



*North Somerset*



NHS North Somerset

Strategic Service Development Plan

**May 2009**

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# 1. Executive Summary

The Strategic Service Development Plan (SSDP) sets the strategic context for the development of primary and community services in NHS North Somerset.

The SSDP also reflects the current position with regard to the estate from which NHS North Somerset provides services; both its own premises and those owned by third parties. It highlights particular relevant issues for the NHS NS both in terms of national and local drivers for change, including the impact of proposed population growth and housing developments in the area, this establishes the case for change in North Somerset.

Key national issues are the principles set out in *Our Health, Our Care, Our Say* and most recently the publication of the Next Steps Review by Lord Darzi. NHS NS is committed to the development of Primary Care Resource Centres (PCRC) that will facilitate the shift of a range of services from secondary to primary and community care.

Locally, planning for healthcare services has been guided by the overarching Bristol Health Services Plan (BHSP) and in North Somerset by the proposals set out in the consultation document "Shaping Our Future". More recently NHS NS has built on these foundations and the Darzi Review in developing its Strategic Framework.

## The Current Situation in North Somerset - Where Are We Now?

NHS NS provides a range of primary and community services for the population of North Somerset. Services are provided from premises that NHS NS own, or lease itself or from premises owned by a third party provider. There are a total of 24 GP practices providing services from 31 premises.

## Vision and Principles for Development - Where Do We Want to Be?

NHS NS's vision for the future was set out in the consultation document *Shaping Our Future*, and subsequently updated in the "Strategic Framework for Improving Health in North Somerset 2008/09 and 2010/2011".

NHS NS recognises that the GP practice is the cornerstone of the delivery of primary care services and it will seek to enhance the role of the GP practice by supporting them in providing a wider range of services for their populations.

The future emphasis for NHS NS will be on procuring services rather than procuring buildings. NHS NS will retain premises where it is considered to be in the best interests of service delivery and in support of contestability.

The PCT envisages a range of services being provided on four levels:

- GP practices
- Primary Care Resource Centres
- Community Hospital
- Acute/Tertiary providers

## Principles for Estates Investment

NHS NS is facing a significant financial challenge to break even in the future and will need to ensure that investment in the estate is prioritised in areas of greatest need for service development. The following criteria will be used to determine the relative priority of competing demands for resources:

- Equity of Access
- Sustainability
- Efficiency/cost effectiveness
- Choice
- Compliance with standards
- Engagement with patients, carers and public
- Working in partnership
- Good employer

## Summary of case for change

The case for change in North Somerset results from a number of drivers including:

- The shift from secondary to primary care – a greater proportion of outpatients will need to be delivered in the community.
- Demographic change and population growth – the North Somerset population is anticipated to grow by 23% by 2026.
- Co-location of services with other local partners both for children and for older people
- Access to services and transportation issues especially in the rural areas
- Location and condition of existing healthcare premises and facilities
- The need to upgrade GP premises to provide additional Training Practices and to meet minimum standards

## Approach to Achieving Case for Change - How Do We Get There

NHSNS has made considerable progress in implementing service development proposals identified in "Shaping Our Future". In addition and as part of the SSDP process a series of workshops were held to identify the way forward in the light of more detailed information arising from the Estate Strategy. The main developments and potential proposals are summarised below.

The model of service delivery for community nursing services provided by NHS NS varies according to location. In urban areas it is intended to co-locate with Council staff into locality bases. In rural areas it is more desirable to locate staff within GP practice premises.

Teams will be integrated with the local authority services where appropriate and are likely to include children's services and older people's services.

## Clevedon, Portishead and Pill

### *Clevedon*

NHS NS plans to extend the number and variety of services provided at Clevedon Hospital. It is intended these services will be available to both Clevedon and the wider population of the Woodspring locality. NHS NS has recently submitted an Outline Business Case for the redevelopment of the current Hospital to the NHS South West Strategic Health Authority with a decision on whether it can proceed to the Full Business Case stage expected in Summer 2009.

### *Portishead*

The construction work for the Portishead PCRC began on 13<sup>th</sup> February 2008 and the new centre opened in May 2009. The Centre, to be known as the Marina Healthcare Centre, will provide accommodation for the Harbourside Family Practice as well as a range of services including physiotherapy, podiatry and some outpatient clinics.

### *Pill*

Pill Clinic is currently a base for community staff and hosts some clinic sessions. The property is under-utilised, even though Pill itself has pockets of deprivation and is viewed as a good location for delivery of outpatient services. NHS NS will undertake a needs analysis to determine the range of services required in the area and the infrastructure to support them. Options will then be assessed including:

- making better use of Pill Clinic for clinical rather than administrative purposes
- consolidating clinical services onto the local GP practice site and providing administrative accommodation in purpose built offices
- capitalising on the clinic's location close to a secondary school and to host Children's services and/or become a locality team hub.

## Weston Super Mare and Worle

### *Weston-Super-Mare*

Long standing issues in finding and progressing a suitable site for the PCRC in Weston-Super-Mare (W-S-M) have led to the scheme being overtaken by NHS NS's response to the "Equitable Access to Primary Medical Care" Programme (EAPMC). This programme will see a GP Led Health Centre located close to the A&E Department at Weston Hospital, addressing issues around access to urgent care, with an outreach location in Weston Central Ward to meet the needs of hard-to-reach patients in this area. A site has been identified for the relocation of New Court Surgery and Longton Grove Surgery and both developments together will form a virtual PCRC.

### *Worle*

NHS NS is progressing the procurement of a new Alternative Provider Medical Service practice in Worle, again as part of the EAPMC Programme.

## Rural Areas

NHS NS has established a working group to review how health services can be made more accessible to people living in the more rural parts of North Somerset.

The outcomes of a workshop held on 25th July identified some specific service proposals for both the short term and medium term. Specifically these consider the future use of Stockmead, the NHS NS community nursing base - and the proposals for development of practice premises across the Rural Groups with includes the premises at Wrington (Wrington Vale Medical Centre) and Churchill (Churchill Surgery) and Congresbury and Yatton (Yeo Vale Medical Group).

In the short term it is proposed to relocate the community nursing staff from Stockmead to portacabins on the Churchill surgery site and dispose of Stockmead. In the medium term it is intended to bring together the two Wrington and Churchill premises onto one site with community nursing staff being included in the new building. In addition Yeo Vale (Yatton and Congresbury Practices) would extend their Yatton site to accommodate a wider range of services locally and to become a training practice.

## PCT Accommodation

NHS NS has a number of leased buildings used solely for administrative and office functions. It is also recognised that some administrative staff are located in buildings intended predominantly for healthcare use, for example Worle and Pill clinics.

A key strategic question has been identified in terms of leasing or ownership of buildings. This would be determined by factors such as:

- Value for Money at the time of entering into the lease
- Capital/revenue availability

Two projects have been identified to address the NHS NS accommodation needs of both the Commissioning and Provider arms of the organisation:

- Immediate actions to accommodate staff on an interim basis;
- A forward look to 2012 looking at office accommodation requirements at the time the current set of leases expire.

## GP Training Practices Capital Allocation

The PCT has been allocated £1,050,000 capital grant in 2009/10 to increase the number of GP Training practices in North Somerset, particularly in Weston and Worle as they are under doctored and have high deprivation scores. This money must be spent by March 2010 and the SHA has approved the allocation of this money across 10 GP practices in North Somerset with a corresponding increase of 14 training places.

Practice	Increase in GP trainees (GP registrar and F2)	New GP Training Practice	Grant Awarded from £1,050,00
<b>SUCCESSFUL PRACTICES FOR £1,049,888 ALLOCATION</b>			
Cedars Surgery	2	Yes	£150,000
Tudor Lodge Surgery	1	Yes	£123,500
Graham Road Surgery	2	Yes	£150,000
Longton Grove Surgery	1	Yes	£100,000
New Court Surgery	1	Yes	£100,000
Milton Surgery	2	No	£150,000
Winscombe Surgery	1	No	£52,320
Portishead Medical Group	1	No	£14,068
Yeo Vale Family Practice	2	Yes	£150,000
Clevedon Medical Centre (Clevedon Riverside Group & The Green Practice)	2	No	£60,000
			<b>£1,049,888</b>
<b>RESERVE LIST</b>			
			<b>Funding required</b>
Clevedon Medical Centre (Clevedon Riverside Group & The Green Practice)	2	No	£75,355
Sunnyside Surgery	1	No	£150,000
			<b>£225,355</b>

## Summary of Priorities

The priorities for estates development have been agreed through a number of workshops set up to test the strategic direction set out in Shaping the Future. These are agreed as follows:

1. GP led Health Centre, W-S-M
2. New practice in Worle
3. New Court and Longton Grove relocation
4. Wrington/Churchill reprovision (linked with the disposal of Stockmead)

5. Yeo Vale extension of Yatton practice
6. GP Training Practices

## Financial Implications

Practice	New GP Training Practice	GP Training Grant Funding	Estimated Notional Rent	Current Notional Rent	Net Notional Rent Implication	Date commences
Relocation of New Court and Longton Grove			£188,500	£54,800	£133,700	Apr-10
Wrington and Churchill Development			£170,000	£70,200	£99,800	Mar-11
Yeo Vale Extension of Yatton Surgery			£55,500	£44,200	£11,300	Aug-10
GP Training Practices		£1,049,888			£0	Mar-10
					<b>£244,800</b>	

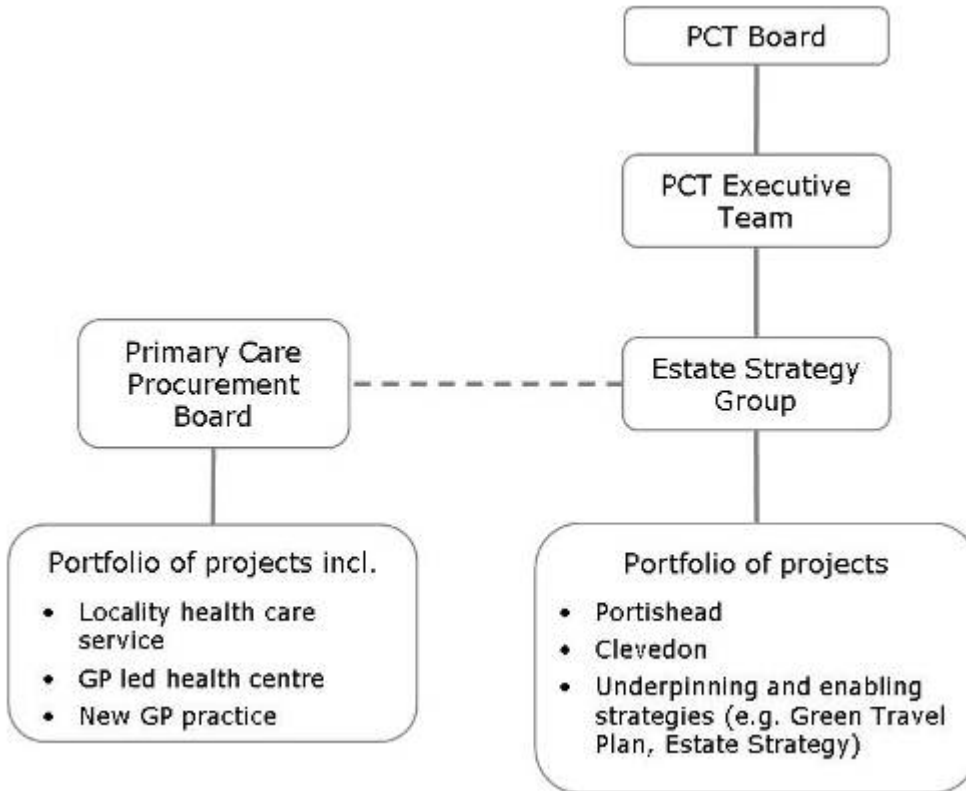
## Implementation

This SSDP describes a number of proposed service developments to be implemented in the short to medium term. The current Estate Strategy also identifies key work streams going forward.

In order to progress these initiatives and in particular the developments arising from EAPMC (EAPMC) NHS NS has established a Primary Care Procurement Board to oversee the Primary Care Procurement Programme.

In parallel, NHS NS has established an Estate Strategy Implementation Group. The Group has a remit to oversee the detailed implementation of the workstreams identified in the Estate Strategy and in this SSDP, outside of the specific EAPMC proposals.

The project implementation structure is shown on page 9.



## 2. Introduction

This document is the Strategic Service Development Plan (SSDP) for investment in the primary and community services infrastructure in North Somerset.

The document brings together a number of workstreams and sets the context for future capital investment to bring about changes in service delivery as required by both national and local targets.

### 2.1 NHS North Somerset Profile

NHS North Somerset (previously named as North Somerset PCT) was formed on 1<sup>st</sup> April 2002. NHS NS provides primary and community services for a population of 199,000 mainly living in the centres of Weston-Super-Mare (W-S-M), Portishead, Clevedon and Nailsea but also in a number of rural villages.

There are 24 GP practices in the NHS NS's area operating from 31 practice premises.

The NHS NS boundaries are coterminous with North Somerset District Council.

NHS NS is situated within the South West and is performance managed by the NHS South West Strategic Health Authority.

In 2008/9 NHS NS had a budget of £251.4m and employed over 450 whole time equivalent staff.

NHS NS's performance for 2007/08 was assessed by the Healthcare Commission. It was given a rating of "Fair" for Quality of Service and "Fair" for Use of Resources. It is expected that performance for 2008/09 will be rated as "Good" and "Good".

### 2.2 PCT Strategic Goals

NHS NS's strategic goals are to:

- Improve quality and earn autonomy by meeting necessary targets
- Meet its challenges through innovative service redesign to meet identified needs
- Reduce health inequalities and promote health and well being based on an understanding of health needs
- Be a competent commissioner and ensure the development of a fit for purpose provider service
- Be a good partner to work with – building public, stakeholder and staff confidence

## 2.3 Background to the Strategic Service Development Plan

NHS NS commissioned a 'six facet' survey of its estate in late 2007 and used this information to produce a revised Estate Strategy.

NHS NS has also undertaken a number of primary care premises developments in recent years; a number are ongoing and in planning at present following on from the consultation 'Shaping Our Future'. An Outline Business Case for the redevelopment of Clevedon Hospital has been submitted to the NHS South West Strategic Health Authority in March 2009; with a decision on whether NHS NS can proceed to the Full Business Case stage expected in Summer 2009.

The SSDP for NHS NS builds on these and other strategies to set the service context for future investment. Its relationship to other strategies is shown in the diagram below.



The SSDP is a capital investment plan that:

- Is a whole system document that reflects service and capital investment requirements across a whole health community;
- Reflects the plans and aspirations of all users and carers in health and social care facilities, with an emphasis on primary care;
- Demonstrates engagement with local authorities (in particular social services) and the voluntary sector to identify opportunities for better integration of services;
- Acts as a joint planning document that requires individual stakeholders to commit specific resources to premises development;
- Can act as a basis for premises procurement, whether as GP led or Primary Care Trust led schemes;

- Describes procurement priorities and proposals for phased investment with target delivery dates in order to reflect future capital/revenue investment requirements to support business cases.

The SSDP has specific relevance to primary care providers. In particular it will:

- Reflect the current and future service aspirations of NHS and independent contractors providing primary care and related community-based services. In the case of NHS NS this will also include the provision of intermediate care;
- Take account of the physical condition of the primary care estate, both privately owned and NHS owned i.e. community hospitals, health centres, health clinics, bases for NHS NS staff etc. Further details are given in section 4 below;
- Reflect the estate needs of the NHS NS provider services directorate which will become an arms length organisation within the NHS NS in the near future.

The SSDP has been developed over a number of months. It has followed on from the production of the NHS NS Estate Strategy in April 2008 which included a baseline assessment of the PCT's property holdings. It also followed the strategic exercise Shaping our Future which identified a number of key developments and projects to enhance primary care provision across North Somerset.

The SSDP proposals and priorities were updated by means of a series of workshops in July and August 2008. The outputs from the workshops were costed to enable NHS NS to target capital investment in areas of greatest need.

The SSDP for North Somerset sets out the priorities for investment over the next five years and has regard to the national and local drivers for change described in the next section.

## 3. Strategic Context

### 3.1 National Priorities

There are a number of drivers for change which will influence future service delivery and the estate required to support it.

The White Paper "Our Health, Our Care, Our Say" set the strategic direction for delivering healthcare in the future, based on reforming and improving community services to enable a greater focus on prevention, promoting well-being and delivering services in more local settings.

#### Our NHS, Our Future – NHS Next Stage Review (the Darzi Review)

The interim report on the 'Our NHS, Our Future' review by Lord Darzi was published in October 2007. It set out an emerging vision to develop an NHS that will deliver effective, higher quality services that are safe, personalised to individual needs and equally available to all.

The report stated that despite sustained investment and improvement in the NHS over the past ten years, access to primary medical care services and the quality of those services continues to vary significantly across the country.

The Equitable Access in Primary Medical Care (EAPMC) Programme will support the vision set out by Lord Darzi. Funding has been made available to support the development of at least 100 new general practices in the 25% of PCTs with the poorest provision and one new GP-led health centre in each PCT in an easily accessible location. This procurement was required in 2008/09 and is further described in the NHS Operating Framework for 2008/09.

The response of NHS NS to this initiative is described in section 7 below.

The NHS in the South West has begun to develop an action plan for the local implementation of the Darzi recommendations in the form of a Strategic Framework. The NHS NS Strategic Framework, 'Making North Somerset Healthier', will be complete by September 2008 and set out the organisations ambitions for the future and how these will be delivered.

#### NHS Operating Framework 2008/09

The Operating Framework for 2008/09 was the first of a three year planning cycle. There are five key areas in terms of national priorities. These are:

- Improving cleanliness and reducing Health Care Acquired Infections;
- Improving access through achievement of the 18 week Referral to Treatment target, and improving access (including at evenings and weekends) to GP/primary care services;
- Keeping adults and children well, improving their health and reducing health inequalities
- Improving patient experience, staff satisfaction and engagement and;

- Preparing to respond to a state of emergency such as an outbreak of pandemic flu

As well as the identified national priorities PCTs are required to set local improvement plans for areas of concern identified through consultation with patients, public and staff, Joint Strategic Needs Assessment and in agreement with partners.

## NHS Operating Framework 2009/10

The Operating Framework for 2009/10 reiterates the five national priorities stated above. With specific reference to improving access to primary care the Framework recognises that increasing the level, quality and range of services in primary care, particularly in under-provisioned areas, will require further increases in the number of doctors and other clinicians. This will require PCTs to work with GPs and other partners to upgrade and increase GP premises to add to the number of training practices.

The Operating Framework identifies that funding of £500 million in 2008/09 for local capital schemes would be made available again in 2009/10 together with £100m brought forward from 2010/11 to upgrade up to 600 GP surgeries to support training in practices. This will create opportunities for small firms and target funding on those areas that have historically had a lower provision of doctors. This funding supports the expansion of GP training numbers planned up until 2011.

## 3.2 Local Strategies and Planning Principles

There are a number of key local strategies that have influenced service development proposals in North Somerset.

### 3.2.1 The Bristol Health Services Plan (BHSP)

The Bristol Health Services Plan (BHSP) was subject to formal public consultation in the autumn of 2004 and outlined a range of health policy, financial and service improvement drivers leading to a need to reconfigure health care along the whole of the care pathway throughout Bristol, South Gloucestershire and North Somerset.

The overall BHSP envisaged health care being delivered increasingly closer to people's homes and in local communities, with the most complex care being focussed in the acute hospital environment. As a consequence of this, a range of extended community services are envisaged, together with a significant shift of outpatient and diagnostic activity from the acute hospital to local centres.

The overall plan envisages the closure of one acute hospital in North Bristol (Frenchay), the significant development of the remaining acute hospital site (Southmead) and the creation or extension of a range of community services and facilities throughout South Gloucestershire, Bristol, South Gloucestershire and North Somerset.

### 3.2.2 Shaping Our Future

Building on the work carried out in the BHSP and the model of care that emerged from the consultation exercise, NHS NS carried out a further consultation exercise to determine how the overarching model set out in the BHSP could be implemented locally.

This exercise was entitled “Shaping Our Future” and was carried out between July 2005 and March 2006. The consultation document set out

- NHS NS’s vision for an improved local model of health and health care services
- Plans for developing and improving health and health care services for North Somerset patients over the next 10-20 years
- Proposals focussing on developing local primary care and community services and the facilities needed in the future

Specifically NHS NS consulted on the following proposals:

- To improve the range of services that can be provided for people living in the rural areas, which will include developing more mobile services
- To provide additional services in Portishead and the surrounding area, as part of the planned redevelopment of new GP practice premises
- To develop Clevedon Community Hospital to support a new model of health care for all residents of North Somerset, particularly the northern half of the county
- To provide additional services in the W-S-M town centre as part of the planned development of new GP practice premises
- To recognise the expected population growth in the Worle area of North Somerset and the need to plan for the development of additional primary and community services for this population in the future

The proposals emerging from the consultation exercise were agreed by the North Somerset PCT Board (as was) in April 2006. Since that time considerable progress has been made. Further details are given in section 7 below.

### 3.2.3 Practice Based Commissioning

In June 2004, the NHS Improvement Plan indicated that “from April 2005 GP practices that wish to do so will be given indicative commissioning budgets”. The subsequent paper published by the Department of Health in December 2004 “Practice Based Commissioning-Promoting Clinical Engagement” provided further guidance.

At present PCT’s continue to hold the actual budget and are responsible for the contracting of service level agreements with secondary care providers. However, practices will be a key part of the process to make the commissioning decisions and be able to decide with the PCT on the prioritisation of investment.

GP practices have been encouraged to come together to form clusters or consortia which will help them to make decisions across their local area, work together to improve care pathways for patients and commission services together.

In North Somerset there are now two consortia (Weston Super Mare and Woodspring) and a stand-alone practice (Winscombe). NHS NS and Practice Based Commissioner (PBC) clusters agreed a vision for the development of PBC in North Somerset.

### 3.2.4 'Making North Somerset Healthier' - The Strategic Framework for Improving Health in North Somerset

The Strategic Framework was initially published in November 2007 and was updated in September 2008. The purpose of the Strategic Framework for 'Improving Health in North Somerset' is to set the future direction and priorities for action which will achieve the greatest improvement in the health, well-being and health care of people living in North Somerset.

The priorities for improvement are:

- Realigning the health and social care delivery systems to secure a shift from a system based on treating illness to one focused on keeping people well and independent
- Reducing health inequalities across populations and communities
- Supporting individuals in keeping well and avoiding illness
- Improving the speed and convenience of access to diagnosis and treatment
- Maximising independent living for people with long-term ill health or disabling conditions
- Avoiding needless urgent and emergency admissions to hospital
- Ensuring a rapid response in an emergency or where urgent care is required
- Removing needless delay from stays in hospital
- Maximising the return to independence after a hospital stay
- Ensuring dignity in care and at the end of life.
- Improving the service delivered for vulnerable groups and those people who have specific diseases and conditions
- Improving clinical quality and safety to ensure that all care is of the highest possible standard, removing avoidable error and harm
- Improving the quality of the user experience to ensure that, over and above receiving high quality, safe care at the right time and in the right place, the broader experience of care ensures dignity, respect and responsiveness for everyone
- Improving value for money and productivity to ensure that in everything it does the NHS obtains value for money, releases resources from unproductive practices and allows front-line teams to add more clinical value for service users.

A number of the Strategic Framework ambitions pose challenges for the provision of infrastructure including facilities. Particular issues are:

- Shift of outpatient work into the community, with significantly more appointments to take place in a local setting.
- Reduction in accident and emergency attendances at acute hospitals by 10% over five years, as people receive care in more appropriate local settings
- Full delivery in each health community of 'Maternity Matters: choice, access and continuity of care in a safe service' (April 2007).
- Better access to primary care, for example GP led health centres and practices, healthy living centres, enhanced services, independent sector providers etc.
- Access to services for rural populations
- By 2013, to develop in each PCT a health campus based on the community health model through which lay people become the local resource for their population
- Shift from institution based care to greater independence at home (for example, older people, long term conditions and end of life care)

The Strategic Framework ambition for more of outpatient appointments to take place in the community; greater access to community maternity facilities; and faster access for cancer patients, will mean that there is an increased demand on the estate.

### 3.2.5 NHS North Somerset Local Delivery Plan and Operational Plan

The strategic intentions of NHS NS as set out in the Strategic Framework have been developed into implementation plans through the Local Delivery Plan (LDP) 2008/09 to 2010/11 and Operational Plan 2008/09, 2009/10

#### Key Priorities for the Operational Plan

NHS NS has focussed investment on compliance with targets, including national targets, national priorities for local delivery and local targets.

NHS NS is also systematically considering all available opportunities to redesign existing services to deliver equivalent or improved service levels at a reduced cost, through a series of Resource Utilisation and Management (RUM) schemes. The RUM schemes are designed to release costs in the acute sector by transferring services into a community or primary care setting. A full list of ambitions is set out in the Strategic Framework.

#### Estate Implications of the Operational Plan

The Operational Plan reinforces the key themes already described above and notes that estate implications will arise from;

- The development of a PCRC in Portishead , plus virtual PCRCs for W-S-M, Worle and the rural areas (the latter representing around 30% of the population);
- The commissioning of the Harbourside development in Portishead;

- The redevelopment of Clevedon Hospital to provide rehabilitation and Care Closer to Home services including emergency admissions avoidance;
- The reconfiguration of the A&E Department in Weston Hospital to accommodate an urgent care centre, allied to the delivery of the W-S-M GP Led Health Centre based adjacent to the Weston Hospital A&E department;
- The extension of community based, redesigned outpatient services such as the musculoskeletal interface service which will use vacant space where available but may need to lease space to manage activity growth.

### 3.2.6 Local Area Agreement (LAA)

NHS NS boundaries are coterminous with North Somerset District Council and both contribute to the Local Area Agreement via their membership of the North Somerset Partnership (NSP).

The North Somerset Local Area Agreement (LAA) is a three year agreement between Central Government and the North Somerset Partnership. The North Somerset Partnership is a partnership of key statutory and non-statutory agencies working in North Somerset. In 2006/7 the first North Somerset LAA was negotiated and agreed.

The experience gained from LAA's in other parts of the country has led to change in Central Government policy and all areas have negotiated new agreements to run from 2008 to 2011. These are to be based on the Sustainable Communities Strategy, which is a partnership document developed through extensive consultation with local people.

The new LAA is built around the 5 shared priorities of the new Sustainable Communities Strategy but because of the tight timetable the groups set up to develop the previous LAA were used to identify the appropriate indicators and targets for the new agreement. The groups are:

- Children and Young people;
- Economic Development and Enterprise;
- Healthy Communities and Older People;
- Safer and Stronger Communities.

### 3.2.7 Sustainable Communities Strategy

"Improving our Communities Together" is the title of the new North Somerset Sustainable Communities Strategy, which is being developed by the North Somerset Partnership. The strategy sets out a vision and plan for the future of the area, with an overall aim of improving the quality of life for all local people. The document gives a long-term view, covering the next 20 years, and focuses on how complex issues can be tackled in a coherent, integrated and sustainable way by developing joined up services and working together.

The strategy is underpinned by strong evidence of local views and statistical data. It identifies six shared priorities. These are:

- Tackling disadvantage and promoting equality of opportunity;
- Developing strong inclusive communities;

- Ensuring safer communities;
- Improving health and wellbeing;
- Developing a prosperous economy and enterprising community;
- Living within environmental limits.

Together these priorities will help to achieve the North Somerset Partnership vision of: "Sustainable, inclusive, safe, healthy, prosperous communities thriving in a quality environment."

## 4. The Current Position in North Somerset

### 4.1 Demography of NHS North Somerset

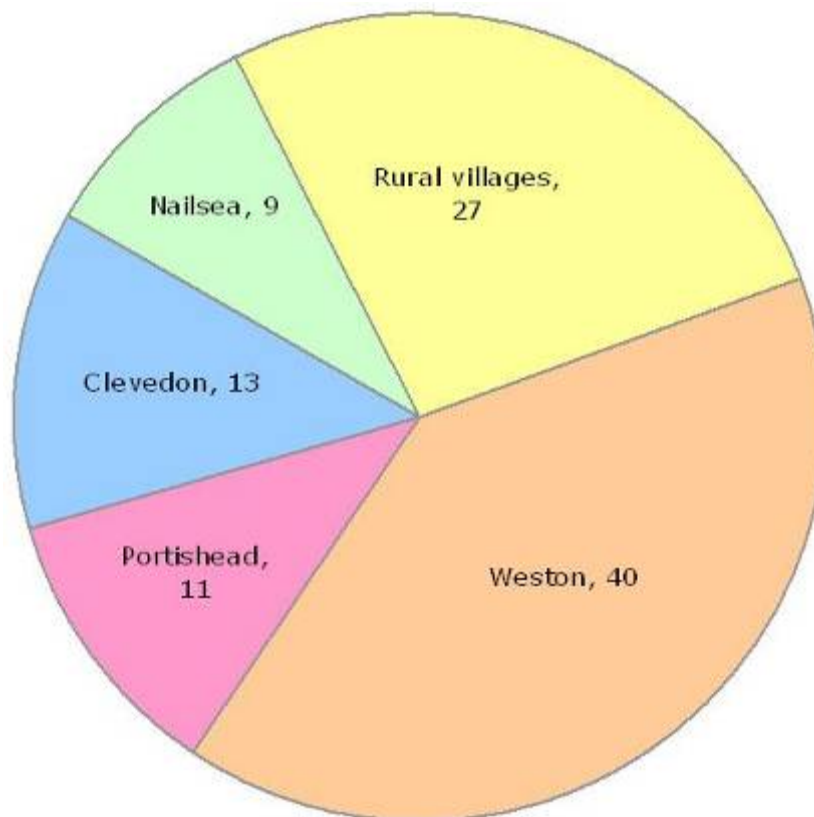
North Somerset extends from the edge of Bristol and the River Avon in the north to the River Axe and the Mendip hills in the south, and from the Bristol Channel in the west to the edge of the Chew Valley in the east.

There are four main towns across North Somerset, which together account for 70% of North Somerset's population.

- **Weston-super-Mare (W-S-M)** is in the south and is the largest town (population over 80,000) and a popular seaside resort, attracting 3.3 million visitors a year;
- **Clevedon** is in the centre of North Somerset and has a population of 25,000;
- **Portishead** has grown steadily over the past 30 years and currently has a population of 21,000;
- **Nailsea** has a population of 18,000.

The remaining 30% of North Somerset's population live in the 35 rural parishes, which include many quiet villages and rural and commuter communities.

*Figure 1. Population spread across North Somerset*



### 4.1.1 Population profile

North Somerset has an increasingly older population with people aged over 60 making up almost 25% of the total, compared with 21% nationally.

Young people up to the age of 18 make up 20% of the population and unemployment is less than 2%.

There is a relatively small proportion of people in North Somerset from a wide variety of black and ethnic-minority backgrounds – for example, Gypsies, Italians, Portuguese, Africans, Bangladeshis, Greek Cypriots, Chinese, Indians, and people from the Philippines.

In some areas of North Somerset, a significant number of people move into and out of the area. Using the percentage of people moving during the previous year as a benchmark, the average across the whole of North Somerset is 11%, but rises to 21% in Weston Central and 19% Weston West.

### 4.1.2 Population growth

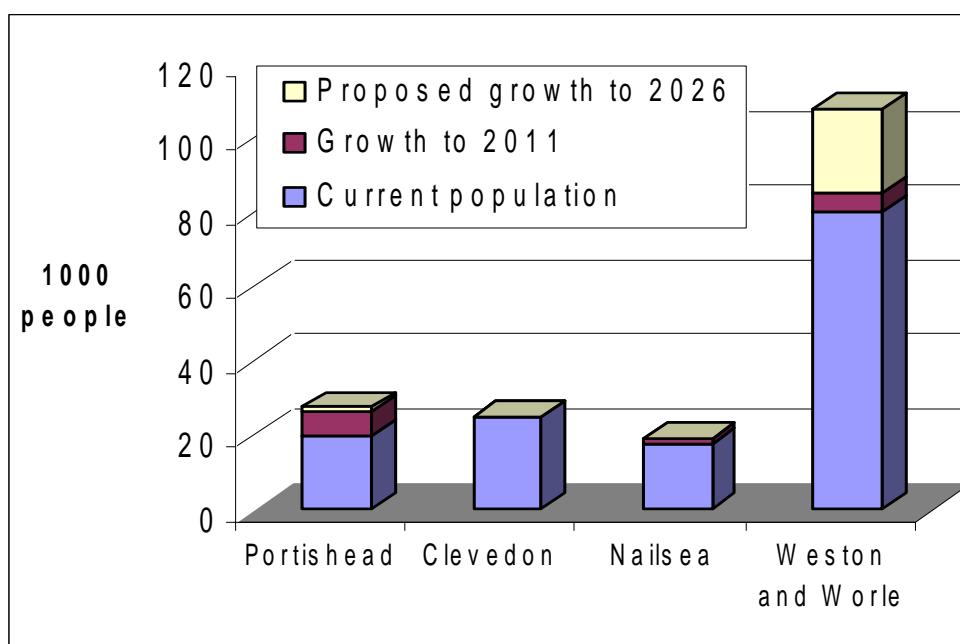
North Somerset's current population is 205,000 and there has been rapid population growth in certain areas during the last 10 years, particularly in Portishead and W-S-M. The rural areas, including the villages of Congresbury, Yatton, Banwell and Backwell, have also seen a growth in population.

This growth is set to continue with an estimated 7,000 more people in Portishead and 5,000 more in W-S-M over the next five years.

North Somerset Local Authority does not intend to consider any planning applications for more new housing developments until 2011, unless instructed to by the Government. The 'First Detailed Proposals of the Regional Spatial Strategy' (RSS), which covers the next 15 to 20 years, includes:

- the possibility of a further 22,000 people being housed in new developments in W-S-M;
- an additional 1,200 people in Portishead; and
- a further 17,000 people moving into developments alongside the Bristol urban area, which could include the Long Ashton or Ashton Vale area.

**Figure 2. Population growth across North Somerset (based on North Somerset LA estimates and excluding Bristol urban areas)**



### 4.1.3 Social and environmental factors in North Somerset

North Somerset has a diverse population ranging from some of the wealthiest areas in the South West of England to areas of extremely high social and health needs.

#### Social Deprivation

North Somerset has the biggest social inequalities gap in the south west and the 11th biggest inequalities gap in the country; only 10 other local authority areas have a wider gap between their wealthiest and poorest communities. Some areas within W-S-M are in the 2% most deprived areas in England.

Forty percent (40%) of the population of North Somerset lives in W-S-M, and parts of W-S-M have the highest health needs as assessed by the Index of Multiple Deprivation. The index includes factors such as early death, poor mental health and incapacity. Weston South, Central and West wards are significantly more needy than the rest of North Somerset. The key facts are:

- 13 of the 124 Super Output Areas in North Somerset are in the most deprived 20% in England. They are all in W-S-M. Four of these 13 areas are within the most deprived 5%;<sup>1</sup>
- The population has increased since the 2001 census at an annual rate of 1.4% and is predicted to increase by a further 22% by 202;<sup>2</sup>
- The percentage of people aged 60+, 70+ and 80+ is above both the regional and national average;<sup>3</sup>
- Major health inequalities exist with a gap in life expectancy of 7.8 for men and 5.9 for women between the 20% most deprived and 20% least deprived areas;<sup>4</sup>

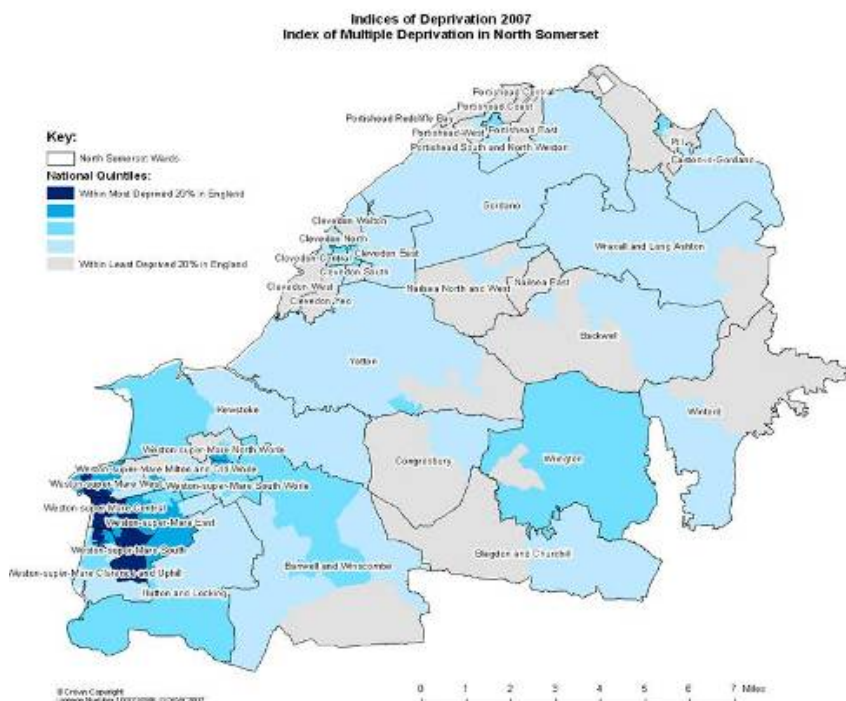
- There are higher rates of people claiming sickness benefit because of mental health problems than the national average;<sup>4</sup>
- W-S-M has 11% of the national allocation of registered bed spaces for residential drug treatment.<sup>5 1</sup>

**Table 1. Relative social deprivation by selected electoral wards**

Electoral Ward	Position of ward in national ranking (lowest percentage indicates most deprived)
<b>Weston-super-Mare</b>	
- Central	2%
- South	3%
- West	20%
- Clarence and Uphill	37%
- East	38%
<b>North Somerset least deprived ward</b>	
Nailsea East	98%

The position with regard to W-S-M compared to the rest of North Somerset is illustrated in the figure below.

**Figure 3. Index of Deprivation**



1 Index of Multiple Deprivation 2007  
 2 ONS revised 2004-based projections  
 3 2001 Census  
 4 Annual Public Health Report 2005/6  
 5 National Treatment Agency

## Risk Factors

### *Smoking*

Around 33,000 adults living in North Somerset smoke cigarettes. This is just over a fifth of the population over the age of 16 years. The patterns in lifestyle factors indicate that the three wards, Weston Central, Weston South and Weston West have the highest proportion of smoking within the population. It is estimated that within Weston South 40% of the population smoke. This is almost double the rate for the rest of North Somerset.

### *Obesity*

National concerns about the increasing numbers of people who are obese are mirrored in North Somerset. Three out of ten adults whose BMI has been recorded by their GP are classed as obese - a figure slightly higher than the rest of the South West. NHS NS has fewer adults participating in sport than the regional comparator: however, this figure does not take into account the relatively low number of young adults in North Somerset. In terms of improving health and wellbeing, less intensive exercise than measured by this indicator is valuable, and we have no measure of this is available.

Between starting and leaving primary school there is an increase from 9% of children to 14% of children being classed as obese.

### *Alcohol*

Admissions to hospital for alcohol related conditions are broadly in line with national trends however the trend is giving cause for significant concern nationally and locally because national and local rates for deaths from liver disease (consequence of alcohol misuse) are rising.

Weston South Ward has the highest percentage of people in North Somerset living on incapacity benefit due to alcohol problems.

The alcohol related mortality rate for women in North Somerset is increasing.

### *Drug misuse*

W-S-M houses around 10% of all the national drug rehabilitation beds. People who manage to change their lifestyles and give up drug misuse may choose to make their homes locally. Should they relapse in future, they add to the numbers requiring treatment.

#### 4.1.4 The burden of ill health in North Somerset

Life expectancy is higher than national rates and very similar to rates across the South West.

However, North Somerset has the biggest gap in mortality rates between the most and least deprived areas of any region in the South West.

Between 2004 and 2006 there were 6461 deaths in North Somerset, an average of 2154 deaths per year. Table 2 shows the main causes of death at all ages and of those who died prematurely (before reaching their 75th birthday).

**Table 2. Top five causes of death by different age groups, North Somerset, 2004-2006**

Condition	All ages		Under 75s	
	% of deaths	Rank	% of deaths	Rank
All Cancers	25%	1	40%	1
Coronary Heart disease	17%	2	16%	2
Stroke	12%	3	5%	4
Circulatory diseases other than CHD or stroke	9%	4	8%	3
Pneumonia	6%	5	2%	8
Bronchitis and emphysema and other chronic obstructive pulmonary disease	4%	7	3%	5

### Hospital admissions

- Amongst people under 45, the commonest causes of admission are those relating to pregnancy and childbirth, both for electives and non-electives;
- Amongst the 45-64 year age group, heart conditions and the acute abdomen are the commonest cause for emergency admissions; diagnostic procedures on the gastro-intestinal tract, and chemotherapy for breast, blood and digestive system cancers the commonest for elective care;
- In people over 75 years of age treatment for cataracts is the most common cause of elective admissions. Emergency admissions in this age group are often due to urinary infections, respiratory problems, heart disorders, collapse and stroke.

### Local differences

A new tool to identify the causes of health inequalities identified that coronary heart disease, accidents and chronic obstructive airways disease are the most significant conditions which affect the higher number of premature deaths of men in Weston South and Central wards. For women the conditions are coronary heart disease, other cardiovascular disease and stroke.

### Small area data

Three electoral wards stand out as having a population with the poorest health outcomes in North Somerset. These are all situated in the W-S-M area. (table 3)

**Table 3. Death rates for all causes**

Three worst wards and comparisons	Mortality rate per 100,000 pop <sup>n</sup>
Weston Central	561
Weston South	491
Weston West	434
Best ward (Winford)	168
North Somerset	283
England	310

## Mental health

There is a lack of robust local data that can be used to measure mental health and illness. Mental health needs assessments rely on estimates from research and surveys carried out nationally being applied to local population numbers.

In North Somerset, it is estimate that more than 28,000 adults and more than 3,000 children and young people have a mental health problem at any one time.

Around 370 mental health inpatient admissions a year are expected.

### 4.1.5 Additional information on the needs of older people

- In the next 20 years it is anticipated that the population of those living alone aged over 75 years will increase by 58% in total. The increase is even more pronounced in men where we expect 80% more men to live on their own in old age;
- Healthy life expectancy is not increasing in line with life expectancy;
- Inequalities in health mean that people in our most deprived ward will live on average with 9 years of poor health at the end of their life. In contrast people living in one of our more affluent wards will live only 5.4 years in poor health;
- A combination of loss of physical mobility for 1 in 4 of the over 75's and the fact that some of the rural areas and villages fall in the bottom 10% for barriers to housing and services indicates that for people living in this area public transport will be particularly important ;
- Compared to other similar authorities North Somerset has the highest number of care home places for older people when compared to the over 75 population but dementia facilities are comparatively low;
- North Somerset has a relatively low rate of supported accommodation for older people;
- When compared to the over 75 population, North Somerset has more carers receiving services than any other authority in its comparator group, is higher than the average for England and close to the average for all authorities in the South West.

### 4.1.6 Additional information on the needs of children and young people

- 22% of North Somerset's population are children under the age of 19 (approximately 44,000 young people);
- The proportion of 16–24 year olds is low, only 8.6% of the total population compared to 10.3% nationally;
- The impact of inequalities in Weston South and Central wards means that there are significant levels of unemployment, impacting on household income and potentially on children and young people if their parents or carers are not economically active;
- Teenage pregnancy rates are low, currently showing the third largest reduction in the country;

- The number of asylum seeking children is traditionally very low (on average 4 to 6 per year);
- The number of Looked After Children is low compared to national and local comparisons, but has recently risen to its highest point in the last 10 years to approximately 180 children.;
- There are approximately 145 young carers, supported by provision. Many of these young carers have parents with drug and/or alcohol problems;
- There are in excess of 700 disabled children and numbers have increased in recent years;
- There are approximately 1100 children identified as having needs under the social care framework of assessment.

## 4.2 Health Care services in North Somerset

NHS NS is both a commissioner and provider of services for its population. It commissions the following services:

- Acute hospital services;
- Services for older people;
- Services for children;
- Specialist palliative /end of life care;
- Services for people with mental health problems;
- Services for people with a learning disability;
- Sexual health services;
- Community services, including continuing health care;
- Patient transport services.

Acute hospital care is provided from three main NHS Trusts:

- Weston Area Healthcare NHS Trust;
- North Bristol NHS Trust;
- University Hospitals Bristol NHS Foundation Trust.

In addition, services are commissioned from the independent sector especially Shepton Mallet Treatment Centre and from November 2009 the Emersons Green Treatment Centre. In-patient and community mental health services are provided by Avon and Wiltshire Partnership NHS Trust. A primary care mental health service is currently out to tender. Ambulance services are provided by Great Western Ambulance Service. NHS Trust. The Out of Hours Services are provided by Harmoni.

### 4.2.1 GP Practices

There are 24 GP practices in NHS NS operating from 31 premises (see below). A list of GP practices is attached at Appendix 1.

NHS NS has been identified as the only PCT in the South West Strategic Health Authority region that is recognised as under doctored in terms of GPs, specifically in the W-S-M and Worle areas. The implications of this are discussed in section 6 below.

## 4.3 Services Provided in NHS North Somerset

The Provider Services Directorate of the NHS NS currently provides the following services for the population of North Somerset.

### 4.3.1 District Nursing Services

The District Nursing workforce is organised into four locality teams which provide good links to PBC clusters and social service teams.

### 4.3.2 Specialist Public Health Nursing

The Specialist Public Health Nursing and School Nursing work force is organised into four teams. In 2008/09 these teams will link in with the locality-based development for all children's services (see below).

### 4.3.3 Learning Disabilities

The learning disabilities service is fully integrated between health and social care.

### 4.3.4 Intermediate Care

NHS NS's Integrated Community Resource Team co-located with Social Services Intermediate Care Team during 2007 in order to facilitate partnership working.

### 4.3.5 Specialist Nursing Services

NHS NS currently employs Specialist Nurses in the following areas:

- Multiple Sclerosis service
- Adult Diabetic Service
- Paediatric Diabetic Service
- Stroke Service
- Continence Service

### 4.3.6 Therapies

The Community Occupational Therapy and Community Physiotherapy service are both based with the Intermediate Care Team and Integrated Community Response Team.

#### 4.3.7 Podiatry

The service is based at Weston Hospital but will be developing clinics at the new Marina Healthcare Centre in Portishead to support access for patients from the north of the NHS NS area.

#### 4.3.8 Musculoskeletal Services

NHS NS provides musculoskeletal physiotherapy and interface services

#### 4.3.9 DART service

The Disabled Adults Resource Team is a community based interdisciplinary service provided for disabled adults of all ages

#### 4.3.10 Clevedon Hospital

Clevedon Hospital currently has 20 inpatient beds providing care for patients in the local population. There are two safe haven beds used to avoid acute admissions. The other beds are used to meet the needs of the population as appropriate and to provide rehabilitation services from June 2009. Proposals for the future development of Clevedon Hospital are currently under review and future plans are discussed in more detail later in this document.

## 4.4 The Current Estate in North Somerset PCT

NHS NS owns very little estate on a freehold basis, but does operate services out of some privately owned leased premises and also other NHS owned premises.

There is one community hospital in located in Clevedon that currently provides services that are mainly for the residents of the Woodspring locality.

Figure 4. Current Primary Care Premises



The existing estate is described below including current usage, and details of its condition and suitability.

### 4.4.1 Premises owned by NHS North Somerset

NHS NS owns the following premises:

Table 4. owned properties

Property	Size (m2)	Services Provided
Clevedon Hospital	1426	22 inpatient beds, outpatients, minor injuries, diagnostics and therapies
Pill Clinic	293	District Nurses, Community OT, Continence nurses, Health Visitors, Psychiatric clinic, mother & baby clinic
Worle Health Centre	725	District Nurses, Health Visitors, School nurses, Community matrons
Stockmead	120	District Nurses, Health Visitors
21 Strode Road		Learning Disabilities Day Centre

#### 4.4.2 Premises leased by NHS North Somerset

NHS NS leases a number of premises for both service provision and administrative purposes. These are;

**Table 5. service and admin properties**

Property	Services Provided
Waverley House	PCT HQ (Commissioning, HR, Finance, Public Health, Health Promotion, governance)
Griffin House	DART, Community OT, Community physio, Intermediate Care & Rehab Team, Community Matron
East End Court	Provider services management team, Health Visitors, School Nurses, continuing Healthcare and Free Nursing Care team

#### 4.4.3 Non NHS North Somerset premises

NHS NS provides services from a number of premises that it neither owns nor leases.

**Table 6. Services from non-owned and non-leased properties**

Property	Services Provided
Weston Hospice	Lymphoedema Service
Locking Castle Medical Centre	Specialist Nurses
Clevedon Medical Centre	District Nurses
Portishead Medical Centre	Health Visitors, School Nurses, Podiatric Medicine
Harbourside	District Nurse, Podiatric Medicine
Weston Hospital	Podiatric Medicine
Yatton	District Nurses, Health Visitors, Podiatric Medicine
Winscombe	District Nurses, Health Visitors
Nailsea	District Nurses, Health Visitors, School Nurses, Podiatric Medicine
Healthy Living Centre	Health Visitors, School Nurses
Backwell	District Nurses, School Nurses
Long Ashton	District Nurses, Health Visitors
Tudor Lodge	Health Visitors
Partnership House	Learning Difficulties staff

#### 4.4.4 GP Practices and premises

There are 24 GP practices working from 31 locations across North Somerset. Of these practices, 12 are in the W-S-M and Worle area and the other 13 are in the Woodspring area. Practice details are attached at Appendix 1.

## 4.5 Condition of the Estate

NHS NS have developed an Estate Strategy, which should be read in conjunction with this SSDP. A six facet survey of NHS NS premises has been carried out, as well as a space utilisation survey of GP premises.

Although a high level exercise, it identifies properties not fit for purpose and where investment is required.

The table below shows the selected facets of physical condition, functional suitability, space utilisation and quality, together with an overall building rating. The full six facet details including fire and health and safety, and environmental management are attached at Appendix 2.

**Table 7. Condition of the Estate**

	Physical Condition	Functional Suitability	Space Utilisation	Quality	Overall Building rating
Clevedon Hospital Inpatients	C	D	F	B	<b>C</b>
Clevedon Hospital Outpatients	C	B	F	B	<b>B</b>
Pill clinic	C	B	U	B	<b>B</b>
Worle Health Centre	C	B	U	B	<b>B</b>
Stockmead	C	C	F	C	<b>C</b>
21 Strode Road	C	B	U	C	<b>C</b>
Waverley House	C	B	F	B	<b>B</b>
East End Court	C	C	U	B	<b>C</b>

**Physical Condition** categories are defined as:

- A The element is as new and can be expected to perform adequately to its full normal life;
- B The element is sound, operationally safe and exhibits only minor deterioration;
- C The element is operational but major repair or replacement will be needed soon, that is, within three years for building and one year for an engineering element;
- D The element runs a serious risk of imminent breakdown.

**Functional suitability** is assessed in the categories: -

- A High degree of satisfactio;
- B Acceptable/ reasonable: no major change necessary;
- C Below an acceptable standard;
- D Unacceptable in its present condition.

**Space Utilisation** is assessed using the categories:

- Empty (E)
- Under-used (U)
- Fully Utilised (F)
- Overcrowded (O)

An assessment of the **Quality** of the estate takes into account three elements: amenity, comfort engineering and design.

In carrying out this assessment, NHS guidance, Estatecode uses the following notations for ranking premises with regard to Quality:

- AA facility of excellent quality;
- BA facility requiring general maintenance investment only;
- C A less than acceptable facility requiring capital investment;
- D A very poor facility requiring major capital investment or replacement.

The analysis of GP premises has also highlighted where potential exists for service expansion and where there are opportunities for co-location. This has informed the service development proposals set out in section 7 below.

## 4.6 Key Issues by Geographical Area

During the preparation of the SSDP, NHS NS considered service development proposals on a geographical basis. In order to provide consistency within the document the particular locations and facilities are described below.

### 4.6.1 Weston-Super-Mare/Worle

In terms of assets from which services are provided the area includes

- GP practices delivering services from 15 buildings, many of which are located close together;
- Worle Health Centre (owned by NHS NS);
- Buildings in which NHS NS has an interest – Partnership House, Rowan Ward (Western General Hospital) and Tea Cosy Café;
- Ambulance base in Worle.

Council assets include:

- 23 primary schools
- 4 secondary schools
- 1 special school
- 3 libraries
- 5 Children's centres
- Housing office
- Various leisure facilities

#### 4.6.2 Clevedon/Portishead/Pill and Long Ashton

Assets in this locality are:

- 7 GP practices delivering services from 6 buildings;
- 3 PCT buildings (Pill clinic, Strode Road and Clevedon Hospital);
- Ambulance bases at Clevedon and Portishead.

Council buildings include:

- 15 primary schools
- 3 secondary schools
- 4 libraries
- 3 Children's Centres (Portishead & Clevedon)
- Housing office at Portishead
- Leisure centres at Clevedon & Portishead

#### 4.6.3 Rural Areas

For the purposes of the service development proposals this area was agreed to cover Nailsea, Yatton, Congresbury, Banwell, Winscombe and Wrington.

Assets are:

- 5 GP practices delivering services from 9 buildings
- 2 PCT buildings (Stockmead and Gilbert Scott House)
- Ambulance bases at Ladymead and Nailsea

Council properties are:

- 21 primary schools
- 3 secondary schools
- 8 libraries
- 2 Children's Centres (Yatton, Banwell)
- Housing office at Nailsea
- Leisure Centre at Nailsea

## 5 Vision and Principles for Development

### 5.1 Service Vision

NHS NS's vision for health and health care in North Somerset was set out in Shaping Our Future and is for a service that:

- focuses on maintaining health and wellbeing as well as treating illness;
- allows patients to be treated and cared for at home or as near their homes as possible;
- the public and professionals have confidence in and are proud of;
- makes sure people receive the right care, at the right time and place, and by the right professionals (including self-care – see the glossary);
- focuses on what patients need;
- makes the best use of all available resources to achieve excellence and is affordable; and
- provides good access to primary care teams, including GPs and their practice staff, dentists, optometrists and pharmacists.

### 5.2 Principles for Premises Investment

Alongside these general principles for service development NHS NS has specific aims for future premises investment. In particular it would wish to add value to any new development by ensuring that the buildings are sustainable and environmentally friendly. NHS NS is keen to reduce its carbon footprint and would require the design of any new buildings to adopt energy saving measures wherever possible. It is also important that future buildings support patient choice.

A set of criteria, against which proposals for investment in/rationalisation of the estate can be assessed, is being developed and will cover the following:

- Equity of access;
- Sustainability;
- Efficiency/cost effectiveness;
- Choice;
- Compliance with standards;
- Engagement with patients, carers and public;
- Working in partnership;
- Good employe.r

It will be important to ensure that new premises, particularly the planned PCRCs, have a range of diagnostic services and IT capabilities to enable the buildings to adapt to changes in future technological developments.

## 5.3 Future Model of Care

The PCT envisages a range of services being provided on four levels.

### 5.3.1 GP Practices

A central aim of NHS NS is to develop existing primary care services through local GP practices, usually serving populations of between 6,000 and 12,000 patients. GP practices will provide a core general medical service and will, increasingly, be encouraged and supported to provide a wider range of services for their local population.

GP practices will be supported to become 'Training Practices' where appropriate.

### 5.3.2 Primary Care Resource Centres

At the next level, NHS NS will be looking to develop PCRCs to support local practices across a defined geographic area, and covering populations of up to 50,000. Services provided from PCRCs will include those that cannot always be provided by an individual practice, for example due to the need for more specialist equipment. These services may include:

- therapies such as physiotherapy, speech and language therapy, podiatry and dietetics;
- specialist outpatient clinics;
- sexual-health services and family-planning services;
- community-based mental-health services (see note below);
- children's services, such as child and adolescent mental-health services (see note below);
- chronic disease-management clinics;
- health education and information services, including support for carers;
- mobile diagnostic services; and
- a base for integrated community teams such as an intermediate care team, a rapid-response team, community matrons etc.

NHS NS expects to see new resource centres developed in North Somerset over the next 5 to 10 years (W-S-M town centre, Worle and the Rurals) (the latter two virtual).

NHS NS will also be looking at opportunities for social-service colleagues, voluntary-sector services and health-related service providers (such as pharmacies, dental services and optometry) to share premises and resources.

### 5.3.3 Community Hospital

The next level of service will be at the community hospital level. In North Somerset there will be one community hospital based in Clevedon providing a range of services including:

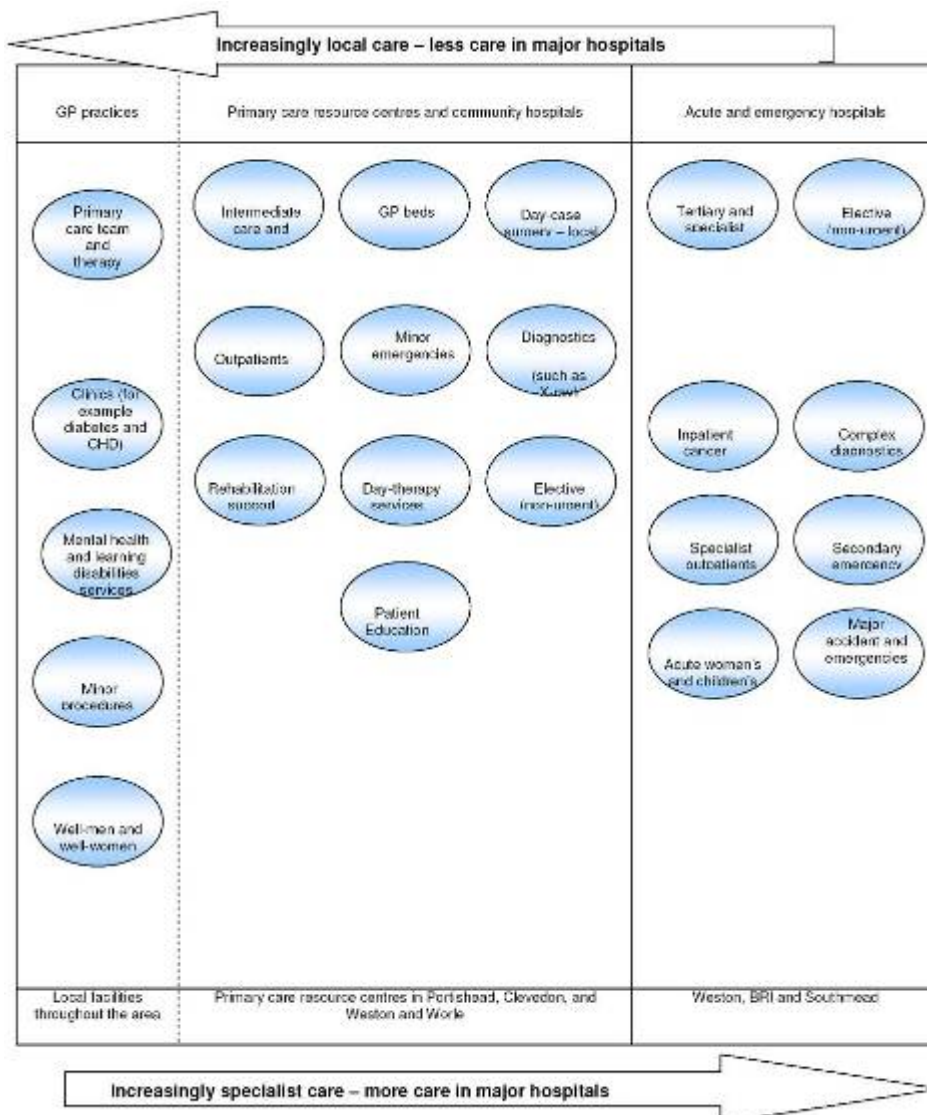
- intermediate inpatient and rehabilitation services;
- out-patient clinics
- diagnostics including ultrasound, x-ray and mobile diagnostics services
- minor injuries services including the facility to see some children dependent on age and injury

The Hospital will deliver care for the Woodspring locality and the wider North Somerset population. The Hospital will also support the Clevedon GP practices and surrounding rural GP practices such as Wrington, Nailsea and Yatton . The community hospital will offer an extended range of services to that currently available , many of which are currently provided in acute and emergency units in Bristol and Weston Hospitals.

The PCT does not believe that a second community hospital is needed in Weston. Instead, the PCT is committed to working in partnership with local GPs and with Weston Area Health NHS Trust to use the capacity in Weston General Hospital to meet local need.

It is recognised that in the most northern parts of North Somerset, such as Long Ashton, people may choose to use health-care services in Bristol, for example the new South Bristol Community Hospital.

### 5.3.4 Acute and Tertiary Care



### 5.4 Provider Services' aims for 2008/09

Parallel with the NHS's vision for the service model in terms of commissioning services the provider function has identified the following service aims for 2008/09:

- To develop Community matrons and ensure all Very High Intensity Users (VHIUs) are supported at home;
- To develop ICT/ICRT services to avoid hospital admissions;
- To develop musculoskeletal (MSK) services;
- To develop services – at Clevedon Hospital;
- To deliver the integration agenda for Partnerships for Older People Projects (POPP) and Children's services;
- To develop rehabilitation pathways.

## Progress to date

- ICT and ICRT co-located in Griffin House;
- Ongoing work to integrate falls work between Health and Social Services;
- Locality structure for District Nurses agreed and four team leads appointed;
- Locality structure for Children's services agreed;
- Single point of access for Health and Social care services being trialled for Worle Locality;
- Locality Managers for Children's services appointed.

## Integration – next steps

- Integrated service model for POPP is developed and being implemented.
- Aim is to have four integrated locality teams and one central team for rapid response and urgent care

## 6 The Case for Change in North Somerset

There are a number of issues both strategically and operationally that have estate implications.

### 6.1 Service Reconfiguration proposals

The case for change in North Somerset was described in the Bristol Health Services Plan and the Shaping the Future consultation exercise.

The key issues are about:

- Improving access to primary care services;
- Providing care closer to home;
- Reducing unnecessary admissions to hospital;
- Improving health and reducing inequalities.

Progress in achieving the specific proposals set out in 'Shaping Our Future' are described in section 7 below.

### 6.2 Population Growth

Within the local area served by NHS NS specific issues of population growth, in particular in the Portishead area, will result in pressure on local facilities. North Somerset County Council is planning for the provision of an additional 5024 additional dwellings between April 2006 and March 2011 and for a total of 26,000 additional dwellings by 2026.

### 6.3 NHS North Somerset Premises issues

The results of the premises appraisal set out in section 4, above, identifies those existing properties that are not fit for purpose and that should be disposed of. It also identifies premises where potential exists for expansion and development and where the NHS NS should target any available resources for premises development.

### 6.4 GP Primary Care Premises

Key considerations relating to GP primary care premises are:

#### Increase in GP Training Practices

North Somerset has been identified as the only PCT in the South West that is recognised as under doctored, specifically in W-S-M and Worle, and has been allocated up to £1.05 million capital grant funding for seven additional GP training practices. The funding must be accompanied by an increase in training capacity but this can be expansion of current training practices as well as practices becoming trainers for the first time. Funding is for two additional consulting rooms in each

instance and works should be completed by the end of March 2010. The initial tranche of schemes is described in section 7, below.

### Transfer of secondary to primary care

There is a need to accommodate services previously delivered in a hospital setting, especially redesigned outpatient services and diagnostics.

### Size of practices

Potentially, practices with under 5,000 patients in an urban area are not sustainable.

### Proximity of practices

Potential for collaboration over Improvement Grant bids for practices that are geographically close (within 1 mile).

### Compliance

Practices in future will be monitored by Healthcare Commission audited bodies as well as having a range of standards to meet such as 'Standards for Better Health'.

## 6.5 Access to services

A particular driver for change in North Somerset in respect of the rural areas is the issue of transport and the ease of access to services.

A number of service changes are proposed that will also have an impact on the location of services and the premises needed to support them.

## 6.6 Community Nursing - Locality Teams and co-location

The model of service delivery for community nursing services provided by the NHS NS varies according to location. In urban areas it is intended to co-locate with Council staff into locality bases. In rural areas it is more desirable to locate staff within GP practice premises.

Teams will be integrated with the local authority services where appropriate and are likely to include children's and older people's services.

### 6.6.1 Older Peoples services

There will be four locality teams integrated with social services and mental health as part of the Partnerships for Older People (POPP) pilot project. Teams will be located with education and social services teams.

The localities will be W-S-M, Worle, Clevedon and Nailsea and will operate on a hub and spoke model.

Suitable locations are required for these teams during 2008/9. The base in Worle is relatively clear (i.e. the Coast Resource Centre but other locations remain to be identified).

### 6.6.2 Children's Services

As with older peoples services there will be four locality teams this time linking in with social services, education and with the acute sector. There are a total of 13 children's centres across the PCT.

It is understood from the Local Authority that the intended localities are to be: North (Clevedon, Portishead, Pill etc), Weston South, Weston North (Worle etc.) and Central (also known by NHS NSas the 'Rurals'). The current status is understood to be:

- North: The integration of these services that had been proposed to be incorporated within the Portishead Harbourside development has not proceeded. Therefore the Children's hub for this area is to be operated out of St Barnabas School with delivery of some services from the Youth Centre in Harbour Road.
- Weston South – There remains a Local Authority vision for co-location at a new central location. However the successful outcome of this is likely to depend upon whether this development is NHS NS or GP led. If plans for a PCRC in the Central Weston area proceed there remains potential for collocation with the Local Authority for collaborative working. The Local Authority are actively looking for a site for a base for this service.
- The third location is the Child Health Team (CAMHS / Community Paediatrician etc.) for the North of the Local Authority area which is commissioned by the NHS NS from Weston Area Health NHS Trust. It is understood that the current accommodation housing this team is in Portishead and is unsatisfactory. Therefore The Trust will move into the new purpose designed building in Clevedon upon its completion. This is felt to be a better base from a geographical perspective and has all of the major benefits and cost savings associated with co-location of services. It has not been ascertained at the point of publishing this report whether there are any opportunities for co-location of any other health care professionals.

## 7 Approach to Achieving Case for Change

This section highlights key objectives in the Strategic Framework that will have estate and premises implications. It also sets out the progress that NHS NS has made in implementing the proposals arising from the 'Shaping Our Future' consultation and provides a forward look to projects that still require to be implemented.

Following on from the completion of the Estate Strategy and as part of the preparation of the Strategic Framework NHS NS held a series of workshops in July and August 2008. The purpose of the workshops was to further refine service development proposals in the light of the information arising out of the estates review.

### 7.1 Access to Primary Care

One of the key objectives set out in Our Health, Our Care Our Say is to secure better access to primary care. NHS NS aims for all patients to be able to access high quality, safe and equitable primary care services, including general practice, dentistry and pharmacy, in high quality and suitable premises that are local and of their choice.

It is also the aim of NHS NS to encourage and allow new providers, including social enterprises commercial companies, to offer services to registered patients alongside traditional general practice to ensure the future development of extended primary care services for the population to reduce the reliance on acute hospitals. NHS NS will be an area that cultivates innovation and career development opportunities within primary care to attract, develop and retain staff.

This will be achieved by:

- Developing appropriate skill-mix within primary care, such as the development of more Physician Assistants, Pharmacists with a Special Interest and Advanced Nurse Practitioners;
- Developing confederation working across practices and other independent contractors to maximise the use of resources;
- Continuing to review clinical and quality governance arrangements to ensure high quality services across independent contractors;
- Supporting the provision of new purpose built primary care premises in W-S-M , Worle and Portishead;
- Working with practices to introduce 'extended hours' primary care services across groups of practices.

## 7.2 Progress in implementing Shaping Our Future and further developments

The developments are arranged in geographical areas as follows:

### 7.2.1 Weston-Super-Mare and Worle

The W-S-M and Worle area is the most complex area in terms of health needs and potential service developments. Current issues are:

- Three projects requiring accommodation (GP-Led Health Centre, a new GP practice and the Longton Grove/New Court Surgery Co-location);
- Some spare capacity (Tea Cosy Café and Rowan Ward);
- Some layout and backlog work required in Worle Health Centre (some progress has been made in 2008/09)

#### Weston-Super-Mare

The proposal was:

- To develop a PCRC as part of the development to relocate New Court Surgery and Longton Grove Surgery;
- To investigate and encourage the opportunities for collaborative working with the Local Authority, Children's Centre, Walk in Services and acute colleagues in the main Weston Hospital;
- To ensure that the services are complementary to the acute services at Weston Hospital and that there is no duplication.

Progress had been made in developing the proposed PCRC as set out in the Business Case for the development .

#### *GP Led Health Centre*

Further developments for the W-S-M area have emerged as a result of the initiatives set out in the Equitable Access to Primary Medical Care Programme (see section 3). NHS NS was required to procure a GP led health centre which will be located in W-S\_M with the main base located close to the A&E department at Weston Hospital as part of a broader approach to urgent care, and an outreach location in central W-S-M which is an area of high deprivation.

The Service being procured is required to meet the high needs of Weston Central Ward as well as offering services to the wider population of W-S-M and the tourist population who visit the area.

The justification for this project in North Somerset is:

- Greater choice and personalization of care through procurement of primary medical care services available 8am to 8pm, seven days a week, to registered and non-registered patients alike offering both booked appointments and walk in services;
- Improved urgent care provision through the availability of walk-in services;

- To attract new providers to fill gaps in primary care provision within the area through additional general practice capacity that increases both GP provision and also other primary medical care clinical staff.

The service is up and running from 1<sup>st</sup> April 2009. The Provider will be responsible for the provision of suitable accommodation at the hospital site with the central Weston location expected to be open in June 2009.

NHS NS now expects that the functions that would have been provided via the PCRC will be delivered by a combination of the new GP-led Health Centre and the GP premises relocation.

## Worle

The proposal in 'Shaping Our Future' was twofold. In the short term it was to develop appropriate Primary Care Resource Services for the population of Worle within the current practice and community facilities. It was also to work with the local practices to enhance current premises to extend services within Worle and Locking Castle but in conjunction with W-S-M PCRC and Weston Hospital.

### *Further Development Proposals*

As is the case with W-S-M, further service developments in Worle will result from the Equitable Access to Primary Care Programme as the NHS NS is intending to establish an additional GP practice in the area. A specification for the service has been drafted.

The justification for the project in North Somerset is:

- Greater choice and personalization of care through procurement of primary medical care services with extended hours for 6000 patients in an area that is under-doctored and has traditionally operated tight practice boundaries thus limiting patient choice;
- Additional accredited training practice provision in W-S-M and Worle area, which is currently low (only two GP training practices in W-S-M )
- To attract new providers to fill gaps in primary care provision within the area through additional general practice capacity that increases both GP provision and also other primary medical care clinical staff

The new GP practice contract has been agreed and the contract duration is for 5 years.

### *Worle Health Centre*

The building has been identified within the Estate Strategy as being poorly utilised and in poor condition. A longer term solution for this building will need to be put in place.

### *Options Include*

- Decide if site is still required through needs assessment/assessment of existing and planned provision across area;
- ♦ Sell site and do not rebuild
- ♦ Rebuild on current site
- ♦ Sell site and rebuild in same area, but not current site.

### *Rowan Ward*

NHS NS pays capital charges on this ward that has been mothballed since the Long Fox PFI build was completed. Its location on the Weston Hospital campus but within a psychiatric unit makes it unsuitable for the GP-Led Health Centre, new GP Practice or Longton Grove/ New Court surgery sites.

Possibilities for use appear to be:

- Use as a Community facility,
- Use within Weston Hospital to assist with moving around existing Trust accommodation;
- Community:
  - ♦ Step up/ Step down facility and avoid admissions;
  - ♦ Dementia intermediate care.

### *Next steps*

Weston Hospital have requested that the facility is held for their use. A proposal will now be developed.

### *Tea Cosy café*

Limited details are available although the site is owned by NHS NS (ground floor only) and it is currently vacant. The premises have been assessed and an option for a health shop is being developed. There is also the option of part time use by 3<sup>rd</sup> sector organisations.

## **7.2.2 Portishead, Pill and Clevedon**

### *Portishead*

The proposal was to develop a PCRC as part of the Harbourside Practice development, incorporating space to accommodate out patient clinics and alternative Primary Care Services to facilitate transfer of work from main hospitals to the community.

The project has progressed as planned. The building was completed in May 2009 and is known as the Marina Healthcare Centre.

The Marina Healthcare Centre will provide accommodation for the 3 GP Harbourside Family Practice as well as primary and community care services including physiotherapy, district nursing and podiatry, and redesigned outpatient services.

The building will provide extra capacity to reflect the expected population growth in Portishead and Pill.

### *Pill*

The property is currently a base for community staff and hosts some clinic sessions. The property is underutilised and consideration must be given to whether it is viable to continue to operate out of the premises or taking the opportunity to maximise the use of the building by co-location with other services.

The clinic is based close to a secondary school and as such is considered to have potential as a location to host Children's services/become a locality team hub.

It is considered that the clinic is well located being equidistant from Portishead and Nailsea and is a suitable location for outpatients. In addition the location reduces travel time for community staff.

NHS NS will undertake an analysis to determine whether this building, built to accommodate the provision of health care to the community should remain as largely an administration base or should, with strategic planning, begin to function more as a base for the provision of health care services. There appears (from GP survey results) to be a requirement for other services in the area (podiatry, diagnostics, physiotherapy).

The next steps to be undertaken are therefore:

- Identify service needs via public health and commissioning functions;
- Identify infrastructure required to deliver services;
- Identify what staff bases are needed;
- Evaluate options:
- ♦ Use both the Clinic and GP practice for clinical purposes; potential Mezzanine floor in the clinic to increase accommodation;
- ♦ Lease office building for staff base, consolidate clinical work at GP practice and dispose of Pill Clinic.

### *Clevedon*

#### *North Somerset Community Hospital in Clevedon*

The proposal in 'Shaping Our Future' was to extend services, including GP-led or Nurse-led inpatient beds, for the whole of North Somerset to provide a community hospital for the northern part of North Somerset.

Redevelopment in the short and long term will bring qualitative and quantitative benefits and will facilitate the service redesign that allows NHS NS to deliver:

- Services which respond to patients' expressed need and feedback to achieve the best possible patient experience;
- Quicker and more streamlined access to diagnosis and treatment reducing waiting times and delay;
- Avoiding unnecessary trips to and stays in acute hospitals;

- Removal and reduction of unhelpful boundaries between hospital, community and social care services;
- Services which solve problems promptly and return people home as quickly as possible;
- Better quality life for patients through excellent care at home;
- Care provided closer to the patient's home wherever possible and clinically appropriate;
- Equity of access.

NHS NS set up a Project Board with the remit to:

- Agree a short term plan to make Clevedon Hospital clinically safe and fit for purpose
- Develop a business case for longer term redevelopment of community hospital facilities for North Somerset, in line with 'Shaping our Future'.

### Short Term Plan (Phase 1)

This phase has been completed and has resulted in some redesign of the facilities and a decision to provide some rehabilitation services from June 2009.

### Longer Term (Phase 2)

Phase 2 of the Clevedon Hospital project is to develop an affordable business case for **longer term** redevelopment of community hospital facilities in North Somerset.

An Outline Business Case for a newly developed Clevedon Hospital has been completed and was submitted to the NHS South West Strategic Health Authority with a decision on whether it can proceed to the Full Business Case stage expected in summer 2009.

The Outline Business Case presents an investment proposal for a new Hospital that will replace, transform and extend the services currently delivered to patients from the existing Clevedon Hospital.

The existence of a community hospital in Clevedon is a requirement for the delivery of the North Somerset components of the BHSP and will enable the relocation of care away from the acute hospital sector to a more local setting, including inpatient, outpatient and diagnostic services. Furthermore, there is a growing need to address the backlog maintenance in the existing Clevedon Hospital and resolve the operational problems presented by the unsuitable facilities. The need to redevelop Clevedon Hospital facilities provides an excellent opportunity to support and enable wider service redesign required to respond to local and national targets together with NHS NS objectives and ambitions, for example a number of key drivers in the NHS South West 'Framework for Improving Health' and NHS NS's strategy 'Shaping our Future'.

A preferred site for the new Clevedon Hospital has been identified at Clevedon Hall, in the centre of Clevedon, which offers the best fit for both the known requirements

for the new facility and also offers the scope to expand the service in the future (including the possibility of providing new GP facilities on the same site). This new larger Hospital will provide the following services within its 3066square metre floor area:

- 24 in-patient beds for stroke, rehabilitation and GP referrals;
- Outpatient consultations and therapy services;
- A walk-in Minor Injuries Unit;
- Diagnostic testing, including x-ray, ultrasound, ECG, endoscopy, visiting mobile scanning and exercise testing;
- Minor operating facilities for GP-led services;
- Community-based Resource Centre.

## Other facilities in Clevedon

### Strode road

The property, owned by NHS NS, currently provides accommodation for learning disabilities services. This property will be transferred to North Somerset Council as part of the transfer of responsibility for commissioning LD services.

### The Seasons

The future use of this building will be determined once the timetable for the redevelopment of Clevedon Hospital has been confirmed. The building has been improved to provide administration space and a facility for training.

### 7.2.3 Rural Areas

The proposal set out in 'Shaping our Future' was "To develop additional Primary Care services for the rural communities by development of current primary and community infrastructure and adoption of technological advances such as mobile services".

NHS NS established a multi-agency group with the following remit:

- To undertake a review of current Primary Care and Community Facilities identifying where there is a need for improvement or extension to enable provision of PCRC services;
- To prioritise improvements and phased estate development programme for approval by NHS NS's Board;
- To determine mobile services and diagnostics that can be provided across rural areas;
- To work with community and local authority colleagues in formulating transport solutions where patients need to travel.

The outcomes of a workshop held on 25th July 2008 identified some specific service proposals for both the short term and medium term. Specifically this considers the

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future use of Stockmead, (the NHS NS community nursing base), and the proposals for the moving onto one single site the two practice premises at Wrington (Wrington Vale Medical Centre) and Churchill (Churchill Surgery) as well as expansion of the Yatton site.

## Short Term

### Wrington/Churchill

- Move Nurses from Stockmead to portacabins on the Churchill surgery site;
- Dispose of Stockmead.

## Medium Term

### Wrington/Churchill

The priority was to relocate Wrington/Churchill onto one site. A site will need to be identified for the development. The potential timescale for this is in the order of 3 or more years from inception to completion.

### Yatton and Congresbury

There is a need to expand the Yatton premises to provide a wider range of services locally and to become a training practice.

### Banwell/Winscombe

There is a need to improve premises to be fit for purpose, particularly in Banwell.

## 7.3 NHS NS Headquarters Accommodation

Apart from the proposals arising from Shaping Our Future which have been described in a geographical context there are further needs arising from organisational management, service reorganisation and changes to the PCT's provider function.

NHS NS has a number of leased buildings used solely for administrative and office functions. It is also recognised, and has been referred to earlier in the SSDP, that some administrative staff were located in predominantly healthcare buildings, for example, Worle and Pill clinics.

A key strategic question has been identified in terms of leasing or ownership of buildings. This would be determined by factors such as:

- Value for Money at the time of entering into the lease;
- Capital/revenue availability.

Two projects have been identified:

- Immediate actions to accommodate staff on an interim basis;
- A forward look to 2012 considering office accommodation requirements at the time the current set of leases expire.

### 2012 and Beyond

The leases on the main NHS NS headquarters accommodation (Waverley House, Clevedon) expires in 2012. This will afford an opportunity to review working practices and take on board current thinking in workplace design.

## 8 Financial Analysis and Affordability Action Plan

### 8.1 Capital Cost of Proposed New Developments

	Project	Potential start date	Estimated capital costs (£)
1	Clevedon Hospital	2010/11	£19m
2	Tea cosy café	2009/10	70,000

Notes:

1. Costs on OBC figures
2. Based on area of new build of 600m<sup>2</sup>

### 8.2 Recurrent Revenue Commitments of service developments

Practice	GP Training Grant Funding	Estimated Notional Rent	Current Notional Rent	Net Notional Rent Implication	Date Commences
Relocation of New Court and Longton Grove	£200,000	£188,500	£54,800	£133,700	April 2010
Wrington and Churchill Development		£170,000	£70,200	£ 99,800	March 2011
Yeo Vale Extension of Yatton Surgery	£150,000	£ 55,500	£44,200	£ 11,300	April 2010
GP Training Practices				£0	March 2010
<b>TOTAL</b>				<b>£244,800</b>	

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## 9 Stakeholder Support and Involvement

An extensive consultation exercise was undertaken in early 2006 on Shaping our Future. This covered a wide range of stakeholders and included initiatives to ensure groups who traditionally find it hard to be heard were able to contribute to the strategy.

It is important that NHS NS builds on the high degree of community support for 'Shaping our Future' in further developing the Strategic Service Development Plan.

Members of the Involving People Team, key community groups, other local partners and staff will be invited to participate in a wider SSDP Group from 2009/10 (effectively an extended Estates Strategy Group meeting every 6 months as set out in the revised Estates Strategy Group Terms of Reference in section 10 below).

## 10 Project Management Arrangements and Timetable

This SSDP has described a number of proposed service developments to be implemented in the short to medium term. The current Estate Strategy also identifies key work streams going forward.

Following the approval of the NHS NS's Estate Strategy and as part of the overall programme NHS NS has established an Estate Strategy Group to take forward the implementation of the key issues.

The Estates Strategy Group exists to ensure that the NHS NS's estate:

- enables the delivery of high quality care in a safe, cost effective environment, meeting all relevant standards;
- develops in a way that supports service strategy as set out in the NHS NS's Strategic Framework and in line with the organisation's Strategic Objectives.

In order to progress these initiatives and in particular the developments arising from Equitable Access to Primary Medical Care Programme, NHS NS has established a Primary Care Procurement Board to oversee the Primary Care Procurement Programme.

The Primary Care Procurement Programme exists to:

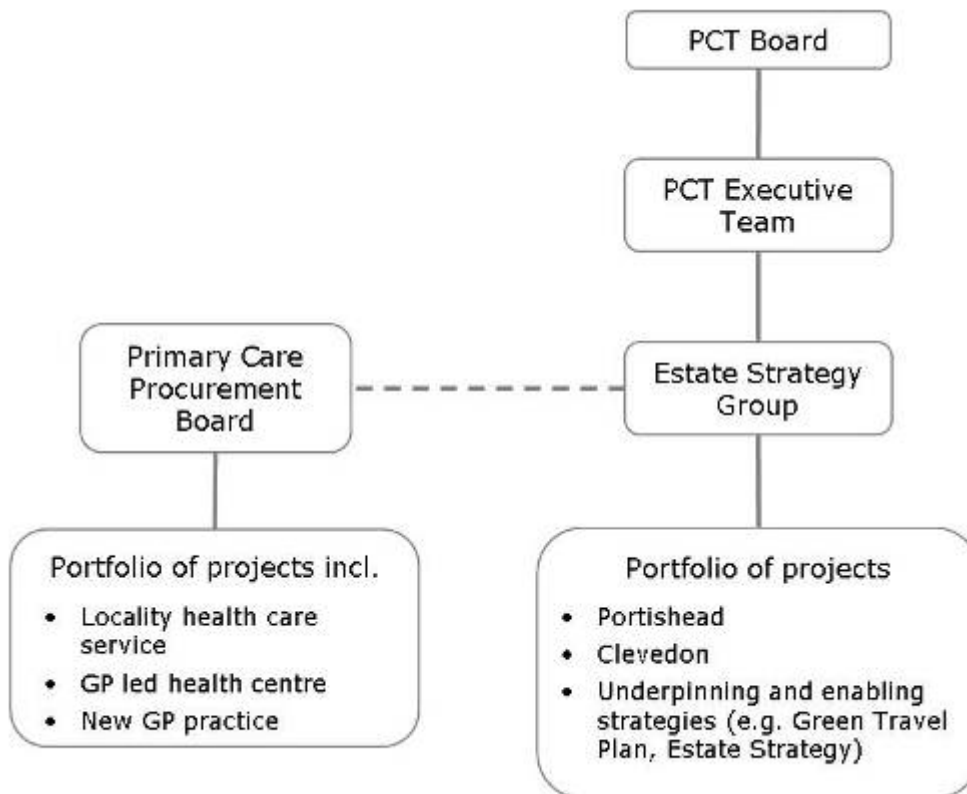
- manage the implementation of the national Equitable Access to Primary Medical Care programme within NHS NS including procurement of a new GP-led health centre as outlined above;
- manage other primary care service procurements;
- provide patients with greater access to NHS primary medical care services through additional capacity;
- improve the quality of primary medical care available to patients; and
- deliver affordable and Value for Money NHS primary medical care services.

The scope of work covered includes estate from which primary care is commissioned as well as the estate owned or leased directly by NHS NS.

The scope includes acquisition, disposal and change of use of property.

## Reporting structure

Figure 5. reporting structure



The Estates Strategy Group is formally accountable to the NHS NS Board via the Executive Team. The Professional Executive Committee (PEC) provides clinical assurance and engagement with primary care.

A quarterly meeting on estates issues also has been established for key members of the PCT and Local Council and this will report to the Estates Strategy Group.

A wider SSDP meeting will take place every 6–12 months to which other key stakeholders will be invited. These will include members of the NHS NS's Involving People Team, other staff from North Somerset Council, and staff from other local Trusts including Weston Area Health NHS Trust and Avon and Wiltshire Partnership NHS Trust. Clinical input may also be sought for this meeting.

Meetings of the main Estates Strategy Group will be held on a bi-monthly basis. In the event that a meeting is not held, a written Progress Report will be sent to Estates Strategy Group members covering progress against milestones, exceptions, risks, issues, key decisions to be made and critical tasks for the coming period.

## Terms of Reference

1. To formulate, review and monitor the NHS NS's Estates Strategy and plans including:
  - ♦ the Strategic Service Development Plan;
  - ♦ estates' maintenance plans.
2. To develop policies for the development of the estate, including utilisation and management of buildings.
3. To initiate projects to deliver the requirements of the Estates Strategy and associated plans.
4. To monitor progress of capital construction/infrastructure projects to ensure delivered to the agreed specification, on time and on budget.
5. To ensure capital construction / infrastructure projects remain in line with the PNHs NS's strategy 'Shaping our Future', and broader BHSP strategy and plans.
6. To manage interfaces and dependencies between capital construction/ infrastructure projects.
7. To oversee the management of risks across the estates portfolio.
8. To recommend approval of acquisitions, disposals and changes of use.
9. To recommend approval of the NHS NS's Capital Plan and review the robustness of estates budgets.
10. To scrutinise and approve bids for long term maintenance work.
11. To oversee the Improvement Grant process for independent contractors.
12. To receive reports on compliance with statutory authorities/inspections in relation to the operation and development of the estate, including PEAT and premises inspection reports.
13. To report on progress to the NHS NSBoard and PEC on at least a quarterly basis.

# Appendices

## Appendix 1 – GP practices

Practice	Senior Partner	List size*
Backwell and & Nailsea Medical Group, 15 West Town Road Backwell BS48 3HA	Dr RG Lambert	13553
Brockway Medical Centre, 8 Brockway, Nailsea BS48 1BZ	As above (branch)	
Clarence Park Surgery, Clarence Road East Weston–Super-Mare BS23 4BP	Dr P Maksimczyk	4778
Clevedon Riverside Group, Clevedon Medical Centre Old Street, Clevedon BS21 6DG	Dr MC Hime	9289
The Green Practice, Clevedon Medical Centre Old Street, Clevedon BS21 6DG	Dr GC How	7656
Graham Road Surgery, 22 Graham Road Weston-Super-Mare BS23 1YA	Dr PD Milnthorpe	9609
Harbourside Family Practice, Harbour Road Surgery Harbour road, Portishead BS20 7DB	Dr K Chan	5962
Heywood Family Practice, Lodway Gardens Pill BS20 0DL	Dr JS Fligestone	7008
Locality Health Centre, Healthy Living Centre 68 Lonsdale Avenue, Weston-Super-Mare BS23 3SJ	Dr PW Seviour	4135
Locking Castle Medical Centre, Highlands Lane Locking Castle, Weston-Super-Mare BS24 7DX	Dr A Bradley	11514
Long Ashton Surgery, 55 Rayens Cross Road Long Ashton BS41 9DY	Dr PS Foreman	6206
Longton Grove Surgery, 6 Longton Grove Road Weston-Super-Mare BS23 1LT	Dr KM Haggerty	6162
Locking Village Hall, Grenville Avenue Locking BS24 8AR	As above (branch)	
Milton Surgery, 232-234 Milton Road Weston-Super-Mare BS22 8AG	Dr PB Wilson	8799
Nailsea Family Practice, Tower House Medical Centre Stockway South, Nailsea BS48 2XX	Dr TM Southwood	11572
New Court Surgery, 39 Boulevard Weston-Super-Mare BS23 1PF	Dr DJ Evans	10214
Portishead Medical Group, Victoria Square Portishead BS20 6AQ	Dr PE Pemberton	16348
Riverbank Medical Centre, Walford Avenue Worle, Weston-Super-Mare BS22 7YZ	Dr RJB Bowering	8896
Sunnyside Surgery, 4 Sunnyside Road Clevedon, BS21 7TA	Dr JJ Ford	6566
The Cedars Surgery, 87 New Bristol Road Worle, Weston-Super-Mare BS22 6AJ	Dr MHJ Pimm	6725
The Village Surgery, Hill Road East Worle, Weston-Super-Mare BS22 9HF	Dr ND Patel	3918
Tudor Lodge Surgery, 3 Nithsdale Road Weston-Super-Mare BS23 4JP	Dr AC Mathison	10463
Winscombe Surgery, Hillyfields Way Winscombe BS25 1AF	Dr DH John	8458

<b>Practice</b>	<b>Senior Partner</b>	<b>List size*</b>
Banwell Surgery, Westfield Road Banwell BS24 6AD	As above (branch)	
Worle Health Centre, 125 High Street Worle, Weston-Super-Mare BS22 9HB	Dr SC Pearse-Danker	5257
9 Ebdon Road, Worle Weston super Mare BS22 6UB	As above (branch)	
Wrington Vale Medical Practice, Station Road Wrington BS40 5NG	Dr NRJ Hooper	9190
Churchill Surgery, Ladymead Lane Churchill BS25 5NH	As above (branch)	
Congresbury & Yatton Medical Group, 155 Mendip Road Yatton BS29 4ER	Dr AM Wilson	12211
Congresbury & Yatton Medical Group, Station Road Congresbury BS49 5DX	Dr M Taylor (branch of above)	12232?