

Report to the Somerset Primary Care Commissioning Committee Meeting on 17 September 2020

Title: GP Premises Update	Enclosure F
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Summary and Purpose of Paper

This paper has been written to provide the Committee with an overview of the responsibilities of the CCG in respect of GP premises, and to inform the Committee of the current planning process taking place for prioritising GP Premises requiring support.

Recommendations and next steps

The committee is asked to support the work in developing the comprehensive assessment of the primary care estate in Somerset in order to benefit patients and note the potential revenue implications, which will need to be funded from the overall primary care delegated budget, should further capital estate infrastructure be required. However there are no final decisions required.

Impact Assessments – key issues identified

Equality	Not undertaken at this stage			
Quality	Any upgrades to the GP Practice infrastructure will have a positive outcome of the quality of patient care and safety.			
Privacy	None identified			
Engagement	As part of the comprehensive assessment and feasibility studies, GP Practices and the LMC are engaged in discussing options. Public engagement is sought if practices lead on to develop individual schemes.			
Financial / Resource	Outline the resources required to implement this recommendation. Identify any resource impacts identified which are not within the agreed financial framework			
Governance or Legal	None currently identified			
Risk Description	None currently identified			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref



Somerset
Clinical Commissioning Group

GP PREMISES UPDATE

28 August 2020

GP PREMISES UPDATE

1 INTRODUCTION

- 1.1 Somerset has 65 GP practices situated across 82 sites, split across 13 Primary Care Networks, supporting a population of approximately 577,000.
- 1.2 GP Practices are contractually required to provide fit for purpose premises to deliver primary care services with the Premises Costs Directions (currently 2013 version) setting out the legal framework for the premises infrastructure including rental agreements. The amount being paid to practices is decided upon by the District Valuer.
- 1.3 Although practices are responsible for their own premises, the CCG is responsible for overseeing the quality of practice premises and supports practices to obtain capital loan funding, when available, to extend premises or a new build requirement.

2. BACKGROUND

- 2.1 Many practices secured new premises or extensions under previous capital funding schemes.
- 2.2 The strategic direction of the CCG is towards further configuration of practices to ensure they are able to provide a range of general medical services, enhanced services and community based healthcare, as set out in the Fit For My Future neighbourhood and community settings of care work stream. All outcomes will be aligned with this work stream.
- 2.3 In order to do this, the CCG is now undertaking a comprehensive assessment of the primary care premises in Somerset. This will ensure the CCG has a full understanding of capacity requirements in Somerset and also whether practices identified as being a priority wish to commit to a development scheme. It is important to note that the impact of digital first approaches to primary care provision on premises needs is as yet unclear, but is a factor that is recognised in our comprehensive assessment.
- 2.4 The comprehensive assessment will also ensure the CCG is able to support practices to be best placed to take full advantage of any further capital funding that may become available.

3 COMPREHENSIVE ASSESSMENT

- 3.1 This comprehensive assessment being undertaken is by way of a commissioned formal feasibility study or an in-house options appraisal, decided on by a locality by locality basis. Formal feasibility studies are undertaken in partnership with the One Public Estate programme which

seeks to deliver efficient public sector estates development and utilisation. Both feasibility studies and options appraisals are overseen by the Somerset System Transformation Partnership (STP) Estates Group. This group co-ordinates the estates planning for the whole healthcare system.

3.2 To date formal feasibility studies have been undertaken in Taunton and Yeovil. The Taunton outcomes report has been shared with Taunton practices and the Yeovil outcomes report should be available shortly.

3.3 These feasibility studies include full 6 facet surveys being done of each GP facility, as outlined by Estate code Section 4: "Land and Property Appraisal", which includes:

- Physical state of property
- Functional Suitability
- Space Utilisation
- Quality
- Fire Health & Safety
- Environmental Management

3.4 The options concluded in the Taunton report have been discussed with the clinical directors of the Taunton Primary Care Networks. These will now be discussed with the Taunton practices and next steps agreed.

3.5 Alongside these feasibility studies, we are also part of the national data gathering exercise, being undertaken by Community Health Partnership (CHP), commissioned by NHSE/I. which will carry out 3 facet surveys of the remaining GP Practices in Somerset.

These 3 facet surveys include:

- Statutory compliance
- Condition
- Functional suitability

4 **PRIORITY LIST**

4.1 Whilst the comprehensive assessment is being carried out, we continually review practices based on whether they are of adequate size and / or the building is deemed fit for purpose to enable a list of prioritised practices to support either practice schemes or capital funding applications.

4.2 We currently have 14 practices identified as requiring support, either because they require larger premises, or because their current premises are recognised as requiring improvement.

4.3 The current list of identified priority practices are:

1. Bruton
2. Lyngford Park, Taunton
3. North Petherton
4. St James, Taunton
5. Minehead Medical Centre
6. Crown Medical Centre, Taunton
7. Glastonbury Surgery- extension currently under construction
8. College Way, Taunton
9. Penn Hill, Yeovil
10. Langport
11. Essex House, Chard
12. Luson Surgery, Wiveliscombe
13. Templecombe branch of Milborne Port
14. West Somerset Healthcare, Williton and Washford

4.4 We will be working with practices to identify and discuss options to resolve their premises issues, but ultimately practices have the right to decide whether they wish to develop their premises or move to a new development, although the CCG is required to agree any such change. Not all GP premises developments require financial support from commissioners.

4.5 It must be acknowledged that all increases in practice premises have an increased revenue implication for the CCG, which will need to be funded from the overall primary care delegated budget. No investment will be made without clear evidence of benefit to the people of Somerset.

4.6 Both the outcomes of the feasibility studies and the priority list form part of our comprehensive assessment and the basis our Estates Strategy.

5 **CURRENT CHALLENGES**

Capital Funding

5.1 The current capital funding schemes obtained via NHS England are difficult to access as they are based on a bidding process. This makes long term capital planning very difficult. The process is cumbersome and poses significant risk to the delivery of prioritised schemes.

COVID-19

5.2 The NHS Long Term Plan placed technology at the centre of several of its commitments. It sets out that every patient will have the right to be offered digital-first primary care by 2023/24, where they can easily access advice, support and treatment using digital and online tools. The digital agenda will lead to major change in service delivery, which may reduce the reliance on the capital estate as we look to replace some of the traditional model of premises provision. Response to the COVID-19 pandemic has already accelerated our use of digital in primary, community and secondary care service provision. Much of this change

will remain and form the basis of further development of, and improvement in services.

Increasing GP Training Placements

5.3

In order to deliver upon the national target of an additional 6000 new GPs, there needs to be an increase in the training placements available. In order to accommodate this in Somerset, training placements in a general practice setting will need to increase from 54 to 80 per rotation. This increased requirement for training places in general practice will intensify any existing space pressures and create challenges with regards to estates. Capital funding may be required in order to create the additional space required to fulfil this strategic priority.

Primary Care Networks – Additional Roles

5.4

Alongside this are the infrastructure implications of developing PCNs to meet the NHS Long Term Plan ambition. PCNs have been working to ensure that use of the current estate is maximised, costs managed, waste eradicated, and funding released to develop transformational projects. In order to achieve this, networks should always seek to bring stakeholders to the table across the wider system to collectively consider proposals and look to avoid planning in isolation.

5.5

Recently released guidance from NHSE/I refers to the Network DES and how this contract makes no direct provision for estate expansion or redevelopment; PCNs are expected to accommodate additional staff within PCN estate assets. PCN estate assets are defined as including GP premises, secondary and tertiary care premises, Local Authority, voluntary sector buildings etc. Reconfiguration of existing floor space which requires capital investment is a last resort and should only be considered where all other options have been considered and exhausted.

6

RECOMMENDATION

6.1

The committee is asked to support the work in developing the comprehensive assessment of the primary care estate in Somerset in order to benefit patients and note the potential revenue implications, which will need to be funded from the overall primary care delegated budget, should further capital estate infrastructure be required.