July 2021

Didcot primary care infrastructure and pressures

As clinical director of Didcot Primary Care Network (a collaboration of the three GP practices of Didcot) I am writing regarding the Valley Park planning application, to provide some background context as to the current state and anticipated development of primary care locally.

There are some misapprehensions about how primary care is now delivered and how it will change in response to the objectives set out in the NHS long term plan, which have resulted in inadequate planning for and provision of primary care infrastructure locally.

Some of the key concepts are:

Primary care is not just about GPs

There has been a rapid increase in the number of other health professionals now delivering primary care. Clinical pharmacists, physician associates, social prescribers, paramedics, physiotherapists, mental health workers and care coordinators all now play a part in joining the doctors, nurses, and healthcare assistants in providing care in a GP practice. There is funding for the number of these allied health professionals in Didcot to reach 20 full time equivalent staff by 2024. However, these staff need to work alongside GPs in the same premises as they all have training and supervision requirements. They also tend to have consultations that are twice as long as a GP consultation, which translates into having twice the infrastructure requirements compared with the modelling based primarily on GP provision. There has been no additional infrastructure planning for these roles with the result that there is no further space in which to accommodate them locally. This means that we won't be able to recruit additional staff to these roles, despite having the funding to do so. The funding for this is ringfenced and can't be spent on anything else, so it just goes back to the Treasury or is diverted to other areas of the country if we can't spend it locally. This means that the local population will miss out on services that could otherwise have been provided if adequate infrastructure were in place.

Alongside this expansion in clinical roles is an increase in the administrative time needed for their deployment which again places pressure on infrastructure. Even aspects such as trying to increase the number of staff handling the increasing number of calls to practices needs the physical infrastructure to enable it.

Primary care is expanding in scope

There has been, and continues to be, a drive for hospital work to move closer to people in their communities, whether by new community services, or outpatient clinics moving out from hospital sites. Currently in Didcot there are community dermatology, gynaecology, and cardiology services, as well as requests to host ENT and diabetes outpatient services locally. This again needs the infrastructure for it to function, and these services will be lost from the local area without an expansion in primary care infrastructure, and new services will not be available to the local population.

Primary care is no longer just about your local GP practice

Primary care networks were formed 2 years ago to expand the range of clinical provision and enable services to run across practices, such as the current Covid vaccination programme, and patients will increasingly access services hosted at different GP practices from their own. Primary care

infrastructure requirements therefore now need to be considered at the level of the Didcot population as a whole, rather than just in a piecemeal fashion development by development. Given the saturation of the currently available primary care infrastructure, any new development will need to be able to take on a significant proportion of the allied clinical roles and network level service provision for the whole of Didcot, meaning that the size of infrastructure needed will be more than traditional modelling would suggest.

We need to train more GPs and nurses

Demand for healthcare is rising rapidly, and alongside the additional clinical roles previously mentioned, we need more GPs and nurses. They don't currently exist, and so we're going to need to train them. This needs available infrastructure to enable it to happen.

Access to primary care in Didcot is likely to deteriorate from this point forward

GP practices have taken steps to maximise the use of available space whilst having continued to offer face to face appointments throughout the pandemic. Woodlands Medical Centre has started removing patients from its list who don't live strictly within its practice boundary, but at the current rate of population growth this will only stabilise their list size for a few months. Beyond that, the available infrastructure will need to be reserved for those activities that can't be done remotely, e.g., blood tests, dressings, immunisations, and health checks. This will result in less chance of seeing a GP face to face than at the current time. Even having done this, we are unlikely to be able to accommodate the additional clinical and administrative staff needed to meet the increasing demand from the existing population, let alone any increased population. We are therefore likely to see a progressive degradation in the availability and effectiveness of primary care in Didcot until further infrastructure is in place.

In summary:

- Primary care infrastructure in Didcot is now at capacity.
- Services will deteriorate until further infrastructure is in place.
- The amount of primary care infrastructure that will be needed significantly exceeds traditional modelling based on care being predominantly delivered by GPs.
- Any planning approvals from this point forward in the Didcot area should include provision for a substantial area of land on which to site health infrastructure and seek contributions to their cost.

Dr Alex Hart

Clinical Director, Didcot primary care network

July 2021