

A briefing document for patients on the Watercress Medical Group Development Plan.

Executive Summary

What changes we are making?

We want to develop improved services from modern, extended premises at Mansfield Park. We will be building additional rooms for consultation and treatment, providing additional car parking space and upgrading our computer systems to handle patient records and data more effectively.

Why are we making them?

General practice is changing, as the government looks to shift resources from the hospital sector to the community. To meet these challenges we will need to be more efficient and flexible in the use of our facilities. We will require more dedicated facilities, focused on one site to ensure the practice is sustainable and able to adapt in the modern world.

What benefits will be apparent for patients?

The benefits for patients will be improved facilities, an improved range of services and improved car parking. These improvements will include better access to appointments and reduced open access waiting times.

How will the future look, what extra facilities will be offered?

We are looking to provide hospital specialist outreach clinics, better minor injury services and allied health provision such as travel health, community pharmacy support, physiotherapy and counselling as the opportunities arise.

When is the change going to happen?

The change will happen between August and September 2007 after we have extended the premises at Mansfield Park.

What are the interim arrangements?

The services will continue to be provided equally from the Dean Surgery and Mansfield Park. We anticipate minimal disruption to existing services during the transition.

How can the public make an input into the plans?

The plans are available on our website at www.watercressmedicalgroup.co.uk and comments can be forwarded to: Mr Clive Davis, Group Manager at Dean Surgery, Ropley, Alresford, SO24 0BQ or at watercressmedical@nhs.net

Introduction

The Watercress Medical Group is a general medical practice, which holds a National Health Service (NHS) contract with the Mid Hampshire Primary Care Trust (MHPCT) to provide general medical (nGMS), additional, and enhanced services to its registered population of 8050 patients. It also provides a dispensing service to a proportion (56%) of its registered list and a variety of additional non-NHS private services.

Under the nGMS contract the practice provides a generalist service in line with traditional GP services. However due to the increasing government emphasis on shifting care from hospitals to the community and the introduction of non-GP providers of primary care services, the practice needs to update its facilities and look to provide an increased range of services for patients.

Review Process

What have we done to review our existing facilities and what priorities have we identified for the future?

Following a review of our existing services and facilities by partners, patients and staff, we have identified a number of deficiencies in our current provision that make us less likely to compete successfully in the new environment.

These include:

- Poor access to routine appointments on both sites
- Variable waiting times for open-access morning surgeries on both sites
- Inconsistent minor injury service
- Poor provision of confidential reception areas on both sites
- Inefficiencies of equipment provision on both sites
- Sub-standard treatment rooms at Dean
- Poor car parking at Dean
- Poor compliance with Disability Discrimination Act at Dean
- Poor information systems and dataflow on both sites
- Difficulties with staff training and governance arrangements
- Increased reliance on locum medical support
- Duplication of expenses / costs
- Reliance on traditional sources of income generation
- Limited capacity to provide additional services anticipated under practice based commissioning

From this review we have also identified some key priorities to ensure that we continue to survive and flourish in the 21st Century. These include the need for improved access to services, improved facilities to accommodate new services, and increased efficiencies in the use of staff and information.

What facilities do we need to meet the future activities identified?

We have identified that we need to develop improved services from modern, extended premises at Mansfield Park. This will include additional rooms for consultation and treatment, additional car parking space and upgraded IM&T to handle patient records and data more effectively.

We are also looking to provide hospital specialist outreach clinics, retail pharmacy, and allied health provision such as travel health, community pharmacy support, physiotherapy and counselling as the opportunities arise.

What alternatives have we reviewed before we have made our decision?

We have looked at the alternatives, which would include doing nothing, or developing services equally on both existing sites. We established the pros and cons of each alternative and details are included in Annexe A.

Decision making process

How did we arrive at our decision?

A total of fifteen partners, managers, key staff and patients have contributed to the option appraisal and decision making process. They assessed the options, patient benefits and investment required to deliver each option.

A critical factor has been the ability to re-use existing funds to fund the development costs of the new extended premises at Mansfield Park. This is a one-off opportunity supported by the Mid-Hants PCT in the absence of alternative practice development monies, due to the cost-neutral nature of the proposal for the NHS. There are no NHS funds available to improve the Dean site, - we can do this or do nothing.

What are the implications of our decision?

The implications of this decision are that we would look to provide all our general medical services from the Mansfield Park site. For patients currently served predominantly from the Dean Surgery site there would be the geographical implications of travelling the three miles to Four Marks / Medstead for all general medical services as opposed to just the current podiatry, retinal screening, spirometry and other nursing clinics. The dispensing service and all existing services would be continued and improved on the Mansfield Park site. Additional services are planned from extended purpose built facilities and there would be no threat to staff jobs or disruption to services during the transition.

How can we make the changes as easy as possible for our patients and our staff?

All the building work can be managed with little disruption to services at Mansfield Park. Recent experience in handling a significant shift of work to Mansfield Park from the Dean has shown that the practicalities of such a shift can be managed safely for patients and with minimal impact on staff.

Benefits of change

What are the benefits associated with the decision for patients and staff?

Explicit Objectives for Improved Patient Services

Medical services & Equipment

- The addition of hospital outreach clinics over time
- Development of clinical sub-specialisation
- Minor injuries service – available from 08.00 – 18.00
- Further diagnostics: - spirometry, audiometry, dermatoscope, 24hr tape etc.

Access

- Medical and nursing appointments spread throughout the day.
- Increased appointments and reduced open access wait.
- Car parking increased from 38 spaces to 50 spaces.

Compliance with Disability Discrimination Act

- Ground floor disabled facilities for patients and staff
- Aids for hearing impaired – reception loop

Facilities

- Purpose built treatment rooms – utilised all day.
- Patient e-information resource terminals and direct hospital booking
- Medicines management consultations
- Area for confidential patient communication

Continuity of care

- Reduced locum medical staff usage by up to 50%
- Antenatal midwife team with integrated cover for holidays/absence
- Sub-specialisation of nurses

Staff and Organisational benefits

- Attached staff offices for extended primary care team
- Focused clinical communication systems and meetings
- Organisational benefits impacting on patient care
- Introduction of electronic data flow processes and national patient records

Workforce efficiencies

- Flexibility to provide both in-house and external training opportunities
- Improved medicines management, formulary and dispensing focus
- Ability for clinical staff to develop sub-specialisation

Next steps

Timetable

Consultation process	June 1 st 2006 – August 31 st 2006
Start of Build	February 1 st 2007
Practical completion	August 1 st 2007

Consultation process

You can see from the diagram below that we operate in a complicated political environment providing services predominantly to the NHS. Consultation with patients, public bodies and local PCT commissioner are paramount in achieving the aims outlined in this briefing document.

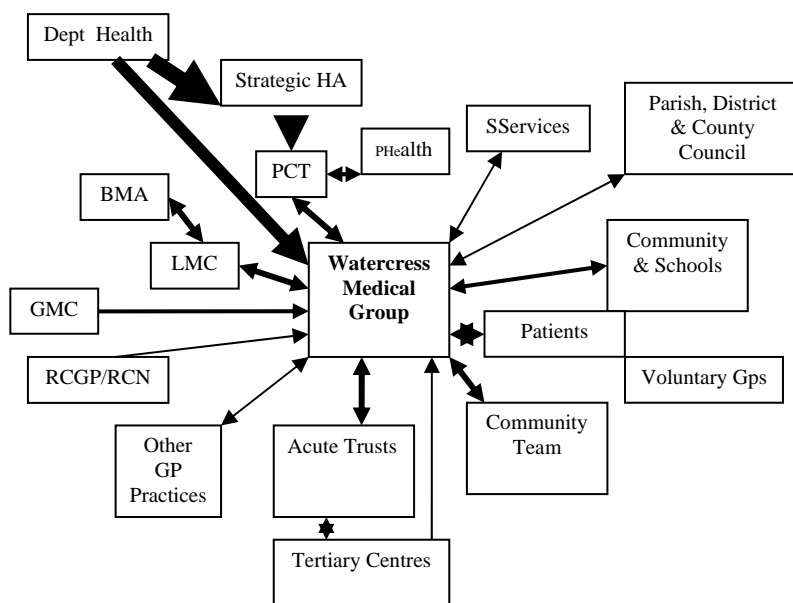


Fig 1 Stakeholder Diagram

Through our initial consultation process we have received helpful suggestions and comments from patients, patient forum representatives and staff, who have contributed to our proposals and implementation plans. Mid Hants PCT and the Local Medical Committee are supportive of our drive to improve patient services and organisational efficiency and accept that our objectives are to provide sustainable, quality, improved and extended primary care services for our registered population

Contact

Further consultation is now required with the wider practice population and you can contribute by contacting **Mr Clive Davis, Group Manager**, either in writing or by email at : Dean Surgery, Ropley, Hants, SO24 0BQ
watercressmedical@nhs.net

Option appraisal and patient benefits.

Annexe A

Option 1 No change	Pros	Cons
	No patient disruption	Limited access to appointments on both sites
	No financial outlay	Long waiting times for open-access on both sites
		No staffed minor injury service
		Lack of key equipment on both sites
		No confidential area for patient choice and hospital outpatient bookings
		Inadequate treatment rooms at Dean
		Inadequate car parking at Dean
		Non-compliance with Disability Act at Dean
		Inadequate information systems without Dataflow
		Missed opportunity for service improvements
		Non-sustainable. Threatens future practice viability and medical recruitment.
Option 2 Dual site Dean development	Pros	Cons
	Maintain identifiable Ropley village resource	Training and workforce difficulties remain
	Maintain patient access for some disadvantaged	V. Expensive with no available finance = Unaffordable.
		Increases risks to viability of existing services
Option 3 Single site Mansfield development	Pros	Cons
	Improved range of services	Loss of identifiable Ropley village resource
	Improved quality of service	Some patients access potentially disadvantaged
	Improved clinical communication	
	Improved staff training	
	Ability for clinical staff to develop sub-specialisation	
	Improved medicines management, formulary and dispensing focus	
	Reduced locum medical usage.	
	Workforce efficiencies	
	Avoidance of dual costs	
	Self financing within existing NHS funding envelope	