Application for CIL funding for Grange Park Surgery in Burley in Wharfedale

We are applying for a contribution from the CIL (community infrastructure Levy) We need an additional £400,000 towards our proposed £750,000 development.

We are a 4-partner practice with a patient population of almost 6900 serving patients in Burley in Wharfedale (pop -7041) and a small area of Ben Rhydding and Menston.

We are in a purpose-built building which has been open since 1984. At that time, we had approximately 4500 Patients and 8 staff. Since then, the patients, staff, and services we offer have expanded considerably. We currently do not fit into the space we have and are reliant on a portacabin in the car park to expand our practice. We have very limited facilities for staff and currently do not have a functioning staff room.

We are an innovative practice. We have led the way in piloting group consultations. We have been involved in an NHS England scheme regarding diabetes, however we had to hire the local church rooms to be a part of this. We have set up a drop-in wellbeing service within the village to offer additional mental health services for our patients, both as regular support and crisis intervention. Again, we have had to hire the local Guide and Scout hut for this. We have been supporting the village as they introduced a 'listening ear' service for patients and are in discussions about how to offer a more joined up 'youth support' scheme from within the community. This would be in conjunction with the local school, church, and voluntary sector. All this involvement is made more difficult by the fact that, although we are a significant driver to better health within the village, we remain unable to host meetings or services due to lack of space. We are unable to host secondary care consultants within the building to offer closer care to our patients.

We are a training practice with 2 full time GP trainers. We also have 3rd year medical students. We are currently unable to house more than 1 full time trainee at a time due to space. We have been asked to train 5th year medical students as well as the 3rd years, again we have had to turn this down due to lack of space. We have been approached to support paramedics and nurse practitioners, but again have had to decline. We have employed a new Dr, who started in September 2022, who wanted to have a full-time post, however we were only able to offer him 6 sessions due to lack of space. We now have 3 clinics run remotely during the week to facilitate more patient access using telephone, video, and text access to increase our capacity without using rooms.

Our practice counselling team has been supporting 5 student placements over the last 5 years. These have been in conjunction with Leeds Trinity and Bradford University. NHS placements are notoriously difficult to find so we've had a great take-up. This has also enabled us to clear our backlog of patients waiting for counselling and gives us the capacity to see patients in crisis almost immediately.

We need to improve space and capacity for effective care. In 2019 the ARRS scheme was introduced by NHS England to support general practice. We have several staff funded through the ARRS scheme, for example social prescribers, pharmacists, and physios. We really struggle to fit these services within our building. The pharmacists work remotely, the social prescribers have reduced their capacity within the building due to space and we can only house a physio 1 afternoon a week even though the need is much greater.

We have a very small waiting room and covid really brought home to us how impossible it was for us to be able to 'zone' the building effectively. We had to use a portacabin in the car park as our 'hot hub' – now that that need has gone, we use this for additional capacity.

The village hall was donated to us for us to use to run covid clinics when the booster drive was announced. This was the only reasonable way that we were about to significantly vaccinate our population.

We run a dermatology GPwSI service but are unable to run this from our building so use the space in surrounding practices. We also are a part of the MSK service but again our patients are unable to be seen within the building and we staff the service in Skipton.

We all know how important our staff welfare is. This has never been more apparent in times of covid. We refurbished our building in 2016 to make the most of the internal space for patient contact, we had to allocate our staff room and meeting room for the counselling service as the mental health needs were becoming overwhelming. We set up a very small kitchen elsewhere with additional staff toilet and shower facilities. In covid times we have been unable to use this properly and therefore staff have had nowhere to meet other colleagues for almost 3 years now. We are in desperate need of a space where we can relax and support each other. Burn out is becoming so high it is in our interest to provide a pleasant environment for staff.

During the pandemic there was a CCG survey done to assess available space within the NHS and primary care estates within Bradford and Craven. Our practice was found to be considerably under spaced for our patient population. It was suggested that we were a 1/3 under spaced. This is before any influx of new patients.

In 2020, we were informed that planning permission for 500 houses within Burley in Wharfedale had been approved. Additionally, there has been a development in an old mill building of 110 properties which is now opening. There is a 72 bedded dementia nursing home and a set of retirement flats currently being built and we understand there is going to be an application for further development on the Scalebor Park site. All these developments will cause an influx of patients which we cannot, in our current state, cope with.

There have been significant discussions within parliament about how hospitals and primary care can be expanded to meet the demands of large housing developments. These significantly put pressure on existing infrastructure. The CIL (community infrastructure levy) was developed for this purpose. There is a large CIL of approximately £4-5 million attached to the Sun Lane development. This development is for 475 of 3,4- and 5-bedroom houses. This could give us up to 2000 more new patients. We feel that improving and developing the infrastructure of the surgery fulfils the guidelines of the CIL legislation and without this significant investment we will be unable to offer medical services to these additional patients. We will have no choice other than to shut our practice list as we are not willing to offer an unsafe service that compromises patient care. We very much want to offer good primary care to everyone within the village, both new and old residents.

We feel this issue should have been addressed at an earlier time and were disappointed to read, in the public enquiry regarding this development, that the GP Service had capacity when we had never been asked or approached in anyway.

We have received planning permission in Autumn 2022 to enable us to build an extension to our current premises to allow us to expand by 50%. This would mean we could staff the service to offer care to up to 10,000 patients. The new extension would provide a new waiting area; 3 new consulting rooms: a group room – which we plan to use for group consultations (such as for diabetes and wellbeing), group counselling and social prescribing support. We would be putting in a lift to the top floor where we would have 3 further offices – one to be used as a telephone triage hub and teaching area for trainee Dr's and medical students and 2 for additional admin support. There would be a new staff room and locker room. We would also have a meeting room upstairs for teaching, practice meetings and community meetings – which we currently rent space for within the village. The proposed extension would give us another 125m2 downstairs and 90m2 upstairs of usable space.

The scheme is limited due to NHS requirements and the space available to us, as we are surrounded by the park, a public road and housing. We also must be able to develop the new building without it impacting on patient care during the build. We have had a local architect cleverly design a scheme that fulfils these criteria. We have 2 local building contractors who have tendered for the build and are able to commence work this year.

We have 2 quotes within £20,000 of £750,000. Although the building has been owned by the partnership for over 50 years, we are only contracted to provide NHS services here. We therefore have our building rented from us by the NHS for us to provide services for our practice population. Our NHS income covers staff salaries and direct patient care. The only income we receive to fund the building – cost of mortgages, rents, maintenance etc, is our rent from NHS England. We have had meeting with the bank, and they are happy to lend us £350,000 towards this development. This money would be loaned to the partners with the security of the building. The money to pay this loan

would be raised from the new rent we will receive from NHSE to provide NHS services within this space. This amount of rent is determined by the district valuers in accordance with NHS guidelines., the bank will only let us borrow money up to the level that our rent provides. Hence why we need additional funding to facilitate this development. We are very limited as to whom we can apply for funding from, however the CIL was partially developed to support primary care expansion.

We know that Bradford Council supports "Better health, better lives" and enabling us to build a surgery within the village of Burley in Wharfedale that is fit for ALL the residents – both new and existing – is a project that we are sure the council will support.

We welcome any questions or informal visits to our surgery.

Glossary of terms

– ARRS – additional Role Reimbursement Scheme – this scheme provides funding for additional roles to create multidisciplinary teams. Such as :-

- Clinical pharmacists
- Pharmacy technicians
- First contact physiotherapists
- Physician's associates
- Dietitians
- Podiatrists
- Occupational therapists
- Community paramedics
- Nursing associates and trainee nursing associates
- Social prescribing link workers
- Care co-ordinators
- Health and wellbeing coaches

-MSK-musculoskeletal service – this is a service run by specialist GP's and extended scope physiotherapist to provide people help for a range of Joint and muscle issues. It is located in the community rather than in the hospital

-GPwSI- these are GP's who have a specialist interest in a certain aspect of medication and have undergone further training to allow them to practice within that field. Usually a specialist diploma in that area is needed taking between 1-2 years of supervised learning to achieve.

-NHSE- NHS England – leads the NHS services in England.