Introduction and Objectives:

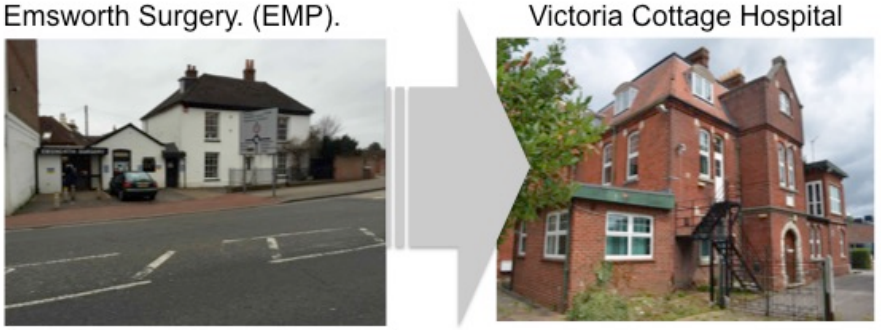
This is your opportunity to make known what you want for your future local health services.

Emsworth Neighborhood Forum (ENF)[1] representing its important partner organizations'[2] believes that the long overdue replacement of the Emsworth Medical Practice (EMP) building provides a unique opportunity to get primary and community based health services right for the future.

In this sense we do not think the issues are just about the lynchpin replacement EMP Surgery building (important though this is). It is much more about systemic change and the re-design of a 'joined-up' 21st century primary and community care service that will address the significant population-driven demand challenges (predominantly ageing and disease group changes over the future short, mid and long term.

We have therefore produced this discussion document to illustrate what good local health care could and should look like. We are asking you to you're your say and support it so that ENF can engage with the local NHS regularly and keep you informed of progress.

(*Please note that this is a summary of a main report which is also supported by detail in further documents which are available on the ENF website. Also, you can make your support and comments known by following the web site instructions. Consultation and a Referendum on the soon to be produced Emsworth Neighbourhood Plan will also provide a platform for your comments and support*).



Context:

You will have seen in the news and experienced yourselves the reality of the pressures on NHS services. Unless we articulate how we think these can be addressed we will experience a steady decline. The changes suggested in this document are being planned in part or whole by other local NHS communities. They are taking the initiative to stand up for what they want for their future local primary and community healthcare. We must take this opportunity to do the same for Emsworth otherwise we will simply get what we are given and this will not accord with the community's views expressed in recent debate.

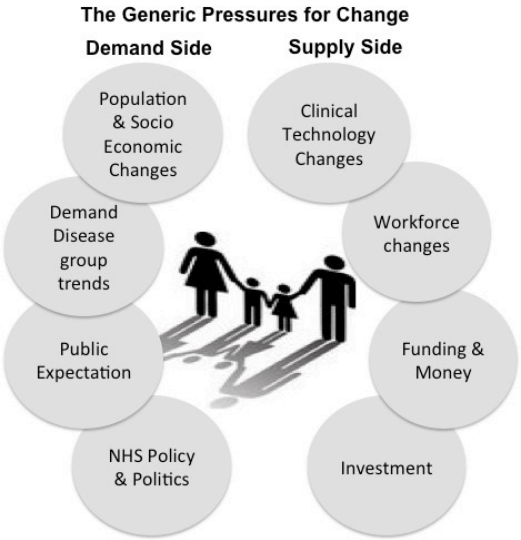
At the outset ENF wishes to make it clear that though the conversation may prove challenging our views are not intended to be confrontational or critical. ENF members have the highest regard for the commitment of EMP GPs. Also we are not under any illusions as to the difficult job SEHCCG does in balancing competing priorities given the exceptionally difficult NHS financial climate.

[1]The Emsworth Neighbourhood Forum (ENF) is an approved Neighbourhood Forum under the Localism Act 2011. It brings together local residents, businesses and organisations to create a Neighbourhood Plan for the future development of Emsworth. The Forum aims to promote the social, economic and environmental well being of the Emsworth neighbourhood.
[2] The Emsworth Business Association: The Emsworth Residents Association; The Friends of Victoria Cottage Hospital; The Community Association, etc.

However, ENF believes that the days of paternalistic NHS 'top down' planning (where bureaucracy and the professions know best) are gone. We therefore reject the notion that any 'engagement' with stakeholders risks criticism, delay or even cancellation. More so we believe that inputting responsible, constructive, informed professional and local opinion will strengthen the planning and encourage innovation.

The greatest enemy is poverty of ambition. What we are looking for - and have not seen yet - is a 'can do attitude' and real commitment to the primary / community care service of the future and not the past.

It follows that this paper is not a 'one off' intervention but part of an ongoing campaign for better and futuristic local health services.



Where Are We Now? and, What Is Changing?

SEHCCG 5 year Strategy (to 2019 / 20) nailed its colours to the mast – namely - that it must rebalance and redesign local health economies in order to address the inexorable pressures for change expected over the next ten years plus. More so, that it must engage with local community stakeholders. We agree with this. However, as yet it has not said how it will do this.

The pressures for change are national with a strong local impact. They center on local housing development, which conservatively will increase population by up to c73% by the 2030s. Demand will increase not just proportionately but exponentially given the high proportion of elderly in our population with a predominance of (multiple) long-term conditions and with higher quality performance expectations.

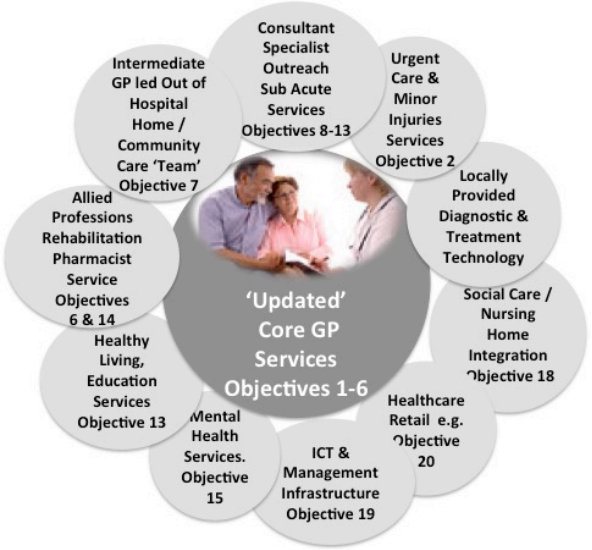
Moreover, the NHS policy proposals on hospital earlier discharge, admission avoidance and substitution in care location will generate a further wave of demand to be met by primary care. Local primary care capacity cannot contain this it needs to develop new locally led services (e.g. integrated intermediate care for Care of the Elderly) which will requires significant investment. This major change requires commitment and therefore engagement between stakeholders.

Where Do We Want To Be? What Does Good Look Like?

ENF posit 20 objectives – a 20 point plan - that address the pressures for change and will deliver an integrated local health with social care services. They are not immutable but debatable.

We are well aware of the unprecedented financial pressure on the NHS but ENF do not believe that this should stifle debate. By examining the possibilities and looking at a 10-20 year short, mid, long and long / long term these inevitable objectives can become affordable. In any case they are NHS Policy so the question is not what but how?

The ambition is to develop a 21st century Primary Care Service (and then design a state of the art building to deliver it). The Strategic Objectives for the type of service required can be split into three categories (each are elaborated upon in the main report and appendices):



1. The improvement of core GP physician services. (Making the existing service better). *Hopefully, achievable in the short to mid term*.
2. The development of new (non core) services – uniting primary, community, specialist and social care. (Which will manage demand better and take the pressure off hospitals). *Hopefully, achievable in the mid to long term*.

3. The development of the necessary primary care infrastructure – i.e. building facilities, equipment, ICT environment, workforce and learning development and leadership, organisation & management. *Hopefully, progressed steadily (in a stepped evolutionary way) over the short, mid and long term.*

This document breathes life into the conversation of what 21st century primary care can look like. It puts on the table what the key service objectives necessary to meet the performance and demand challenges are.

How Do We Get There? Options.

The 20 objectives can be 'sliced and diced' and combined with different building solutions and timescales to generate a wide array of options which illustrate what the future could look like. Four options are presented in order to stimulate debate:

1. **A Do Minimum – Replacement of a GP Services Building Only**. As a short term fix it would deliver major improvements to core GP services only and thus deliver less than half of the objectives. This would soon become outdated and would prove more expensive to adapt overall. However, it could represent a transition to the long term.
2. **Major Primary Care Centre (On One Site – e.g. EVCH).** A long-term solution built in one or two phases. Initially more expensive but less so overall. Far less disruptive as only one or two phases. It also delivers benefits quickly meeting all objectives, which address all the pressures for change flexibly.
3. **Main Site (EVCH or other) Plus Satellite Site.** A primary care centre (EVCH) delivering core and non-core services in two phases quickly. And, a satellite core GP service in North Emsworth delivered at a later (long term) phase. As a multi phased and multi site option it delivers benefits evenly meeting all objectives eventually and flexibly. Overall it will be more expensive in the long term and disruptive but possibly with a slower spend rate that may make it more affordable.
4. **Two Equal Main Sites as Primary Care Centres.** This option is duplicatory involving two half sized practices (c8,500 – 10,000 patients each) and as such would be very expensive in capital and revenue terms. It lacks economies of scale. It delivers benefits at a good pace, meets all objectives and is not too disruptive. One possible variant would be to adapt the Oak Park Community Care Centre if capacity exists as it would be near the area of population expansion in the long/long term. The option is thus highly flexible.

The options deliver part or all of the objectives.

The options reflect a spectrum from a 'minimal' version of the concept to a 'maximum' interpretation. They also reflect different approaches - 'evolutionary' to 'revolutionary'. The 'do minimum' Option 1: modernizing GP services only) could evolve by acting as the first phase of the 'maximum' Option 2 - a one site fully integrated primary care centre. Both approaches have different costs and benefits profiles. They expose the basic choices that the evolutionary approach with more phases equates to slower benefits delivery, higher capital and revenue costs overall and more disruption. Whereas, the revolutionary approach of one or two phase equates to the opposite of this – faster benefits and less overall disruption but higher initial expense.

One thing is clear (locally as much as nationally) and that is that the current systems cannot deliver the type of NHS, which the public demands. Not only does demand have to be met somewhere – in hospitals or the community (and if in the community on one or more site) but service performance and quality has to be addressed simultaneously. What's right will be what is right locally.

This paper is designed to make the choices explicit. We cannot duck these issues by dismissing the analysis as speculative or the objectives and options as wish lists that are ridiculously unaffordable. What is needed is a can do positive attitude - real commitment and leadership - to take this conversation to the next steps of meaningful engagement and specific project planning.

ENF Conclusions, Recommendations and Next Steps:

ENF's reason for writing this paper is to encourage such discussion between stakeholders on what the future primary and community local service could and should look like. We therefore need the NHS to listen and engage. Unfortunately - to-date - there has been little apparent appetite for this and we hope this will change. A coherent plan adequately communicated to Emsworth patients is now needed.

From ENFs perspective we see the main issues as:

1. NHS and locally primary care performance under pressure and slipping which it is felt will deteriorate if there is no major structural change - as the inexorable pressures for change bite over the mid to long term in the 2020's – a rise in population and demand of at least c73%.
2. Over the last 10-15 years Emsworth has seen it's community and primary care services diminish (e.g. closure of VCH and the difficulties in getting appointments, etc). There has been no attempt at engagement with stakeholders to communicate a new plan on where these services are going. Instead there has been a series of 'on-off' contradictory statements punctuated by long silences in relation to the replacement of the EMP surgery.
3. SEHCCG's published Strategy has the right direction of travel but it is over optimistic for implementation by 2020 as there were never any published action plans on 'how' the required redesign of the service model would be funded and delivered? It therefore remains unclear as to how SEHCCG will address the forecast c73% increase in demand (conservatively +3-4% pa) by 2036 as well as a range of new 'out of hospital' services that will most certainly be necessary within the next ten years. The recently published Sustainability and Transformation Plans offer more of the same – we agree with the direction but we see no implementation plans. One would expect the replacement of the EMP Surgery and the opportunity it provides of redesigning local primary care services to be a prime implementation project. Hoever, there is no mention of it.
4. There is a great need for NHS leadership and a commitment to change that will be delivered. The NHS cannot keep 'kicking the can down the road' because of short-term performance, commercial agreements and financial pressures.
5. Most importantly - it is not just about the rebuilding of the EMP Surgery but also about the wider issue of redesigning local primary / community healthcare services. We must not rebuild the past but build the future. Short termism and poverty of ambition being the greatest enemy. As revolution is unaffordable an evolutionary approach is essential.