality Director for the South Staffordshire Primary Care Trust and is a member of the Partnership Board. GG works at the corporate level as a Director with responsibilities for practice based commissioning in terms of buying health care for patients. He has been in post since November 2006 with the South Staffordshire Primary Care Trust. There are separate Directors for Estates, Finance and Locality at each of the Districts within the Southern Staffordshire area.

Current position

- Within the South Staffordshire Primary Care Trust area the significant facility is Stafford Hospital. There are 14 General Practices (GP) across the Stafford Borough area. GG will provide a map of GP locations and the number of patients within each of the catchment areas for these practices.
- The Ambulance Headquarters in Stafford is moving to a new site shortly. The Ambulance Trust is a separate element of the National Health Service organisation from the Primary Care Trusts.
- There are a number of health centres within Stafford Borough which are owned and run by the Primary Care Trust for community nursing purposes. There are sufficient health services and facilities in Stafford Borough in terms of the population. A key issue is that whilst the facilities / properties are very poor the quality of the service provision is very high. A number of practices have expressed a wish to move to new premises. Currently there are good quality services in poor quality properties, particularly in Stafford town. However this issue is less apparent in the surrounding rural areas of Stafford Borough. The criteria for high quality properties includes capacity for parking and good access by car, disabled access, visits by hospital consultants and community nurses. Routine appointments for patients can therefore take place without going to hospital.
- The Primary Care Trust consider a model for the future is the facility at Gnosall in terms of service and facility provision where there is a high quality building with good services provided for GPs, hospital consultants,

advanced diagnostics and community nurses. Gnosall's new facility serves 5,000 patients but in theory this population is not sufficient to maintain such a facility in the rural location. The normal client base for such a facility is 10,000 - 15,000 people. In central Stafford and central Stone there are requirements for new one-stop shop centres. For Stafford this requirement is in the short term whilst in Stone this is a longer term.

- The Primary Care Trust can provide a location map of dental services, pharmacies and optometrists but no information is available in terms of the number of patients and the respective catchment areas. One GP practice in Stafford serves over 10,000 people and this facility wishes to move to new premises due to capacity issues in the short-term. The timescales for moving GP practices into different facilities are dependent on GPs coming up to retirement and therefore wishing to sell their stake in the practice before retiring. To establish a new facility it is easier to move a GPs practice when a number of the GPs are looking to retirement than younger GPs wishing to maintain a client base in the area. Generally the GPs will finance a new building through a private finance initiative or using National Health Service capital.

- Stafford has a high number of patients and services providing for the outlying rural areas despite the outdated buildings. The Government's national agenda for the NHS is for more services to be provided by GP facilities in order to reduce the costs and pressures on hospital facilities. The details are set out in the National White Paper "Our Health, Our Future". Clearly this has caused some tensions between the two service providers regarding the future. In terms of Stafford Hospital there will be no need to expand its premises. Although the service delivery will be changing this will not require more physical space. The Primary Care Trust is the funder for new services so money is provided to the GPs to ensure that services are delivered. The NHS budget in Stafford Borough is £120M per year with £20M delivering GP services and £100M to the hospital. Therefore 80% of current costs are used to serve 20% of the patients in the hospital. However this does include maintaining high cost facilities such as Accident and Emergency, intensive care facilities etc... The National Health Service strategic policy is to reduce the costs by transferring some of the 20% of patients into the local community rather than the hospital. Over expenditure can be significantly reduced for individuals and the hospital, especially if the patient population is dispersed across a large area, such as Stafford Borough. For example it is not resource efficient for people to travel 10 – 15 miles to the hospital for routine treatment every 1-2 weeks if this can be provided at the GP facility.

- Currently the Primary Care Trust has a document out to consultation on the future of its GP facilities. A option being put forward is to encourage the current 14 GP practices to move into one stop shops totally 8 – 10 across the Stafford Borough area where more services and facilities will be provided. An integrated strategy for health and social care being provided in the same building in conjunction with other services such as Staffordshire County Council's Social Care, Leisure facilities, Housing

- The Primary Care Trust's Vision for Stafford Borough is to achieve this approach in the next few years. One GP Practice in Stafford is ready to move straight away. It is important for Stafford Borough Council and the Primary Care Trust to work together to establish site options and locations for these new facilities. Decisions are required on the type of building, the facilities to be delivered and the types of services available to the community. Of course land values are under pressure from the residential market and therefore this needs to be addressed. Should Landmark buildings be considered or grand schemes? It is better to promote new buildings rather than attempt refurbishments in most cases, although refurbishment can be considered in some instances.
- Each GP has 1,700 patients on their lists. In rural areas it is possible to have 1-2 GPs making up a practice but in urban areas such as Stafford and Stone 5 – 6 GPs work in the same practice to serve 10,000 - 15,000 people. The approach of the one stop shop is to consolidate and deliver an improvement to services and facilities. It is possible to have more than one GP Practice in the same building.
- Pharmacy application procedures identifies the number of pharmacies in the area provided the pharmacy is open less than 100 hours per week. However often supermarkets now include pharmacies which are open for more than 100 hours a week and therefore no details exist for this data.
- It is important to consider need for one-stop shops based on the area's demographic profile. There is a x 8 risk factor for people aged over 75 years to require hospital beds and therefore this should be taken into account. A model is being prepared assessing health needs of the over 65s with a pilot in Wombourne. This needs assessment will be rolled out to the rest of the South Staffordshire Primary Care Trust area next year, based on a joint health and social care approach. Meetings already take place between the four social care and health Directors covering the South Staffordshire PCT area and GG.
- The increase of population for Stafford Borough of 10,000 new residents is spread across a 20 year period so Stafford will require 5 - 6 one-stop shops over the period but these can be rolled out and assessed against existing provisions. 7,000 new houses will lead to 15,000 - 20,000 new residents which equates to one new surgery, possibly 2, in one location. The approach will be for 4 - 5 one-stop shops in Stafford that are re-sizing the existing provision of the community to cope with the new density levels. The current population will be assessed in terms of their location to

the GP practices and then the new one stop shops will be created to provide for existing and new communities as these develop.

- A new one stop shop will be required in an area if 4,000 new houses are built all in one place if existing provision is up to capacity. It is important to establish which GP Practices have spare capacity such as a spare consulting room. One consulting room = one GP per year for 500 houses.
- Up to 5,000 new houses could be built in Gnosall and the new facility could still deliver sufficient services to these new residents. Gnosall's facility was a Private Finance Initiative building which has been built relatively speculatively by the developer. In terms of health provision Gnosall could easily accommodate the option of 2,000 new houses because of the spare capacity. Currently there are 2 - 3 GPs at Gnosall but 3 - 4 spare rooms so it would easily be possible to increase the number of GPs with associated supporting services.
- Currently the population is 120,000 with an extra 10,000 over the next 20 years. In particular 8 – 10 facilities could be provided despite the population increase. In theory there would be a one stop shop in the following locations. One at Gnosall, one at Stone, one at Hixon, 4 - 5 at Stafford. If the population rises to 130,000 then extra one-stop shop at Stafford would be required but 4 - 5 would be phased over the planned period. The 3 - 4 facilities would have to be larger in order to accommodate the new population levels.
- Land delivery is an issue. It would be useful to phase the work of bringing forward the new development, so that 1 - 2 one stop shops would be delivered in the next 2 - 3 years. Extra facilities would be added over the following 3 - 5 years as the housing level increase. Land can be priced out so it would be useful for advanced sales for the site in order to bring forward the majority of the one-stop shops before the housing is built and brought forward. The developer would build a new Health Centre on a 20 year lease which is then rented back to the Primary Care Trust. Therefore the private sector can help with access to health services and facilities. 500 homes equals 1,200 population so this is less than is required for one new GP which creates difficulties. The Primary Care Trust would prefer 2,000 houses rather than 500 in any location. 2,000 houses means 5,000 people and this is a minimum 1 GP surgery.
- GG will provide the maps and associated information by the end of September 2007. It will be important to consider the settlement of Eccleshall concerning the need for particular services and facilities. The Primary Care Trust is supportive to engage in consultation events with Stafford Borough Council. There is an issue with the new facility at Rugeley with capacity for 8,000 new patients above existing populations. Two new facilities have been built, one is a one-stop shop, and one is an existing facility at the Hill Spinney Estate and Alcombe surgeries. Rugeley has the greatest dedicated access to services and facilities off all areas within the South Staffordshire Primary Care Trust area. Stafford is the next

- Date of next meeting – 17 October 2007 with GG, Lynne Devlin, Jane Chapman, Mike Calverley and a person representing GP surgeries.