

Chapter 4: Healthcare

Introduction

- 4.1 The Health and Social Care Act 2012 introduced significant changes to the way healthcare is provided and to the organisational structure of the NHS in England.

Commissioning Healthcare

- 4.2 The NHS commissioning system was previously made up of primary care trusts (PCT) and specialist commissioning groups. Most of the NHS commissioning budget is now managed by 211 clinical commissioning groups (CCGs). These are groups of general practices which come together in each area to commission the best services for their patients and population. The responsible CCG for the Dacorum locality is the NHS Herts Valleys CCG (HVCCG), which also comprises the Boroughs of Hertsmere, St Albans City and District, Watford and Three Rivers.
- 4.3 NHS England commissions primary care services such as General Medical Services, Pharmacy, Dental and Optometry that were previously commissioned by PCTs. NHS England is also responsible for commissioning specialist healthcare services (provided in relatively few hospitals and accessed by small patient numbers), health services for serving personnel and families in the armed forces and health services for people in prison or other secure accommodation. CCGs, including HVCCG, are beginning to take a more active role in commissioning Primary Medical Services (i.e. general practices). At present HVCCG has joint commissioning arrangements with NHS England (NHSE) and it is anticipated that NHS England will delegate more responsibility to the CCG over the next one to two years.
- 4.4 CCGs are led by local clinicians (Doctors and Nurses) supported by managers. They are accountable to and performance managed by NHS

England who have regional and local offices. As such they are able to identify specific requirements for the local population that they serve. CCGs are responsible for commissioning:

- Urgent and Emergency Care (e.g. A&E)
- Elective hospital care (outpatient and elective surgery)
- Community health services
- Maternity and Newborn services
- Mental Health and services for those with Learning disabilities

Hertfordshire Partnership University NHS Foundation Trust (HPFT)

- 4.5 HPFT provides mental health and learning disabilities services across Hertfordshire. The Trust took the decision to reconfigure the way that it delivers services some three years ago with a key principle to improve accessibility for our service users and the quality of the care given.
- 4.6 To support this vision the Trust undertook to develop an estates Hub and Spoke model seeking to locate primary facilities within town centres to be supported by small units in less assessable and more remote locations. Within Dacorum this has lead to a strategy to deliver our primary “hub” facility with Hemel Hempstead Town Centre supported by a small “spoke” in Tring.
- 4.7 Working with the CCG, HCT and West Herts Hospitals Trust the new Hub, to be known as a Health and Wellbeing Centre, will house both mental health and community services for older people, adults and children. This integrated facility will enable teams from the different organisations to work much more closely together with a view to improving the service to the people of Dacorum.
- 4.8 This Health and Wellbeing Centre is expected to be fully operation by the summer of 2017. HPFT are also participating in the development of the Hemel Hempstead Hospital based Hub to ensure that the final

configuration of health care service provision is coordinated between the facilities.

Hertfordshire Community Trust (HCT)

- 4.9 Hertfordshire Community NHS Trust - often referred to as HCT - provides services across the county and in West Essex, making about 1.1 million contacts a year with service users. They provide a wide range of care in people's homes, community settings and in its community hospitals. They employ around 3,000 members of staff who are at the forefront of NHS care and support.
- 4.10 Their staff work with wider colleagues in the NHS, social care, education, charities and local government to personalise care packages which support patients to maintain their independence for as long as possible. They are seeking to become a Foundation Trust so that they can have more freedom to shape plans for the future and ensure that they continue to be responsive to the needs and wishes of local communities.

Policy Update

- 4.11 In October 2014, NHS England and national bodies published the 'Five Year Forward View' setting out the vision for the future of the NHS. The purpose of this document was to articulate why change was needed in the NHS, what the change might look like and how it could be achieved. The plan sets out the challenges and questions facing health and care services in England as a result of an increasing elderly population and more complex health needs.
- 4.12 The health and social care organisations for Hertfordshire commissioned a strategic review of services in 2014 to ensure that they had a plan to improve healthcare outcomes and address sustainability, in line with the 'Five Year Forward View'. The outcome of the review has since been through consultation with local stakeholders and the community, resulting

in the publication of, firstly the 'Case for Change' and then 'Your Care, Your Future' (October 2015).

'Your Care, Your Future'

- 4.13 'Your Care, Your Future' was published by HVCCG, Hertfordshire Community NHS Trust, West Hertfordshire Hospitals NHS Trust (WHHT), Hertfordshire Partnership University NHS Foundation Trust, East of England Ambulance Service and Hertfordshire County Council (HCC) in October 2015 and is Hertfordshire's response to the NHS Five Year Forward View. 'Your Care, Your Future' builds on 'Delivering Quality Healthcare for Hertfordshire' (2007), other work undertaken by the HVCCG to develop a general clinical strategy ([NHS Herts Valleys Clinical Commissioning Strategy](#)) and a strategy for the Dacorum locality. The work has helped HVCCG understand what needs to be done to deliver the strategy in practice, including delivering more joined up care closer to where people live.
- 4.14 'Your Care, Your Future' sets out the plan of the key health providers in west Hertfordshire to change and adapt their approach to health and social care in response to the challenges facing health providers in meeting the needs of a changing population. Preferred options for service and organisation configuration and delivery of services were incorporated in 'Your Care, Your Future'. The full content of 'Your Care, Your Future' can be located on the HVCCG website under the following link: [Your Care Your Future](#)
- 4.15 'Your Care, Your Future' sets out a vision in which people have access to care and support within the local community from health hubs. Hubs will create a network of services closer to homes, including GP and primary care services, wellbeing and self-help advice, with a focus on prevention, and social and community care. Hubs will also be able to offer a range of tests and treatments traditionally offered in hospitals where appropriate.

- 4.16 Three scales of health hub are likely to be applicable serving the following areas:
- Primary Care Plus – a group of enhanced primary care service providers covering circa 15,000 people
 - Mini-hub – covering a sub locality with a population of 50,000
 - Locality hub – covering a population of circa 100,000+
- 4.17 In Dacorum, health providers are actively working to implement the new models of care with more care being provided closer to home through for example, community respiratory, rapid response to emergency calls, falls, frailty and direct access to diagnostics such as ECGs.
- 4.18 Hertfordshire Community NHS Trust and Hertfordshire Partnership University NHS Foundation Trust are working together with social services to develop a new Health and Wellbeing centre at The Marlowes in Hemel Hempstead, creating an integrated care facility providing both community care services and community mental health services for adults and children living within the Hemel Hempstead locality.
- 4.19 In conjunction with Dacorum Borough Council, HCC and HVCCG, WHHT has commenced site and commercial feasibility analysis for a new Hemel Hempstead Hospital (Hub).

The Delivery of Healthcare

- 4.20 Once Commissioned, NHS services are delivered by a number of different providers. These are primarily known as Trusts which are classified as NHS Foundation Trusts or NHS Trusts.
- 4.21 A key objective for CCGs is to move appropriate aspects of healthcare provision closer to patient's homes with a focus on prevention and self-care where possible. This will mean provision of care facilities in local

facilities or within the patient's home as appropriate, reducing the need for patients to travel to large acute hospitals.

Primary Healthcare Services

- 4.22 Primary healthcare services are delivered by a wide variety of providers; General Practices (GP), dentists, optometrists, pharmacists, walk in centres and NHS 111.
- 4.23 GPs look after the health of people in their local community and deal with a range of health issues. They also provide health education, run clinics, give vaccinations and carry out simple surgical operations. GPs have a contract for service with the NHS. As independent contractors they are responsible for practice staff. There is no obligation to provide a ratio of staff to patients; however service delivery standards including quality and waiting times are strictly enforced by the NHS.
- 4.24 Dentists are responsible for oral health and are likewise contracted to provide a service to the NHS, although NHS England does not support the initial provision or on-going costs of dental premises.
- 4.25 Pharmacists, working as independent contractors under national regulations, are responsible for the safe supply and use of medicines by the public and receive reimbursement for pharmaceutical services provided. The NHS does not support the initial provision or on-going costs of pharmaceutical premises.
- 4.26 NHS England and HVCCG are joint commissioners of services provided within the locality. This enables local clinicians with direct patient contact to make commissioning decisions about what is required in Dacorum, with NHS England maintaining an overall governance and accountability role, although as previously stated, the future sees CCGs holding full and delegated responsibility towards all commissioning.

4.27 Part of the NHS reform has resulted in Public Health Consultants transferring into local authorities, enabling more joined up prioritisation of resources to areas of greatest health need.

Primary Care Provision Requirement Standards

4.28 Access to primary care facilities, hospital and community services is controlled by GPs. Having sufficient GPs operating from adequately sized and located premises is therefore a key factor in a population's access to health.

4.29 For a traditional five/six day per week GP practice, an ideal benchmark is about 1 Whole Time Equivalent (WTE) GP per 2,000 patients on the list¹. NHS England use a population forecast of 2.4 people per dwelling to assess future demand for GP premises. With open access to unregistered patients and longer opening hours, GPs may see a gradual move away from 'traditional' lists and the 2,000 benchmark.

4.30 GP Practice buildings are either in the private ownership of GPs or leased by them. The NHS reimburses Practices for the agreed General Medical Services (GMS) space required for the commissioned service, together with certain other elements of infrastructure provision (Information Management Technology and Business Rates for example). Currently reimbursement is determined by NHS England Commissioners.

4.31 NHS England would expect a practice to see some 18 patients per square metre (ppm²), although the average across Hertfordshire is 22 ppm². Anything over 20 ppm² is considered constrained, although each premise needs individual consideration as age and design often influence effective use.

¹ 1 GP per 2000 patients is a minimum standard under the National Health Service (General Medical Services – Premises Costs) Direction 2013. A lower figure of 1800 was previously identified by the Hertfordshire Infrastructure and Investment Strategy (Atkins 2009)

- 4.32 The GP premises estate in Hertfordshire is more constrained (a practice working to patient over-capacity for the size of their premises and the clinical space available to provide the required services to their patients) than the regional averages for the Midlands & East (Central Midlands) South area that Dacorum is within. However, all the GP estate in Dacorum meets the minimum standards as set out in 'The National Health Service (General Medical Services - Premises Costs) Directions 2013' and is well utilised.
- 4.33 Where new GP premises are either to be constructed or commissioned, NHS England require that such premises reflect the design standards and best practice and detailed in national guidance. <https://www.gov.uk/government/publications/guidance-for-facilities-for-providing-primary-and-community-care-services>

Existing and Committed Provision

Existing Provision

- 4.34 There are 83 GP sites (and 69 GP Practices) in west Herts, located to serve residential communities. In Dacorum, 19 GP practices deliver services from 23 separate sites with around 100 GPs and associated staff. This provides a good coverage of GP premises across the Borough including some sites where expansion of services and premises is feasible.

Adequacy of Existing Provision

- 4.35 General Medical Services (GMS) throughout Dacorum are delivered from a mix of converted and purpose built premises dating from 1960 to 2015. Premises are identified for investment based on type, condition and age of property, the net internal area against patient list size; and how affected the premises will be by proposed residential development and the consequential increase in new patient registrations.

- 4.36 The commissioning of new dental contracts is more complex and is not directly influenced by housing numbers because patients can register with any dentist anywhere in the country. Many choose to register with a dentist near their place of work and dental practices, unlike GP practices, do not have practice boundaries for registration purposes.

Issues and Options

Hemel Hempstead

- 4.37 The town is considered well placed from a GP perspective to meet the current health demand. A number of premises within the town are capable of expansion to meet new demand.
- 4.38 It is agreed through engagement in the Master Planning phase that the development of land to the west of Hemel Hempstead at Local Allocation LA3 will require either the expansion of the Parkwood Drive Surgery or the construction of a new surgery upon the application site. The preferred option would be to expand the existing premises and via NHSE financial support the practice has engaged a surveyor to produce plans and submitted a planning application seeking approval to increase the capacity.
- 4.39 The level of development taking place to the north east of Hemel Hempstead requires a new health facility, particularly given concerns that this need will be exacerbated by proposals for significant housing adjacent to the Borough and within the administrative area of St Albans City and District.

Bovingdon

- 4.40 There are two surgeries delivering services in Bovingdon. Whilst the proposed growth in Bovingdon is modest it should be noted that both surgery premises are already considered constrained. Extending the

footprint of either surgery is unlikely due to site constraints. The proposed growth will be challenging to absorb, but is not sufficient in its own right to justify a new health facility within the village.

Markyate

- 4.41 The majority of the anticipated housing growth in Markyate has already been delivered. The developer, who is now in administration, designed and built a shell and core GP surgery without appropriate engagement from health commissioners and with no regard for health building notes. The outcome is a unit that health commissioners cannot commission. Commissioners are working with the practice and the Council to remedy a solution.

Berkhamsted

- 4.42 Infill and numerous applications by GP Practices will have an accumulative effect to meet current levels of housing demand over the Core Strategy, however premises within the town are heavily constrained and offer limited scope for expansion to meet longer term needs. An ideal option would be sourcing a viable solution to house the General Medical Services from one site and to enable additional growth to be accommodated in the town.

Tring

- 4.43 Ambitious housing growth is planned for Tring and nearby areas, some of which is under the control of Aylesbury Vale District Council. A caretaker provider has been procured for one of the surgeries in Tring due to the relatively recent retirement of the GP. The recent outcomes of a patient and stakeholder consultation have indicated that the GP should be replaced and a search for a new GP has already commenced. .

Kings Langley

- 4.44 Moderate growth may be acceptable, but consideration should also be given to cross border pressure from Three Rivers (Abbots Langley).

Committed/Planned Investment

- 4.45 There is an extant planning consent for the relocation and expansion of Highfield Medical Centre from its current location in Jupiter Drive, Hemel Hempstead to a location near Highfield local centre (4/00803/13/FUL). Conditions have been discharged and works are underway with completion expected in 2017.
- 4.46 Planning permission to expand the existing doctor's surgery at Parkwood Drive has also been granted (4/00743/16/FUL) and is expected to commence in 2016/17.

Costs of Provision

- 4.47 The costs of GP provision may vary substantially depending on the size and specific requirements of each GP surgery. All new development and improvements to premises are required to comply with Health Building Notes and will need to be commercially viable in order to gain support.

Summary

- 4.48 The population of Dacorum is at present adequately served in terms of capacity of primary care services though there are some local areas of concern where surgeries are over-crowded and patient lists exceed 2,000 patients per WTE GP standard, most markedly in Hemel Hempstead and some areas of Berkhamsted.

- 4.49 The Council will seek to address these needs where possible through its use of CIL and the use of Section 106 of key strategic sites (as set out in its Regulation 123 list)

Secondary Healthcare

- 4.50 Secondary healthcare is treatment by specialists to whom a patient has been referred by primary care providers. It covers general acute care (typically provided in a hospital), intermediate care (short-term support to prevent an admission to hospital) and mental healthcare (provided in a range of settings).
- 4.51 Secondary healthcare is provided by NHS trusts, including foundation trusts (which have more financial and operational freedom than other NHS trusts), children's trusts and mental health trusts.
- 4.52 Hospitals and other secondary care facilities are not restricted to local authority boundaries or catchment areas, so patients outside of the area are treated.

Adequacy of Acute Care

- 4.53 A large proportion of the key hospital estate in west Hertfordshire is in poor condition and not functionally suitable for providing the clinical services currently being delivered from the space². Many properties have sat empty or under-utilised for long periods of time and the view of WHHT is that action should be taken to dispose of these properties or use them for alternative purposes. Focus should be on fully utilising the newer, fit-for-purpose estate.
- 4.54 The conclusion to 'Your Care, Your Future' is that it is no longer feasible or in the best interests of patients or service users for WHHT to run three

² Source – 'Your Care, Your Future' (October 2015)

hospital sites if they are to achieve the goal of delivering high quality acute services. Three options are identified whereby services will be centralised and rationalised as follows:

- Option 1 – Provide acute care at a new centralised hospital
- Option 2 – Centralise acute care at Watford hospital
- Option 3 – Locate acute emergency and specialised care at Watford hospital and planned care and complex diagnostics from St Albans hospital ('hot' and 'cold' services).

The advantages and disadvantages of each approach are discussed in 'Your Care, Your Future'.

4.55 Whilst these options mean that there will no longer be an acute hospital site in Dacorum, there will be a host of health and social care provision delivered through a significant locality hub in Hemel Hempstead, including some acute services traditionally delivered in hospitals such as outpatient services and diagnostics.

West Hertfordshire Hospitals NHS Trust

4.56 West Hertfordshire Hospitals NHS Trust (the Acute Trust) was formed on 1 April 2000 following the merger of St Albans and Hemel Hempstead NHS Trust and Mount Vernon and Watford NHS Trust. The Trust manages Hemel Hempstead Hospital, as well as St Albans City Hospital and Watford General Hospital, providing general healthcare and some specialist services, and has close links with specialist hospitals. The Trust works with local GPs, Clinical Commissioning Groups, other NHS Trusts, and local social services.

4.57 Hemel Hempstead Local General Hospital is the only hospital in Dacorum and occupies a significant area of land within the town centre. Over half

the hospital site (57%) is either empty or under-utilised and effectively decommissioned.

4.58 Hemel Hempstead hospital has a relatively new 24/7 Urgent Care Centre which treats patients with minor illness and injuries, a wide range of outpatient services, intermediate care beds and tests and investigations. Landowners and stakeholders are currently considering the future use of the hospital site as a significant locality hub.

4.59 The Council as a land stakeholder and in its role as a Local Authority with remit for Town Planning is aware of proposals by WHHT to rationalise the use of the hospital site and promote its use for health, residential and education. The site forms site allocation MU/2 within the emerging Site Allocation DPD. The scale of the health proposals on this site will be dependent on the need to provide services identified by Public Health, the local population and local healthcare organisations.

Figure 4.2 – Proposal MU/2

Proposal MU/2	
Location	Hemel Hempstead Hospital Site, Hillfield Road
Site Area (Ha)	6.96
Proposal	Community Health Hub with residential and education Also incorporates land owned by HCA
Planning Requirements	Development to be guided by the Town Centre Master Plan (Hospital Zone). Development Brief required. Key uses to include reconfigured local hospital facilities and the provision of a new primary school. Housing is to be delivered as part of a comprehensive development in conjunction with proposal H/8

4.60 NHS community health services effectively personalise NHS care by bringing it to patients and service users and providing it in their

neighbourhoods and homes. This personal and community-based approach means the services themselves take many different forms and are organised in a multitude of ways to meet the particular needs of patients and service users. But their underpinning philosophy is to help people live as independent and fulfilling a life as possible for as long as possible. Community trusts offer an extensive range of NHS services from promoting good health, delivering sophisticated and complex healthcare at home, intervening to prevent worsening health and helping people live with and manage their long term conditions. GPs remain the lead in coordinating care and sometimes hospital and emergency services are needed, but it is community healthcare that often acts as the glue that brings all the services seamlessly together. The NHS community services sector fulfils the NHS' ultimate purpose: To improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives.

Committed Provision

- 4.61 Whilst the delivery of a new Hemel Hempstead Hospital and hub is in developmental stages, HPFT, HCT and social services are investing £6m to develop a new Health and Wellbeing centre in Hemel Hempstead working to transform the way in which services will be provided to the patients in Dacorum, improving outcomes and experience.

Assessing Future Demand

- 4.62 Planning of healthcare services is complex and the 'Delivering Quality Health Care for Hertfordshire (DQHH) Strategy' laid out the range of provision required to meet projected growth in Hertfordshire until 2025. Its assumptions require a significant reduction in acute admissions supported by more active support of patients in the community. Key to this objective in the Dacorum area will be the development of the community services, the Health and Wellbeing Centre at the Marlowes, the locality hub and the

strengthening of extended services in primary and community care. The Council will work with Health Commissioners to ensure the requirements to serve Dacorum's population to 2031 are met.

- 4.63 It is likely that the projected housing trajectories in Dacorum will place additional pressure on all healthcare services in the borough and surrounding areas.

Costs of Provision

- 4.64 It is estimated that the costs for delivering health hubs would be between £57.4m and £73.3m with the full costs associated with changes to care provision estimated to be between £433.4m and £516.9m. For the Dacorum area the costs would be approximately £12m to provide a locality hub.

Summary

- 4.65 A number of agencies are involved in the provision of healthcare services to Dacorum residents. HVCCG considers the demand for and supply of healthcare services, and plans infrastructure accordingly. The redevelopment of Hemel Hempstead hospital is being planned with due consideration to the future healthcare requirements of residents in the borough, as are the other services which will bring joined up care closer to home for the benefit of Dacorum residents.