

The Ascot Plan

Executive Summary

The objective of the Ascot Plan is to deliver a single consistent, resilient, high quality and sustainable primary and community care service to the whole Ascot population. The Ascot Plan brings together through collaboration of the four existing general practices and how they describe working in an integrated way with other local services for the people of Ascot. These practices are;

- Magnolia House Surgery¹, Sunningdale;
- Kings Corner Surgery², Sunninghill;
- Ascot Medical Centre & Radnor House Surgery³, Ascot;
- Green Meadows Surgery⁴, Ascot.

The Ascot Plan will enable sustainable primary and community care services with two points of delivery, one at Heatherwood Hospital in Ascot, co-located with Frimley Health Foundation Trust, and one at the Lynwood Retirement Village in Sunninghill.

Purpose

The purpose of this document is to describe the primary care transformation journey for the people of Ascot, specifically those patients of:

- Kings Corner Surgery and Magnolia House Surgery to support the development of a health and care facility at Ben Lynwood Care Village in Ascot, and:
- Green Meadows Surgery and Ascot Medical Centre to support the development of primary care health facility at Heatherwood Hospital, Ascot

Primary care services in Ascot are not sustainable in its current form, for several reasons:

1. **Demand for services:** This is set to increase further, as the population increases by 5% over the 20-year period to 2038 as published by the Office for National Statistics (ONS), including a predicted 150% increase in the population aged 85 and above over the same period⁵. The local plan for an additional 2,566 dwellings by 2033 with an additional population of 6,160 residents (assuming 2.4 residents per dwelling) for the area based on the Strategic Housing Market Assessment (SHMA) 2016 will further increase by 4%. This population has increasingly complex health and care needs and with a rise in 9% for the population including demographic and housing this is challenged for local health services.

Population Growth	2018 (ONS)	2038 (ONS)	Growth	%
Population	144,600	152,700	8,100	5%
Housing: (2,566 dwellings @ 2.4 people)	144,600	158,858	14,258	9%

¹ <http://www.magnoliahouse.nhs.uk/>

² <http://www.kingscornersurgery.co.uk/>

³ <http://rhsamc.co.uk/>

⁴ <http://www.greenmeadowssurgery.co.uk/>

⁵ GRIMES Report, Needs Assessment, Sept 2018

2. **Inability to increase capacity in current premises:** The current premises within which Ascot primary care services operate cannot be increased in size to accommodate this increased demand. Kings Corner and Magnolia House surgeries cannot be expanded further, and both are already working at full capacity, in the medium term these premises are unsustainable and the future of primary care services in this part of Ascot, is under threat. Green Meadows surgery is current utilising its premises at 100% with further housing predicted in the area additional capacity is required.

3. **Pressure on staffing and inability to train additional staff:** There is a national shortage of GPs and over 20% of GPs in the Ascot area are aged over 55 and are due to retire in the next ten years. Magnolia House and Kings Corner are training practices with two GP trainers at each practice and could train the future primary care workforce of GPs, nurses, physician associates and paramedics but currently do not have the space to do so.

4. **Fitness for purpose of current premises:** The Magnolia House surgery operates from a converted residential property built in 1911, with most consulting space on the second floor which makes it difficult for patients who are frail or disabled to access. Ascot Medical Centre is currently located on the Hospital site at Heatherwood, within the footprint for the redevelopment of the site for residential purposes, necessitating the need to seek alternative premises for re-location.

5. **Modernisation of care:** We have developed exciting plans to modernise primary care with new roles and new local services and these are described in greater detail in section 5 of this paper. However, due to either lack of space or to the configuration of space in existing premises, we are unable to deliver this service model which is designed to sustain care into the future for local people.

These plans address the increasing demand and future needs of the population, responding to the pressures described above. The transformation of primary care services in Ascot is essential to deliver sustainable primary care and improved health outcomes for our population. The benefits associated with delivering our development plans for primary care are set out on figure 1, below:



Figure 1, benefits of the Ascot Plan for primary care development

This document focuses on the case for change around the transformation needed for sustaining general practice services and the opportunities to have extended health care closer to the patients of Ascot. The evidence presented is both national for predictions with policy frameworks and local for evidence based from the needs assessment and options appraisal.

The new building developments at Heatherwood and Lynwood will enable:

- i. Sustainability by providing premises for practices who are unable to provide care in the medium term in existing facilities
- ii. Co-location with multiple professional teams, not currently possible due to limited space and fragility of current premises
- iii. Improved recruitment and retention of extended clinical skill mix, including new roles for clinical pharmacists, physiotherapists, mental health practitioners and extended nursing roles
- iv. A central facility to ensure efficiency and high quality management and delivery of general practice services in a sustainable way
- v. The proximity of the hospital to the Heatherwood Development enables development of a flexible workforce model offering rotational placements and enhanced career development for health and care professionals.
- vi. Access to GPs with special interests such as gynaecology and dermatology
- vii. Increase in appointments being offered with one appointment system across the four practices, enabling greater choice for the patient.
- viii. Improved triaging so that patients who need an urgent appointment or home visit can be prioritised
- ix. An enhanced clinical workforce skill mix, patients can be seen by the right person, in the right place, at the right time without compromising other patient appointments.

The co-location of surgeries, onto Lynwood, with community and social care services allow the population to have a multi-disciplinary team wrapped around those patients that require enhanced care due their disease profile or general frailty. The partnership arrangements are essential to reducing patients' admission to hospital, improving care co-ordination, providing care closer to patients and increasing self-management with patients and carers. It would not be possible to provide this kind of integrated care in the current Ascot primary care premises.

Both developments allow for the interdependencies between the two sites to be realised such as:

The enhanced service model will enable trained non-clinical staff to facilitate access for residents to obtain peer support for condition management, self-care and prevention of ill health, for example Health Maker sessions could be run locally in Ascot.

Integrating the wider voluntary community networks with general practice working in partnership from a common community space, provides a unique opportunity to make significant strides in improving the health and wellbeing of our residents, and creating sustainable community assets for the future.

1. Case for Change

The traditional model for general practice needs to modernise in order to sustain our services, NHS England set out in the national policy; General Practice Forward View ⁶(April 2016) a 'rescue package' for general practice recognising the current models of services are not sustainable due to a number of contributing factors. The General Practice Forward View (GPFV) sets out how workload reduction, workforce development, additional investment, care redesign through working collaboratively with other care services and infrastructure modernisation will work towards securing general practice services over the five year plan. This is summarised as follows in the GPFV:

There has been a steady rise in patient expectations, a target driven culture and a growing requirement for GPs to accommodate work previously undertaken in hospitals, or in social care. This has resulted in unprecedented pressure on practices, which impacts on staff and patients. Small changes in general practice capacity has a big impact on demand for hospital care, so the need to support general practice in underpinning the whole NHS has never been greater.

2.1 Demographics

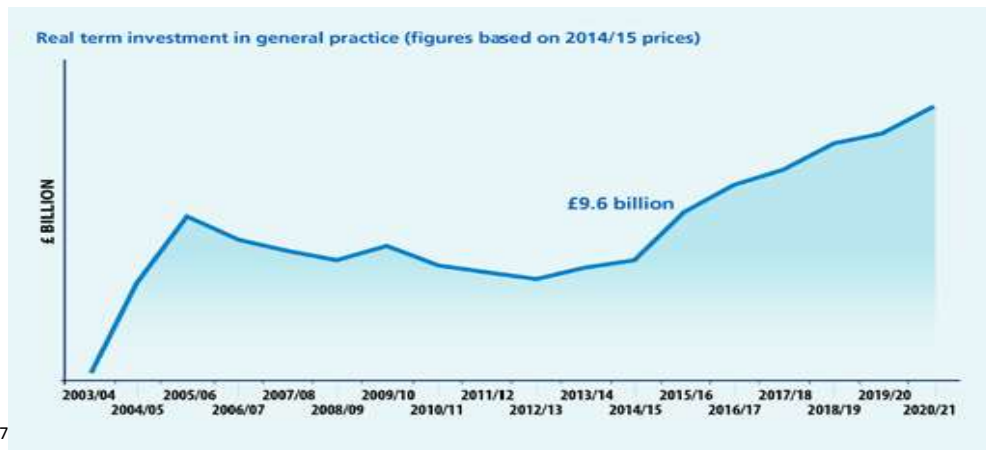
Our population in Ascot and surrounding villages is growing through new housing developments leading to an increased pressure on our valuable primary care and community services. In addition, our population is getting older, the growth in both independent living and new residential and nursing homes opening in and around Ascot has resulted in a higher proportion of our population living with more complex health needs.

Workforce Challenges: General practice is already under significant pressure due to a combination of factors including a reduced number of GPs. Many GPs are coming up to retirement age and we do not have a succession workforce due to the reduced number of qualified doctors and those choosing other medical professions. In Bracknell and Ascot (B&A) 22.8% of all general practitioners are over 55 years of age, with 18.8% in Windsor, Ascot and Maidenhead (WAM), leaving at least 1 in 5 GPs in the Ascot locality within retirement age in the next 5 years. We have 41% of our general practices across WAM and B&A qualified as training practices, the retention of these GPs will improve through the Ascot Plan with better extended services and fit for purpose facilities.

Both Magnolia House and Kings Corner surgeries are training practices, with 4 GP trainers between them and the capacity to have two trainees each which can include GPs, registrars, medical students, nurses, physician associates and paramedics but currently do not have the space to do so. The new facility will enable this opportunity to build an innovative successive workforce for the future, both for Ascot and beyond.

Investment: there has been a lack of investment over a number of years which has led to primary care resources not keeping pace with demand. The CCG through delegation has increased investment into general practice by commissioning additional enhanced services offers and non-recurring investment to support change and improvement.

⁶ <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>



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Workload: the orchestrated shift from traditional services in hospitals to providing care closer to home in primary and community care. This shift of care will continue not only to increase the workload of general practice, but also the complexity of conditions and requirement for anticipatory and advanced primary care plans. Through better co-ordination and working collaboratively with associated services and supporting our teams in delivering care at the top of their capabilities. Delivering this ambitious co-location is critical to addressing the increasing workload, through our strategic plans, establishing multi skilled teams of professionals working closer together to provide trusted advice, support and care. The patients tell us that general practice is their trusted source if support and advice when considering how to stay well (outcome of The Big Conversation public engagement 2018).

2. Local Position

3.1 Local Population

The villages of Sunningdale and Sunninghill, where our registered population are based, fall within the boundary of the Royal Borough of Windsor and Maidenhead (RBWM). The health priorities for RBWM are set out in the Joint Strategic Needs Assessment⁸ and include addressing mental health (particularly dementia) and the needs of an ageing population including falls prevention and management of frailty and long term conditions. These priorities are reflected in the new facility by co-locating mild to moderate mental health practitioners and promoting the social prescribing services to reduce isolation through signposting to the local community and voluntary sector.

⁷ <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>

⁸ https://www3.rbwm.gov.uk/publichealth/homepage/6/joint_strategic_needs_assessment

ONS Population Projections for by Ward⁹

Year	Ascot	Ascot & Cheapside	Sunningdale & Sunninghill	South Ascot
2016	6051	6018	5991	7392
2021	6283	6195	6208	7662
2026	6502	6347	6375	7862
2031	6705	6498	6547	8080
% Increase	10.8%%	8%	9.3%	9.3%

*The Windsor, Ascot & Maidenhead CCG Locality Profile for 2017 produced by Public Health, states a resident population of 142,861 compared to a registered population of 155,803 (as at 1 October 2017) a difference of 9% - this has been applied to the table above to demonstrate the projected growth in the registered population.

The most significant change in population is in adults aged 85 and over which, will increase from 3,600 in 2014 to 9,000 (150%) by 2039. The predicted demographic shift towards patients over 85 supported the expectation around increasing workload set out previously.

Estimated Population

Age Group	2014	2019	2024	2029	2034	2039
Under 18	32,420	33,680	35,220	35,400	35,220	35,200
18 to 64	84,480	85,920	86,780	87,200	87,780	88,300
65 to 84	21,000	22,400	23,900	26,300	28,100	30,300
85 and over	3,600	4,300	5,100	5,100	8,000	9,000
All Ages	0	146,300	151,000	155,000	159,100	162,800

Estimated Population Change

Age Group	2014	2019	2024	2029	2034	2039
Under 18	-	3.9%	8.6%	9.2%	8.6%	8.6%
18 to 64	-	1.7%	2.7%	3.2%	3.9%	4.5%
65 to 84	-	6.7%	13.8%	25.2%	33.8%	44.3%
85 and over	-	19.4%	41.7%	69.4%	122.2%	150.0%
All Ages	-	3.4%	6.8%	9.8%	12.6%	15.2%

In accordance with NHS policy, the development has been sized for the anticipated population with a 10% extra allowance to cover patient choice and changes to the demographic. The modelling is based on the NHS England current standard of 1 Full Time Equivalent GP per 1,800 patients assuming that the population is similar in its health needs to the national average. The extra growth factor allows for an ageing population who will require more health care services in the future which will need more staff and clinical rooms.

The following maps illustrate the population density in Ascot in relation to the primary care surgery locations.

⁹ ONS 2016 based subnational population projections, table 3: NHS Regions and Clinical Commissioning Groups in England; five year age groups, persons Windsor, Ascot and Maidenhead – figures in thousands to 1 decimal place
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/clinicalcommissioninggroupsinenglandtable3>

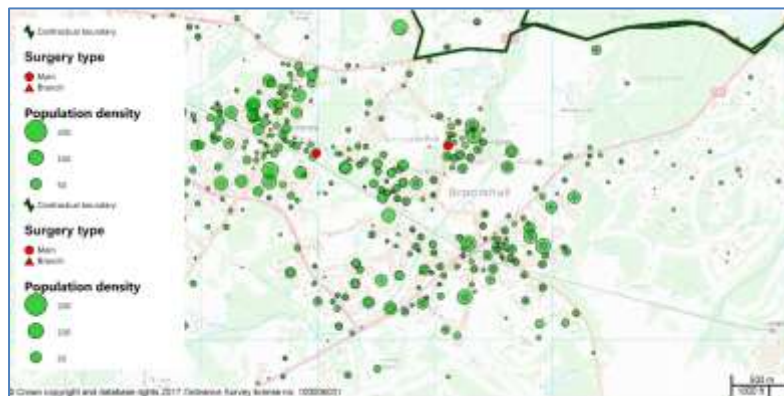


Figure 1: Population density in Ascot

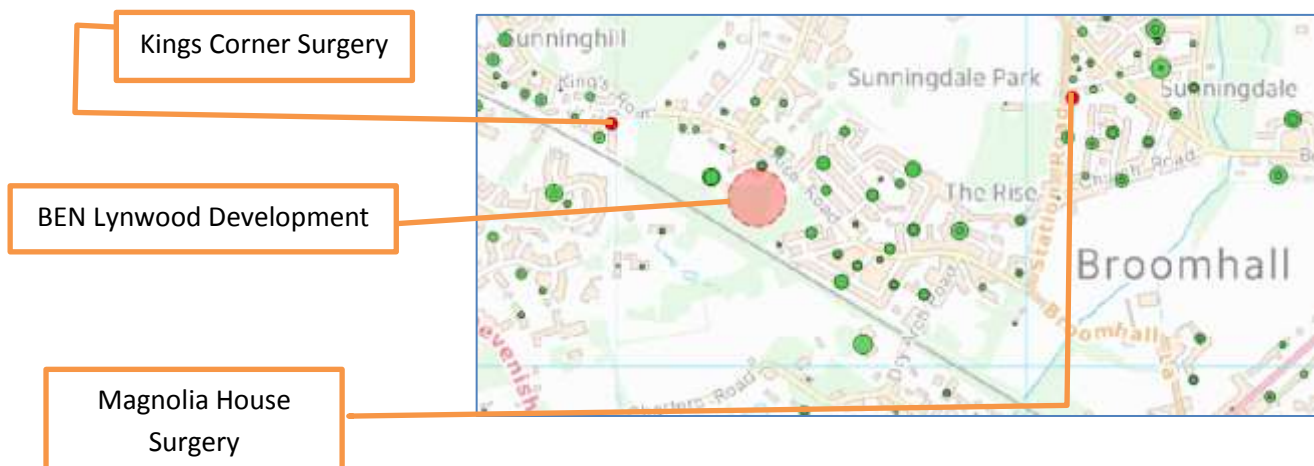


Figure 2: Location current and proposed site at BEN Lynwood

The BEN Lynwood site met the sequential testing of options which has demonstrated this to be the only site which is appropriate in location, suitable in size and viable in cost. The site will also:

- Provide improved local medical services, primary care and community health services, within the Sunninghill and Sunningdale area, close to people’s homes.
- Be within walking distance of a large cohort of patients who are currently registered at Kings Corner and Magnolia House surgeries
- Minimise changes to patient travel routes

3. Local Plans

The Ascot, Sunninghill and Sunningdale Neighbourhood Plan (2011-2026) adopted in 2014, indicates that the area will continue to absorb its share (18%) of the borough housing plan amounting to 2,566 new dwellings up to 2033. The needs of the population moving into these dwellings are anticipated to be increasingly complex estimated from current demographic projections. In addition, Ascot and the surrounding area plays host to approximately nine care/nursing homes including the BEN Lynwood Care Village at which medical services are delivered by Magnolia House Surgery. The close proximity of such a high volume of care homes increases the complexity and demand on local general practice services. The Neighbourhood Plan does not take a view on health provision or make any comment on the sustainability of population affected services and their infrastructure.

The Frimley Health and Care Integrated Care System (ICS) is a partnership of organisations working together to improve health and care services for the 800,000 people in the local area, with a shared

vision for the best use of combined resources to make a positive difference for communities, residents, patients and staff. Frimley Health and Care is working in partnership with the local population and local partner stakeholder organisations to provide an integrated health and social care system fit for the future. This means people receiving seamless holistic services that meet their physical and mental health needs at the earliest possible opportunity – right care, right time and right place. Through a focus on individuals, as opposed to organisational structures, there is increased priority placed on prevention and proactive care rather than reactive treatment.

Frimley Health Foundation Trust (FHFT) operate an elective care hospital site in Ascot (Heatherwood Hospital) which is in the process of being redeveloped to provide enhanced elective pathways, administration and education facilities. The new development will include a general practice facility with general practice and locality based services. The development at Heatherwood opens up the possibilities for access to complimentary diagnostic services for the registered population of the proposed BEN Lynwood development, along with enhanced access to shared planned pathways and early diagnosis, resulting in better outcomes for the registered population. The proximity of the hospital enables development of a flexible workforce model offering rotational placements and enhanced career development for health and care professionals.

One of the Frimley ICS priorities is around developing integrated decision making teams of multi-disciplinary practitioners providing single points of access to services such as rapid response and reablement supporting patients' recovery. The expectations of an integrated care service into the community is to deliver a multi-disciplinary community response including general practitioners, district nursing, physiotherapists, mental health professionals, enhanced care practitioners, social care and the voluntary sector.

The programme establishing integrated decisions making arrangements, commits to the following outcomes and benefits;

Patient experience:

- Early access to proactive integrated services for individuals identified as frail
- Seamless, uncomplicated access via a single entry point into the service
- Improved patient experience and satisfaction of individuals receiving treatment and assessment
- Equity of access for all patients and local service delivery
- Optimising quality of life and increasing healthy lifespan

Service integration:

- Adoption of single trusted assessments and care planning will lead to a reduction in duplication of services across the system
- Use of shared care record will be accessible across all settings and therefore reduce duplication of services.
- An integrated approach will enhance supported and seamless discharge into community settings
- Access to social, emotional and psychological support in partnership with the individual

System sustainability:

- A pro-active approach will reduce crisis management impacting on emergency admissions
- Helping people maintain independence and manage their own health and care
- Reduction of length of stays and re-admission of individuals into hospitals.

East Berkshire CCG has been developing local models across the geography for their patients for over two years, within the New Vision of Care ¹⁰programme; this has resulted in a reduction in the number of patients under this service requiring a hospital stay.

4.1 Premises

Kings Corner Surgery: originally built in the 1980s providing purpose built modern facilities for traditional general practice. The premises are unable to extend from the original footprint, which in the face of a growing population and need to deliver a modernised more resilient model of general practice, renders the premises unfit for future service provision. A six facet survey carried out by the Oakleaf Group in 2016 scored the dimensions as a 'C' meaning not satisfactory with major changes needed as there are not enough clinical rooms. It also reported an overcrowding rate of 10% on clinical, training, administration and storage space.

Magnolia House Surgery: a converted residential property currently deemed 'unfit' as a result of a recent internal ceiling collapse and restricted access for disabled patients (no lift and inadequate turning circle for wheelchairs). The majority of the consultation rooms are on the first floor therefore, disabled patients and patients with poor mobility, may have to wait longer for appointments depending on the availability of a room on the ground floor. As it currently stands, Magnolia House would require significant investment for extending and improving the external structure of the building, as well as internal structural changes to accommodate patients with limited mobility. This site is a 'burning platform' for the provision of general practice, where the premises is unable to deliver facilities to enable access for disabled patients and insufficient car parking for the increasing demands on services.

Ascot Medical Centre: based in the acute hospital site at Heatherwood which in 2019 and 2020 is being redeveloped by Frimley Health NHS Foundation Trust. The current premises are earmarked for demolition as part of the hospital redevelopment works. The practice will be given six months' notice to vacate and this will be done in conjunction with availability within the newly refurbished Greenwood Offices (formerly Block 40). The latest Six Facet premises survey highlighted maintenance repairs and upgrade to the fabric of the building, this work will not be undertaken as this building will be demolished and land sold to a housing developer. The non-patient facing administrative team is based at the former Radnor House Surgery premises in Ascot town centre as the Ascot Medical Centre premises are at capacity. These premises will cease operational use once the Heatherwood Hub is fully commissioned. Not compliant with current recommended standard of Health Building Regulations (HBN's) for both current premises.

Green Meadows Surgery: are operating from privately owned local premises; however these current buildings are in need of repair and modernisation to align with the future needs of integrated primary care. Current premises are close to planned major housing developments indicated in local authority information and putting further risk on the sustainability of the services in the medium term. Not compliant with current recommended standard of Health Building Regulations (HBN's). The required building maintenance works do not take into account transformational service delivery changes or working at scale with other potential stakeholders and are fit for modern models of care.

¹⁰ <https://www.eastberkshireccg.nhs.uk/our-work/new-vision-care/>

4. Future Service Provision

The new provision will enable existing General Practice services to be sustained through working together by the four practices working together across two sites with options for a greater range of services. Working at scale the practices will have ability to harness an extended skill mix in their clinical teams, retain and develop valuable members of the team, freeing up 'time to care' through consolidating back office functions across the Ascot practices and creating capacity to deliver an enhanced service for residents.

The enhanced service model will also enable trained non-clinical staff to facilitate access for residents to peer support for condition management, self-care and prevention of ill health and could create opportunities for social prescribing and Healthmaker sessions to be run locally in Ascot. All four practices have ambitions to extend their current GP training status into a wider workforce hub, providing extended scope members of the team and a pipeline to secure future workforce.

Integrating the wider voluntary community networks with general practice working, working in partnership from a common community space, provides a unique opportunity to make significant strides in improving the health and wellbeing of our residents, and creating sustainable community assets for the future.

The new facilities will ensure treatment and consulting rooms are suitable for disabled and bariatric visitors, as required for all new build primary care premises. These larger rooms will also provide space for multi professional input to the individuals, and carer's care plans developed to support those patients with multiple long term conditions and frailty.

Operating Model

The development planned at Heatherwood Hospital for general practice services is restricted in size which may limit the options around accommodating the General Practice services already housed on the hospital site together with some integrated care services and the education facility as initially planned. It is envisaged that the majority of 'additional integrated' services will be housed at the Lynwood site. In the adoption of digital technology the practice envisage the development across Ascot of a highly skilled and flexible administrative team supporting patient care.

Patients from all four practices will be able to access services at both the Heatherwood and Lynwood sites, supported through record digitalisation and sharing of care records. In response to reducing the car parking and traffic to the sites, both current practices are committed to digital technology for consulting and self-monitoring by patients of their conditions and providing data to their health records held by the practice.

In addition to the population growth, the shortage of general practitioners puts further pressure on the practices to deliver the level of appointments and access options required. To mitigate this risk the practices have developed innovative workforce models around extended skills mix and delegation in order to use limited resources in the most effective way. The new and enhanced roles in the GP led teams, delivered through the Ascot Primary Care Network, will offer better career and progression options for staff, supporting retention and staff satisfaction. The new role of general practitioners will be equivalent to a 'consultant' role taking senior responsibility and co-ordinating the care through their multi-disciplinary team with their supervision. This will shift the traditional patient to GP ratio widely expected to be a measure of appropriate capacity.

The practice in Sunningdale has been looking for alternative options for around ten years, aware that the current premises would not be able to grow with the population needs. BEN Lynwood offers the only suitable alternative following the needs assessment and options appraisal (provided in planning portal). A full site identification exercise has been completed and will support the planning applications.

Patient feedback from the recent engagement programme, The Big Conversation¹¹, supported more services being provided together in the community, particularly health and social care, low level diagnostics, paediatric services and physiotherapy. The patients wanted assurance that the services would be no further than a taxi ride or short bus journey away. They also requested that services be available for longer hours, to which the Ascot model aligns.

5. Capacity Model

The capacity model has been formulated across the full Ascot Plan, but shows specifically the model for the Lynwood development as a new build with capacity to accommodate the growing population (of the current practices) and predicted demand for more services. This modelling approach has been supported the identification of sufficient space for two practices to re-locate together onto Heatherwood particularly.

Intended Opening Hours	
Mon - Fri	8.00am to 8.00pm
Saturday	8.30am to 12.30pm

In addition to population growth, the increasing complexity of needs and the shift in delivering services out of hospital into general practice adds to the requirement for increased capacity. Future proofing our general practice premises for the next 20 years is essential to meet these demands.

In accordance with NHS policy, the development has been sized for the anticipated population with to cover the patient choice and changes to the demographic. The growth factor allows for an ageing population who will require more health care services in the future which will need more staff and clinical rooms.

National statistics show that patients will attend their general practice services around 6 times per year, so for a registered population of 41,990 the required general practice need is for 251,940 appointments per year. The preferred time for a comprehensive consultation is 15 minutes for better outcomes for the patient, and future models are calculated on this basis.

¹¹ <https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2018/08/Engagement-Report-Web.pdf>

Current Service Capacity

Practice	Registered List size (July 2019)	GP (WTE)	Nurse (WTE)	HCA (WTE)	ALL Staff	Current Appointments per week (provided by Practices)
Kings Corner	7,715	3.4	0.7	0.9	5	828
Magnolia House	9,175	5.3	2.9	0.4	3.3	548
Green Meadows	9,925	5.9	4.0	0.9	10.8	1,350
Ascot MC	5,164	3.9	1.3	0.8	5.9	336
	31,979	13.17	8.93	2.95	25.05	3,062

The current services provide over 159,000 appointments to their patients, supported in the modelling above. Further work which is currently underway with the practices on the emerging service delivery model will affect these figures.

Future Service Capacity

Practice	Projected Registered List Size (2031)	GP (WTE)	OHP (WTE)	HCA (WTE)	ALL Staff	Future Model: 15 minutes Appointment
Kings Corner	8,436	4.7	2.4	0.8	8	1043
Magnolia House	10,033	5.6	2.8	1.0	9	1240
Green Meadows	10,853	6.0	3.0	1.1	10	1342
Ascot MC	5,647	3.1	1.6	0.6	5	698
TOTAL	34,969	19.4	9.8	3.5	33	4323

The future service model will by 2024 provide just short of 245,000 appointments to the increased population of 37,500 patients. Further work which is currently underway with the practices on the emerging service delivery model will affect these figures¹². Work will continue to shift and shape on the future capacity model, drawing from the practices intelligence to ensure that the capacity ambitions can be met.

However, the practices' emerging model of services looks to reduce the ensure high levels of space utilisation through innovation, technology and greater flexibility in the multi-functional design of the clinical rooms, however the space requirement remains for the foreseeable do to pace of change and workforce requirements. The innovations will in time include online consultations reducing the

¹² Note: the above appointment does not factor in the appointments carried out by registrars and trainees or the routine visits to care homes and nursing homes. Alternative methods of appointments such as telephone or online consultations are also outside of the above numbers.

requirement of patients to travel, group consultations providing peer and professional support and extending service beyond the traditional hours of provision into the evening and weekend. The balance of which enabled the integration with additional services to deliver the specific needs for the local population.

6. Additional Services and Opportunities

The new Ascot Plan together with the required premises developments will enable an extended range of services to ALL registered patients in Ascot to be provided, including but not limited to:

Extended Access: working together will provide a committed workforce to enable the practice to deliver care in the evening and weekend, until 8pm weekdays and Saturday 8 am – 12.30pm. The services available should mirror the provision during core hours for all patients.

Minor Surgery: the ability to offer patients joint injections, minor skin operations and biopsy to save referral to secondary care. There is also scope to offer an extended skin service subject to commissioning intentions.

Clinical Pharmacists: providing a supporting role in the management of the GPs caseloads, specifically working with individuals who have long term conditions, living with frailty, multiple co-morbidities or who are taking multiple medications (polypharmacy) as well as providing routine medication reviews within general practice. Clinical pharmacy is considered a key role to the transformation and sustainability of general practice by provided enhanced focused care to patients with complex care with medication regimes, responding to patient queries and ensuring high quality care through clinical audit to continually improve care.

Mental Health Services: providing access to mental health practitioners specifically to support patients with long term conditions, mild to moderate depressions, or mental illness which is impacting their ability to self-manage and avoid crisis in their condition. The mental health practitioners will offer 'Talking Therapies' and facilitate access to wider mental health and peer support services, including Health Makers peer groups and options for social prescribing.

Physiotherapy: offering clinical expertise and autonomy to assess and diagnose individuals with a range of conditions, including musculoskeletal (MSK), neurological and respiratory conditions. Physiotherapists with advanced practice skills have a particular role to play in taking on many of the tasks currently carried out by GPs. The patient experience for MSK conditions, which are estimated to be around 30% of all GP appointments, would be much improved with shorter pathways to the appropriate care. This will support our patients to reducing unnecessary visits to hospital and get professional advice in their local practice.

Self-care and prevention: we know that without good self-care and prevention health outcomes are poorer and demand on services increased. The new facility has been designed with increased emphasis on patient education for self-care and prevention. Incorporating information pods and group rooms in which sessions can be held in a wellbeing environment, with input from specialists when required.

Training Hub: the development of the training facilities across Ascot is essential to attracting new members of the team, both clinical and non-clinical, through working with the local Community Education provider Network and the Primary Care Networks. We would look to increase the retention post training of medical, nursing and non-clinical trainees through the wider offers of care, career opportunities and continual professional development with East Berkshire and the ICS.

Back office facility: providing efficiency through one management and administration team to ensure a high quality and consistent offer of accessing the practice, quality improvement, CQC assurance, contractual requirements, workload reduction initiatives and business functions. This will support the retention of staff into a team with development and career opportunities. Patients will have a consistent service through the telephone and via e-consultations.

Patient Engagement: one Patient Group across Ascot supporting the transition plans and service model through implementation, enabling a strong patient voice for the registered population of the town.

Other services that may be able to co-locate could include podiatry, community dementia advisors and other community clinics e.g. the Rapid Assessment Community Clinic (RACC) and community gynaecological service.

7. Other Enablers

Good Quality Premises – fit for the future

Ensure premises and facilities are fit for purpose to enable high quality services and safety for visitors and the practice team. The investment in general practice premises in recent times has been limited through funding and complexities around ownership, the opportunity at BEN Lynwood is unusual and provides a cost effective model to our tax-payers as well as excellent facilities to provide good care for our patients.

Relocating to a single storey premises to reflect the access demographic of an increasing elderly, frail population and ensure the premises are suitable as community asset offering services to the wider population to improve health and wellbeing.

Ensure the premises development achieves a BREEAM¹³ status of 'very good'. The design needs to exceed the energy requirements to use the building by an additional 10% of that required by building control.

Digital technology

Improving technology in general practice is essential to ensure that both patients and professionals throughout the health and care system have the right information at the right time to provide care. The new facility will enable shared and more resilient IT systems which support the use of technology to book appointments, order prescriptions, monitor their own health and recovery. Sharing medical records between professionals that are caring for the same population enables patients to have more assurance on the consistency of care, reducing the needs for patients to

¹³ <https://www.breeam.com/>

Revision: August 2019

repeat their story multiple times and enables a more cost effective and sustainable service model through challenging times for general practice providers.

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