

Purpose Built Surgery – summary information - February 2021

Background and Context

Clifton Hampden Surgery looks after 3300 patients from a cluster of villages. The practice catchment stretches from Culham and Sutton Courtenay in the West to Dorchester, Berinsfield and Warborough in the East, North Moreton and Brightwell to the South and Toot Baldon, Nuneham Courtenay and Marsh Baldon to the North. The rural nature of the practice area means there are a significant number of elderly patients living in their own homes. Continuity of care provided by a small, stable, responsive, approachable surgery is important to them. The GP partners leading the Practice have been working there for 8 years. They are committed to continuing to provide excellent personalised medical care to the local community

In 2019, all GP surgeries were required to join a [Primary Care Network](#). PCNs are groups of neighbouring surgeries working together to serve a larger group of patients. PCNs benefit from sharing resources and are able to provide more personalised and integrated care. Clifton Hampden is part of the Abingdon and District PCN, together with Berinsfield, Long Furlong and Marcham Road Surgeries. This arrangement works well.

There has been a surgery in Watery Lane, Clifton Hampden for over 100 years. The current surgery site was developed from two period semi-detached cottages in 1978. The land and building are privately owned.

The current GP Partnership has a lease for use of the building and a contract to deliver to the demands of the NHS and the needs of the local population. The building has been extended twice in the past. The major alterations that would be required to deliver the access and facilities needed in a modern primary care practice would not be economically viable or in line with current building regulations.

Challenges with current arrangement

The surgery building has been increasingly problematic. It is now unfit for the purpose of providing medical care in the 21st century.

External Access

- The slope from the car park up to the front door makes access for disabled or frail patients very difficult. This adds to the doctors' workload and costs in terms of home visits
- The ramp up to the narrow front door of the building is presents a stiff challenge to wheelchair users and their carers
- Parking facilities will not support the inevitable growth of the practice

Internal Access

- There are three steps between the lower and upper sections of the waiting room. Reception and all the consulting rooms are located on the upper level – not suitable for wheelchairs and challenging for the less mobile.
- One consulting room is accessed by a narrow back door. This can only be used by special arrangement and with considerable disruption to the busy practice
- All doorways are narrow and many of the rooms are small and oddly shaped

Working environment

Space in the surgery is limited and already insufficient for the activity which goes on there.

- Reception area is narrow and a main thoroughfare – social distancing is not possible
- Confidentiality should be strictly respected – this is difficult for reception staff to maintain with patients nearby in the waiting room

- The dispensary is small and cramped and the need to move drugs around presents safety implications

Period features

- Due to its age and original purpose, the building includes a number of features that make its use for healthcare problematic. Infection control is key requirement. Oak beams and range stoves in the consulting rooms are difficult to sterilise. All surfaces should be wiped between each patient and floors need to be unimpeded, slip-proof and easily cleanable
- Equipment should be stored out of the way in cupboards to facilitate easy cleaning. This is not currently possible due to the size and shape of the rooms, resulting in use of a large number of plastic boxes
- Overall physical space and size of the rooms is limited. For example the practice manager's office overheats in the summer due to the computer server

Compliance

- [Commissioners of primary care services](#) oversee and contract individual GP Partnerships for delivery of healthcare provision. This includes assessment of premises, valuations and rent payments.
- The surgery was [rated "good" by the Care Quality Commission](#) at its last inspection. The team prides itself on delivering caring and compassionate high quality medical services. However, the report notes that "Due to the design of the practice premises access for patients with a physical disability was limited."
- The energy rating of the building is currently at "E" (120) – the lowest efficiency legally allowed to be leased. As energy efficiency guidelines tighten up, this will present problems with the legality of renting/leasing the building. In the winter it is cold due to the wind whistling through ill-fitting window frames

Limited local options

The possibility of Clifton Hampden surgery merging with or moving to the Berinsfield site has been explored. However, the Berinsfield Surgery is also a small building with limited space and no room to extend. Clifton Hampden needs to have capacity to expand to meet the needs of the proposed new Culham development, as well as housing expansion in Long Wittenham and at the edge of Didcot. Berinsfield has proposed housing expansion of its own which will present challenges to the surgery there.

Future plans and continuous improvement in care provision

A new purpose-built surgery in Clifton Hampden is proposed as part of the NDO. This will accommodate growth in numbers and address the complexity of integrated care for the benefit of patients and PCN staff alike. There will be increased capacity to offer appointments with the range of healthcare professionals to patients from Abingdon and Berinsfield as well as Clifton Hampden Surgery.

The GP Partnership proposes to take ownership of the newly developed surgery. This ensures they can make the best use of the building for the PCN.

The local PCN works effectively and is already sharing resources. The PCN (rather than a single practice) currently employs two Social Prescribers and a Clinical Pharmacist to help deliver NHS England targets. These staff divide their time between the four surgeries and need a regular consulting space each week.

Over the next 5 years the government's policy requires PCNs to grow. Clifton Hampden expects to secure additional support for the equivalent of two full time workers such as pharmacists, social prescribers, first contact physiotherapists etc

Clifton Hampden Surgery, Watery Lane, Clifton Hampden,
Abingdon, Oxfordshire, OX14 3EL
Tel: 01865 407888

7th September 2021

To whom it may concern,

Please see the enclosed letter of support from Dr Sanjay Trivedi, Clinical Director of Abingdon & District Primary Care Network on behalf of all 4 PCN member practices as follows:

Marcham Road Family Health Centre
Long Furlong Medical Centre
Berinsfield Health Centre
Clifton Hampden Surgery

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Amy Laker', written in a cursive style.

Amy Laker
Practice Manager
Clifton Hampden Surgery

To whom it may concern:

Re Clifton Hampden Surgery - proposed relocation

As Clinical Director for Abingdon and District Primary Care Network, I am pleased to confirm our ongoing and collective support for Clifton Hampden's request to Oxfordshire Clinical Commissioning Group (OCCG) to be allowed to move to a purpose build in their local village plan. The current practice is based in a converted house which is not suitable for service delivery in the mid to long term.

We have been discussing the proposals from Clifton Hampden at our regular PCN meetings for some time.

I originally contacted Julie Dandridge by email on 4 March 2021 to ask how the OCCG estates strategy would relate to our PCN. Three out of our four practices currently have populations under 10,000 and the strategy indicates scale as a requirement for reviewing notional rent. My thinking was that decisions in our case should be based on needs rather than individual practice numbers.

I explained our circumstances and specifically how our rather wide geographical area presents some logistical issues. For example, patients from Berinsfield (an area with a high deprivation score) will find it difficult or even impossible to travel to Abingdon for an acute triage service. It is crucial that we have space at Clifton Hampden- central to the PCN patch - to enable us to house the network roles

Clifton Hampden's new building will enable the current partners to take on larger and better facilities as part of the village plan. It will provide the PCN with the means to optimise its skill mix through the Additional Roles Reimbursement (ARR) fund and make a huge difference to our ability to utilise ARR's effectively and so enhance our patients' experience.

OCCG's formal support for the scheme is a critical requirement for the planning process. As you know this is underway. A first draft PID has already been reviewed by OCCG's Estates and Development Manager, Peter Redman.

I hope we can identify and address any remaining queries quickly.

Sincerely
07/09/2021


Dr Sanjay Trivedi
Clinical Director
Abingdon and District Primary Care Network



**Oxfordshire
Clinical Commissioning Group**

By Email

Sara Ward
[REDACTED]

Amy Laker
[REDACTED]

Jubilee House
5510 John Smith Drive
Oxford Business Park South
Cowley
Oxford
OX4 2LH

Telephone: [REDACTED]

24 November 2021

Dear Sara and Amy

**Re: Clifton Hampden Surgery
Redevelopment Proposals**

Dear Sara and Amy

I refer to the meeting that Sara had with Peter Redman and Julie-Anne Howe on 18 November 2021 regarding the Clifton Hampden surgery redevelopment proposals.

The CCG is willing to support this project on the basis of:

- An initial rent reimbursement of **£25,350 pa** (with future 3-yearly rent reviews linked to RPI increases subject to a collar of 1 % and a cap of 2.5 % in any year) for a period of 18 years.
- Thereafter the rent will revert to full open market rental value as assessed by the District Valuer
- The CCG willing to provide up to **£35k** (including VAT) for legal costs, surveyor monitoring costs and SDLT in respect of the project
- The CCG will pay GPIT costs associated with the relocation into a new premises.
- The Practice must provide GMS services at the new development for a minimum period of 18 years

If the Practice was to enter into the freehold/long leasehold ownership of the premises, the CCG will allow future internal transfers between GPs without the CCG asking for a clawback of the S106 gain (given there appears there will be some financial benefit to the Practice if it acquires the premises on a freehold/long leasehold basis as the cost of purchase is less than the market value of the premises).

However, if there is to be a future sale to an external company of the completed development and a lease back within that 18 year period, a pro-rata apportionment of the full proceeds of sale (less the practice investment, appropriately indexed) shall be paid to the CCG within 28 days of the completion of that sale. As an example of this, if the cost of purchase of the Asset by the Practice is £1.2 M but the asset (as valued by the District Valuer at the time of completion of the building) is say £1.5 M, the gain to the Practice is £0.3 M. If then this gain is realised 9 years from completion/occupation of the building, the Practice would have to pay back £0.15 M to the CCG/its successor body.

We look forward to being kept informed of how the project develops.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Julie Dandridge', written in a cursive style.

Julie Dandridge
Deputy Director. Head of Primary Care

Clifton Hampden Surgery
Watery Lane, Clifton Hampden, Abingdon, Oxfordshire, OX14 3EL
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To: Burcot and Clifton Hampden Parish Council

Re: Neighbourhood Plan and Development Order Consultation

We became aware of the local concerns regarding the Partnership's support for the Neighbourhood Development Order and, further to the brief response from the Practice Manager directly to the recent consultation, we write to formally confirm the need for a new building and our commitment to the current proposal.

The GP Partners responsible for Clifton Hampden Surgery have been members of the project Steering Group and so party to the discussions for this development over several years. They provided evidence and argued strongly that the current premises, on lease from a private landlord, are no longer fit for purpose.

Commissioning of Primary Care services is a complex process and has been subject to significant challenge and change in recent years. It is unrealistic for the local community to fully appreciate and keep pace with the details. Unfortunately, small rural practices are no longer viable. Primary Care Networks (PCN) were established to serve natural communities of 30,000 to 50,000 people. A PCN needs to be small enough to provide personal care but large enough to have impact and economies of scale. Clifton Hampden Surgery is one of four practices in the Abingdon and District Primary Care Network serving just over 30,000 people and is expected to grow to accommodate new housing across the catchment area with consideration being given to extending the boundaries for the PCN.

The case for new premises has support from the PCN as set out by the Clinical Director, Dr Sanjay Trivedi in September 2021. Ms Julie Dandridge, Deputy Director for Oxfordshire Clinical Commissioning Group and Head of Primary Care similarly agreed to the need in, November 2021. See recent consultation documents [available online](#).

Following a discussion of the updated plan at its meeting on the 30th of November 2022, the Abingdon and District PCN remain unanimous in their support for it.

Please keep us informed on progress and let us know if there is anything further we can do to assist.

Yours sincerely,

Dr Peter Rubin
Senior Partner

CERTIFIED TRUE COPY
OF AN ORIGINAL DOCUMENT
SIGNED *SCM Ward*
DATE *11/12/22*

Mrs Amy Laker
Practice Manager