# PRO PO SED SERVICE CHANGE OR DEVELOPMENT: IM PACTASSESSMENT

Originating NHSOrganisation	Shiphay & Abbey Road Surgeries
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	Road Surgeries
Date of submission to 0 SC	5 <sup>th</sup> February 2010
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OSC area (s) in pacted by	Primary Care Service
proposals	

# Briefoverwiew of proposalorserwice developm ent

#### Background

The retirem entof the Senior Partner DrAW Ellis on the 31st March 2010 and that of the Practice Manager, Mrs J Ellison 28th February 2010 has allowed the new partnership of Drs Morrelland Braakenburg to complete a strategic business review which identified both short term and bong term goals, key objectives and a vision which will seem service in provement for our patients.

#### 0 verview

To provide General Medical Services in partnership as DrsMorrelland Braakenburg. The emplymentof2 parttine salaried doctors to provide additionalm edicalservices. The appointm entofM rM ark Thom asof Chelston HallSurgery from the 1st November to pintly manage the new partnership. Markwillcontinue with his current role allowing us to utilize hism anagem entexperience and know edge. He is wellknown and respected both by hispeers and the Care Trust. To provide generalmedicalservices to the list currently registered at Shiphay Manor surgery but to rebcate the prem is to Chelston Hall To continue to provide generalm edical services to the patients currently registered at

Abbey Road surgery undernew base

	arangements with the premise sowner. (DrAW Ellis)
	Rebcation of Shiphay Manor
Anticipated timetable	April2010
Briefoverwiew of factors which have led to this proposalor service development	The JSNA of 2007 provided by Public Health shows that only 18.9% of the current registered list at Shiphay M anor Surgery is resident there, the remainder being spread principally between Tormohun (28.1%), Cocking ton with Chelston (17.6%) and Elacom be (12.8%). The few patients registered at Maridon and Kingskers well will not incurrany greater purpey.  Patients at Shiphay M anor Surgery are disadvantaged in terms of service delivery and the services available to them.  Shiphay Road is no binger adequate or fit for general practice purposes. Shiphay M anor Surgery is an adapted residential dwelling and whilst the current building has enabled the delivery of traditional Primary Care Services over several decades there is no scope for expansion or modernisation. The ability to offerenhanced services that in particular are demanded by our patients is not deliverable.  Shiphay M anor is spread over two floors offering in practical space and is not disability compliant.  The range of services cannot be developed further due to be chadditional clinical space. Additional community services including milwives, health visitors and district nursing are constrained by ack of suitable facility and patient services are in pacted to their detriment.
	We are unable to increase staffnum bers for similar space reasons, limiting service provision and redesign.

The Shiphay prem is sare in a poorstate of repair, with subsidence on 2 aspects of the building causing the ingress of damp and uneven floring.

Disabled facilities to services on the second floorage currently not provided. Current building cannot be developed to meet the new regulations.

Shiphay and Abbey Road cbse every Wednesday afternoon and generalmedical services are provided by 0 ld Mill Surgery so our patients are already familiarwith the Chelston Hallfacilities.

O vera llobjective of proposals (eg. in proving quality of services, more cost effective service etc.)

The move to Chelston HallSurgery willprovide the benefits of purpose builtpremises to the patients of Shiphay Manor Surgery. Chelston HallSurgery was built under a cost rent scheme to house the patients from the old WahutRoad and Old MillSurgeries. The Care Trust has invested in modern general practice facilities and there is currently capacity within the building to immediately provide consultation rooms, treatment rooms, patient reception and administration facilities.

Chelston HallSurgery is due to be expanded by the addition of facilities form eetings, teaching, additional administration and consulting noms. Expansion funding is being provided by a Deanery grant and the new facilities must be available for April 2010 fitting exactly to our move time scales.

On site and off road parking for patients with additional parking for GPs and staff as part of the new extension.

Bus routes are a leady in place with Chelston Hallwellservired by the number 32 and 12. Both routes continue to Shiphay and Torbay Hospital.

LevelAccess to the surgery.

Lift access to allevels of the site.

On Site Pharm acy. The pharm acy offers a full range of both additional and enhanced services including m inorailm ents scheme and the supervised consumption of methadone to drug users.

In house accommodation for Community
Sewires including Midwives, Health Visitors,
MentalHealth Sewires and Social Sewires. The
ability to provide access to a range of botal
health sewires, specialist health professionals,
healthy lifestyle facilities and a botal pharmacy.
(All within easy access to over 75% of patients
registered.)

Looking to bring togethera full range of service providers under one roof creating a one stop shop

Additional, expanded facilities formultidisciplinary meetings.

The provision of Registrarand Medical Student teaching to Shiphay Manorpatients.

The potential foron-site delivery of comm issioned services under PBC or similar.

We are unable to offerany enhanced services, cardiac / specialist clinics or to offer patients access to e.g. Citizen Advice Bureau staffand counse ling resource as space is not available. Shiphay is only able to offer limited disabled access to patients and inadequate accommodation for any disabled staff. Therefore our patients are disadvantaged, as we cannot offer them latest NHS developments boally. (Managing their illness / concerns boally - without transport issues). A rising under 5 population with HV / milwife in pactwithout the facilities to offer additional clinics. Pace of NHS change restricted by current facilities.

Rising population with furtherhousing developments a leady identified. Preston G as works / & further development of the Tone Marine site.

	We recognise the valuable role we play in the bcalcom munity and are striving to offer facilities that best suits our aspirations, our patients and remain at the very heart of the community we serve. Chelston Hallwould achieve our vision.
Details of public and patient involvement undertaken to date and how this has shaped proposals	Early conversations with Torbay Care Trust when our initial plans were developing in Novem ber 2009 discussed patient involvem ent. To that aim we informed the patients of Shiphay Manor of our proposed plans and invited their comments. (new sletter and patient feedback included for your perusal).  Clearly patients recognise the difficulties we
	have with our cument facility and the list of benefits gained from a move to Chelston Hall has been positively received.
O therNHS organisations in pacted by proposalors wire development and their views from involvement	N/A
ViewsofPPFsfrom involvem ent to date	

The	North	Exeter	M id-	East	Teignbridge
follow ing	Devon		Devon	Devon	
assessment	South	South			
relates to	Ham s/W est	Devon			
patients*:	Devon				

<sup>\*</sup> Highlight from which are as patients will be affected by the proposal.

### 1. Im pactupon access to services

Ref	Aspect	+ or- im pa ct	Details	Plansto m in ise negative in pact
A	Eligibility of patients to receive the service		No change	
В	Ability of patients to access the service	+	The proposalis designed to im prove boal accessand to provide additional services forour patients.  Ourpatients are disadvantaged, as we cannot offerthem lates NHS developments boally. These include Cardiac Gym, Teenage Pregnancy advice, Smoking Cessation Group Clinics and a Dietician / Nutritionalist services.	in prove accessibility further.
С	Waiting times to receive service	+	In proved access to both cuments ervice and new services.	
D	Longertem sustainability of the service	_	Shiphay Manor is no buger suitable to match the needsor aspirations of ourpatients	
Е	Reducing health inequalities	+	The ability to offera full	

mnge of
patient
ærvicesw ill
in prove health
and well
being,
reducing
hea lth
nequalties as
a resultofa
one stop
m edical
centre.
To provide the
æwiceswe
be <i>l</i> ieve our
patients
require.
To be ready
forany future
NHS
devebpm ent/
requirem ents
To provide
disabled users
w ith proper
facilties/
accessetc.

### 2. Im pactupon quality of services

Ref	Aspect	+ or- im pa ct	Details	Plans to m in ise negative in pact
A	C inital perform ance/outco m es	+	A general practice that provides health and socialcare services in an integrated way will im prove the clinical outcomesfor bcalpeople. We willbe	

	T	1	Γ	T
			able to offer	
			æwicesthat	
			are tailbred to	
			m eetthe	
			needsofbcal	
			people.	
В	Statutory NHS targets	+	To provide the	
			æwiceswe	
			believe our	
			patients	
			require.	
			To be ready	
			_	
			forany future NHS	
			devebpm ent/	
			requirem ents	
			Toprovide	
			disabled users	
			withproper	
			facilities/	
			accessetc.	
С	Patient Choice	+	Pace of NHS	
			change	
			restricted by	
			cument	
			facilities.	
			Restriction of	
			patient list as	
			our facilities	
			• •	
			now at	
			capacity.	
D	Cohesion with wider	+	Weare unable	
	NHS strategies		to offerany	
			enhanced	
			æwices,	
			cardiac/	
			specialist	
			clinicsorto	
			offerpatients	
			access to e.g.	
			Citizen Advice	
			Buneau staff	
			and	
			counæ <b>li</b> ng	
			resource as	
			space is not	
			available. We	
			willbe able to	
			l w mne an E M	

		l		
			offerpatients	
			the latest NHS	
			devebpm ents	
			bcaly.	
E	Operational	+	Agmeaterstaff	
	effectiveness		and skilm ix	
			undernew	
			m anagem ent	
			proposals, the	
			workforce	
			would be	
			neviewed and	
			expanded as	
			wedevebp	
			and enhance	
			cumentsewice	
			provision.	
			A holistic	
			approach to	
			the	
			m anagem ent	
			ofChronic	
			Diseasewill	
			ensure that the	
			new facility will	
			achieve all	
			bcaland	
			nationalcare	
			pathways	
			utilising allof	
			the expected	
			resources	
			available from	
			eitherthe Zone	
			orourintemal	
			partners.	

# 3. Im pactupon patients and carers

Ref	Aspect	+or-	Details	Plansto
		im pact		m in in ise
				negative
				im pact

	[			1
A	Patient care standards	+	The ability to	
			provide	
			access to a	
			mange of	
			bcalhealth	
			æwres,	
			specialist	
			hea <b>l</b> th	
			professionals,	
			hea <b>l</b> thy	
			lifestyle	
			facilities and	
			a bcal	
			pham acy.	
			(A Ilw ith in	
			easyaccess	
			to over75%	
			ofpatients	
			registered.)	
В	Privacy and dignity	+		
С	Patientcare	+	0 ne stop	
	journeys/pathways		medical	
			centre	
			offering	
			enhanced	
			æwices,	
			accessto	
			greater	
			integrated	
			care and	
			additional	
			resource	
			such as an	
			onsite	
			pham acy.	
D	Patientexperience	+	Significant	
	_		im provem ent	
			in the	
			æwicesand	
			access	
			avaiabe.	
E	Camerexperience	+	See above!	
ندر	l carerevherence	"	nee anove:	

### 4. Im pactupon w idercom m unity

Ref Aspect	+or-	Details	Plansto
	impact		m in in ise

				negative
				in pact
A	Localeconom y	+	Rebcation to purpose built modern medical facilities	присс
В	Transport	+	To further enhance our cument bcal tansport services	Chelston Hallis wellprovided with bcal transport services but we will book to in prove this further. How ever 75% of our patients reside within walking distance of Chelston Hall.
С	Community Safety	+	In proved access to purpose built medical facility with the services demanded underthe latest NHS plan.	
D	Environm ent	+	Patient access to modern purpose built medical facility built to the highest building specification. Chelston Hall wasopened on 1st October 2007.	
E	SocialCare	+	Rapid / im proved integration.	

			Patients from alsurgeries willbenefit from in proved access to the community services providing true integration.	
F	Cohesion with Community Strategy	+	In proved co-ordination of bcal community services	

# 5. Partnership working / involvem ent

How has the PCT involved the following groups in the developm entof these proposals?	Details
Patent& Public Involvem ent	See attached new sletter and patient com m ents
Staff/Hum an Resources/ Unions	The staffare enthused by the opportunity to offer in proved services to their patients. A Ilhave been involved in the discussion process and are boking forward into developing new ways of working that enhance the

patent journey.

### 6. Financialim pact

Ref	Aspect	+ or- im pact	Details	Plansto m in im im negative im pact
А	In plications for NHS organisation	+	Reduced premises cost for the TCT	
В	In plications for Health Community	+	True integration of teams in proving service for patients. In proved access to service for patients.	
С	In plications for Peninsula	No change		
D	In plications for Local Authorities	No change		
Е	In plications for Voluntary Sector	+	Facilities to offerpatient services, education and training	
F	In plications for patient/patient/s fam ily	+	One stop shop with access to new and enhanced services.	

# 7. Anticipated climate of opinion

Ref	Aspect	+ or-	Details	Plansto
1101		impact	2 0 00. 2	m in in ise
		p o .		negative
				im pact
A	C linicalopinion	+	The retirem ent	трасс
		'	ofthe DrAW	
			Elisw illhave an	
			effecton our	
			patientswith	
			several	
			changing G P	
			surgery.	
			Howeverthe	
			rebcation to a	
			new facility has	
			been m et	
			enthusiastically	
			by the majority	
			and we are	
			encouraged	
			thatpatients	
			have	
			recognised the	
			benefitsofthe	
			m ove and are	
			keen to see the	
			grow th and	
			devebpm entof	
			ourpactice	
В	Localcom m unity	+	Shiphay Manor	
			w illthrive as it	
			establishes new	
			æwices æwices	
			dem anded by	
			patients in	
			accordance	
			with the latest	
			NHSpan.	
С	Political	+	Im proved	
		'	access to	
			services within	
D	M o d ÷		the bcak	
D	Media	+	See above	
E	Sta ff	+	The staffare	
			excited at the	
			opportunites -	
			presented	
			ncluding	

stream lined
working.The
devebpm entof
dedicated
adm inistrative
staffroles.
These will
include the
devebpm entof
central
switchboard,
eventcoding
and data
capture, front
line reception
and m odem T
support.
Add itional staff
recruitm entwill
fo Ibw
rebcation.

#### 8. Any other in pacts not covered above

Ref	Aspect	+or-	Details	Plansto
		+ or- impact		m in in ise
				negative
				impact
А				
В				
С				

NHS com m ents on im pactassessm ent and view on whether the proposed change is substantial

The proposed rebeation of patients wires from Shiphay M anorto Chelston Hallwillin prove and enhance sewires currently provided. Alsewire providers will be able to offerm one in term sof access to appoint ments in a new and in proved way of working. Integration in its truest form. Patients will have greater access to service shased at Chelston Hallegardless of the practice they be bug to.

#### 9. Outcom e of assessment by OSC

Date ofdecision	
O verview and Scrutiny C om m ittee	
Substantial variation?	Yes/No
Reasons for decision reached	
O thercom m ents	