

# The Future of Primary Care Provision in Bicester

On Tuesday 14 May 2019 around 200 patients and members of the public attended an information and discussion meeting on the future provision of primary care in Bicester. The event was held at the John Paul II Centre in Bicester town centre and was organised by the three Bicester GP practices and the Oxfordshire Clinical Commissioning Group. The meeting had been widely advertised and was chaired by Dr Rosie Rowe, Bicester Healthy New Town Programme Director. Here, in summary form, is an outline of the meeting and the questions and responses given.

The meeting opened with the introduction of Dr Toby Quartley, GP Partner at the Alchester Medical Group, who explained the reasons behind the planned relocations of the Alchester Medical Group surgeries and the Montgomery-House Surgery to a new purpose-built health hub on a site at either Graven Hill or Kingsmere. These reasons are as laid out in the video published online and in surgeries in February 2019. [Please click here to watch](#) or to [read a transcript](#).

## The Panel:

Dr Toby Quartley, GP Partner, Alchester Medical Group

Dr Will O’Gorman, GP Partner, Montgomery-House Surgery. Also North East Locality Clinical Director, Oxfordshire Clinical Commissioning Group

Dr Jonathan Holt, GP Partner, Bicester Health Centre

Christopher A’Court, Communications and Engagement, Alchester Medical Group and Montgomery-House Surgery

## The Comments, Questions and Answers Session

(Please note that in some cases we are not publishing the names of those who commented or asked questions in order to protect their privacy. Where questions are from councillors or from those holding specific positions their names and/or titles have been included for clarity and for public interest reasons).

**Comment.** (from Carole Hetherington, Chairman Langford Village Community Association)  
*Kingsmere is not a good site as there is too much development and congestion on that side of the town already. This includes Bicester Village and a new shopping site. There will be extra stress on the hamburger roundabout. It’s a very compact area of Bicester. I’m concerned too much is going in the opposite direction and away from Langford surgery area of town.*

*There is the issue around transport links. Lots of people can't drive including youngsters, the elderly and disabled. Graven Hill gets my vote as Rodney House roundabout is located away from Tesco's and Bicester Village.*

**Q. How will you recruit enough GPs into Bicester?**

Response: (from Dr O'Gorman) Recruiting GPs to work in primary care is part of a national problem. However, the proposals will mean working more efficiently and will provide us with more stability which will attract new GPs to work for us.

**Comment.** *Kingsmere has always needed a health centre and one was promised there, so I support the Kingsmere site option. And transport is already available for Kingsmere as two buses – the S5 and the 26 - pass by the proposed site.*

**Q. (Councillor Robert Nixon) What steps have you taken to ensure pedestrian access (at any proposed site) is good enough and will transport links be put in place to link housing to the new centre?**

Response: We do need pedestrian access and public transport but without knowing which site to develop it's impossible to plan in detail for either pedestrian access or bus routes at present.

(from Dr Rosie Rowe) Cherwell District Council supports active travel. Providing adequate walking and cycle facilities at the proposed new site is important.

**Comment.** *The two proposed locations are the worst choices because of the traffic issues.*

Response: We were only able to select the two locations as there were no others sites big enough. A transport assessment will be necessary for either site.

**Q. Maybe the district council will gift the land at Graven Hill on a low cost lease? Can you expand the building in the future?**

Response: Gifting land is not possible but we're working with the council over the cost of the land. Future proofing and flexibility is part of the work so we can plan for the next 15 years.

**Comment.** *(Councillor Cotter) Kingsmere was allocated many years ago as a health village. There was a planning application for a lot of housing but that was opposed by district councillors and the amount of housing has been halved. But the area to be used by the GP super hub is a lot smaller than it could have been and there will be an issue of car parking on any of these sites. I am inviting the general practitioners, the Oxford Clinical Commissioning Group, the district council who would deal with the planning application to keep members of the local community fully informed. I understand this is going to be the only public meeting about these super hub proposals; if that is the case than I object and this is totally unacceptable.*

(Response - Chris A'Court) No one has said this is the only public meeting on the proposals. I'm not sure where that has come from. It's in our plans there will be more meetings as we go forward but maybe not exactly like this. We have already discussed having smaller meetings at the surgeries to explain to people in more detail and on a one to one level on how things are progressing. We've never said this is the one and only meeting and this is not our intention.

***Q. I want to know about the two sites and the size of the building you are planning to put on them – is it exactly the same or will one site be better than the other? How many new patients are you taking on if they are building 30,000 houses? Will the proposed centre be big enough to take on 60,000 people or do we need to make provision for another super hub in 10 years' time?***

(Response – Dr Quartley) The 30,000 is a figure that refers to patients not houses. Alchester Medical Group currently has about 20,000 patients, Montgomery House has 16,000; so we're already at 36,000 patients. There will probably be 40,000 patients when the proposed new surgery opens. We know we'll need to cope with another 10,000 patients so we anticipate looking after 50,000 patients on that site. It's about the complexities of funding. You can't build a surgery for 20 years' time and expect the NHS to pay the rent on the empty spaces. So, we have to build as much as we can within the financial envelope available with the ability to expand at the right time. Maybe when we move in we can start planning an extension. So the two-and-a-half acres gives us enough (space) for 3,200 square metres (when we open) with a 500/600 square metre extension plus hopefully over 200 parking spaces. The sites are different: Kingsmere has two-and-a-half acres with no room for expansion as it will be surrounded by houses; while the Graven Hill site has the potential for a bit more expansion. These are all things we need to consider to help us select the best site.

***Q. Will the new site provide extra services and do patients have a voice on the location of any new site or will you and Oxfordshire CCG make that decision?***

(Response – Dr O'Gorman) It's difficult to know at this stage which services we would want in the new building. If the proposal goes to plan it will be three years before it is open. There will be some spare space in it from the start and there will be room to have a range of different services but we can't say for certain what they will be. The lists that were shown earlier (in the meeting) were examples of things we'd like. But it is impossible to tell you for certain at this moment. In terms of the decision on the site we'll choose there are lots of different things that are going to contribute to that. There are the planning issues which might favour one site over the other, transport will be a big issue as well, it has to provide good value for money as it is being paid for out of the public purse not as a capital thing but for paying the rent. It has to be affordable so if there were enormous costs that would fall on one side and not the other that could make a difference, and the views of the patients and the public is important, the views of the various councils are also important, and also our future options on what we might be able to do as time moves on in terms of being able to expand the building within a site.

***Q. Moving to the combined site how many patients are going to walk more than a couple of miles to the surgery? Is there an option that they can move to a surgery that is closer? With all the talk about services are we not going back to cottage hospitals?***

(Response – Dr Quartley) Walking and transport are all things we need to consider during the planning (process). For example, if you are a patient at Langford Medical Practice, the Graven Hill site is closer. We don't have the answer to the number of patients who will walk; it will be part of the transport and access issues that we need to look into. Cottage hospitals: What we're looking for is to provide services in Bicester. We'd like to have some of those services in the new building. We need to work out what we can provide in Bicester whether at a new building or at the community hospital or the Bicester Health Centre. I don't think it's about going back to cottage hospitals but it's about maximising all the services we have in town so people are not going further afield for them.

***Q. Are there plans to expand domiciliary care and the local community hospital (as part of the proposals)?***

(Response – Dr Rosie Rowe) We are not talking about the community hospital tonight because that is a different issue; but if you have specific questions (about the community hospital) we can pass them onto Oxfordshire CCG who will try to address them.

(Response - Dr Quartley) There are people who need home visits and we recognise that. In the last few years through the local GP federation we've had enhanced care paramedics doing home visits on our behalf seeing often acute frail patients who can't get to the surgery. That service is ongoing at the moment and there are no plans to stop it anytime soon. Personally, I would like that service to continue and expand and we need to listen carefully about how we run services for vulnerable patients whether they are in care homes or their own home. It might not necessarily be GPs visiting on their own but a whole team and we are working with the community provider – Oxford Health – who currently provide district nurses; we are talking to them on a county wide basis about how we can work closely together so we can provide a much more unified team in the community for these people who can't visit the surgery.

***Q. Will your services (at the proposed new site) be provided by the hospitals or funded separately and if so how will you recruit (staff)? How will you fund an X-ray service as it will be extremely expensive and better to utilise the X-ray facility at the cottage hospital? Will you have a shuttle bus service to take patients around?***

(Response - Dr O'Gorman) You are right about the difficulties in recruiting non-GP staff. If Bicester is expanding by another 30,000 people some of these will be nurses and other healthcare professionals, so the pool of people living and working locally will be bigger. The way that funding works is based on the number of people so the more people you have the more funding there is provide other services. At the moment, community staff such as district nurses, receive different funding compared to nurses working in GP practices and there are no plans to change this. Some of the services (as part of the presentation) would be expensive but X-rays are not that expensive and there is an X-ray service at the community hospital. There is no suggestion anything would be moved out of the community hospital to a new site. MRI machines are expensive but there are mobile scanners which is the sort of thing that could be there.

(Response Chris A'Court) We know how important transport is. It's very clear from the surveys people want good public transport links where ever the new site is located. Though most people are still likely to drive to their appointments. It's still early days but what have we been doing? We have been talking to some experts in the field and we have some of the best ones in the country here in Oxfordshire. We've spoken to Phil Southall the Managing Director of the Oxford Bus Company. We've talked to him about the so-called Uber Bus. This is working successfully in east Oxford at the moment and officially called the 'Pick Me Up Bus'. It is one of things we'd be looking at if more people need to go by bus to the centres. The bus works with a smart phone so people use their smart phones wherever they are in east Oxford and ask to be picked up. Within 10 minutes one of a fleet of nine buses can come along and pick them up using the software. It's very clever and very innovative. It is something we could look at. We are still three years away from this move so there is time to look at these things. We also discussed regular bus services but these don't come cheap and could cost £160,000 to set up. If you had a more limited service it might cost £80,000. We are very

grateful to Mr Southall who has offered to give us more advice as we go along to find solutions for Bicester. It depends on where the site is going to be. There is already a bus service covering the Kingsmere site - the S5 - which not only runs through Kingsmere but goes through Langford and other parts of Bicester. There are other buses run by Stagecoach and when the site is known we may well have to talk to them about diverting services but it is a bit too early to talk about that. There is the volunteer driver service for people who need to get to the surgery such as the elderly and vulnerable and people who live on their own. Keith Davies is here tonight and he helps run this service.

(Response – Keith Davies) The volunteer driver service gives people lifts to surgeries across Bicester. It is not free and costs 45 pence a mile. But it is significantly different to a taxi. We did 800 journeys in the Bicester area last year which covered 20,000 miles across the town including some hospitals. Our service is considerable cheaper than a taxi and the drivers are made of gold, they are absolutely brilliant and nobody is getting rich from running people around for 45 pence a mile. It is an excellent service and I'm very proud to be a part of it. We've been running since 2012 and getting bigger and bigger.

(Response – Dr Rosie Rowe) This shows the commitment the practices have shown in terms of responding to what people have said. They have heard transport is an issue and they are starting to go out and explore some of the options.

***Comment. (Councillor Andrew McHugh) I was a practice manager at Horsefair Surgery in Banbury. I helped move the surgery to its brand new location. I understand we have a lot of people (in Bicester) who don't want to move, even though our move was just 300 meters down the road. Once we moved people recognised it was a fantastic surgery. We moved from a surgery of 450sq metres to a surgery of 1,275sq metres. On day one we thought 'what we will do with all this space'. 12 months later it was full up. We had podiatry and psychological counselling, MSK triage – it was great. I heard Dr Quartley mention the partners of the surgery might take on a mortgage on this building. That is music to my ears. And it should be music to yours. In July 2014 I performed a survey across general practice in England working with other GPs. In the space of three weeks we had 2,763 responses and it told us that general practice was in crisis; it told us we couldn't recruit, we couldn't retain and there was a crisis of morale. GPs of the age you see on the board here were leaving to go to Canada, Australia and New Zealand. And today I hear GPs in Bicester are prepared to put their signature to a mortgage. I know how much it was when I was looking to buy South Bar House – we were looking at £12million. That is commitment. Once they take out that mortgage they are not going anywhere. They are committed to delivering primary care to you here. I am chairman of the health improvement board so I'm interested in reducing the demand for GP surgeries even if just a small percentage of people listening tonight do something about it. On the 70th birthday of the NHS I was told I had to lose weight. Since then I have lost 20 kilos. In doing that, my demand for the health service in the future will go down significantly. It can be done. There are five things (you can do) and, even, if you pick just one of these five things when you leave here tonight your demand for health service in the future will go down. Stop smoking or cut down. Drink less. Eat more healthily. Take more exercise. And become more mindful – enjoy the beautiful things around you. Even if you just do one or two things from that list your demands on the time of these people will become far less. I am completely behind this. I am going to be recommending to Cherwell Council that we give every assistance to make this (move) happen.***

***Q. (Sam Shippen, Chief Officer, Bicester Town Council) What have GPs done to object to the Kingsmere site being used for housing development and what campaign are we going to start in the town to try and halt the planning application?***

(Response – Dr O’Gorman) There was originally a big piece of land set aside for healthcare on Kingsmere some ten to fifteen years ago. It was big enough to have a smaller GP practice and I think a care home and possibly a new hospital which has since been built next to the old one. The site however is still big enough to accommodate a hospital, GP practice and a nursing home. The bit of land they are not planning to build on is big enough for the two and a half acre site we want. But this does not have enough room to expand in the foreseeable future.

***Q. Who makes the decision on patients seeing a nurse when they call for an appointment?***

(Response – Dr Holt) The way the system of triage works is something that each surgery will deliver differently. One model being trialled at the moment is the e-consult model which allows you to put in an electronic request and lets you triage your clinic or administrative need and that can help you make a decision. Other models include telephone triage where you speak to someone who is trained in triage or a GP who makes that decision. That is a system that is run differently in different practices. It may be in future that as a primary care network we unify how that works across Bicester. It would be nice if access to GP surgeries for all patients is similar.

***Q. (Councillor Zoe McLernon) What is the future of mental health services in Bicester especially at a local centre which is used by mental health patients and might be turned into a primary care hub?***

(Response – Dr O’Gorman) Mental health is part of the plan for Bicester and in primary care in general. There are some practices in other parts of Oxfordshire who have mental health workers which will see patients without the need for them to be referred by a GP. That is the sort service we’d be looking to explore.

(Response – Dr Rosie Rowe) There is a lot we can do (currently) by reaching out to our community for support for our wellbeing and mental health. So we don’t have to wait for a new hub for that.

***Q. I have a son who is a fifth year medical student. I have tried to encourage him to go into general practice as a family tradition but I don’t think he is inclined to do so. Is there anything the panel could say to try and encourage him to go into general practice?***

(Response – Dr Quartley) I can’t think of another job I’d rather do. It’s tough, challenging and emotionally draining. It can affect your personal relationships and your family life but I wouldn’t trade it for any other job. It’s a privilege to be opened up to people’s lives in the way that we are. I find events like tonight exciting as we can effect change. Primary care now has more control (over patient care) in the long term. The Bicester practices work incredibly well together and personally I can’t think of a better job in the NHS.

**At the conclusion of comments and questions, the Chair brought the meeting to a close at approximately 9.30pm and thanked everyone for attending.**