NHS Devon CCG

Request to open a Branch Surgery

**Introduction**

Please complete and return this application form outlining your proposal to open a branch surgery

**PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION WHERE APPROPRIATE.**

*Incomplete forms will not be submitted to the Panel for discussion.*

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| Practice Name | Sid Valley Practice |
| Practice L / Y Code | L83067 |
| CCG | NHS Devon Clinical Commissioning Group (CCG) |
| Practice Site Main Address | Sid Valley Practice (Beacon Medical Centre)Sedemuda RoadSidmouthEX109YA |
| Address of proposed Branch Surgery  | Sid valley PracticeSidmouth HospitalSidmouthDevon EX10 8EW |
| Address of any existing branch sites | Sidmouth Health CentreBlackmore DriveSidmouthDevon EX10 8ET |
| Type of GP Contract |  GMS PMS APMSX |
| Names of GPs included in the Practice Partnership | Dr R DellDr J StychDr J CoopDr S Hadfield |
| Practice Opening Hours(Mon – Fri) | MONDAY8am - 1pm & 2pm- 5.15pmTUESDAY8am - 1pmWEDNESDAY8am - 1pm & 2pm- 5.15pmTHURSDAY8am - 1pm & 2pm- 5.15pmFRIDAY8am - 1pm & 2pm- 5.15pmSATURDAYClosedSUNDAYClosed |
| Extended hours provision and location | 7.17 hrs Extended Hours are provided at the main site only |
| Practice Current List Size | 14,630 (Main and branch) |
| Number of GP WTE per week | Main & BranchGP’s inc partners = 76 sessions/8 = 9.5 WTE (I’m basing 8 sessions as Full time?) |
| Number of Nurse WTE per week | Nursing Team = 405.80 hours/37 = 10.97 WTE |
| Is the Practice register open or closed to new patients?If closed, date of re-opening |  OPEN CLOSED X |
| Are you a dispensing Practice? |  YES NOX |
| If Yes, how many dispensing patients do you currently dispense to? | *N/A* |
| Will the Branch Surgery be dispensing? |  YES NOX |
| Does your Practice currently have registered patients to each partner or run a pooled registered list? | XPooled individual lists |

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| **PROPOSAL** |
| **Address of branch site requesting opening** | Sid valley PracticeSidmouth HospitalSidmouthDevon EX10 8EW |
| **Date site opening will take effect** | Yet to be confirmed as also based on proposed Development at the main site going ahead |
| **Comprehensive details of the proposal including rationale** | As this change is part of the overall development proposal for the Beacon Medical Centre please see attached Case for Change and Patient Engagement Summary for the overall project. |
| **What services will the new site offer?** | As per existing |
| **Is the practice planning to alter the current practice boundary?** | No |
| **Will there be an impact on the existing services available to patients?** | No |

 **PREMISES (Details for the site included in the proposal)**

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| Please tick where appropriate:Building Leasehold Privately OwnedShared building *Please give details below*X |
| Details regarding shared buildings (including accommodation provided):Presently occupied by the RD&E. We will be utilising some of the existing space |

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| CQC Compliant  |  YES NOXIf NO please explain reasons:It will need to be registered in due course once we get final approval for new Beacon Development which incorporates move to the hospital |
| CQC Inspection completed? | YES NOXIf YES please state outcome below: |
| DDA Compliant |  YES NO XIf NO please explain reasons: |

**TRANSPORT / CAPACITY & ACCESS INFORMATION**

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| What public transport is available to the proposed Branch Surgery? | As existing (Walk / Car / Bus / Taxi / Cycle) |
| What is the distance between your main site and the proposed Branch Surgery? | 1.9 miles(Same as existing Branch surgery as only 50 metres apart) |
| Proposed branch opening times(Mon-Fri) | As existing |
| Proposed extended access opening times | N/A – All undertaken at main site |
| What pharmaceutical services are available to patients at the proposed Branch site?Would the change to the surgery affect the provision of this service? | As existing (Pharmacies in Sidmouth)No |
| Will any neighbouring surgeries be affected by this proposal?Please state the names and the distance of where neighbouring practices are located. | N/AColeridge Medical Centre – Ottery St Mary (Main 5.2m Branch 6.5m)Honiton Surgery – Honiton(Main 8.5m Branch 9.2m) |
| Do the neighbouring surgeries have open or closed lists to new registering patients? | Open |

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| Please specify the following:* Opening hours at the Branch Surgery
* Clinical hours at the Branch Surgery
* Nurse WTE weekly capacity
* GP WTE weekly capacity
 | As per existingAs per existingAs per existingAs per existing |
| Will there be an impact on the existing services at the main Surgery? | YES NO XIf YES, please give details.Although admin staff as part of this move will need to be relocated to main site |
| Proposed opening date  | Yet to be confirmed as based on overall project approval |

**CONSULTATIONS**

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| Has your proposal been discussed with your patients? |  YES NO X |
| If Yes, please explain how this has been communicated.If NO please note the CCG can only approve/reject the proposal in principle at this stage | Please see attached patient Engagement Summary (above) |
| Has any form of patient survey been undertaken? |  YES NO XPlease see attached patient Engagement Summary (above) |
| Please provide a detailed summary of results that should include plans or actions taken to mitigate against issues raised. | Please see attached patient Engagement Summary (above) |
| Have the results of the survey been reported back to patients? |  YES NO X |
| If Yes how? | Please see attached patient Engagement Summary (above) |

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| Have you had any discussions with the following? | If Yes please provide details and outcome of discussions |
| **CCG** | Yes  | Ongoing |
| **Local Regional Team** | Yes  | Ongoing |
| **MPs** | Yes  | Supportive |
| **Health Watch** | Yes  | Please see attached patient Engagement Summary (above) |
| **Local Councillors**  | Yes  | Please see attached patient Engagement Summary (above) |
| Any others you wish to declare in relation to your application |

**FINANCIAL**

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| Is there any financial impact of the proposal on the CCG? |  YES NO x |
| If Yes please explain details including costs where possible. | Please see Case For Change and updated Sidmouth Proposal Doc above re financial impact of overall development project. There are ongoing discussions between the CCG & DV re the rent reimbursement for the Beacon Medical centre.Sidmouth Hospital costs are at present being covered by the CCG but covered by the RD&E who at present utilise the proposed space required for the new branch surgery. |
| Does the proposal have any impact on the level of rent and rates reimbursement the Practice might receive from the CCG? |  YES NO x |
| If Yes please provide details  | See Case for Change report (above) |
| Is there any financial implication to the Practice? |  YES NO x |
| If Yes please provide details including costs where possible. | See Case for Change report (above) |

**IT**

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| IT requirements: what is required and what can the CCG support? | Existing IT / phones could be utilised in in planned new branch surgery* 4 X internet phones. One in each of the rooms plus one in reception.
* A computer in each room with 2 screens.
* A private circuit linking the Beacon to the rooms in Sidmouth Hospital (BT).
* 1 X Self Service Check in.
* Separate server as we presently have in Blackmore.
* Printer in each room & reception.
* Label trace in each room & reception.
* Head set each room and reception.
* Patient call system.
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| N3 connection – lead time | Not known at this stage |

**OTHER INFORMATION**

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| Please provide any other information supporting your proposal. |

**DECLARATION**

I confirm that all the information provided in this application is accurate and truly reflects the proposal that is being put forward for consideration by NHS Devon CCG.

To be signed by all parties to the contract:

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| **Signed** | **Dr Ross Dell** |
| **Print Name** | **Dr Ross Dell** |
| **Title** | **GP Partner** |
| **Date**  | **11/04/2022** |
| **Signed** | **Dr Joe Stych** |
| **Print Name** | **Dr Joe Stych** |
| **Title** | **GP Partner** |
| **Date**  | **11/04/2022** |
| **Signed** | **Dr Jane Coop** |
| **Print Name** | **Dr Jane Coop** |
| **Title** | **GP Partner** |
| **Date**  | **11/04/2022** |
| **Signed** | **Dr Sara Hadfield** |
| **Print Name** | **Dr Sara Hadfield** |
| **Title** | **GP Partner** |
| **Date**  | **11/04/2022** |

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| **Signed** |  |
| **Print Name** |  |
| **Title** |  |
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