

# Newbold Verdon Neighbourhood Plan

## Community Facilities

Reference : CF5

### **Report on Newbold Verdon Medical Practice**

This document is a summary of the interaction held between members of the Neighbourhood Planning Group and representatives of the Newbold Verdon Medical Practice. Conversations were also held with members of the Patient Partnership Group, the Clinical Commissioning Group, Hinckley and Bosworth District Council representatives and Bloor Homes.

These conversations were held over a period of 10 months.

They were used to inform the evidence gathering relating to community facilities and infrastructure issues should further large-scale housing development take place.

# Newbold Verdon Neighbourhood Plan

Report arising from the Meeting with Representatives of Newbold Verdon Medical Practice

Tuesday, 16 May 2017

On behalf of the surgery: Dr P. Davenport (Senior Partner) Ms Becky Bower (Practice Manager)

NVNP representatives: Roger King, Clem Petcher

## Current Situation

The Practice is based in Newbold Verdon and Market Bosworth but it serves a much wider community than these two parishes. There are currently 11,000 registered patients of the Practice and this includes patients living in the following four care homes and one nursing home: Home from Home, Newbold Verdon; Orchard House and Bosworth Court Nursing Home, Market Bosworth; Kirby Grange Care Home, Botcheston and Honey Suckle Farm, Desford.



Map of the Practice Boundary

The population of Newbold is approximately 3150 (2014 LLSO) and Market Bosworth is 2097 (2011 census). Both practice surgeries, therefore, serve a population more than double the combined sum of the two parishes.

The Practice is currently experiencing a considerable amount of pressure to meet the needs of this number of people in a geographically expansive area (see Appendix A for additional statistic). Though it manages to attract and subsequently recruit doctors and other health professionals, it is a challenge to keep up with the ever increasing demand. It, like all other GP services, has experienced significant budgetary pressures and the removal or reduction of a number of ancillary services including the loss of Smoking Cessation, Health Visitor, Podiatry, reduction in mental health services and less District Nurse input over the past 5 years.

## Newbold Verdon Medical Practice Building

The building is only just able to provide the wide range of services it currently has to offer but this is difficult and trends suggest this is not going to get any easier. Consideration has been given by the Practice to look to develop the building to provide more room; though the small plot of land on which it stands and the need to retain the already limited existing car parking, means it would have to be upwards rather than out. Substantial costs will be associated with any type of redevelopment and the Practice does not believe this is likely to be forthcoming in the foreseeable future. A window of opportunity arose in 2014 when a development of 103 houses was built in the village and the possibility of accessing Section S106 funding arose. This did not happen, despite the Practice having an increase in approximately 300 patients as a consequence of the additional houses.

**Newbold Verdon Residents – demographic changes and their likely impact**

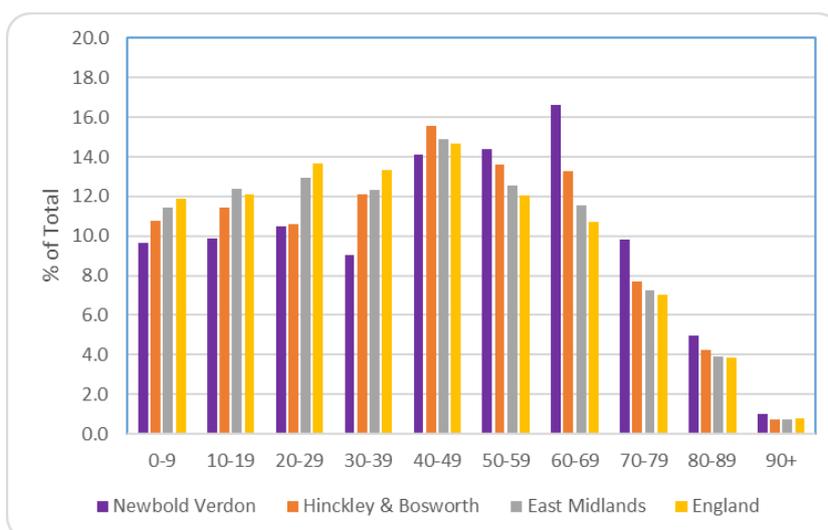
The following table is from the 2011 census, KS112

	Newbold Verdon		Hinckley & Bosworth	East Midlands	England
	No	%	%	%	%
Aged 0-4	158	5.2	5.5	6.0	6.3
Aged 5-15	299	9.9	12.2	12.5	12.6
Aged 16-64	1,841	61.1	63.9	64.5	64.8
Aged 65+	714	23.7	18.4	17.1	16.3
All Usual Residents	3,012	100.0	100.0	100.0	100.0
Median age	47		43	40	39

The above numbers for Newbold Verdon will require some adjustment to accommodate for the influx of people following the 2014 building of 103 houses on Old Farm Lane Development. They do, however, point to a parish with a higher than average number of people aged 65+, compared to a lower than average number of children aged 0-4 and 5-15 years of age.

A more detailed breakdown of age bands (see below) reveals that Newbold Verdon has a significantly higher proportion of residents particularly in the 60-69 and 70-79 age bands compared with the rest of Hinckley and Bosworth District, the East Midlands and England.

**Newbold Verdon Population by 10 year age bands, 2011**



Source: Census 2011, QS103

The implications for the Newbold Verdon Medical Practice are self-evident; namely, that the ageing population will place ever increasing demands on what is already an overstretched service.

In the report on Housing and Economic Development Assessment (HEDNA) undertaken on behalf of the county of Leicestershire and Leicester city, a statistical analysis was undertaken of the likely impact of population growth between 2011 and 2036 on the number of people with specific illnesses or disabilities. Using the Projecting Older People Information System (POPPI), estimates of the number of people over 65+ with dementia and mobility problems (health related problems the most likely to require the greatest amount of housing support/adaptations) were calculated.

#### Hinckley and Bosworth District Projected increase in people living with Dementia and/or Mobility Problems

		2011	2031	Change	% Increase
<b>2011 -2031</b>	Dementia	1327	2516	1189	108%
	Mobility Problems	3515	7038	3523	70%
		2011	2036	Change	% Increase
<b>2011 - 2036</b>	Dementia	1327	2903	1577	119%
	Mobility Problems	3515	7038	3523	100%

The HEDNA report deals specifically with housing and economic development needs, not the pressures on primary health care, but it is reasonable to conclude that such percentage increases in two critical health areas will also be reflected in other conditions of ageing that the Newbold Verdon Medical practice will have to address.

#### Possible Implications for the Neighbourhood Plan

1. Evidence from the YourLocale Housing Needs Report for Newbold Verdon and the HEDNA report show the parish (and area) experiencing a significant increase in the number of people living much longer; and whilst this is to be celebrated, it has to be acknowledge that this is likely to place significant pressures on our local primary health service.
2. When considering housing need and the pressure on local infrastructure, the NP will need to be robust in its defence of this critical element of our infrastructure and stress that this will be one of the key determining factors in whether any form of extensive building should be going on in the parish.
3. Whilst sited in the parish, it is very important to remember that the Newbold Verdon Practice (together with its partner practice at Market Bosworth) serves a much larger community than the two villages and across a large area. Neighbourhood plans in other local parishes will need to factor this into their deliberations, as will the District Council.
4. The Practice stresses that carers, often relatives, friends or neighbours, play a vital role in supporting those who are sick or frail. This applies not only within the home but in the collection of prescriptions and in helping patients to travel to and from the surgery. For a significant minority these movements to and from the surgery are undertaken by bus, and the recent reduction in the local bus service has already had an impact on carers. The NP should look closely at this issue and liaise with Leicestershire CC, Arriva and other parties to see how this service can not only be maintained but also improved.
5. Housing and the most appropriate type of housing for the elderly is already something the NP is focusing upon. The need for a range of suitable accommodation types for all ages and abilities is being actively considered; for these both directly and indirectly contribute to the health and well-being of parishioners.

6. The NP should also look at the way its policies can help support the health and well-being of parishioners, and, as a result, maintain as healthy a population as we can. This will mean looking at ways to encourage healthier living. For example;
- safe walks in and around the village and parish
  - opportunities for children and young people to be active and stay active
  - improve access to the countryside and the experience whilst there. Working with Tarmac to create a wildlife area at Brascote; working with landowners and reducing the number of stiles on the public footpaths so that more people can access the countryside;
  - maintaining and improving the attractiveness of the village and parish

#### **Appendix A: Addition Statistics from the Newbold Verdon and Market Bosworth Medical Practice**

Yearly increase in list size from 2012 to date: (based on 6th of June each year as that is when I ran the search)

2012 - 10505  
2013 - 10519  
2014 - 10703  
2015 - 10770  
2016 - 10901  
2017 - 11408

The current number of patients in the various age groups is:- (based on 6/6/17)

0-4 - 510  
5-15 - 1259  
16-64 - 6529  
65-75 - 1778  
76+ - 975

On our long term conditions registers we have the following:-

Asthma - 797  
Atrial Fibrillation - 299  
COPD - 161  
Cancer - 351  
Dementia - 116  
Diabetes - 569  
Learning disabilities - 31  
Mental Health (severe) - 53  
Coronary Heart Disease - 384  
Stroke & TIA - 223

In 2016 we had the following number of appointments with the various clinicians:-

GPs - 29,420  
Advanced Nurse Practitioners - 9601  
Practice Nurses - 13,184  
Health Care Assistants - 11712

# Newbold Verdon Neighbourhood Plan

Second Meeting with Representatives of the Newbold Verdon and Market Bosworth Medical Practice

## Summary Report

Date: 13<sup>th</sup> March 2018

Attending: Roger King, Clem Petcher, Rebecca Bowler (Practice Manager)

### Purpose

Following a Parish Council Meeting on the 19<sup>th</sup> February 2018, where the draft Housing Policy of the Neighbourhood Plan was discussed, members of the Advisory Steering Committee were asked to meet with representatives of the medical practice to seek further clarification on what the surgery's needs were both now and into the future. And to ascertain what would be the impact of a substantial (100 – 125) new housing development on the surgery.

### Summary

Members of the Steering Group explained that the Neighbourhood Plan, should it be passed at referendum, would contain a policy advocating the building of up to a minimum of 100 houses. This was deemed to be required after extensive evidence gathering over the past twelve months. It was acknowledged however that the medical practice would come under additional pressure to meet the needs of the community: something it was already grappling with even if patient numbers remained at current levels.

The Housing Policy contains the following statement:

*A financial contribution of £XX will be provided to directly finance the improvement of patient access to the Newbold Verdon Medical Practice.*

There then followed a general discussion about the way in which funding might go some way to alleviating any additional consequences of a significant new housing development.

The Practice Manager noted the following points:

- The buildings and car park were already under pressure from patient numbers.
- The Clinical Commissioning Group (CCG) had exacting standards which had to be met when it came to building extensions or interior adaptations.
- Trying to establish some form of satellite medical provision within the village would not be practical. Even if costs could be provided for building adaptation, there would be significant issues relating to staffing, technology, and health and safety. The only option was improvement to the medical practice.
- It was likely that, should there be significant increases in numbers, the surgery would have to look to the following:
  1. An additional consulting room;
  2. Extending the waiting room
  3. Increasing the size of the car park

All three structural changes would have significant financial costs.

## Conclusion of the Meeting

The Committee representatives would report back to the Parish Council in April, but in the meantime, they would look to engage with representatives of the West Leicestershire Clinical Commissioning Group and potential housing developers to ascertain their response to these discussions.

## Follow Up

### 15/03 – Phone Conversation with CCG Representative

Kay Bestall at the West Leicestershire Clinical Commissioning Group was contacted. We explored the role of the CCG in supporting the Newbold Verdon Medical Practice, should a development of 125 houses be built within the Parish.

Kay explained how the CCG worked with HBBC District Council when any housing development of a substantive nature went into the planning application system. The current maximum funding a CCG could apply for from S106 sources for a housing development of this kind would be £63,000, and that the CCG, recognising the needs of the Newbold Verdon Medical Practice would apply for the full amount: the funding would be to help the surgery make adaptations within the building to accommodate what would be about 300 extra patients. Kay also explained that additional financial support may be forthcoming through other NHS sources.

We discussed the physical constrictions to the current site and that any potential extensions would likely have to encroach on the car park, which was already straining to cope with patients, staff and other visitors at busy times.

I asked about the possibility of asking the developers to gift a plot of land for a small car park about 50m to the west of the surgery. Kay explained that this could not be adopted by the NHS as it was not on their land.

We agreed that I would keep her informed of the progress we were making in formulating our housing policy and how it related to the needs of the Medical Practice.

### 16/03 – Information from Bloor Homes

Following a phone discussion with Max Whitehead, Planning Director at Bloor Homes, where we discussed the possibility of creating additional parking space on the possible housing development plot close to the Medical Practice, Max pointed out a number of possible hurdles to overcome, the main one being the placing of an entrance to the car park between the Bosworth Lane and Dragon Lane junctions; something Max felt the LCC Highways were unlikely to approve.

We then looked at the possibility of extending the existing practice car park and Max arranged for a rough plan to be drawn up, assuming the grounds to the west of the surgery were the surgery's property.



A number of caveats were pointed out by Bloor Homes:

- a) Extent of highway boundary and extent of medical practice land ownership (assumed highway boundary is to back of public footpath).
- b) Removal of all planting and trees to the northern boundary.
- c) Possible levels and drainage constraints particularly at boundary's.
- d) Cost of implementation vs additional spaces.
- e) Any planning constraints.

### **20/03/2018 – Additional Information**

The Hinckley and Bosworth District Council Core Strategy 2009 – 2016 states the following:

*Support the improvement of the GP facilities in Newbold Verdon to support the increase in population, to be delivered by the PCT and developer contributions. Policy 11 p49*

It would appear that this was not applied when the parish had 103 houses built between 2011 – 2014 in the village and no S106 funding was designated to the Practice.

### **22/03/2018 – Additional Information from the Medical Practice**

The Practice Manager, Rebecca, forwarded details of a series of emails between herself and Kay Bestall in March of 2017. Rebecca had questioned why no S106 funding had been forthcoming from the Heritage Walk Development. Kay replied that a request for S106 funding had been supplied to HBBC, but on not receiving any funds the CCG asked for an explanation on HBBC sent the following reply.

*"Although a contribution was requested at the time of application 11/00489/FUL it was tested with the regulations and wasn't found compliant and therefore the contribution could not be sought."*

Would an application of a similar nature fall foul of the regulations on a second, similar, occasion? How can we achieve some clarity on this prior to making any commitment within the planning policy? At the very least, we need some assurance from HBBC that any application for funding would not be rejected on similar grounds to before.