

Purpose Built Surgery – summary information - February 2021

Background and Context

Clifton Hampden Surgery looks after 3300 patients from a cluster of villages. The practice catchment stretches from Culham and Sutton Courtenay in the West to Dorchester, Berinsfield and Warborough in the East, North Moreton and Brightwell to the South and Toot Baldon, Nuneham Courtenay and Marsh Baldon to the North. The rural nature of the practice area means there are a significant number of elderly patients living in their own homes. Continuity of care provided by a small, stable, responsive, approachable surgery is important to them. The GP partners leading the Practice have been working there for 8 years. They are committed to continuing to provide excellent personalised medical care to the local community

In 2019, all GP surgeries were required to join a [Primary Care Network](#). PCNs are groups of neighbouring surgeries working together to serve a larger group of patients. PCNs benefit from sharing resources and are able to provide more personalised and integrated care. Clifton Hampden is part of the Abingdon and District PCN, together with Berinsfield, Long Furlong and Marcham Road Surgeries. This arrangement works well.

There has been a surgery in Watery Lane, Clifton Hampden for over 100 years. The current surgery site was developed from two period semi-detached cottages in 1978. The land and building are privately owned.

The current GP Partnership has a lease for use of the building and a contract to deliver to the demands of the NHS and the needs of the local population. The building has been extended twice in the past. The major alterations that would be required to deliver the access and facilities needed in a modern primary care practice would not be economically viable or in line with current building regulations.

Challenges with current arrangement

The surgery building has been increasingly problematic. It is now unfit for the purpose of providing medical care in the 21st century.

External Access

- The slope from the car park up to the front door makes access for disabled or frail patients very difficult. This adds to the doctors' workload and costs in terms of home visits
- The ramp up to the narrow front door of the building is presents a stiff challenge to wheelchair users and their carers
- Parking facilities will not support the inevitable growth of the practice

Internal Access

- There are three steps between the lower and upper sections of the waiting room. Reception and all the consulting rooms are located on the upper level – not suitable for wheelchairs and challenging for the less mobile.
- One consulting room is accessed by a narrow back door. This can only be used by special arrangement and with considerable disruption to the busy practice
- All doorways are narrow and many of the rooms are small and oddly shaped

Working environment

Space in the surgery is limited and already insufficient for the activity which goes on there.

- Reception area is narrow and a main thoroughfare – social distancing is not possible
- Confidentiality should be strictly respected – this is difficult for reception staff to maintain with patients nearby in the waiting room

- The dispensary is small and cramped and the need to move drugs around presents safety implications

Period features

- Due to its age and original purpose, the building includes a number of features that make its use for healthcare problematic. Infection control is key requirement. Oak beams and range stoves in the consulting rooms are difficult to sterilise. All surfaces should be wiped between each patient and floors need to be unimpeded, slip-proof and easily cleanable
- Equipment should be stored out of the way in cupboards to facilitate easy cleaning. This is not currently possible due to the size and shape of the rooms, resulting in use of a large number of plastic boxes
- Overall physical space and size of the rooms is limited. For example the practice manager's office overheats in the summer due to the computer server

Compliance

- [Commissioners of primary care services](#) oversee and contract individual GP Partnerships for delivery of healthcare provision. This includes assessment of premises, valuations and rent payments.
- The surgery was [rated "good" by the Care Quality Commission](#) at its last inspection. The team prides itself on delivering caring and compassionate high quality medical services. However, the report notes that "Due to the design of the practice premises access for patients with a physical disability was limited."
- The energy rating of the building is currently at "E" (120) – the lowest efficiency legally allowed to be leased. As energy efficiency guidelines tighten up, this will present problems with the legality of renting/leasing the building. In the winter it is cold due to the wind whistling through ill-fitting window frames

Limited local options

The possibility of Clifton Hampden surgery merging with or moving to the Berinsfield site has been explored. However, the Berinsfield Surgery is also a small building with limited space and no room to extend. Clifton Hampden needs to have capacity to expand to meet the needs of the proposed new Culham development, as well as housing expansion in Long Wittenham and at the edge of Didcot. Berinsfield has proposed housing expansion of its own which will present challenges to the surgery there.

Future plans and continuous improvement in care provision

A new purpose-built surgery in Clifton Hampden is proposed as part of the NDO. This will accommodate growth in numbers and address the complexity of integrated care for the benefit of patients and PCN staff alike. There will be increased capacity to offer appointments with the range of healthcare professionals to patients from Abingdon and Berinsfield as well as Clifton Hampden Surgery.

The GP Partnership proposes to take ownership of the newly developed surgery. This ensures they can make the best use of the building for the PCN.

The local PCN works effectively and is already sharing resources. The PCN (rather than a single practice) currently employs two Social Prescribers and a Clinical Pharmacist to help deliver NHS England targets. These staff divide their time between the four surgeries and need a regular consulting space each week.

Over the next 5 years the government's policy requires PCNs to grow. Clifton Hampden expects to secure additional support for the equivalent of two full time workers such as pharmacists, social prescribers, first contact physiotherapists etc