

### **Inspectors Question 31:**

In the light of the representation (372) from Helen Delaitre on behalf of the Chiltern and Aylesbury Vale Clinical Commissioning Groups asserting the CCG's opposition to temporary health service facilities and their assertion that they would only support the provision of 5-GP practices (requiring a critical mass of a 10,000 population), what is the justification for the requirements for health facilities in allocations D-AGT1 (Aylesbury South) (q), D-AGT2 (Aylesbury South West) (r), D-AGT3 (Woodlands) (t), D-AGT4 (Hampden Fields) (p) and D-AGT6 (Kingsbrook)

#### **Representation:**

The CCG does not support provision of temporary health services within temporary buildings like Port-a-cabins or rooms in a community centre. The CCG and local Primary Care providers are committed to providing high quality care to all patients in premises which are fit for purpose, which will eventually be accessible 8am-8pm weekdays and also over the weekend period through local surgeries working as a cluster or providing services in designated primary care access centres.

As previously explained, the delivery of safe quality services relies on a strong workforce working together to provide greater skill mix and economies of scale. The creation of a temporary facility or small branch does not represent value for money and is not good use of scarce GP resources.

The VALP contains an allocation of 1500 dwellings to the South West of Aylesbury which falls predominantly in the Mandeville Surgery boundary and is anticipated to commence within 2 years. The VALP indicates a provision for "on site health facilities" within S106 monies. The CCG would like to see an investment in the Mandeville practice and nearby Healthy Living Centre (possibly in the form of an extension) to develop further services for this population.

#### **AVDC Response:**

The VALP does not make provision for nor support the inclusion of temporary port-a-cabins as a principle or on individual sites. AVDC and the CCG have worked closely and will continue to work closely in the development of the Health chapter and subsequent health schedules within the IDP and indeed on a site by site basis. This is demonstrated in the response submitted by Nicola Lester, Director of Transformation, NHS Aylesbury Vale CCG and NHS Chiltern CCG on the 4th December 2017 'Vale of Aylesbury Local Plan (VALP) Proposed Submission - Response on behalf of Chiltern and Aylesbury Vale Clinical Commissioning Groups (CCGs) where health provision requirements are set out on a site by site basis. These representation have been reflected in the VALP and therefore, this representation made by the CCG contradicts its other response which informed the VALP.

The below site requirements have been devised for the VALP and represent the CCG's requirements set out in their response.

AGT3 (Woodlands) 1600 dwellings + care home (Westongrove Partnership), AGT4 (Hampden Fields) 3111 dwellings + care home and AGT1 (Aylesbury South) 1000 dwellings (Oakfield and Westongrove Boundary) Approx. 15,000 new patients

The Westongrove Partnership will take the impact of these combined developments in terms of patient registrations within their 3 practice sites (Bedgrove, Wendover and Aston Clinton). With this in mind, we would like the developers to support the use of this established GP Partnership to become the health care provider for residents of AGT4, AGT3 and site AGT1. These practices deliver services from a range of buildings supported by a stable and committed workforce. To accommodate the extra patients from these developments there would in the first instance be a requirement to enhance some of the current infrastructure to accommodate the full quota of patients in preparation for the completion of a permanent facility. We would seek to secure an allocation from the Section 106 to fund this proposal.

The CCG and AVDC would work with the developers of these 3 sites (AGT3, AGT4 and AGT1) to negotiate how we would combine all their S106 health offerings to potentially create one new “super” practice based strategically within the 3 developments. This would be a multi- purpose health and social care hub designed around the health population needs for these new communities.

AGT6 (Kingsbrook)- Poplar Grove Approx. 7500 new patients

The CCG has been liaising extensively with the developers of the Kingsbrook Estate. The CCG has asked Barratts to consider allocating the funds they would have spent on erecting a “temporary” arrangement up to the point of requiring a permanent facility, into a local practice that borders the Kingsbrook Estate. The local practice would then put together a business case to demonstrate how they can invest this funding allocation into their existing provision to be able to service the Kingsbrook residents with their primary care needs. The S106 for the permanent facility was legally signed many years ago when Primary Care needs were very different to what they are today. We are currently discussing the possibility of Barratts building a smaller unit to a lesser specification which could accommodate another health provider, with the surplus spend being invested into the nearby practice (Poplar Grove). This would be based on approval of a business case that clearly demonstrates how the funds will be used for the primary care needs of the Kingsbrook population.

It follows that the VALP does not propose temporary buildings such as port-a-cabins or small GP practices for a population of under 10,000.