

**NHS DORSET CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
INFRASTRUCTURE: ESTATES AND TECHNOLOGY UPDATE**

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| Date of the meeting | 07/02/2018 |
| Author | J Kearney, Principal Primary Care Lead |
| Purpose of Report | The report provides an update on primary care estate and infrastructure planning as part of Primary Care Commissioning Strategy delivery. |
| Recommendation | The Committee is asked to note the report. |
| Stakeholder Engagement | NHS England / Local Medical Council / Public Health / Clinical Leads / Primary Care Operational Group / Primary Care Reference Group / Member practices |
| Previous GB / Committee/s, Dates | Directors Performance Meeting 23 January 2018 |

Monitoring and Assurance Summary

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| This report links to the following Strategic Principles | <ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home | | |
| | Yes [e.g. ✓] | Any action required? | |
| | | Yes Detail in report | No |
| All three Domains of Quality (Safety, Quality, Patient Experience) | ✓ | | ✓ |
| Board Assurance Framework Risk Register | ✓ | | ✓ |
| Budgetary Impact | ✓ | | ✓ |
| Legal/Regulatory | ✓ | | ✓ |
| People/Staff | ✓ | | ✓ |
| Financial/Value for Money/Sustainability | ✓ | | ✓ |
| Information Management & Technology | ✓ | | ✓ |
| Equality Impact Assessment | ✓ | | ✓ |
| Freedom of Information | ✓ | | ✓ |
| I confirm that I have considered the implications of this report on each of the matters above, as indicated | ✓ | | |

Initials: JK

1. Introduction

- 1.1 The Dorset Sustainability and Transformation Plan (STP) can only be delivered if General Practice is working effectively. Care closer to home requires strong, sustainable General Practice. Dorset CCG's Primary Care Commissioning Strategy (2016 – 2021) describes a future model for Primary Care with General Practices working in groups ("at scale"), creating opportunities to focus on population health, continuity of care and improved access.
- 1.2 Practices working in collaboration have begun to form practice networks to deliver care, increasing joint working, developing shared teams and infrastructure, co-producing plans to improve health in partnership with local communities, health, social and voluntary organisations. How this looks will differ from area to area, communities and patients will need to be involved in developing the way in which new care models will be delivered to reflect local need.
- 1.3 Some initial work has been done to start to think about what these challenges could mean for locality infrastructure to inform the development of Locality Strategic Estate and Infrastructure Plans.
- 1.4 The CCG's Primary Care Development team is currently working on a wide range of Estate and Infrastructure projects - both strategic / transformational projects and business as usual projects. This paper summarises the current position and identifies a number of challenges to taking this work forward.

2. Transformation of the Primary Care Estate

- 2.1 In order to support new models of care delivered in local areas there is a requirement for larger, more accessible, modernised Primary Care Centres. To achieve this the existing General Practice estate will need to be transformed.
- 2.2 The property solutions will differ from location to location but it is anticipated that projects will include:
 - Relocations of Practices from small sub-standard premises into larger new or refurbished facilities (including relocations into new Community Hubs and Primary Care Centres);
 - Significant expansion and/or improvements to existing Primary Care premises;
 - Minor improvements to existing Primary Care premises.
- 2.3 A number of current work programmes and projects are described below.

Premises Improvement Grants

- 2.4 Dorset CCG received a budget allocation from NHS England (NHSE) of £691k in 2017/18.
- 2.5 21 schemes have been approved locally with values ranging from £10k to £140k.

- 2.6 All projects are currently on track to start and make good progress toward completion before 31 March 2018.

Estates and Technology Transformation Fund (ETTF)

- 2.7 NHSE's ETTF is a multi-million-pound investment (revenue and capital funding) in General Practice facilities and technology across England between 2015/16 and 2019/20. Project Initiation Documents (PIDs) were developed for the four property proposals which passed through the first NHSE gateway. The current state of each project is summarised below:
- Project 1 - New-build replacement for Wareham Health Centre: Revised PID created to reflect the changing scope of the Wareham Project. The Primary Care schedule of accommodation has been merged with the Community Hub schedule of accommodation and the Option Appraisal is being refreshed. The PID now sets out the requirement for additional pre-project funds to contribute towards the development of the Outline and Full Business Cases (integrating primary, community and social care objectives). Timing may preclude the use of ETTF capital for this scheme and other sources of capital may need to be explored;
 - Project 2 - Relocation of the Carlisle House Surgery into new leased premises: External consultants procured directly by the practice to support development of the Full Business Case. Initial assumptions were that Dorset HealthCare University Foundation Trust (DHUFT) would lease the adjoining space – supporting the vision of full integration of primary and community services. The CCG will continue to work with partners to ensure the viability of this scheme in line with our strategic vision;
 - Project 3 - Improved Utilisation and Refurbishment of the Boscombe and Springbourne Health Centre: During December 2017 the Providence Group notified the CCG of its intention to withdraw from the ETTF scheme. The practice is considering a number of alternative accommodation options and does not see the Boscombe and Springbourne Health Centre as a long term location for the provision of their Primary Care services. The practice has the opportunity to exercise the lease break in 2021 and could only leave earlier if an alternative tenant was identified. Discussions between the CCG, NHS Property Services (NHSPS) and DHUFT are ongoing – all accommodation within the Boscombe and Springbourne Health Centre is now included as part of the development of options for the East Bournemouth Community Hub;

- Project 4 - Refurbishment of the Parkstone Health Centre: Revised PID created to reflect the changing scope of this Project. PID submitted to NHSE on the 30 October 2017 but no feedback has been received. The work now being undertaken by the practice and the CCG's Primary Care team is therefore at risk. NHSPS has confirmed that it does not have the necessary resources in house to lead on the development of a Full Business Case – therefore Dorset CCG's Primary Care team is currently in discussion with a number of external consultants (including the Hampshire LIFT team) with a view to directly commissioning the necessary specialist support. This Project will require the input of Customer Capital from NHSPS.

2.8 In January 2018 additional ETTF funding was approved for three Digital Dorset Technology schemes:

- Population Analytics for the System (£200k): The aim is to provide an analytics suite drawing on data from all System Partners that can be used in both a Trust specific way and a holistic System way;
- Urgent and emergency care (£195k): The aim is to support transfers of care work and the further development of Child Health Information Systems;
- Tele-dermatology solution (£185k): The aim is to introduce a solution within Primary and Community Care which will improve patient experience, avoid unnecessary referrals and improve first time diagnosis rates.

Locality Feasibility Studies

2.9 There are three Primary Care at Scale feasibility studies nearing completion (Gervis Road, West Moors and Kinson Road Surgeries). All three studies consider opportunities for relocation from existing poor quality / under-sized premises to fit for purpose sites. It is envisaged that all three projects will attract capital funding from a third party – and as a result rent reimbursement is likely to increase.

Gervis Road Surgery

2.10 Feasibility Study completes late January 2018. Two possible relocation options are being explored.

West Moors Surgeries

2.11 Feasibility Study completes late January 2018. The preferred option is to new build – but a site is still to be confirmed.

Kinson Road Surgery

2.12 Feasibility Study completes February 2018. Site identified at Hyde Road – new build solution could be progressed in conjunction with Bournemouth Borough Council.

Hub Feasibility Studies

2.13 A number of feasibility studies are being taken forward in collaboration with DHUFT:

- North Dorset – Sherborne Bedded Community Hub feasibility study ongoing, incorporating Primary Care at Scale (three Practices are currently involved with the Project). Outline Business Case to be considered by DHUFT Board in early 2018. Dorset CCG will need to review the Business Case as there are recurring financial consequences associated with the relocation of Primary Care into the Hub;
- Weymouth and Portland – Locality feasibility study commenced and a workshop is planned for late January 2018 (all seven local Practices are engaged with this project);
- Bournemouth and Christchurch – East Bournemouth Community Hub (this is likely to develop across two or more sites - beds on the RBH site / community services on other sites). Primary Care services in this area are currently provided from the NHSPS owned Boscombe and Springbourne Health Centre – the future utilisation of this building will need to be reviewed as part of this feasibility study;
- North Dorset – Shaftesbury Bedded Community Hub. Feasibility study commenced with Primary Care involvement;
- East Dorset - Wimborne Bedded Community Hub. Feasibility study commenced with Primary Care involvement.

Transformation of Primary Care IT Infrastructure

- 2.14 The Local Digital Roadmap for Dorset sets the shared agenda for digital services to support health and social care services across the county over the next 5 years.
- 2.15 Transformation plans for Primary Care IT Infrastructure are consistent with the overarching strategic direction described within the Roadmap.
- 2.16 NHSE has allocated £45 million to support the implementation of online consultation systems within practices throughout England. Funding has been allocated to CCGs on a weighted capitation basis - Dorset's share equates to £615,000 (spread over a three-year period 2016/17 – 2018/19). Online consultation systems enable patients to access a range of services online – improving ease of access and matching need to the most appropriate service. As well as improving the overall patient experience evidence to date indicates that online consultation systems can free up GP time – allowing GPs to spend more time working with patients who have complex care needs. The CCG's Primary Care team is currently supporting local practices with the identification of suitable systems. The ultimate ambition is to create an integrated digital experience that supports patients to access a range of services appropriate to their needs.

- 2.17 As plans for Community Hubs and Primary Care Centres develop, opportunities for the inclusion of new technologies and IT solutions will be explored fully. These technologies have the capacity to transform the way in which care is provided – supporting better workload management, freeing up clinician time, and improving ease of access for patients.
- 2.18 Further projects will be identified as part of the development of Locality Strategic Estate and Infrastructure Plans in 2018.

3. Strategic Estate Planning

STP Strategic Estates Planning

- 3.1 A Dorset STP Strategic Estates Planning Group has recently been formed. Membership has been drawn from all local health organisations and from Local Authority partners. Primary Care is represented at this Group by the CCG's Principal Primary Care Lead.
- 3.2 In the first instance the Group is focusing on the refresh of the Dorset Strategic Estate Plan and the development of a prioritised Dorset STP Capital Plan. These documents need to be created for submission alongside STP Business Cases early in 2018.

Strategic Estate Planning at Locality Level

- 3.3 As part of the next steps in the development of Primary Care Locality Transformation Plans it is proposed that Locality Strategic Estate and Infrastructure Plans are developed during 2018. These Plans will be developed in three stages:
 - “Where are we now” – an analysis of the existing Primary Care infrastructure (property and IT);
 - “Where do we want to be” – confirmation of the vision for the Locality;
 - “How do we get there” – an action plan which might incorporate a number of feasibility studies and option appraisals in addition to a capital investment plan.
- 3.4 This information will then flow through into the Dorset STP Strategic Estates Plan and the Dorset STP Capital Investment Plan
- 3.5 Plans are now in place to make further investment to enable the development of Locality Strategic Estate and Infrastructure Plans in each of the Dorset Localities during 2018.

4. Review of Risks and Challenges associated with the Primary Care Estate

Responsibility for Rent Reimbursement Process

- 4.1 This process is currently managed jointly between NHSE (Wessex team) and Dorset CCG. Whilst this transitional arrangement has been helpful, moving forward the CCG as part of full delegation needs to take greater control of the process and the associated risks. If responsibility is to move fully across to the CCG, consideration will need to be given to the resource implications of this. A Business Case setting out options is currently being drafted jointly by the Primary Care and Finance teams.

Estate Transformation Enabling Budget

- 4.2 If the Primary Care Estate is to be transformed to appropriately support new models of care, significant amounts of feasibility and option appraisal work need to be undertaken. In 2017/18 the CCG's Primary Care team has begun to facilitate this type of work – moving forward it is proposed that further resources should be allocated to procure the specialist external skills needed (for example feasibility studies / developmental work / business case writing / specialist input from District Valuer and others).

Increasing Void Space Liability

- 4.3 In accordance with national policy CCGs are charged for the cost of void space in properties owned or leased by NHSPS.
- 4.4 Within Dorset, NHSPS owns or leases the following buildings where primary and community care services are provided:
- Atrium Health Centre;
 - Boscombe and Springbourne Health Centre;
 - Lyme Regis Medical Centre;
 - Parkstone Health Centre;
 - Portland Health Centre;
 - Upton Health Centre;
 - Wareham Health Centre.
- 4.5 Space in the majority of these buildings has been well utilised and very little space has been categorised as void (the exception being Boscombe and Springbourne Health Centre where the CCG is in dispute with NHSPS regarding the management of the top floor accommodation and the classification of this space as void, or as space with unrecovered costs).

- 4.6 In most buildings void costs are therefore at a minimum currently. The CCG intends to work closely with all stakeholders to manage down the amount of void space and associated costs. Areas of risk that need to form part of this work includes planned changes to the way DHUFT currently charges tenants and the potential unintended consequences of provider plans to manage down the current costs of their estate on the rest of the system. This planning will be key to ensuring services fully integrate and that there are no disincentives in the system to achieving this.
- 4.7 It is important to note that, in instances where a building is partly occupied by Primary Care and partly void, the CCG remains responsible for the void cost in perpetuity – notice cannot be given to NHSPS whilst part of a property is occupied. For these reasons it is essential that whole system estate planning is undertaken.

Unplanned Rent Reimbursement Changes (DHUFT properties)

- 4.8 DHUFT is moving to formalise lease arrangements with all of their tenants (as recommended in national estate-related guidance documents and reports such as the Carter Report and the Naylor Report). As a consequence all Primary Care services accommodated within DHUFT properties may be asked to sign new leases which are based on commercial terms.

Planned Rent Reimbursement Changes (Primary Care at Scale)

- 4.9 Over the last 12 months there have been three practice closures resulting in an annual saving in reimbursement costs (rent, business rates, clinical waste and water rates) of circa £127k. These savings have already been reallocated to cover the reimbursement costs associated with the new Grove Surgery which opened in 2016.
- 4.10 As feasibility studies begin to come to conclusions it is apparent that many of the Primary Care solutions (Primary Care at Scale) will result in not only increased space requirements, but also in an upgrade required for this space which is fit for purpose and which therefore attracts a higher £/sqm.
- 4.11 If Primary Care at Scale projects are to be delivered during the period 2018 – 2021 (as described in the Primary Care Commissioning Strategy) the CCG will need to plan ahead for an increased reimbursement budget. The first feasibility studies are due to report back in early 2018 – these studies will provide an indication of the likely level of increased reimbursement which the CCG would need to plan for (i.e. rent plus rates, clinical waste and water rates).

5. Conclusions

- 5.1 The CCG's Primary Care Development team now has a significant programme of Estate and Infrastructure work underway.
- 5.2 During 2017 this new team focused on the development of in-house skills and on the forging of strong working relationships with a wide range of partner organisations.

5.3 Moving forward the team will continue to develop in-house skills and utilise the network of external contacts to ensure that priority estate and infrastructure projects can be delivered effectively in support of Dorset CCG's Primary Care Commissioning Strategy (2016 – 2021).

6. Recommendation

6.1 The Committee is asked to note the report.

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