

**Strategic Investment in Health**  
(statement)



The Public Dispensary  
18 Catherine Street  
Plymouth  
PL1 2AD

30/05/05

Nigel Twinn  
Strategy Planning Co-coordinator  
Department of Development  
Plymouth City Council  
Civic Centre  
Plymouth

Dear Nigel

**SUB-REGIONAL STUDY CONSULTATION**

Further to our recent telephone conversation about your letter requesting an assessment of the impact of an increase in population of an extra 60,000 people would have on local NHS services I have drawn up a table for you and included some accompanying text. Please let me know if you need anything further. If it would be helpful for you to have an up to date contact list for key people in the local NHS do let me know as I am sure that not having it contributed to the delay in your timetable.

<b>NHS additional requirements</b>		
<b>Extra Number Required</b>		<b>Comments</b>
GPs required	40	Very difficult to recruit, would need considerable infrastructure, including premises say 7-10 new GP practices, have assumed one GP per 1500 patients
Acute hospital beds	132	20-25 per 10,000, have assumed 22
Maternity beds	12	2 per 10,000
Intermediate care beds	33	5-6 per 10,000
Mental illness beds	39	6-7 per 10,000 (may be higher for working age population as most people with severe mental illness present before the age of 45 and the

		need for admission and social care is greater in the early stages)
Learning disability beds	6	1 per 10,000 ( very hard to recruit LD consultants nationally)
<b>Increased demand for service</b>		
A&E attendances	10,752 extra visits to A&E	For under 75 years, would need considerable investment to support
Births	836	11.8/1000 total population
New outpatient attendances	14464	Will require considerable infrastructure to support

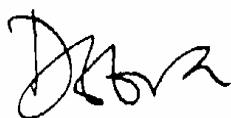
All of these developments would require considerable investment in premises, equipment, training, recruitment and retention of Doctors, Nurses, Allied Health Professionals and other support and administrative staff posts which will need to be planned for very carefully and financial resources secured.. I haven't included the additional dentists, pharmacists, opticians and hospital consultants required in this analysis although that work would need to be done if the planned increase in population is to be supported properly.

As a rule of thumb 60,000 individuals currently makes up about a quarter of our current population so we would need at least a quarter of our current health service resource again, in addition, to meet their health needs. We spend about £300 million pounds a year meeting health needs in Plymouth so we would need to spend around another £75 million on top of that sum to meet the health needs of the increased population.

Obviously this is just a snapshot to give you an idea of what we will need to be planning for. I imagine that my Chief Executive will want to raise this at the LSP for further detailed discussion.

With best wishes

Yours sincerely



**DEBRA LAPHORNE**  
**DIRECTOR OF PUBLIC HEALTH**

**Attachment F (Continued)**

**SUB-REGIONAL STUDY CONSULTATION**

**Health Capital expenditure estimates**

Assuming that there is a growth in population of 60,000 people, then there are the following projected service increases (as calculated by the PHDU team).

This would lead to capital investment which has been estimated as follows:

CATEGORY	PHDU - EXTRA NUMBERS	ASSUMPTIONS	CAPITAL CONSEQUENCES
GPs	40	Assume 5 GPs per practice - 8 practices - cost of new at £1.5 m per surgery	<b>£ million</b> 12.00
Acute hospital beds	132	Assume £3,000 per bed and no additional theatre or diagnostic requirements	39.60
Maternity beds	12	As above	3.60
Intermediate care beds	33	Assume £2,500 per bed	8.25
Mental illness beds	39	As above	9.75
LD beds	6	As above	1.50
			<b>74.70</b>

It should be noted that the figures given above are merely estimates and does not necessarily reflect the source of funding (i.e. LIFT is likely to be the preferred route).