

Background Paper – Needs Assessment – Health facilities

Last updated: 9 September 2013

SUMMARY OF NEEDS:

- Richmond's Clinical Commissioning Group (CCG) has "clustered" GP practices into smaller geographical areas to understand the extent of current provision and make decisions on where best to prioritise investment, addressing the current shortfalls in a targeted and measured way.
- Borough-wide health care will be needed to provide additional capacity to support growth, new housing development and population. The CCG has identified the following clusters requiring attention (in order of priority):
 1. Richmond, Ham & Kew
 2. Teddington & Hampton
 3. East Sheen & Barnes

1. Policy Background

1.1 National

Key policies guidance within the National Planning Policy Framework (NPPF), relevant to health facilities are:

- Supporting strong, vibrant and healthy communities is part of the 'social' dimension of sustainable development (para 7).
- One of the core planning principles is to take account of and support local strategies to improve health, social and cultural wellbeing for all, and deliver sufficient community and cultural facilities and services to meet local needs (para 17).
- Chapter 8 of the NPPF focuses on 'Promoting healthy communities'.
- Local planning authorities should set out the strategic priorities for the area in the Local Plan. This should include amongst other things strategic policies to deliver the provision of health, security, community and cultural infrastructure and other local facilities (para 156).
- Local planning authorities should work with other authorities and providers to assess the quality and capacity of infrastructure for transport, water supply, wastewater and its treatment, energy (including heat), telecommunications, utilities, waste, health, social care, education, flood risk and coastal change management, and its ability to meet forecast demands (para 162).
- Local planning authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the local population (such as for sports, recreation and places of worship), including expected future changes, and any information about relevant barriers to improving health and well-being (para 171).

1.2 Regional

London Plan:

There are three key policies in the London Plan to which Boroughs should refer to when planning for health (and social care) facilities. Policy 3.17 on health and social care facilities complements policies 3.16 on social infrastructure and 3.2 on improving health and addressing health inequalities.

- Policy 3.1 Ensuring equal life chances for all: Development proposals should protect and enhance facilities and services that meet the needs of particular groups and communities. Proposals involving loss of these facilities without adequate justification or provision for replacement should be resisted.
- Policy 3.2 Improving health and addressing health inequalities: Boroughs should:
 - a) work with key partners to identify and address significant health issues facing their area and monitor policies and interventions for their impact on reducing health inequalities
 - b) promote the effective management of places that are safe, accessible and encourage social cohesion
 - c) integrate planning, transport, housing, environmental and health policies to promote the health and wellbeing of communities
 - d) ensure that the health inequalities impact of development is taken into account in light of the Mayor's Best Practice Guidance on Health Issues in Planning.
- Policy 3.16 Protection and enhancement of social infrastructure: Development proposals which provide high quality social infrastructure will be supported in light of local and strategic needs assessments. LDFs should provide a framework for collaborative engagement with social infrastructure providers and community organisations:
 - a) for the regular assessment of the need for social infrastructure at the local and sub-regional levels; and
 - b) to secure sites for future provision or reorganisation of provision. Where appropriate, boroughs are encouraged to develop collaborative cross-boundary approaches in the provision and delivery of social infrastructure.

Boroughs should ensure that adequate social infrastructure provision is made to support new developments. If the current use of a facility is no longer needed, boroughs should take reasonable steps to identify alternative community uses for which needs have been identified. Adequate provision for social infrastructure is particularly important in areas of major new development and regeneration and should be addressed in opportunity area planning frameworks and other relevant area action plans. Para 3.86 states specifically that "social infrastructure" covers a wide range of facilities including health provision.
- Policy 3.17 Health and social care facilities: In LDFs boroughs should identify and address significant health and social care issues facing their area and should work with the NHS, social care services and community organisations to:
 - a) regularly assess the need for health and social care facilities at the local and sub-regional levels; and
 - b) secure sites and buildings for or to contribute to future provision.

1.3 Local Policy

Core Strategy:

- CP16 Local Services/Infrastructure – this policy sets out the overall strategic approach for the provision of services and facilities for the community. The Council in working with other partners will ensure the adequate provision of such services and

facilities, especially in areas of relative deprivation. Where opportunities arise, co-location of council, health, library and school facilities is encouraged. The loss of community facilities will be resisted unless it can be shown that the facilities are no longer needed or that the service could be adequately re-provided in a different way or elsewhere.

- CP17 Health and Well-being – this policy focuses on the health and well-being in the Borough, which is important and all new development should therefore encourage and promote healthier communities and places. The policy supports the provision of new or improved facilities for health and social care. Existing health, social care, leisure and recreation provision will be retained where these continue to meet or can be adapted to meet residents' needs. Land will be safeguarded for such uses where available, and the potential of re-using or redeveloping existing sites will be maximised.

Development Management Plan:

Social infrastructure covers a broad range of facilities, including health facilities.

- Policy DM SI 1 Encouraging New Social Infrastructure Provision – This policy supports new or extensions to existing social infrastructure where:
 1. it provides for an identified need;
 2. where practicable is provided in multi-use, flexible and adaptable buildings or co-located with other social infrastructure uses which encourage dual use and increase public access;
 3. it is in a location that is accessible by public transport, walking and cycling;
 4. is of high quality design providing inclusive access for all;
 5. it does not have a significant adverse impact on residential character and amenity;
 6. provision of car parking and effect on traffic movement and highway safety is in
 7. accordance with Policy DM TP 8, and
 8. is in accordance with other relevant policies.
- Policy DM SI 2 Loss of Existing Social Infrastructure Provision: This policy resists the loss of social infrastructure unless it can be shown that the facilities are no longer needed or that the service could be adequately re-provided in a different way or elsewhere in a convenient alternative location.

Corporate Plan:

One of the priorities of the Corporate Plan is 'People', which identifies 'A Healthy Borough: Integrated Care' as one of the important themes. The Council is committed to promoting the health, wellbeing and independence of people and communities. To achieve this, the Council will work with Richmond's Clinical Commissioning Group (CCG) to develop and commission integrated services across health and social care. Working with Hounslow Council, Richmond and Hounslow CCGs and Hounslow and Richmond Community Healthcare NHS Trust the Council will take steps to set up an Integrated Care Organisation with the aim of improving health and social care services for residents. The business case has been developed in June 2013, with the intention of staged implementation during summer and autumn 2014.

Supplementary Planning Guidance/Documents, including site briefs

All adopted SPGs and SPDs will be applied with respect to any development proposal coming forward in the Site Allocations Plan. There are no specific SPGs/SPDs that deal with

health facilities; however, some requirements in this regard are included in relevant site briefs.

Details of all adopted SPGs/SPDs can be found on the Council's webpage:
http://www.richmond.gov.uk/supplementary_planning_documents_and_guidance.htm

2. Research and Evidence

From April 2013, Primary Care Trusts (PCTs) have been replaced across England by more than 200 GP-led organisations called Clinical Commissioning Groups (CCGs). GPs in Richmond are now working together as the [Richmond Clinical Commissioning Group](#), which offer free primary care health services for local people. Therefore, the new partners in relation to health care infrastructure are now the Richmond Clinical Commissioning Group¹ (CCG) and NHS England²; the PCT and NHS South West London have been abolished.

The nearest Hospitals for acute Accident & Emergency are outside of the borough – in particular West Middlesex University Hospital at Isleworth and Kingston Hospital.

Community-based services to the population are provided over a number of different sites. One of these sites is the Teddington Memorial Hospital, based in central Teddington. Its services include a walk-in centre for minor ailments, consultant and GP-led outpatient services, a diabetes centre, diagnostics and community care. There are clinics in Teddington, Hampton, Twickenham, Ham and East Sheen, with 28 GP practices across the borough. A total of 183,154 people were registered with GPs in the borough in April 2010 (data published February 2011). All NHS practices currently offer appointments during extended hours' sessions, providing patients with a range of early morning, evening and/or Saturday appointments.

A new state-of-the-art health and social care centre in Whitton that brings GPs, social services, mental health and other primary care services together under one roof, offering an integrated service for local residents, has opened in June 2012. Planning permission (12/3222/FUL) was granted for a GP-led medical centre in Parkshot, Richmond which was proposed to accommodate the merger of the existing local practices – the Pagoda Surgery and the Queens Medical Centre. In principle, this will enable improved provision, although there is no indication of if and when the permission will be implemented.

Hounslow and Richmond Community Healthcare³ (HRCH) are the NHS organisation responsible for providing community healthcare to the 425,000 adults and children living in the boroughs of Hounslow and Richmond. They have a distinct role in enabling people to stay healthy and active in their communities and in preventing them from spending unnecessary time in hospital. This is part of an integrated health and social care system and can make significant improvements for patients but by working in partnership with primary care, social care, education, acute hospitals and with commissioners we can together go further, providing joined up, higher quality, personalised and efficient services that lead to better outcomes for patients. Richmond estate is in the process of transfer to HRCH NHS Trust.

The 2009 refresh of the Joint Strategic Needs Assessment⁴ stated that the availability of NHS dentistry was fairly evenly spread across the borough. Since April 2013, the NHS

¹ <http://www.richmondccg.nhs.uk>

² <http://www.england.nhs.uk/>

³ <http://www.hrch.nhs.uk/>

⁴ <http://www.richmond.gov.uk/jsna.htm>

England Commissioning Board has taken on commissioning responsibility from primary care trusts for all NHS dental services: primary, community and secondary, including dental out of hours and urgent care. Through the NHS there were also 58 contracts with local optometrists, 22 of which provide services from fixed premises and 34 provide domiciliary services, plus pharmacies across the borough.

The main provider of adult and children's mental health services is South West London and St George's NHS Mental Health Trust⁵. A range of services are provided across sites, including Barnes Hospital, Richmond Royal Hospital, the Maddison Centre in Teddington, and the Kingston Lane Hostel in Teddington, with other outreach teams and services. The tiered model of care is designed to provide a single point of access, for adults and older people enabling an early assessment and initial consultation from a full range of qualified mental health professionals, and ensuring that service users are referred to the most appropriate service. The emphasis in each tier will be to provide discrete, personalised packages of care, provided by the right team, in the right setting at the right time. The Trust's estates strategy has a focus to rationalise the estate, including reducing the number of hospital sites from five to a maximum of three (in 2013 consideration was being given to two and three site options) and to maintain and improve the clinical facilities at the Springfield Hospital site.

West London Mental Health Trust are a leading national provider of forensic (secure) and specialist mental healthcare, and offer a specialist inpatient service for people with personality disorders from part of the Cassel site in Ham⁶. This is a national specialist assessment and treatment services for young people and adults with complex personality disorders, using a therapeutic community model (a unique national service, resulting in patients coming from all across the country).

Future priorities:

The CCG lead for primary care has provided some information on the CCG's geographical priorities for the provision of primary care:

The most recent premises review carried out by the CCG has "clustered" practices into smaller geographical areas. Practices that have previously benefitted from improvement grant funding to enable a) improvement to existing premises or b) relocation to new sites have been included providing a more accurate picture of the level of need across the entire primary care estate. This approach allows the CCG to fully understand the extent of current provision and enables the CCG to make informed decisions on where best to prioritise investment, addressing the current shortfalls in a targeted and measured way. It also aids the CCG in its duty to support community based initiatives such as Better Services, Better Value (BSBV).

Information included in this research is designed to help the CCG prioritise its strategy for premises development and the allocation of additional funding supporting this. It highlights where there may be some capacity within a cluster; a short term solution that would provide a degree of flexibility in spreading increasing patient demand across a number of local practices. This approach would be helpful whilst long term solutions of practice relocations are worked through. The premises review has also considered the scope for expansion and potential relocation of current premises; this provides a high level view as to whether a practice could remain in its existing premises whilst looking to improve infrastructure and overall Gross Internal Area (GIA). Or, if this approach has already been used, the remaining solution would be to search for suitable alternative premises.

⁵ <http://www.swlstg-tr.nhs.uk/>

⁶ <http://www.wlmht.nhs.uk/cs/cassel-hospital-services/>

The premises review indicates that Richmond, Ham and Kew is the priority cluster requiring attention, the acquisition of development opportunities and a funding commitment if the CCG accepts this approach to adopting a revised primary care estate strategy.

An analysis of premises' Gross Internal Area (GIA) has been carried out. The existing GIA for each practice (by cluster) has been calculated with target GIA minimum based on DoH guidance and a GIA max to reflect service enhancement space and GP Registrar training. The information is shown in the table below; there are 11 practices (where the existing GIA is more than 40% below the minimum target GIA). The last two columns "Scope for Expansion" and "Potential Relocation" are indicators for current premises. The CCG is looking to prioritise securing appropriate development opportunities for these practices and in order of priority for clusters: 1) Richmond, Ham & Kew; 2) Teddington & Hampton; 3) East Sheen & Barnes and 4) Twickenham and Whitton.

Geographical Groupings	Lead GP	Map Ref	List Size	Current GIA M2	Target GIA M2	% below Target	Target GIA M2	% below Target	Scope for Expansion	Potential Relocation
					min	min	max	max		
East Sheen & Barnes										
Castlenau (Barnes)	Palacci	21	3,840	80	283	72%	357	78%	N	Y
Essex House (Barnes)	Flood	13	8,909	604	612	1%	695	13%	Y	N
Glebe Road Surgery (Barnes)	Botting	19	9,329	460	690	33%	721	36%	N	Y
Sheen Lane HC (East Sheen)	Jezierski	16	8,395	600	697	14%	674	11%	Y	N
Sheen Lane HC (East Sheen)	Johnson	16	10,270	600	697	14%	782	23%	Y	N
Sub Total			40,743	2,344	2,979	21%	3,229	27%		
Richmond, Ham & Kew										
Deanhill Surgery (Richmond)	Sayer	29	2,135	181	217	17%	258	30%	Y	Y
Queens Medical Centre (Richmond)	Cooper	6	3,880	236	311	24%	360	34%	N	Y
Pagoda Avenue Surgery (Richmond)	Bates	1	7,747	159	573	72%	649	76%	N	Y
Richmond Green Medical Centre (Richmond)	Sayer	23	1,959	149	208	28%	249	40%	N	Y
Seymour House (Richmond)	Hudson	3a	13,548	539	844	36%	942	43%	Y	Y
Lock Road Surgery (Ham) - see above for combined practice	Hudson	3b							Y	Y
Paradise Road (Richmond)	Griffiths	14	3,075	160	265	40%	310	48%	N	Y
The Vineyard (Richmond)	Syed	11	3,446	139	285	51%	332	58%	Y	Y
Kew Medical Practice (Kew)	Fitzmaurice	12	3,506	138	289	52%	336	59%	Y	Y
North Road Surgery (Kew)	Crowley	7	6,514	197	496	60%	564	65%	N	Y
Sub Total			45,810	1,888	3,371	44%	3,865	30%		
Teddington & Hampton										
Park Road	Bradley	4	12,275	292	784	63%	876	67%	N	Y
Thameside Medical Practice	Childs	5	3,919	282	313	10%	362	22%	Y	N
Hampton MC	Lewis	20	12,611	478	797	40%	891	46%	Y	Y
Broad Lane	Bhatia	9	4,497	175	350	50%	403	57%	N	Y
Hampton Wick Surgery	O'Flynn	2	8,629	819	605	-35%	684	-20%	N	Y
Hampton Hill MC	Pennycook	30	8,657	632	605	-4%	684	8%	N	Y
Sub Total			50,588	2,678	3,454	22%	3,900	31%		
Twickenham & Whitton										
Acorn Medical Practice	Jackson	22	7,756	837	673	-24%	749	-12%	Y	N
Cross Deep Surgery	Robertson	10	9,592	530	644	18%	721	26%	Y	Y
York Medical Practice	Thomas	15	11,564	640	751	15%	841	24%	Y	Y
The Green Surgery	Stent	26a	8,082	326	585	44%			Y	Y
Fir Road - see above for combined practice	Stent	26b							Y	Y
Twickenham Park	Johal	17	6,478	463	488	5%	554	16%	N	Y
Richmond Lock Surgery	Smith	25	6,536	537	499	-8%	561	4%	N	N
Staines Road Medical Centre	Sarajic	8	2,168	131	213	38%	254	48%	Y	Y
Whitton Corner HC	Sinha	24	2,191	154	219	30%	260	41%	Y	N
Whitton Corner HC	Boohan	28	5,324	214	411	48%	469	54%	Y	N
Wood Lawn	Kudra	27a	4,887	285	372	23%	428	0	Y	Y
Oak Lane - see above for combined practice	Kudra	27b							N	Y
Sub Total			64,578	4,117	4,855	15%	4,837	15%		

More information on the Health of the borough can be found at: Hounslow and Richmond Community Healthcare⁷; the Joint Strategic Needs Assessment⁸ (JSNA) is the comprehensive assessment of the health and well-being needs of the population of Richmond upon Thames.

⁷ <http://www.hrch.nhs.uk/>

⁸ <http://www.richmond.gov.uk/jsna.htm>

In summary, the latest CCG priorities are based on the most recent premises review, which has “clustered” GP practices into smaller geographical areas to understand the extent of current provision and make decisions on where best to prioritise investment, addressing the current shortfalls in a targeted and measured way. The CCG’s information indicates that Richmond, Ham & Kew is the priority cluster requiring attention. Following that, the order of priority is Teddington & Hampton, and then East Sheen & Barnes.

Whilst the CCG has not identified any specific projects or site needs for health care facilities, there will be a need to provide additional capacity on a borough-wide level for health care (including Hospitals and GPs) to support growth, new housing development and an increasing population, with particular focus on the Richmond, Ham & Kew cluster, followed (in order of priority) by Teddington & Hampton, and then East Sheen & Barnes cluster.

Therefore, the Site Allocations Plan should reflect this order of priority for addressing health needs, and sites should be identified for possibly mixed uses, which include health uses.

3. Consultation

The Richmond CCG carries out local consultations, whereby residents can register with them to be kept up to date with local consultation and involvement initiatives.

Current consultations (as of July 2013) include:

- Developing an out of hospital care strategy May – July 2013: A review of out of hospital care in Richmond: Developing an out of hospital care strategy. Further information can be found on:
<http://www.richmondccg.nhs.uk/HaveYourSay1/Take%20part%20in%20consultations/Pages/Developinganoutofhospitalcarestrategy.aspx>
- Better Services Better Value (BSBV): A review of health services in south west London. Further information can be found on the BSBV page:
<http://www.richmondccg.nhs.uk/HaveYourSay1/Take%20part%20in%20consultations/Pages/BSBV.aspx>

Recently completed consultations include for example the following:

- Richmond joint strategy for prevention of substance misuse:
<http://www.richmondccg.nhs.uk/HaveYourSay1/Take%20part%20in%20consultations/Pages/Richmondjointstrategyforpreventionofsubstancemisuse.aspx>
- Consultation on Adult Mental Health rehabilitation services:
<http://www.richmondccg.nhs.uk/HaveYourSay1/Take%20part%20in%20consultations/Pages/ConsultationonadultmentalhealthrehabilitationservicesinRichmonduponThames.aspx>