

Project Update

### Welcome

Speakers: Nick Vose Marengo (Chair)

#### **Caroline Farrar**

Executive Place Managing Director, Royal Borough of Windsor and Maidenhead NHS Frimley CCG

#### **Alex Tilley**

Director of Operations -Royal Borough of Windsor and Maidenhead NHS Frimley CCG

**Dr Jackie McGlynn** Senior Partner, Kings Corner Surgery

Dr Natasha Price GP Partner, Magnolia House Surgery

James Lacey Partner, Vail Williams LLP

Marc Levinson Partner, Murphy Philipps Architects

#### In attendance:

Sarah Isherwood Associate, Vail Williams

Kathleen Calnan Primary Care Estates Project Manager, NHS Frimley CCG

#### Housekeeping

- Ask questions using the tab on the right hand of your screen.
- 'Like' questions to move them upstream.
- Also use this tab to let us know if there are any technical difficulties.

### Agenda

- 1. Welcome and introductions
- 2. Project recap The case for change
- 3. Learning from Covid-19
- 4. Future patient experience New ways to access GP services Services to be based at the Sunningdale Health Hub Patient case studies
- 5. Planning background
- 6. Key improvements
- 7. Questions & answers



### **Project recap**

#### The case for change

- Demand for services increasing due to the growth in the local population and the increasing healthcare needs of an ageing population.
- Magnolia House Surgery and Kings Corner Surgery premises no longer fit for purpose and cannot be expanded to meet current and future demand.
- Issues with recruitment and retention and the ability to train new general practice professionals due to the lack of space and poor working conditions.
- Our estate is a barrier to implementing new models of integrated care designed to prevent ill health and improve health outcomes.
- A planning application for a new health hub on land next to Lynwood Village was submitted in 2020.



### **Project recap**

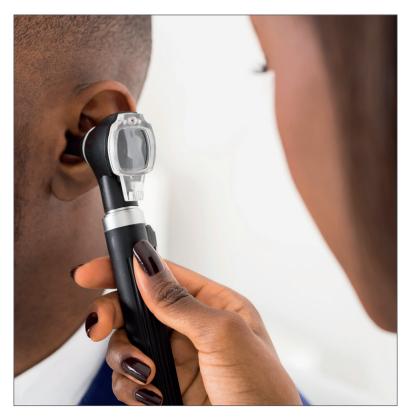
#### The case for change

The complex health needs of an ageing population reflect the need for wider range of services from both health, social care, community and voluntary services.

Impact on services for local residents from lack of space in existing premises:

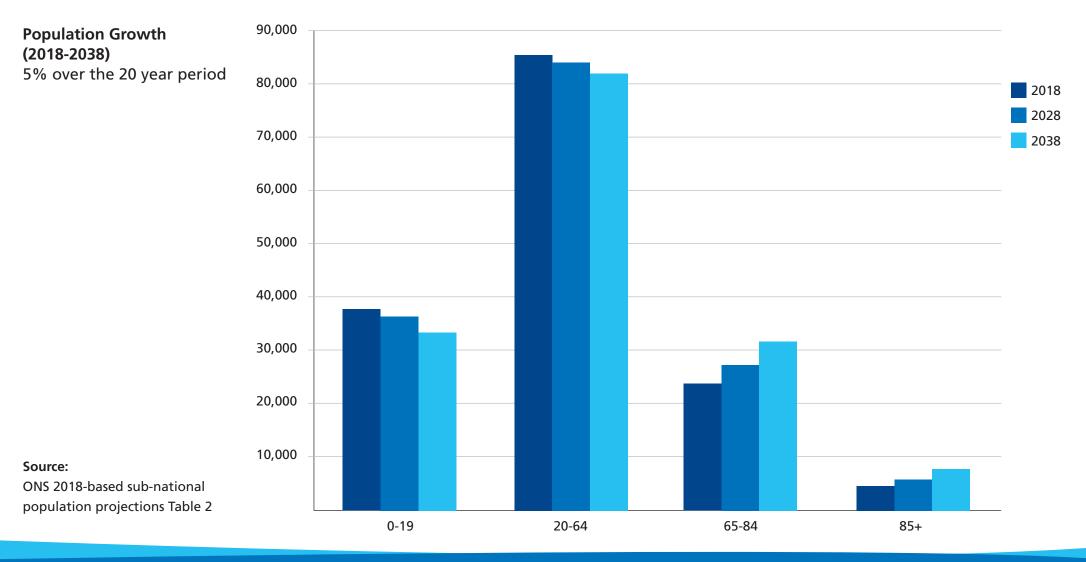
- District nursing services delivered from Bracknell.
- Community maternity services now located back into hospital from general practice due to lack of space in current premises.
- Physiotherapy services based in Bracknell.

- Insufficient capacity for talking therapies and well being services offers such as CAB and volunteer services.
- Increased challenges in partnership working to support reducing risks of safeguarding issues.



### **Project recap**

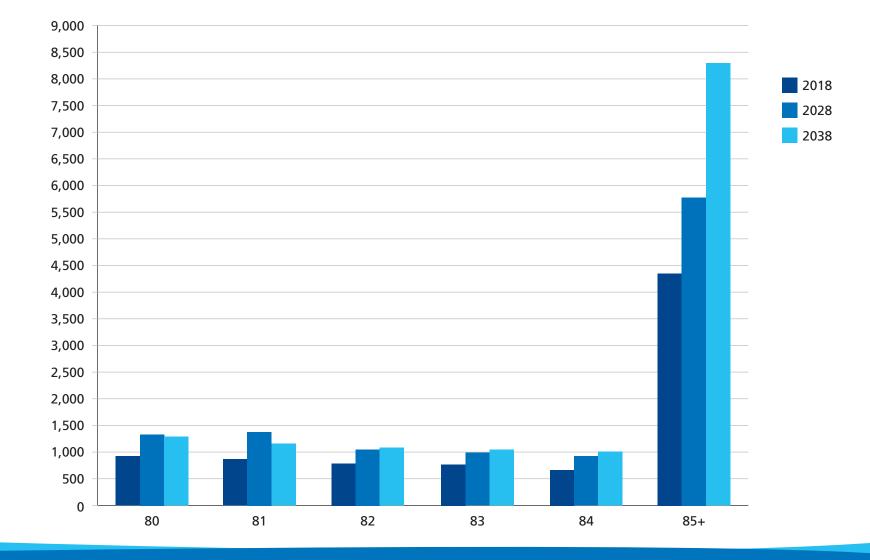
#### The case for change



#### **Project recap**

The case for change

Population growth – over 80s



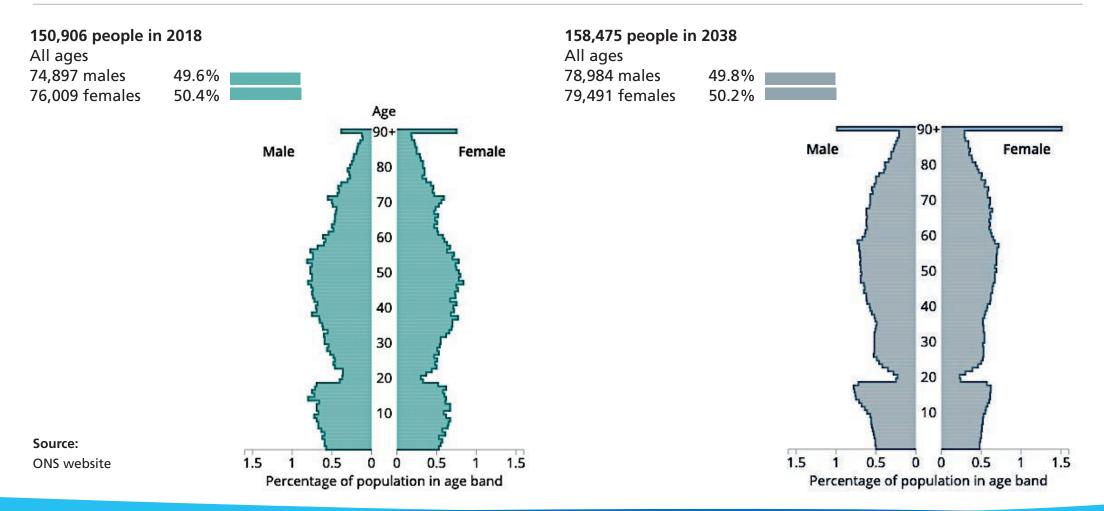
Source:

ONS 2018-based sub-national population projections Table 2

### **Project recap**

The case for change

**Population pyramids** 



### **Project recap**

The case for change

#### Impact of new ways of working

Type of Room	Current revision 2021	Submitted Scheme 2020
Consult/exam/Treat	19	23
Treatment	0	8
Bariatric Treatment	0	1
Interview	4	0
Minor Procedures/bariatric	1	1
Recovery	1	1
Gym	1	0
Group Room	1	1
No face to face rooms	27	35

By adopting new ways of working we have accommodated the additional new roles, provided a much needed gym for the physiotherapy service and still managed to consolidate the number of face to face rooms by eight.

### **Project recap**

The case for change

#### What if we hadn't made these changes?

Type of Room	Current revision 2021	No new ways of working but including PCN workforce
Consult/exam/Treat	19	28
Treatment	0	0
Bariatric Treatment	0	0
Interview	4	6
Minor Procedures/bariatric	1	1
Recovery	1	1
Gym	1	1
Group Room	1	1
No face to face rooms	27	38

- We would need to add a further 11 face to face rooms.
- This would add approximately another 300m<sup>2</sup> to the ground floor.
- The 2020 scheme would also have needed to grow by an additional three rooms.

### **Learning from Covid-19**

- Manage infection control effectively during and beyond the pandemic by having a one-way system through premises not fit for purpose.
- Implementing digital offers created challenges around the working environment ensuring social distancing for staff and patients.
- Supporting our teams with effective training and well being through significant changes in the service offer.
- Our learning was at times counterintuitive...

### **Future patient experience**

#### New ways to access GP services

As part of the NHS long-term plan, we have introduced more ways for our patients to access the general practice services they need.

A key component of the overall approach will be offering an alternative to face-to-face consultations, with patients able to access services from their practice, without having to take time out, to visit their GP surgery.

Our plans for Sunningdale Health Hub will now include dedicated rooms for clinicians to carry out virtual appointments.



## face-to-face GP consultation rooms on the ground floor



face-to-face consultation rooms for specialist services (maternity, physiotherapy etc.)



virtual consultation rooms for private telephone consultations

### **Future patient experience**

#### Services to be based at the Sunningdale Health Hub

The general practice team is expanding to include a wider range of professionals. In the future, as well as practice nurses you might see a paramedic, pharmacist, physiotherapist, mental health practitioner or other member of the team.



**General Practice services** – space for two GP practices, Kings Corner and Magnolia House.



Maternity – community-based services pre and post-natal care.



Minor procedures – under local anaesthetic.



**Specialist nursing** – e.g., diabetes, respiratory, cardiac, leg ulcer clinics.



**Mental health** – community and primary care mental health.

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More staff – to better support our patients, there will be at least 27 more patient facing staff working across the four Ascot and Sunningdale practices by 2024.



**Physiotherapy** – individual treatment and group sessions, with access to a physio gym.



Community access out of hours for voluntary and community groups.

#### **Future patient experience**

Patient case studies

#### Mrs Smith – 80 year old

#### **Current patient experience**

- Bilateral knee arthritis causing chronic pain, decreased mobility and falls.
- Diabetes and chronic leg ulcers requiring dressings.
- Loneliness and social isolation since husband passed away.
- No car and daughter lives two hours away.
- Always has a long wait at GP appointments as has to wait for a ground floor consulting room to become available.
- Has to travel by bus for physio in Bracknell. Often has to get a taxi which she can't afford.

#### **Future patient experience**

- Can have physio at the Sunningdale Health Hub.
- Benefits from group physio support and group exercise class at the weekend.
- Social prescriber who has linked up with SMILE group.
- Can see the community diabetes nurse and dietician at the Sunningdale Health Hub.
- If she is no longer able to attend the Sunningdale Health Hub for leg dressings she will need community nursing team. The team will be based in Ascot and will have a shorter commute to Mrs Smith's home. This will free up time to see more patients.
- Joined up care with GP , physio , community nursing team, and diabetes team who will able to have face to face discussions.

#### **Future patient experience**

**Patient case studies** 

Tom – 35 year old

### **Current patient experience**

- Marriage breakdown since being made redundant.
- Two small children.
- Depression and started drinking heavily. Recently lost his driving licence.
- Has been referred to local alcohol team located in Maidenhead. Tom's only option is to get a taxi or get a train from Ascot to Reading and Maidenhead, or a bus journey of 1 hour 37 minutes.
- He is currently seeing his GP every 1-2 weeks for support. He needs regular appointments with the drug and alcohol team, and referrals to talking therapies located in Bracknell, and citizens advice.

### **Future patient experience**

- Tom can now get support from a counsellor at the Sunningdale Health Hub to help with his alcohol issues.
- Engagement with talking therapies, and benefits from the group sessions on stress management in Sunningdale's group consultation room.
- Citizens advice have helped him with his financial issues.

#### **Future patient experience**

**Patient case studies** 

#### Young new mum

### **Current patient experience**

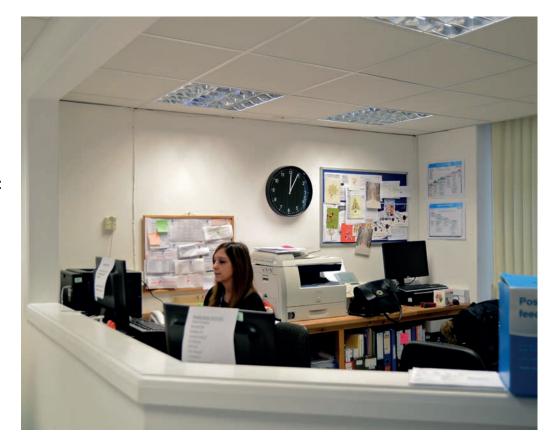
- First baby, 35 years old, married with no close family.
- Limited contact with local practice team during pregnancy with midwives based in hospitals.
- Health visitor contact limited for new mums remote support, causing a high level of anxiety and lack of confidence.
- Increase reliance on services in general practice, with limited time for practice teams to co-ordinate care with other professionals.
- Postnatal depression diagnoses by GP.

### **Future patient experience**

- Integrated team for families within the Sunningdale Health Hub:
  - Midwife hub established.
  - Increased contact with Health Visitor.
  - Good joined up working with the general practice team.
  - Mental Health support through talking therapies and wider mental health team – Mental Health Integrated offer.
- Patient is confident in accessing services when needed.

### **Planning background**

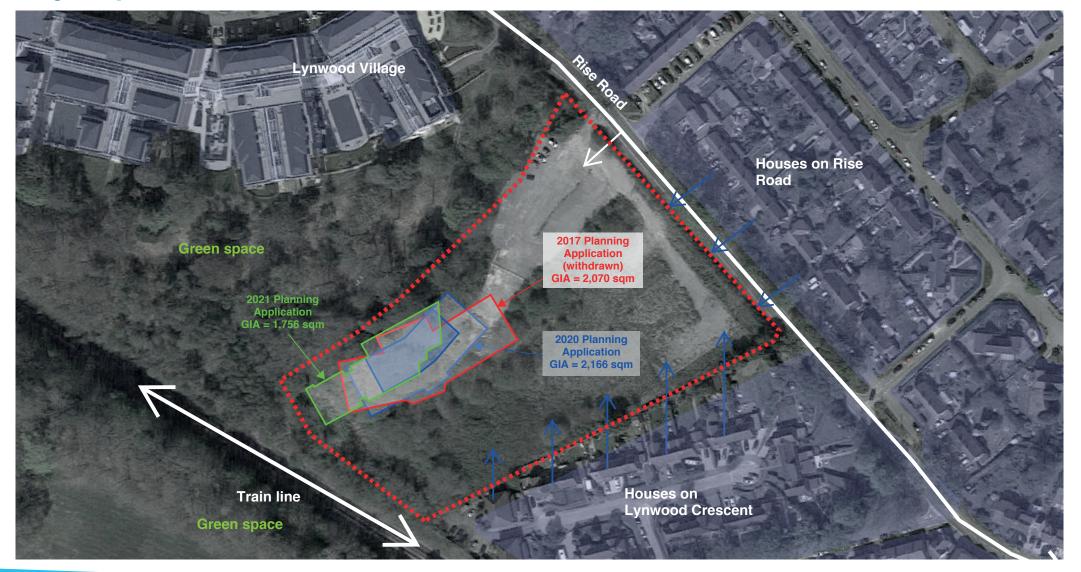
- A planning application was submitted in April 2020 to Royal Borough of Windsor and Maidenhead.
- Comments were made by stakeholders in light of Covid-19 the proposals should be reviewed before determining the planning application.
- The Clinical Commissioning Group led a full review, and the opportunity was also taken to address other comments, including:
  - The position of the building.
  - The internal layout of the building.
  - The amount of land retained around the development.
- The review included the appointment of Murphy Phillips Architects, a specialist in healthcare design.
- The revised proposals reflect your feedback and incorporate all available evidence to make sure we deliver the best possible development for our neighbours and patients.

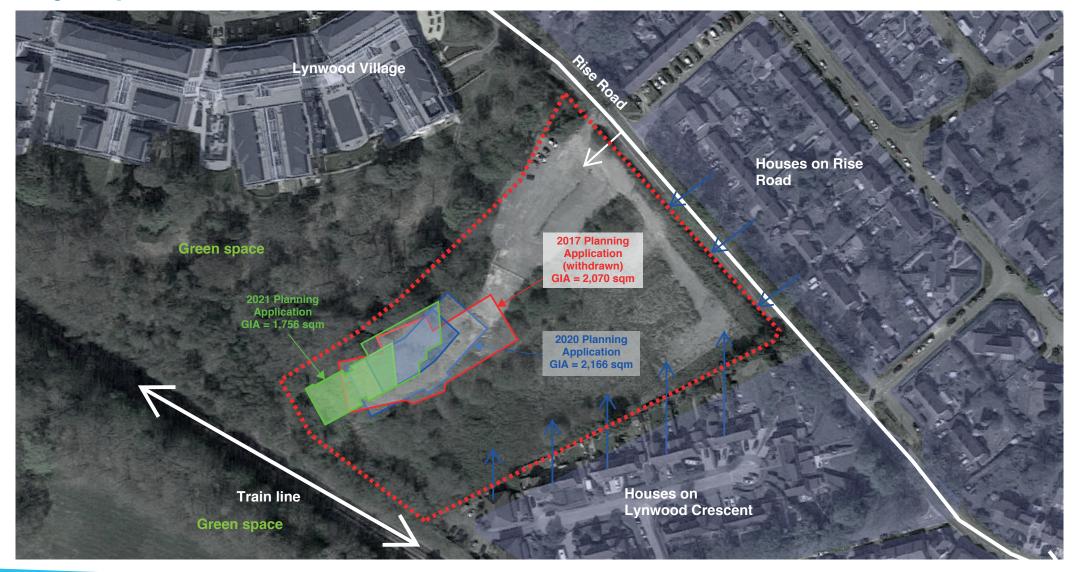














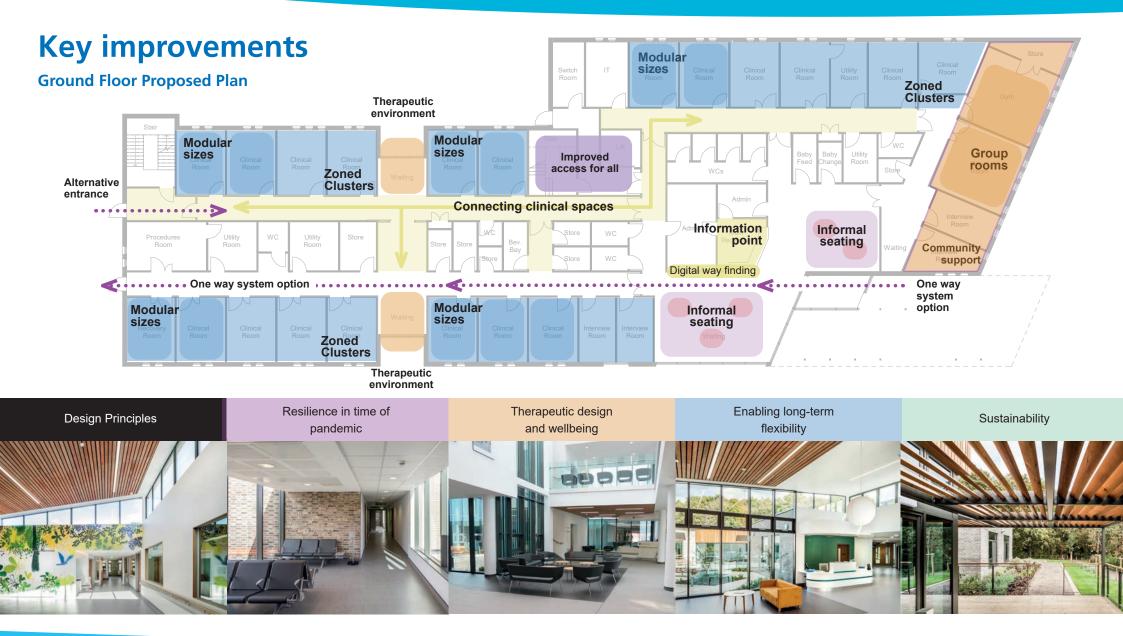
- ① Pedestrian entrance
- ② Vehicular entrance
- ③ Boundary fencing and screening landscaping
- ④ Health hub entrance
- 5 Visitor and staff parking
- 6 Existing attenuation tanks (located below ground)
- $\bigcirc$  Substations
- 8 Short stay service delivery drop off bay
- Ocycle shelter
- <sup>(10)</sup> Courtyard and therapy garden
- 1) Bin store

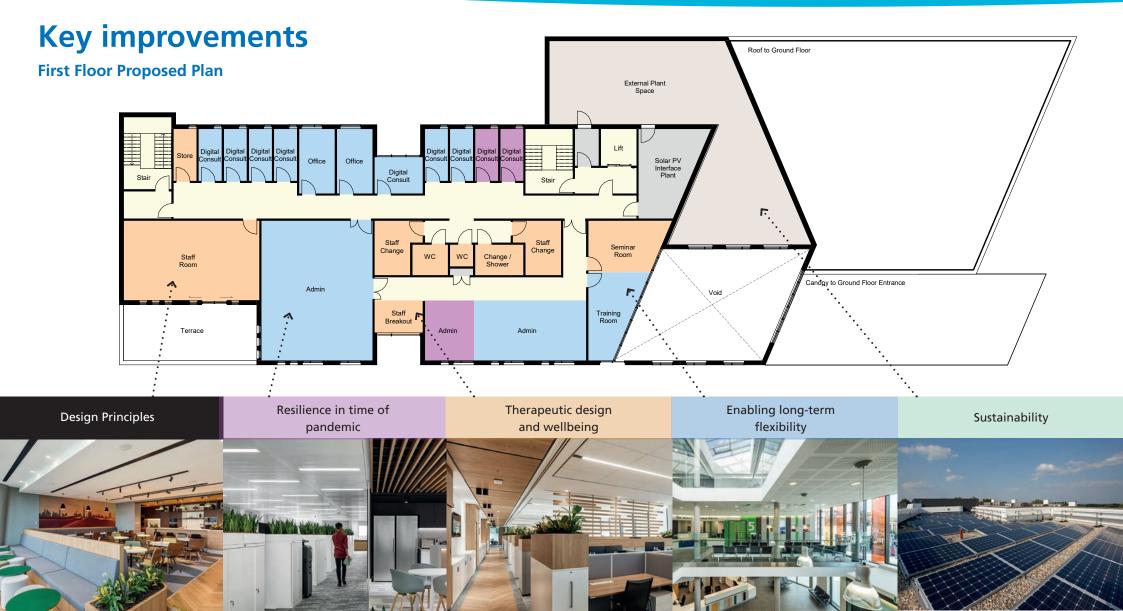


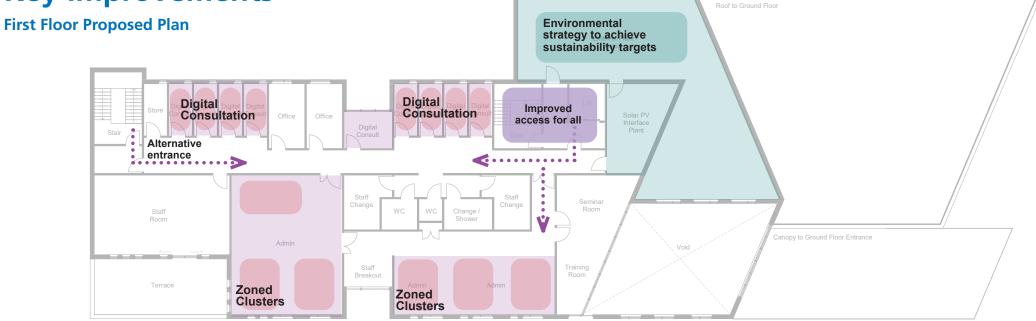














### **Key improvements**

#### Sustainability Targets and Proposed Design Solutions

The concept is to use passive methods and low carbon technologies to reduce the buildings energy consumption

- Low U-values for all materials of construction
- Low Air Permeability Target (of at least 5m3/h/m2 @ 50Pa)
- Use passive methods to reduce overheating and heat gain to the building
- Low energy use LED lighting throughout with a lighting control system throughout
- Extensive metering system to allow continued monitoring of energy use and carbon emissions
- Installation of solar photovoltaic cells at roof level to provide on site electricity generation
- Minimise water use with the use of lower water use taps and sanitaryware









The Health Hubs sustainability, energy and carbon related requirements

- To exceed a Building Regulations Part L2A Pass
- To achieve the Planning requirement of a net zero carbon building at design stage and at completion an EPC rating of A, 0.
- To achieve a BREEAM 'Excellent' rating using the British Research Establishment Environmental Assessment Method.

### **Key improvements**

**Visual Representations** 



**Questions & answers** 

