MKCCG Estates Statement
January 2015

This statement should be read in conjunction with the Milton Keynes CCG Primary Care Strategy and Care Closer to Home Strategy.

Background

Milton Keynes CCG (MKCCG) commissions health care services for its people within the Milton Keynes area. Its geographic area of responsibility covers all the wards in Milton Keynes Local Authority plus the wards of Great Brickhill and Newton Longville which are in Aylesbury Vale. MK CCG is largely (95%) co-terminus with Milton Keynes Council and currently has a registered population of 262,000.

Population increase has been a phenomenon in Milton Keynes for the last 40 years, and, as part of the South East Midlands Local Enterprise Partnership (SEMLEP) growth area, the rise in resident numbers is set to continue for at least the next three decades. The population is expected to reach 297,300 by 2026, according to current forecasts.

The MKCCG commissioning strategy aims to improve the quality, productivity and sustainability of all health services with a strategic shift of activity from hospitals to the community by providing care closer to people's homes, ensuring people do not spend any longer in hospital than they need to and preventing the need for hospital admission wherever possible. This will mean fewer people will need to attend A&E and have unplanned admissions to hospital.

Current Estate

There are 27 general practices nominally organised into 4 neighbourhood groupings, geographically based in the north, south, east and west of Milton Keynes. This arrangement supports clinically led commissioning but does not necessarily dictate the pattern of service delivery (see later).

The current practices are housed in a variety of premises and provide differing levels of space and comfort. For example, the size of practices varies from under 3000 patients to over 18,000 and the physical space varies from 15 patients per m^2 to 33 patients per m^2 (MK average 22.24, NHS England Herts and South Midlands Area Team (HSMAT) 20.52).

Twenty five of twenty seven practices are in purpose built premises, built since 1980; two have been converted from residential properties.

Current Workforce

It is pertinent to note that, in line with elsewhere in the UK, primary care workforce and skill mix is changing. The emphasis will be on multidisciplinary teams both within (eg including GP, practice nurse, extended nurse practitioner) and outside the practice (social care, mental health, community nursing, third sector). Patients will be seen by the most appropriate practitioner – this will frequently not be the GP. The use of telephone consultations and e-communication will also increase.

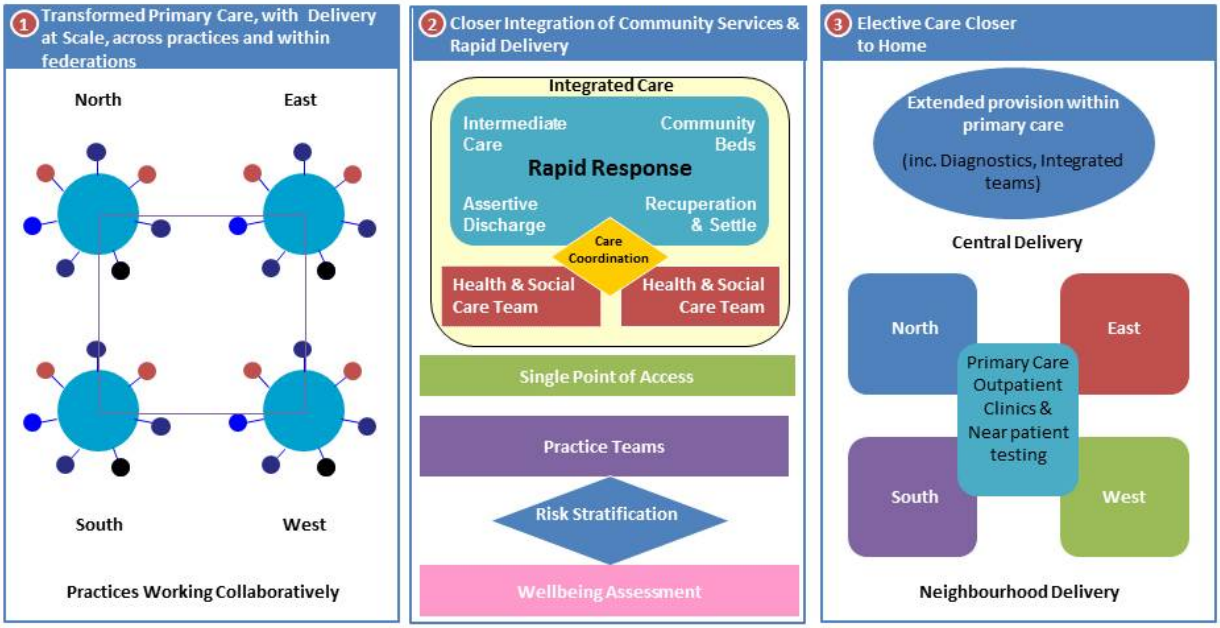
The number of patients per full time GP also varies from 1500 to 2700 (MK average 2,049, HSMAT average 2093). Twenty three percent of GPs are aged over 55 (HSMAT average is 22.2%). A greater proportion of practices have 5 or more GPs compared to HMSAT and national averages (67% vs 57% vs 44%)

The Challenge
Over the next few years, primary medical service providers will be faced with new challenges and significant change for the quality and development of individual GPs and for organisations.

It is recognised nationally that general practice in its current form may not be suited to take on a new role delivering a wider range of care or providing that care closer to the patient's home. There have been a number of reports including the Royal College of General Practitioners "A Plan for Primary Care in the 21st Century", The King's Fund report "Improving Quality of Care in General Practice" and the Nuffield Report "Primary Care in the 21st Century". All three reports suggest there are benefits in closer collaboration between practices and the provision of a wider range of services under one roof that are integrated with social care. This theme continues in the NHS document "Five Year Forward View" which sets out a range of new models of care including multispecialty community providers which would become the focal point for a wider range of health and social care needed by their registered population and primary and acute care systems with vertical integration between primary and acute care.

The Milton Keynes and Bedfordshire Healthcare Review provides further opportunity to move services traditionally delivered in acute care into the community and to develop a federated approach to service delivery across all or a number of practices.

- Easy access to high quality, responsive primary care
- Pro-active emphasis on keeping people healthy, preventing ill-health, self care and reducing health inequalities
- Simplified care pathways that can be delivered closer to home and promote independence
- Rapid Response to urgent needs so that fewer people need to access hospital emergency care
- Providers (social, health and third sector) working together, with the users at the centre
- Earlier & timely discharge planning meaning patients will spend an appropriate time in hospital when they are admitted



Source: MKCCG

The goals of Care Closer to Home include:-

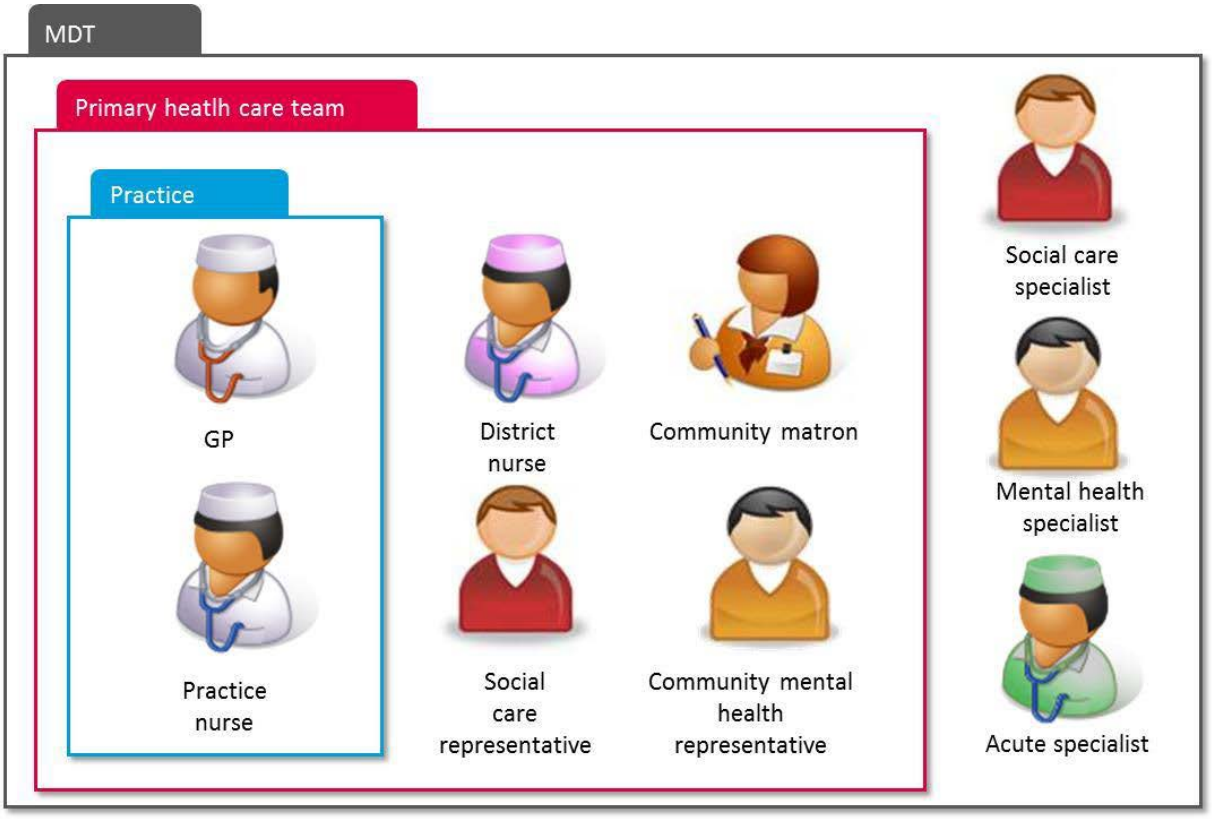
Better access to primary care	• Cases needing urgent attention to be seen, assessed and managed appropriately, 7 days a week • Patients needing pre-planned routine care and / or diagnostics can be seen 7 days a week.

Proactive care for people living with long term conditions, and frail older people	• Early identification of those who can most benefit • Support for patients to self-care • Support for prevention and early intervention • Delivery of care through a multi-disciplinary team
People supported to live in their own homes	• People supported to live independently for as long as it is safe • Care plans designed to promote recovery; • patients spend an appropriate time in the right care setting before returning home
Care of a consistently high quality	

A number of factors are essential for the delivery of care closer to home.

Pertinent to this document are multi-disciplinary teams working in the community across a defined area. Currently, patients can receive care from a range of providers in different places, including at home. For high quality, safe care to be delivered closer to home, staff from these providers need to form multi-disciplinary community teams (see Figure below). Primary care will have a co-ordinating role as keeper of the list of registered patients with members of the team using primary care records to co-ordinate care.

Each community team serves a defined population (such as patients registered with a cluster of general practices) covering approximately 20,000 patients, depending on demographic makeup and health needs.



Extended standard opening hours of primary care facilities and availability of community-based teams.

Patient and clinical feedback shows how evening GP surgeries and twilight community nursing services can decrease the use of acute hospital services and ensure patients have more convenient care. Multi-disciplinary team working could bring economies of scale, but efficiency could be further increased by managing urgent cases differently from pre-booked routine appointments.

Working across larger populations of registered patients and linking with out-of-hours general practice services could enable commissioners to provide an urgent care centre for minor illnesses and injuries. This would be networked with other facilities providing more specialist emergency care.

Unlike many other areas, the high rate of population growth and creation of new communities provides Milton Keynes with both challenges and opportunities for the provision of modern, efficient high quality primary healthcare. It is therefore important that the CCG is able to articulate clearly to NHS England and Milton Keynes Council its aspirations for healthcare estates that are fit for purpose.

Services need to be delivered from well-positioned, functional estate that provides value for money. There is conflicting evidence on the ability of small practices to deliver high-quality care. Practices with smaller list sizes have been found to have greater perceived physician availability, and longer consultation time, which can improve patient satisfaction and compliance but being a practitioner in a small practice can be isolating, and the range of services smaller practice units can offer on site will necessarily be constrained. Individual small practices may lack the capacity and capability to provide an extended range of services.

The table below illustrates desirable attributes for the healthcare estate in order that MKCCG will be able to deliver its strategic objectives and clinical priorities.

Premises attribute	**Explanation**	**Alignment to CCG priorities and objectives**
Location	Premises should be accessible by sustainable public transport, on foot and have sufficient parking for patients either on site or nearby. The premises should be positioned such that it is easily accessible to the majority of registered patients. In the unique context of Milton Keynes, however, this does not mean that there should be a GP surgery within every grid square or new development.	By ensuring that practices are accessible, the CCG can ensure that patients have the same opportunities where-ever they live and have access to safe, high quality, effective care delivered locally. This allows the CCG to improve health outcomes and well-being, reduce inequalities and reduce variation in care.
Physical condition	Premises should be safe, clean and in a good state of repair. They should provide a positive experience for the patient and have good accessibility. All	Access to safe, high quality, effective care is most easily delivered in good quality accommodation. Premises should promote involvement of

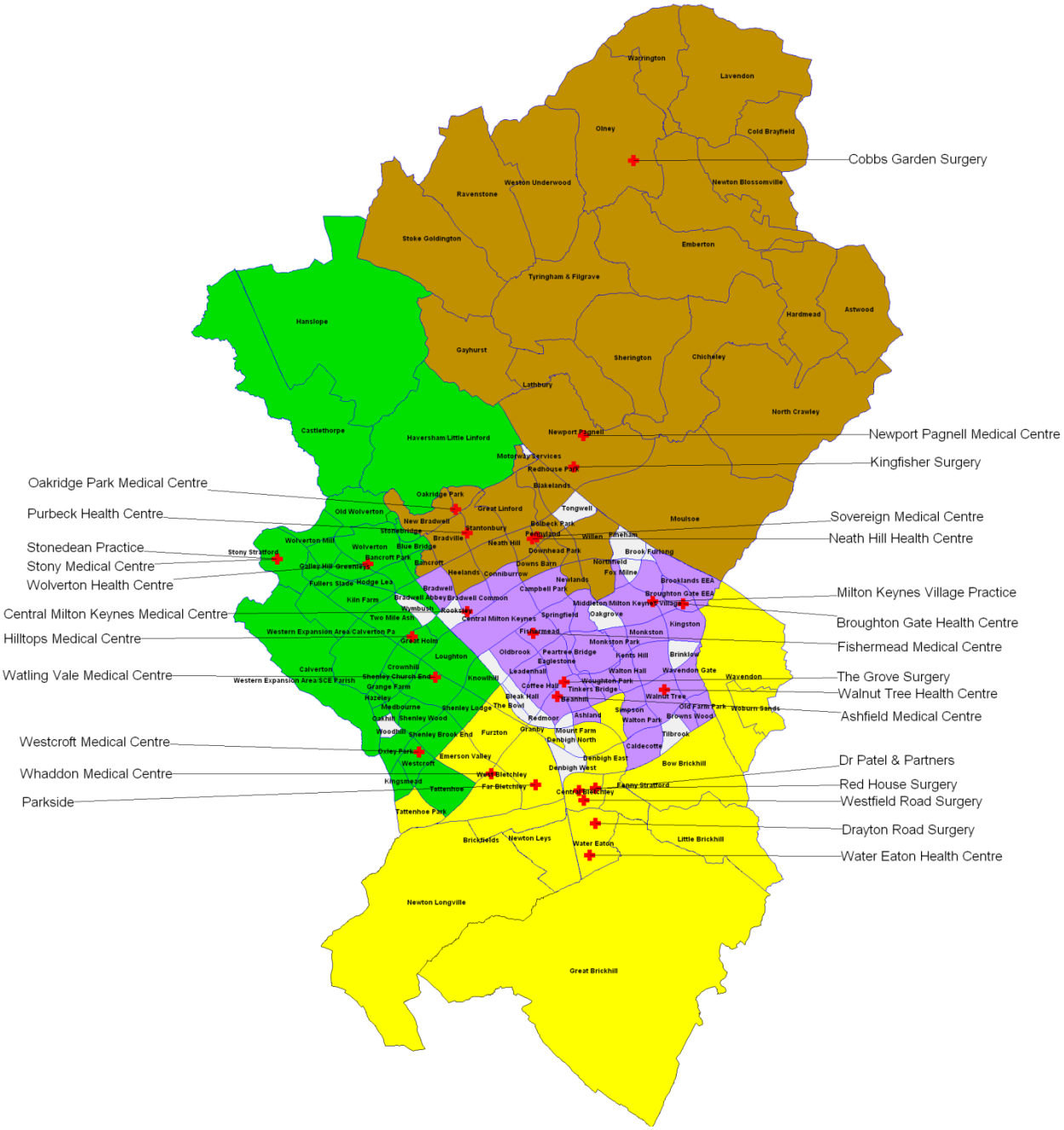
	practices must meet the requirements for CQC registration. Facilities should be sensitive to the physical and emotional needs of their patients.	patients and carers in their care.
Functional suitability	Space should be multipurpose where possible. Flexibility allows integrated clinical teams to come together to deliver bespoke packages of care and management teams to deliver innovative ways of working. It also facilitates the delivery of community based services that traditionally have been delivered in the hospital setting and better integration with social care services.	Using flexible, multipurpose accommodation will enhance integrated care pathways across primary, secondary, community and social care and extend the range of services delivered in primary care closer to patients' homes. Delivery of services traditionally provided within hospital buildings (eg outpatient clinics) will improve patient choice and reduce travel.
Fit for future developments	In order to deliver the breadth of services in primary care, GP practices will need to work together within and across the physical constraints of buildings. A number of practices will be identified as expansionist practices to facilitate delivery of a wide range of services to patients within a local area.	Promotes a patient-centred integrated care service model which can flex to meet future needs.

The current location of practices is set out in Appendix 1.

Areas of population growth are set out in Appendix 2.

Appendix 1

Map showing Milton Keynes CCG by neighbourhood and practices (March 2014)



West neighbourhood
South neighbourhood
North neighbourhood
East neighbourhood

GP Practice

Adapted from chart produced by Peggy Bayliss – Public Health Analyst Milton Keynes Council; March 2014, updated November 2014

Appendix 2

New Housing Developments in Milton Keynes

Milton Keynes is experiencing another period of rapid growth. It is anticipated that up to 17,500 new homes will be built between 2014 and 2025. This equates to an approximate increase in population of 47,250.

Whilst there will be some smaller in-fill developments the majority of new homes will be built in new development areas. These are:- Western Flank, Central Milton Keynes and Campbell Park, Northern Expansion Area, Newton Leys, Eastern Expansion Area, Strategic Land Allocation, Western Expansion Area.

The following table provides a snap shot view of the proposed areas of growth.

Areas of Housing Development	Total Homes	Homes Already Built	Proposed development (up to 2026)	Homes To Be Built (after 2026)
Western Flank (Oxley Park, Kingsmead South, Tattenhoe Park)	3,000 new homes	1,400	1,600	0
Central Milton Keynes and Campbell Park	6,625 new homes	2,300	4,250	0
Northern Expansion Area (Oakgrove, Oakridge Park, Redhouse Park	2,275 new homes	1,230	1,045	0
Newton Leys	1,610 new homes	670	940	0
Eastern Expansion Area (Brooklands, Broughton Gate, Magna Park)	4,025 new homes	1,860	2,165	0
Strategic Land Allocation (Eagle Farm North, Eagle Farm South, Golf Course / Haynes Land, Glebe Farm, Church Farm, West of Stockwell Lane	2,900 new homes	0	2,900	0
Western Expansion Area (Area 10, Area 11	6,550 new homes	0	4,700	1,800
Totals (Approx.)	**27,000**	**7450**	**17500**	**1800**