Hampshire, Southampton and Isle of Wight
Clinical Commissioning Group

PCCC21/029

PRIMARY CARE COMMISSIONING COMMITTEE

Title of paper	**Primary Care Estate Update**		
Agenda item	5	**Date of meeting**	22 September 2021
Director lead	Roshan Patel, Chief Finance Officer		
Clinical lead	Dr Nicola Decker, CCG Clinical Leader		
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Purpose	For decision	☐
	To ratify	☐
	To discuss	☒
	To note/receive	☒

Link to strategic objective	• Transforming Services • Developing our Integrated Care System

Executive Summary
This paper describes the various strands of work being carried out by the ICS Primary Care Estate group (to note) and suggests an approach to prioritising and signing off primary care developments. The paper covers: • Work being carried out to develop a primary care estate strategy • Work being undertaken to prioritise primary care developments, together with a suggested process for review and approval of such schemes • Improvement grants and developing criteria for agreeing additional GMS space • The nationally led exercise to develop a SHAPE database with consistent information

Recommendations	**The Primary Care Commissioning Committee is asked to note the current work streams and comment on the suggested approval route for primary care premises investments.**
Publication	**Include on public website** ✓

Please provide details on the impact of following aspects	
Equality and quality impact assessment	This paper does not request decisions that impact on equality and diversity.
Patient and stakeholder engagement	This paper does not request decisions requiring patient engagement.
Financial and resource implications / impact	Given limited funding a set of prioritisation criteria has been developed to rate schemes. Schemes are scored against 5 headings: • Consistency with service strategy • Deliverability • Functional suitability and operational efficiency • Strategic flexibility and innovation, and • Wider economic benefit
Legal implications	There are no legal implications arising from this paper.
Principal risk(s) relating to this paper	There are a number of key risks relating to the estate which could have a considerable impact: • Lack of identified revenue budgets and capital funding • No clear approval process and too many schemes to take forward. • Growing requirements for additional space, not least for the additional Primary Care Network roles which are being created. • Rising cost pressures on primary care rents and service charges • Generally poor information about the condition of the primary care estate
Key committees / groups where evidence supporting this paper has been considered.	Previous meetings of the Primary Care Commissioning Committees and the local Primary Care Operational Groups

PRIMARY CARE ESTATES UPDATE

1. Summary

1.1 This paper describes the various strands of work being carried out by the ICS Primary Care Estate group (to note) and suggests an approach to prioritising and signing off primary care developments.

1.2 There are a number of key risks relating to the estate which could have a considerable impact:

- Lack of identified revenue budgets and capital funding
- No clear approval process and too many schemes to take forward.
- Growing requirements for additional space, not least for the additional PCN roles which are being created.
- Rising cost pressures on primary care rents and service charges
- Generally poor information about the condition of the primary care estate

1.3 This paper will cover:

- Work being carried out to develop a primary care estate strategy
- Work being undertaken to prioritise primary care developments, together with a suggested process for review and approval of such schemes
- Improvement grants and developing criteria for agreeing additional GMS space
- The nationally led exercise to develop a SHAPE database with consistent information

2. Context

2.1 Within Hampshire and the Isle of Wight there are approximately 150 GP practices working out of about 225 buildings. (tbc)

2.2 Historically estate issues have been dealt with in individual (former CCG) places but the work of the Primary Care Strategy Group suggests many benefits to working at scale.

3. Key issues

3.1 *Developing a Primary Care Estate Strategy*

The Primary Care Estate Strategy Group was set up approximately 2 years ago, chaired by the Director of Strategic Finance, in response to a mandate from the Primary Care Programme Board to develop a strategy for Primary Care estates. The group comprises a mixture of primary care and estate leads from each locality, including Portsmouth. A draft Strategy has been produced although it has been put on hold during the pandemic and it needs more work and updating, not least because it considers the primary care estate only, when wider community service considerations also need to be taken into account. It is also focussed on practice based solutions rather than Primary Care Networks.

Discussions are also taking place at present about developing a wider Primary Care Programme Plan, of which the estate strategy will be one element.

3.2 *Prioritising Primary Care Investments*

The Group was also asked, by the Chair of the PCCC of the HIOW Partnership of CCGs, to develop a prioritisation process to be used at scale to determine which of the many schemes under consideration and development should be taken forward, given limited funding

The Group developed a set of prioritisation criteria which could be used to rate schemes. Schemes are scored against 5 headings:

- Consistency with service strategy
- Deliverability
- Functional suitability and operational efficiency
- Strategic flexibility and innovation, and
- Wider economic benefit

With a number of more detailed questions contained within each category.

A "Star Chamber" (a subgroup of the main Estates Group) was created to work through and score each of the 30 schemes put forward by local systems for consideration. The intention is to reduce the long list to 5 key schemes (regardless of whether they need revenue or capital funding) which the group recommends the CCG/ ICS should take forward.

This process is nearly complete and discussions have been taking place with finance colleagues about how we might fund the priorities. Access to funding is potentially more straightforward for revenue based/ third party developer schemes than for capital schemes, because there is currently no primary care capital available, although revenue funded schemes can lead to other issues, not least around affordability. It is unclear whether any capital will be forthcoming after the national Spending Review, so it could be that primary care capital requirements will need to be funded from the (already heavily oversubscribed) ICS annual capital allocation.

In terms of process and governance, it is suggested that Primary Care Operating Groups (PCOGs) should sign off and put forward their local schemes for consideration to the Estates Group, which will provide expert advice to the PCCC as to which schemes should be prioritised. Subsequent funding approval may need to be sought from the Quality, Finance and Performance Committee or Governing Body (depending on the size of the scheme).

We will also be developing a pipeline of other schemes to be possibly taken forward in the future, as some schemes are not currently worked up in enough detail for the Group to prioritise them. Clearly, where a scheme appears not to be a priority we can then give early notification of this to the relevant practice/ PCN to prevent further costs being incurred and to allow alternative solutions to be sought.

3.3 *Requirements for additional GMS Space*

There are currently considerable demands for more space within primary (driven to a large degree by the extra ARRS roles but also by the historic lack of investment) and community care. Whereas these can be mitigated to some extent through home working, digitisation of

records, switching admin spaces to clinical and use of void spaces, there is clearly a need to invest in more GMS space.

Some needs will be met through the use of Improvement Grants (part of the CCG Commissioner Capital allocation). Bids of £1.44m have recently been approved by NHS England.

In terms of other requests for space there is a need for transparency, consistency and equity. The Group will therefore be working up some consistent criteria to be used by local systems when considering applications from practices and PCNs and will be identifying the potential additional revenue cost. We will also be looking at opportunities to standardise some of the paperwork used within the estates arena.

3.4 *Improving our knowledge of the primary care estate*

Our current state of knowledge about the condition and suitability of our primary care estate is inconsistent and to a large degree out of date (some buildings have not had 6 facet surveys carried out for ten years or more).

However, a national Primary Care Data Collection exercise was launched in 2020 and is being coordinated by the STP/ ICS. This programme seeks to undertake three-facet surveys on all primary care buildings and create a central database ("SHAPE"). The data sets being collected are:

- Property location and tenure

- Occupancy costs

- Site/ building information (floor areas etc)

- Estates condition information

Although there have been inevitable delays to the process due to the pandemic it is planned to complete most of the work this calendar year. This information will be essential to support future decision making around the estate and the allocation of resources.

4. Recommendations

The Committee is asked to note the current work streams and comment on the suggested approval route for primary care premises investments.

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Hampshire, Southampton and the Isle of Wight CCG