

PCCC22/003

PRIMARY CARE COMMISSIONING COMMITTEE

Title of paper	Primary Care Estates Update, March 2022		
Agenda item	5	Date of meeting	16 March 2022
Director lead	Roshan Patel, Chief Finance Officer		
Clinical lead (if applicable)	Dr Nicola Decker, CCG Clinical Leader		
Author	Andrew Wood, Director of Strategic Finance (and Estate lead)		

Purpose	For decision	<input type="checkbox"/>
	To ratify	<input type="checkbox"/>
	To discuss	<input checked="" type="checkbox"/>
	To note/receive	<input checked="" type="checkbox"/>

Link to strategic objective	<ul style="list-style-type: none"> • Transforming Services • Developing our Integrated Care System
------------------------------------	--

Executive Summary	
<p>This paper provides an update on the various strands of work being carried out by the ICS Primary Care Estate group.</p> <p>This paper will cover:</p> <ul style="list-style-type: none"> • Work being carried out to develop a primary care estate strategy • An update on the process to prioritise primary care developments • Premises Improvement Grants in 2022/23 • Support for Primary Care Networks in developing their estate strategies. 	
Recommendations	<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> • To receive and discuss the paper.
Publication	<p>Include on public website ✓</p>

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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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

Governance and Reporting – other meetings where <u>this paper</u> been discussed		
Committee Name	Date discussed	Outcome

PRIMARY CARE ESTATES UPDATE, March 2022

1. Summary

1.1 This paper provides an update on the various strands of work being carried out by the ICS Primary Care Estate group.

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 Primary Care Network (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
- An update on the process to prioritise primary care developments
- Premises Improvement Grants in 2022/23
- Support for Primary Care Networks in developing their estate strategies.

2. Context

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

2.2 Historically estate issues have been dealt within the 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, so it makes sense to put this work on hold until it can be properly informed by PCN estates strategies.

Discussions are also ongoing 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 has developed 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 are 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/ Integrated Care System (ICS) should take forward.

This process is nearly complete. 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, although revenue funded schemes can lead to other issues, not least around affordability.

Frustratingly, no specific capital funding was identified for primary care schemes as part of the recent three-year national Spending Review; It appears that primary care capital requirements will need to be funded from the (already heavily oversubscribed) ICS annual capital allocation. We are working with NHS England to understand how this might work.

In terms of process and governance, it has been proposed 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 Primary Care Commissioning Committee (PCCC) as to which schemes should be prioritised. Subsequent funding approval may need to be sought from the Quality, Performance, Finance and Workforce 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 *Premises Improvement Grants and GP IT in 2022/23*

We have received an allocation of £3.132m for these two areas for the next financial year. This sum is now part of the main ICS Capital allocation but is ringfenced within it - it can be

added to (to fund primary care capital schemes, for instance) but not reduced. The balance between Improvement Grants and IT will depend on the level of bids and need.

A process to collect bids for Improvement Grants for 2022/23, together with an indicative sum for each local system, will be commenced shortly; GPIT schemes are also being worked up. All schemes need to be signed off by NHS England although we have not been formally advised yet of the process for 2022/23.

3.4 *Support for Primary Care Networks in developing their estate strategies, and 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 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 good progress has been made and the national SHAPE database has been populated as a central repository of information.

As the next step of this work CHP (Community Health Partnerships, who have been supporting the data collection exercise nationally) have been engaged to work with our PCNs to develop their estate strategies, however this support will not be available until the new financial year. The South East and South West have engaged additional external support to help develop their strategies in the meantime.

We recognise however that there are real current pressures relating to the estate and available space in primary care, with the lack of clinical space now having an impact on the recruitment and retention of the additional ARRS (Additional Roles Reimbursement Scheme) roles currently being created. We are therefore currently seeking some immediate external support to work with the local teams to help describe the overall short-term estates needs and work with the local teams to implement solutions.

4. Recommendations

The Primary Care Commissioning Committee is asked to note the current work streams.

Andrew Wood

Director of Strategic Finance (and Estates lead)

Hampshire, Southampton and the Isle of Wight CCG