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Please find below a summary regarding the "area of deprivation" status for our region, alongside an overview of the operational challenges currently facing South Reading Medical Practice.

Socio-Economic Context: Reading and Local Deprivation

While Reading has experienced rapid economic growth, a significant disparity remains between its most and least prosperous neighbourhoods. According to the Reading Borough Council Profile, the town exhibits a sharp contrast between extreme affluence and high levels of deprivation within a small geographic area. Whitley is the most deprived area. Key indicators include:

- **Wealth Inequality:** Reading is ranked as the third most unequal "city" in the UK regarding wealth distribution (Centre for Cities, 2017).
- **Child Poverty:** approximately 15.6% of children live in relative poverty (DWP, 2023).
- **Index of Multiple Deprivation (IMD):** In the 2019 IMD, Reading was ranked 141st out of 317 local authorities. Notably, five Lower Super Output Areas (LSOAs) in Reading—including parts of the South Reading area—now fall within the most deprived 10% nationally.

Capacity and Population Growth

A 2019 health needs assessment by Archus highlights significant demographic pressures:

- The New Reading PCN patient list is projected to increase from 42,186 in 2023 to 49,329 in 2038, an increase of 16.9%.
- South Reading Medical Practice specifically anticipates a growth rate of 11.3%.

Practice Performance and Infrastructure Challenges

Despite these socio-economic pressures, the practice consistently meets its targets across all key areas, including chronic disease management, childhood and adult immunisations, and cervical cancer screening. However, our current infrastructure is no longer fit for purpose. Since 1992, we have operated out of a semi-detached house and a portable cabin. As our patient list has grown from several hundred to nearly 6,000, these premises have become a significant constraint. The lack of space and modern facilities impacts the patient experience and creates substantial hurdles for staff recruitment and retention. Furthermore, while we face extreme spatial pressures, our list remains open to serve the Whitley population, who rely heavily on our site.

As most patients cannot afford transport and walk to the surgery, relocating is not practical. The surgery must be expanded at its current site, in order to serve the deprived community.

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SUCCESSFUL BID FOR NHS LEGACY FUNDING

BUSINESS PLAN AND JUSTIFICATION TO NHS

The project is aligned with ICB Primary care and Estates strategies. The recent PCN toolkit has identified that the Surgery is undersized for its patient cohort and requires significant upgrading. There is population growth due to new housing. The predicted growth for South Reading Surgery is 11.3%. With increase in list size we will struggle further due to our premises.

The overall objective of the scheme is to create increased capacity in clinical workspace. In doing so this will provide the opportunity for an increase in capacity and access to support current and future demand.

To improve patient experience in the surgery by

- Improving the estate conditions which is leading to dissatisfaction of patient experience
- Improving access

In addition, it will provide an opportunity to meet NHSE's objectives of delivering modern general practice:

- Increased capacity for multidisciplinary clinical workforce training and supervision
- Increased access for digital and telephone consultations

The proposal for dedicated office space within the GP practice, funded through notional rent, is strategically driven by the imperative to deliver **integrated, community-based care** in alignment with national and local NHS priorities. The scheme directly supports the **2025 NHS 10-Year Health Plan for England**, which outlines three transformational shifts:

- **Hospital to community**
- **Analogue to digital**
- **Sickness to prevention**

Establishing co-located office space enables seamless coordination between clinical and administrative teams, facilitating proactive patient management, multidisciplinary collaboration, and improved access to care. This supports the development of **Neighbourhood Health Centres**, which are central to the new care model.

The scheme also aligns with:

- **Integrated Care Board (ICB) estate strategies**, which prioritise efficient use of NHS premises and investment in infrastructure that supports sustainable service delivery in areas of deprivation.
- The NHS's commitment to **digitally enabled, preventative care**, ensuring frontline staff are empowered to reshape services and reduce fragmentation.
- Broader goals to **revitalise general practice access**, reduce pressure on clinical consulting rooms, and support workforce expansion through appropriate estate provision.

By investing in fit-for-purpose space, the practice contributes to the NHS's long-term vision of delivering high-quality, accessible care closer to home, while optimising estate utilisation and supporting the wellbeing and productivity of its growing multidisciplinary team.

Alignment with National and Local Strategic Frameworks

- **Supports the NHS Long Term Plan and 10-Year Health Plan (2025):** Advances the shift from hospital-centric care to integrated, community-based services through co-located multidisciplinary teams.
- **Delivers on the Five Year Forward View and GPFV objectives:** Enhances general practice capacity, supports workforce expansion, and promotes care redesign through estate optimisation.
- **Consistent with local STP and ICB commissioning strategies:** Reinforces place-based planning by enabling proactive patient management and reducing fragmentation across primary care services.

Estate and Infrastructure Compliance

- **Aligned with NHS Estates and Technology Transformation strategies:** Utilises existing NHSPS-managed premises efficiently, avoiding new builds and supporting low-cost refurbishment.

Stakeholder Engagement and Governance

- **All relevant stakeholders are engaged and in agreement:** Includes the GP practice, ICB, NHS Property Services, and potential co-located teams (e.g. care coordinators, nurses, ARRS-funded roles).
- **Lease arrangements are appropriate and acceptable:** Practice already owns the building.