

Need for a new primary care centre for Cowley, Temple Cowley, Littlemore, Rose Hill and Iffley

Councillor Dr Sandy Douglas, January 2024

This is an abridged form of a submission containing confidential information which has been provided to the Oxford City Council Planning Policy Team. This version is suitable for public disclosure but I would request that the full document is provided to the Planning Inspector. County Councillor Trish Elphinstone has reviewed and stated her support for the content of that document.

Summary

This paper argues that the Oxford Local Plan 2040 should be amended as follows:

1. Inclusion in the Infrastructure Delivery Plan of the need for a new health centre within the Cowley district centre to permit co-location of Donnington and Temple Cowley practices at a site which is accessible to the practices' patient populations using sustainable forms of travel.

2. In policy SPS12 (Templar's Square), addition of the following wording to the paragraph beginning 'A mix of town centre and community uses are encouraged on this site':
'SE Oxford requires a new primary healthcare centre. Templars Square may be the most suitable location for this centre, and so this need should be considered in development proposals, in discussion with NHS providers.'

The requirement for a new GP surgery site in S/E Oxford to be included in the new local plan was the only specific priority need identified (across all infrastructure areas for the whole city) in the 'Executive Summary - Citywide conclusions' in the 2022 Arup report on the City Infrastructure Delivery Plan¹.

Donnington Medical Partnership & Temple Cowley Medical Group provide primary care for the substantial majority of residents of the above areas. The existing premises of these two practices are inadequate to serve the growing population of the area, and existing partnership-based property models are problematic for both practices. Both serve patients from areas of Littlemore and Rose Hill with high levels of deprivation, but limited public transport connectivity to the current locations.

A new shared site in central Cowley, similar to recent health centre developments in East Oxford and Jericho, would offer potential for:

- Growth commensurate with recent and anticipated population growth & rising healthcare needs.
- A modern unscheduled care service, operating alongside continuity-requiring scheduled primary care.
- Co-location of other community health services, including community specialty services (e.g. community gynaecology and community endoscopy, which cannot be accommodated in existing premises).
- Stable and sustainable partnership arrangements.
- Significant economies of scale e.g. in reception operations and potentially through complete integration of the practices.

¹ https://www.oxford.gov.uk/download/downloads/id/8129/oxford_idp_report_-_final_feb_2022.pdf

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- 'Future-proofing' size flexibility, through location in a district centre with a variety of potential users of available space.
- Excellent public transport connectivity from all areas of SE Oxford.
- Potential release of the existing Donnington and Temple Cowley premises for housing use, which would support financial viability and be more appropriate use of the sites given their locations.

There are few sites with potential for such development. Lack of a new health centre in this vicinity in the Infrastructure Delivery Plan, or permitting major redevelopment in the Cowley district centre which removed or substantially reduced the potential for a viable health centre there would be problematic because

- It would not make provision for sustainable future development by providing adequate infrastructure to mitigate the effect of nearby development.
- It would irreversibly waste an exceptional opportunity to deliver policy priorities including
 - Ensuring ongoing strength and vibrancy of the Cowley district centre as per policy S1 (spatial strategy).
 - Facilitation of intensified and car-free development in the surrounding areas (including on the sites of the current health centres, which are close enough to district centre to be car free but not within it), as set out in policy C2 (Maintaining vibrant centres).
 - Promotion of sustainable and active transport benefits (in line with policy C6)

Policy context: NHS primary care estates strategy, City planning policy and developer contributions to healthcare infrastructure

GP practices have historically been independent businesses responsible for providing their own premises. Over the years, a number of entities have had responsibility for overarching primary care strategy: most recently Oxfordshire Clinical Commissioning Group (OCCG), and now the Berkshire Oxfordshire and Buckinghamshire Integrated Care Board (BOB ICB). The reality however has remained that individual practices' property arrangements have evolved over the years and are highly variable, with a mix of owner-occupation and various lease structures. In the absence of sufficient capital funding for new primary care facilities and with widespread deficiencies in existing facilities, the OCCG Primary Care Estates Strategy 2020-25 essentially consisted of a list of problems without solutions².

The Oxford Local Plan 2040 Infrastructure Delivery Plan contains a single healthcare infrastructure project for the City in the period 2025-2040 (a new health centre for Summertown, which is noted to be primarily serving existing demand and is remote from SE Oxford). This contrasts to more than 50 transport schemes, and numerous green infrastructure, community facility and utility projects.

The evidence cited as having been considered with respect to healthcare infrastructure mostly consists of health strategy documents valid for periods prior to the period of the local plan (Appendix 4, page 38 - e.g. Primary Care Estates Strategy 2020-2025, and Oxfordshire CCG strategy 2014-2019). No evidence covering anticipated infrastructure requirements in the period 2025-2040 appears to have been provided to the City Council by BOB ICB.

² Oxfordshire Clinical Commissioning Group Primary Care Estates Strategy, 2020-2025

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Oxford City appears to be unique among the five Oxfordshire district councils in charging CIL but not allocating any of it for health infrastructure:

- South Oxfordshire and Vale of White Horse both charge CIL and both allocate 20% for community healthcare.^{3,4}
- Cherwell and West Oxfordshire do not yet charge CIL.

There appears to have been little recent S106 funding secured to support health infrastructure delivery in Oxford City.

To summarise, the NHS appears to have no forward-looking plan for the delivery of adequate primary healthcare infrastructure for the City, which is perhaps understandable given its funding context and recent organisational changes. The City, in turn, has not been able to assemble a plan for healthcare infrastructure to enable sustainable development at the City-wide level. In the absence of such a co-ordinated plan, it falls to individual Primary Care Networks & practices to liaise with the City regarding infrastructure needs within specific areas in the City.

Geography, demographics, transport

The SEOxHA Primary Care Network (SEOxHA or 'the PCN') comprises Donnington Medical Partnership (DMP), Temple Cowley Medical Group (TCMG) and The Leys Medical Centre. Most residents of the above areas are registered with one of the SEOxHA practices. Overall patient list sizes are c. 13,000 at DMP, 8,100 at TLMC and 10,700 at The Leys⁵.

Census 2021 data shows that SE Oxford (excluding the Leys) has been one of the areas of greatest population growth in the City over the past 20 years^{6,7}. The total population of the Donnington, Rose Hill, Cowley, Temple Cowley and Littlemore wards increased from 26,537 in 2001 to 35,127 in 2021, a change of 32%, without any compensatory increase in the size of the DMP & TLMC health centres.

There is substantial ongoing development in the area, particularly around Littlemore where 580 new dwellings have either been occupied since the 2021 census or have granted planning permission (data from Littlemore Neighbourhood Plan Working Group). This represents a 24% increase in the total number of dwellings in the ward & is likely to result in a proportionate (i.e. >20%) further rise in the population.

It is notable also that two of the major development sites in neighbouring authorities adjacent to the City boundary (South of Grenoble Rd & Northfield) adjoin the SEOxHA PCN and are likely to contribute to demand upon its health centres.

Littlemore and Rose Hill are on the periphery of Oxford and suffer from poor connectivity to services and amenities. Notably, Littlemore, Rose Hill and parts of the Leys are thought to be the only parts of Oxford which are in the worst decile in England for risk of transport-related social exclusion (data from Transport for the North, Figure 1).

³ South Oxfordshire District Council Community Infrastructure Levy – Spending Strategy – April 2021

⁴ Vale of White Horse District Council Community Infrastructure Levy – Spending Strategy – April 2021

⁵ Oxfordshire Clinical Commissioning Group Primary Care Estates Strategy, 2020-2025

⁶ https://www.nomisweb.co.uk/sources/census_2021_pc

⁷ <https://insight.oxfordshire.gov.uk/cms/small-area-population-change-census-2021>

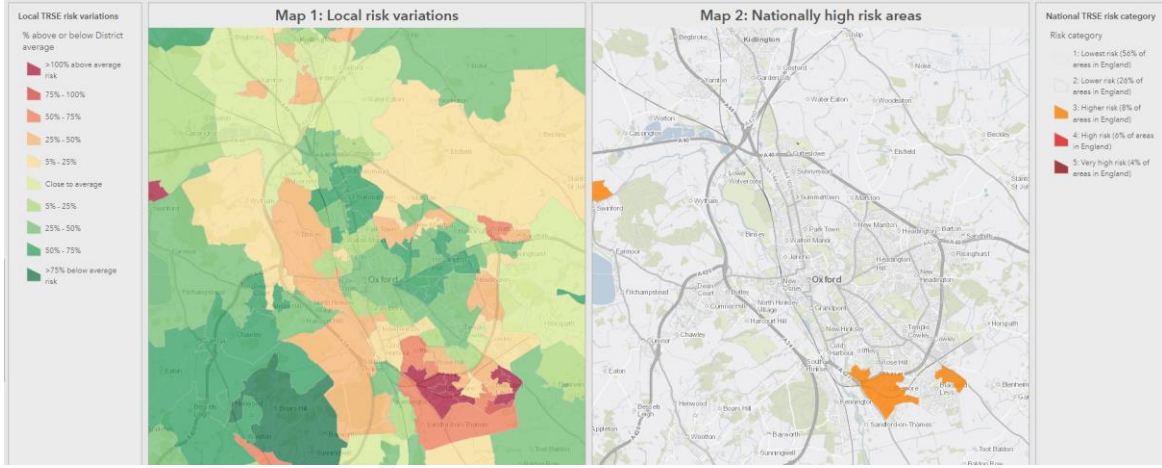


Figure 1: Littlemore, Rose Hill & parts of the Leys have the highest risk of transport-related social exclusion in Oxford City⁸.

Templar’s Square / Cowley Centre is a designated district centre in the Local Plan 2040 and has been regarded historically as such by many residents across the area served by the PCN. Of particular importance, given the issue of transport-related social exclusion noted above, Cowley Centre is the major public transport hub for the area (Figure 2), with direct connections to almost all areas served by the PCN. Future redevelopment of Templar’s Square and Oxfordshire County Council’s policy to develop ‘mobility hubs’ are likely to reinforce these roles.

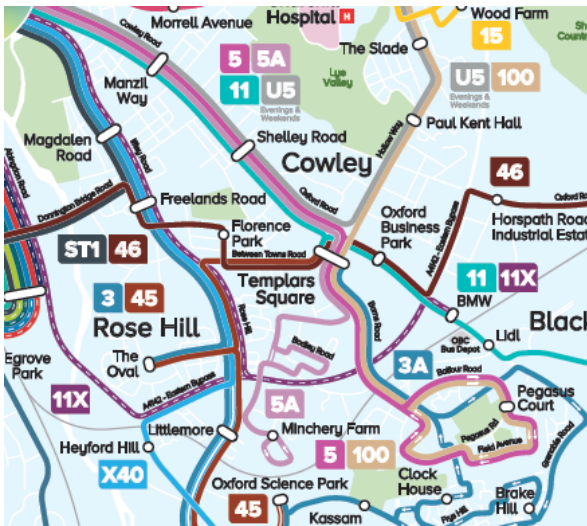


Figure 2: Bus routes, SE Oxford (Oxford Bus Company CityZone map, April 2023)

The good connectivity of Cowley Centre contrasts with the relatively poor connectivity of the current healthcare premises, particularly the Donnington practice (which serves, for example, more residents of the Minchery Farm estate in Littlemore than any other practice, but is not served by the 5A bus that serves the estate). Although the Leys is the closest practice to the SE part of Littlemore ‘as the crow flies’, foot, cycle & road connectivity is poor due to the ‘dividing’ effect of The Oxford Academy campus, railway and Kassam stadium complex. There is no direct public transport connection between this part of Littlemore and the Leys.

Poor access to primary care services is frequently cited by residents of these areas as a major objection to the City’s policies to promote active travel & public transport.

⁸ <https://data.transportforthenorth.com/portal/apps/dashboards/993bd07c0de64856a55f8a3a0b43dc6d6>

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20 minutes is regarded as the upper limit of distance which most people will willingly walk to meet their daily needs⁹. Approximately 95% of the population of urban areas in England live within 20 minutes walk of a GP practice¹⁰. Figure 3 shows that the majority of Littlemore falls outside a 20 minute walk from any of the existing GP practices, whereas the majority of the ward is within a 20 minute walk of Cowley Centre. Parts of Rose Hill fall just outside a 20 minute radius of either current practices or Cowley Centre.

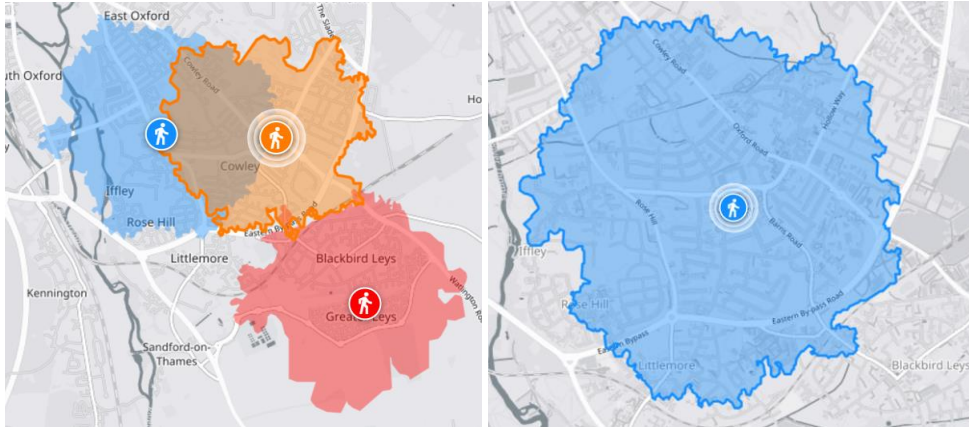


Figure 3: Left - areas of SE Oxford within 20 minute walk time of current GP practices. Right: areas accessible in a 20 minute walk from Cowley Centre (app.traveltime.com; scales for the two maps differ).

⁹ Town & Country Planning Association, https://tcpa.org.uk/wp-content/uploads/2021/11/final_20mnguide-compressed.pdf

¹⁰ Todd A, et al. *BMJ Open* 2015;5:e007328. doi:10.1136/bmjopen-2014-007328

Health needs

The SEOxHA PCN delivers primary care for the most deprived area of Oxford, including four of the ten most deprived wards in Oxfordshire according to 2019 English Indices of Multiple Deprivation (Blackbird Leys, Northfield Brook, Littlemore and Rose Hill, Figure 4)¹¹. Of these four, this document focuses primarily on Littlemore and Rose Hill, which are served by the Donnington and Temple Cowley practices. The other city wards served by these practices (mostly Cowley, Temple Cowley and Donnington) contain additional pockets of deprivation.

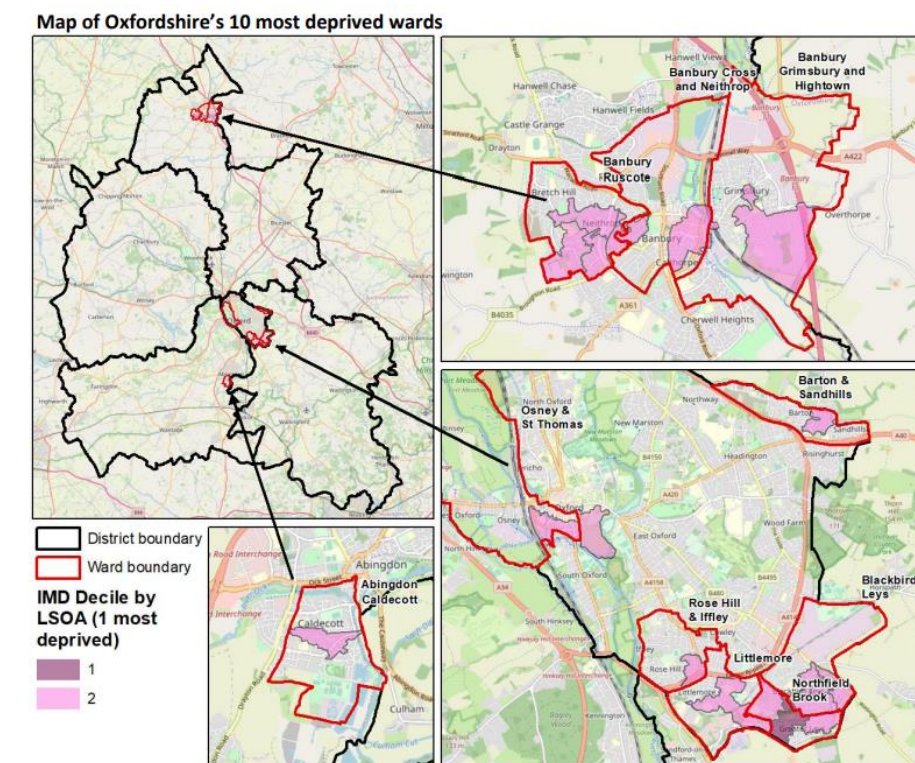


Figure 4: SEOxHA covers four of the ten most deprived wards in Oxfordshire (map from Oxfordshire County Council JSNA Bitesize, January 2023)

Oxfordshire County Council Public Health team has recently compiled Community Insight Profiles for Rose Hill and Littlemore wards (at the time of writing, finalisation of the Littlemore report is ongoing but a draft has been circulated to stakeholders).

Both reports, and the County Council Joint Strategic Needs Assessment dashboard¹² highlight the fact that, among the 86 MSOAs in Oxfordshire, Littlemore and Rose Hill have:

- One of the highest rates of preventable mortality in Oxfordshire (behind only Barton & Churchill in Oxford City, and nearly double the average for the county)
- One of the highest rates of emergency hospital admission, behind only the Leys and Barton in Oxford City and more than 50% higher than the average for the county
- The highest level of cancer mortality in Oxford City
- One of the highest rates of premature death (under age 75), behind only Barton, Greater Leys and Churchill in Oxford, more than 50% higher than the average for the county.

¹¹ Oxfordshire County Council

https://insight.oxfordshire.gov.uk/cms/system/files/documents/202301_Bitesize_Oxon_10_most_deprived_wards.pdf

¹² <https://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>

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- More than double the Oxfordshire average rates of adults receiving treatment for drug or alcohol misuse.

There are likely to be multiple contributors to these poor outcomes, including relatively poor access to primary and preventative care services (partly linked to geography and the location of services as described above) and the well-described 'inverse care law'. This describes the underfunding of NHS primary care relative to need in areas of deprivation (i.e. those who need better care get less care). The Health Foundation has recently found that inequities in access to primary care are being inadequately mitigated by NHS funding formulae, and have been growing since 2015¹³.

Current SEOxHA PCN premises

The following summary draws on information from partners and the Oxfordshire Clinical Commissioning Group Primary Care Estates Strategy, 2020-2025. That strategy clearly states the need for widespread improvement in the Primary Care Estate across Oxfordshire, and summarised the results of an estates assessment performed in 2017 using a standardised NHS methodology (referred to as the '6 Facet Survey')¹⁴.

Donnington Medical Partnership

DMP's building is approximately 60 years old, with net internal area of 636m². This equates to 21 patients per m², and was assessed in 2017 as being at 100% utilisation and with 'grade C' compliance with statutory regulations (known contravention of one or more standards)¹⁵.

The 3 and 3A buses provide approximately three times per hour connections to Rose Hill and twice per hour to western Littlemore. The practice is not accessible by a direct bus from Eastern Littlemore.

[INFORMATION REGARDING THE PRACTICE WHICH HAS BEEN PROVIDED IN CONFIDENCE IS INCLUDED IN THIS SECTION IN THE FULL CONFIDENTIAL VERSION OF THIS SUBMISSION]

¹³ Fisher R, Allen L, Malhotra A M, Alderwick H. Tackling the inverse care law: Analysis of policies to improve general practice in deprived areas since 1990. The Health Foundation; 2022 (<https://doi.org/10.37829/HF-2022-P09>).

¹⁴ <https://www.england.nhs.uk/wp-content/uploads/2022/01/Land-and-Property-Appraisal.pdf>

¹⁵ Oxfordshire Clinical Commissioning Group Primary Care Estates Strategy, 2020-2025

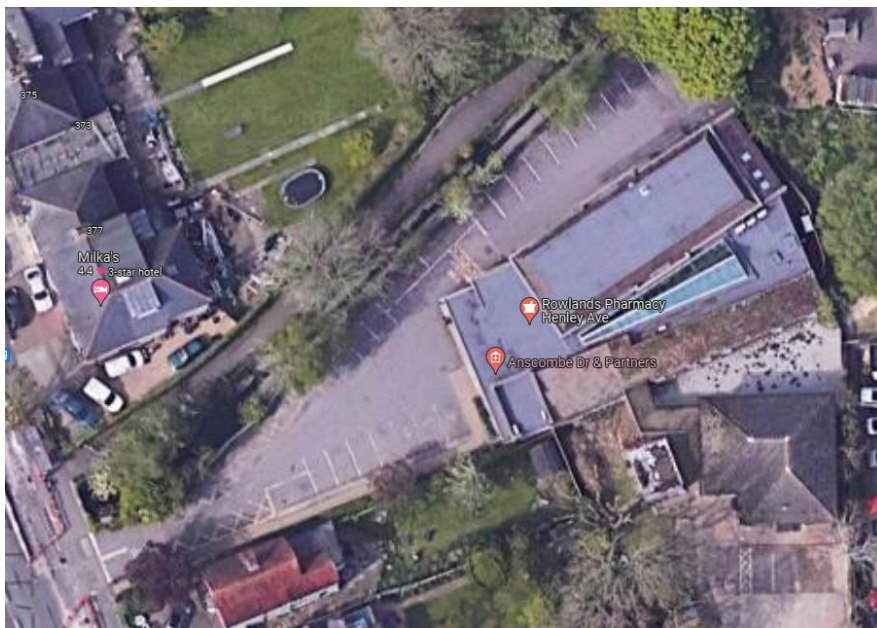


Figure 5: Donnington Medical Partnership premises, aerial view

Temple Cowley Medical Centre

TCMC's building is over 50 years old, having been constructed in 1970, with net internal area of 468m². This equates to 17.3 patients per m², and was assessed in 2017 as being at 100% utilisation and with 'grade C' compliance with statutory regulations (known contravention of one or more standards)¹⁶. It provides 9 consultation rooms, 3 nurse rooms and 2 HCA rooms, for a staff of c. 4 FTE GPs, foundation doctors, nurses and allied healthcare professionals plus medical students. There is one clinical partner and one non-clinical partner (the practice manager).

The part of the building occupied by the practice is mostly single storey. The SW part of the building has upper storeys which are housing, thought by the partners to be owned by Oxford City Council.

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¹⁶Oxfordshire Clinical Commissioning Group Primary Care Estates Strategy, 2020-2025

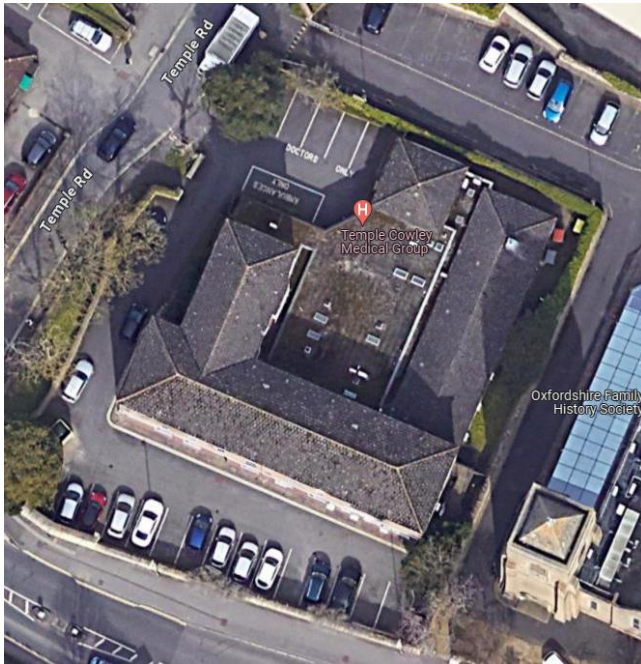


Figure 6: Temple Cowley Medical Centre, aerial view.

The Leys Medical Centre

The Leys building, constructed c. 2006, provides SEOxHA's most modern facilities. It currently hosts an acute care hub comprising 4-6 clinicians running out of one room with two beds and serving the whole SEOxHA area.

The Leys practice primarily serves patients living within the Leys. As noted above, public transport connectivity between The Leys, Littlemore and Rose Hill is limited.

What is needed, could it realistically be delivered, and where?

Clearly delivery of a new health centre will require substantial funding and detailed planning, but such detail is not necessary to identify the need. Numerous projects included in the Infrastructure Delivery Plan relate to identified need without identified funding or detailed delivery plans. This section thus provides only a very basic overview of what might be required to meet the identified needs, to give some sense of the scale of development required.

Co-location of the Donnington and Temple Cowley practices would result in a health centre serving >21,000 patients. NHS Property Services indicative guidance of c. 17 patients per m² for a centre of this size¹⁷ would suggest a floor area of c. 1250m². Provision of extended services (acute care hub and community specialty services) from the same site would require additional floor area. The need to comply with applicable modern healthcare building standards including disabled access makes it unlikely that such space could be found in an existing building.

As discussed above, consistency with City policy goals on spatial development, addressing inequality and sustainable transport in a walkable city would indicate that the Cowley district centre would be the only suitable location for a health centre with suitable accessibility for the relevant communities.

With respect to financial viability, rental of a facility built with private capital is likely to be a good fit with the financial situation in the NHS, in which there is steady revenue funding but no prospect of substantial capital funding for such a project in the near future.

Review of the development sites in the Local Plan suggests that redevelopment of Templar's Square is likely to be the only viable opportunity to provide such a facility during the period of the Local Plan.

Conclusion

There are widespread needs for improvement to primary care estates across the City, as recognised in the 2020-2025 Clinical Commissioning Group Estates Strategy. The fragmented nature of primary care property arrangements and the lack of available NHS capital funding mean that there is, however, no coherent approach to improvement of the estate to provide adequate primary care infrastructure for the area, let alone to meet rising needs from development. As a result, the ICB and City Council have not been able to develop a sound healthcare infrastructure plan for inclusion in the draft Local Plan.

The SEOxHA PCN and the individual GP practices within it have now come forward with clear evidence regarding their urgent requirement for a new health centre to meet SE Oxford's needs, and this paper supplements that evidence. It has also become clear that redevelopment of Templar's Square may present a unique opportunity to provide the necessary infrastructure. Oxford City Council, as the planning authority responsible for delivering sustainable development in the area and a stakeholder in any forthcoming Templar's Square redevelopment, can now remedy the unsoundness of the current Plan with respect to the area's healthcare infrastructure needs.

¹⁷ Oxfordshire Clinical Commissioning Group Primary Care Estates Strategy, 2020-2025