



Primary Care Commissioning Committee

Date of Meeting	10 th September 2019	Paper Number	Item 6
Title	Primary Care Infrastructure Plan Refresh - Estates		
Sponsoring Director (name and job title)	Fiona Slevin-Brown, Director of Strategy and Operations, NHS East Berkshire CCG		
Sponsoring Clinical / Lay Lead (name and job title)	Sponsored by clinical leads on PCOG		
Author(s)	Alex Tilley, Ass. Director of Primary Care (and WAM), NHS East Berkshire CCG		
Purpose	Request support from PCCC for the refresh of the Primary Care Infrastructure Plan 2019.		
The Committee is required to (please tick)			
Decision		Review	
		Discuss	
		Note	
		Approve	X
Risk and Assurance <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>	Cause: unknown risks for the estates infrastructure of general practice through local borough plan, population changes and implementation of transformation plans.		
Legal implications/regulatory requirements	N/A		
Equality, Diversity and Inclusion (identify any best practice or areas of concern in regards to the Public Sector Equality Duty and the Equality Act 2010)	Included in paper below		
Links to the NHS Constitution (relevant patient/staff rights)	NHS Constitution adhered to in the presented plan.		
Strategic Fit	Person: working alongside individuals to empower them to take control of their own health and wellbeing Place: working in local communities, local authority areas or across a bigger geography to respond to the needs of our population Engage: engaging with staff, member practices, local people and other stakeholders so that services are informed by their needs, views and behaviours Integrate: breaking down the barriers of		



	traditional organisational boundaries to deliver effective and responsive services
<p>Commercial and Financial Implications <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?</i></p> <p><i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i></p>	<p>Financial implication to the development of the individual plans will be specifically identified through the business case process.</p> <p>The publication of this report does not commit further funding.</p> <p>Implication of lack of investment in premises is likely to result in the need to investment to maintain services which in turn with new building and improved facilities increased revenue spend under the Premises Cost Directions 2013.</p> <p>Date Deputy CFO sign off</p>
<p>Quality Focus <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>Infection Control advice in the design and development of the schemes will be sought on an individual basis.</p> <p>All premises must comply with building guidance.</p> <p>Date Director of Nursing sign off.....</p>
<p>Clinical Engagement <i>Outline the clinical engagement that has been undertaken</i></p>	<p>Clinical engagement in the refresh is programmes for September members meeting, where the focus will be on the next steps</p>
<p>Consultation, public engagement & partnership working implications/impact</p>	<p>Each development will comply with requirements for consultation and planning applications</p>
<p>NHS Outcomes <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below: Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>
<p><u>Executive summary</u></p> <p>In 2016, the CCG drafted the Primary Care Infrastructure Plan to support the identification of needs around estates and consider opportunities presented by partners and local developers. In doing so the CCG are now in the process of securing capital investment for four sites led by general practice for community based integrated care models. At the same time there are a number of private ventures</p>	



which general practices are embarking on to build capacity and embrace the opportunities for transformation.

The Infrastructure Plan has been drafted to enable:

- the CCG to have constructive conversations with providers around the areas of risk or pressure to be more proactive in solutions
- support transformation; the additional workforce investment for Primary Care Networks, and the ambition to integrate care within a community across general practice, community and voluntary sectors
- establish a pipeline for future investment opportunities via NHSE/I
- recognising through experience that the timeline to building new or significantly improve existing estates can take upwards of five year, to be anticipating challenges and opportunities systematically

The methodology adopted for the refresh of the plan:

Step one: revised baseline of current Primary Medical Service premises, including ownership, rental arrangements, utilisation/capacity and standards of the facility

Step two: needs assessment commissioned from targeted areas following a review of the available Local Borough Plans indicating future housing growth and infrastructure requirements for those communities

Step three: anticipate the changing needs through the commitment to transformation of general practice and the ICS

Step four: identification of new opportunities and risks, plus drive through the existing projects.

Conclusion

- This Infrastructure plan demonstrates the rise in housing development and the impact this will have on patient list sizes, capacity, demand and ultimately premises
- The CCG will need to consider future funding routes for refurbishment of existing premises or new build schemes
- ETTF is over subscribed for 2020/2021 and we are still looking at slippage from other failed schemes to fund Blue Mountain in Binfield.
- Alternatives could include:
 - If a practice is in an area of housing growth, there may be opportunities to support primary healthcare infrastructure in very specific circumstances;
 - Section 106 monies and Community Infrastructure Levy (where adopted) can provide funding to support healthcare expansion. Negotiation for this is done through the Local Planning Authority (LPA) on behalf of the NHS;
 - ICS next wave of funding

Recommendation(s)

Primary Care Commissioning Committee are requested to approve the Primary Care Infrastructure Plan refresh 2019.

Chairs Use Only

Any known conflicted committee members from Declarations of Interest

No



register?

CCG Equality Impact Analysis – The EIA Form

<p>1. What is it about? Refer to equality duties</p>	<ul style="list-style-type: none"> - What is the proposal? - What outcomes/benefits are you hoping to achieve? - Who is it for? - How will this proposal meet the equality duties? - What are the barriers to meeting this potential? 	<p>Identification of needs and opportunities to develop a primary care infrastructure programme. All patients and staff will benefit from new facilities and investment in existing for improvement. EIA will be carried out for all individual plans</p>
<p>2. Who is using it? Refer to equality duties</p>	<ul style="list-style-type: none"> - What data evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/ local trends)? 	<p>Data and evidence has been collected from published information, including the following local borough plans from: RBWM, Slough and Bracknell Forest – also Wokingham, Bucks and Surrey have been reviewed ONS and NHS Digital data has supported the population needs Practice provided information on current premises arrangements has establish the existing baseline</p>
<p>3. Impact Refer to dimensions of equality & equality groups</p>	<ul style="list-style-type: none"> - Show considerations of age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view, gypsies & travellers, sex workers, people who misuse drugs & alcohol <p>Using parts 1 & 2 does the proposal:</p> <p>a.) Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?</p> <p>What can be done to change this impact?</p> <p>b.) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?</p> <p>Does further consultation need to be done? How will assumptions made in the analysis be tested?</p>	<p>Existing provider vulnerability has been taken into account when considering opportunities.</p> <p>All plans as they are developed will require patient communication and engagement in line with public consultation requirements.</p>
<p>4. So what? Link to the business planning process</p>	<ul style="list-style-type: none"> - What changes have you made in the course of this EIA? - What will you do now and what will be included in future planning? - When will this be reviewed? - How will success be measured? 	<p>EIA process has identified the following:</p> <p>Commitment for EIA in early development of premises plans</p> <p>Reminder of the patient communication and engagement responsibilities</p>