



North Tyneside Council

Briefing note

To: Adult Social Care, Health and Wellbeing Sub-committee

Author: James Martin, Head of Commissioning (Primary Care), NHS North East and North Cumbria

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Title of Briefing: Beaumont Park Surgery

1. Purpose of report

The purpose of this report is to provide information on the recent decision to agree to the closure of the Beaumont Park Surgery list to new patients for a period of six months and highlight the ongoing risks to delivery of service in that area.

2. Background information

List Closure application 2022

North Tyneside Clinical Commissioning Group (CCG) received an application on 30 May 2022 for Beaumont Park Surgery to temporarily close its list for six months.

Beaumont Park Surgery provides essential, additional, and enhanced services to 6,848 patients (6548.5 weighted) as of 1 April 2022 under a GMS contract from Hepscott Drive, Beaumont Park, Whitley Bay, NE25 9XJ. The practice has three GP partners (1.5 Whole Time Equivalent GPs) and is a member of Whitley Bay Primary Care Network.

The practice has a number of clinical staff vacancies. Employed GP workforce is down from 3 WTE GPs to 1.5 WTE GPs. The practice has secured a 0.5 WTE locum in addition to this but locums do not undertake all the tasks employed GP staff would complete.

The practice also has reduced nurse practitioner (NP) capacity, which is down from 1.2 WTE to 0.2 WTE, and has reduced healthcare assistant capacity, which is down from 1.5 WTE to 1 WTE.

When this is considered in respects to the number of patients per GP WTE and number of patients per GP and NP WTE (table 1), these figures are above well average in comparison to other practices in the local area.

Table 1 – Clinical staffing and GP WTE and GP and NP WTE patient ratios

	Practice	List Size (1 April 2022)	No of WTE GP*	Patients Per WTE GP	No of WTE NP	Patients Per WTE GP* and NP**
Current staff levels	Beaumont Park Surgery (A87008)	6,848	2	3,424	0.2	3,230
Average of local neighbouring practices				1,387		1,387

The practice states that it is struggling to manage its patient list as it needs a bigger premises and additional staff. At the moment, all rooms are being used for clinical purposes and on occasion staff must work from home to do administrative work to free up rooms for clinical work. The practice states that it can continue to provide a service to its current patients, and it has secured an additional locum to the 0.5 above over the summer months to support this. However, any increase in its patient list size would be unsustainable and lead to further increases in waiting times.

The practice has attempted to find new premises so that it can attract new staff and increase its clinical capacity whilst also increasing space, but the plans for a new build have recently fallen through due to the sale of land not being agreed.

The practice stated in its application that the reasons it wished to close its list on a temporary basis are:

- The practice has a very small building that is full to capacity. The practice states it needs more space to recruit additional staff so that it can manage its current list effectively. Closing the list will help the practice manage its capacity whilst it continues to seek a new premises.
- The practice highlights workforce issues. It currently has one full time GP who is on long term sick leave and is expected to start a phased return within the next three months. Another part time GP has recently resigned, and another full time GP wishes to reduce their sessions. The practice also has clinical vacancies that it is struggling to fill. Closing the list will help the practice manage its capacity whilst it tries to rectify these workforce issues.
- With these continued workforce, premises, and recruitment issues, the practice considers that it will be difficult for it to continue to manage its current patient list or any increase until these problems are rectified

The practice has tried to recruit to new and existing clinical posts to allow it to increase its capacity. They have had a job advert out with a one-month closing date and has approached all regular locums who have considered it, but it has never gone any further. There has been some interest in the vacancies, but the practice feels that the

restrictions with respects to the premises and the need for hot desking and vacating rooms at the end of a session is off putting to applicants.

Most staff have increased their hours already to deal with capacity issues and the practice has tried different ways of working such as remote working, but this is now proving harder due to the increasing requirement for face-to-face work.

The practice will continue to act on its workforce and premises issues, however closing the patient list will help the practice manage its capacity until a solution is found.

Based on the information provided by the practice and the need to ensure that service provision remains safe for existing patients on the list North Tyneside CCG Primary Care Committee agreed to the closure of the practice list for 6 months with the following exceptions:

- Continuation to register newborn babies and dependent children of existing patients
- Continuation to register patients from the practice's aligned care home

Allowing the practice to close its list would

- Allow the practice list to reduce to a manageable size.
- Relieve some pressure whilst the practice waits for staff on sick leave to return
- Allow the practice time to increase staff capacity by filling vacant posts
- Allow the practice to manage capacity whilst it seeks a new premises, however, it is unlikely the practice will be able to find a new premises and move within 6 months

List Closure application 2019/20

Beaumont Park Surgery applied to close their list in 2019/20. This was agreed and an action plan was put in place to mitigate the risks and move to a position where the practice could reopen the list to new patients. The main elements of that action plan focussed on the current practice premises.

The existing premises were developed in 1984 for a practice with a much smaller patient list size than the one it has now (the current patient list size is over 3½ times the size of the one that existed when the building was originally built).

The property comprises a single storey brick building with a pitched and hipped roof with a tile covering, and timber framed windows with single glazing which need upgrading along with the heating system. The premises are 70% undersized and are no longer fit for purpose or in line with current NHS design or space standards and are prohibitive to service delivery to the patients. The building layout is detrimental to confidentiality and there are access issues such as doors not able to accommodate wheelchairs or pushchairs.

There are a number of issues that make the building an unattractive place for new staff to choose to work. Many rooms are small and cramped and lack natural light. The existing building experiences major issues with heating due to the age of the heating system and lack of ventilation. Room temperatures in the summer can exceed 26°, in the winter months plug in heaters are needed in most rooms as radiators are old and single glazing exists throughout the building which is not in line with the NHS Green agenda.

Following the list closure in 2019/20 a review of the existing premises was undertaken to understand what opportunity there was to expand and improve the building to meet the needs of the local population. This review found that some internal reconfiguration of space could create a small amount of additional clinical space but increasing the overall floor space of the building had significant challenges:

- The structure of the existing premises would not take an additional storey being added to same without substantially demolishing the majority of the existing building which was not viable.
- The existing car parking is outside of the Title for the existing Practice premises and so is not something that could be reclaimed. Parking at the current site is a shared public space with no dedicated accessible spaces. The surgery has no allocated space for staff or patients
- Purchasing the existing premises from the current owner was not a viable option for the Partners in the Practice
- Purchasing adjacent (which are occupied/owned/tenanted) commercial property was also not a viable option for the Partners in the Practice
- Even if “money was no object” and it was an option to buy the existing premises, buy an adjacent property, utilise some of the existing car parking and re-configure the space, this would still not deliver a building sufficient in size for the Practice needs and one that would be in accordance with the NHS England measure (guidance on the size of premises for a Practice based on the patient list size)

Following the review, it was clear that the only viable long-term solution available to the practice to meet the current and future needs of the local population was to relocate. Some minor works were funded for the existing building to undertake the identified internal configuration and support the practice in the short term to reopen their patient list.

Practice relocation and risks to the reopening of the practice list

To support the delivery of the long-term solution for the practice a partner organisation was engaged to assist the practice in identifying potential opportunities for relocation. The practice, partner, and council officers worked together over an extensive period to identify and review 20 possible sites in the vicinity of the existing practice building but only one was found to be viable on a piece of land at Newsteads Drive.

As the land at the identified site is owned by North Tyneside council a number of processes needed to be followed before the sale of the land could be agreed. The Strategic Property Group confirmed its support for the disposal of the land at a meeting on 17 November 2021 but following external consultation with Ward members and members of the public the decision by the Cabinet was that the land should not be sold.

With no viable alternatives sites identified the relocation of the practice is now reliant on previously identified sites becoming viable or new sites becoming available for which there is no clear timeline. As a relocation is the identified long-term solution to the practice premises issues, which are the main cause of the list closure, this puts the practice's ability to safely reopen their list within a set timescale at significant risk as well as creating risks to the ongoing viability of the practice.

3. Recommendations

Adult Social Care, Health and Wellbeing Sub-committee Members are asked to note the contents of the report and the identified risks to the ongoing provision of services to patients in the area served by Beaumont Park Surgery

4. Appendices (if any)

N/A