



East Berkshire CCG
Primary Care Infrastructure Plan
(Premises, Workforce and Digital)
2020 - 2025





Introduction & Background

Key Priority following the publication of the NHS Long Terms Plan

Health system needs to be sustainable for the future population needs including infrastructure to deliver the care needed. The financial investment in general practice as a proportion of the NHS funding has reduced particularly around infrastructure development. The NHS Long Term Plans commits to: "...capital investment will be considered in the 2019 Spending Review" indicated the imperative for readiness in general practice to establishing their estates and infrastructure plans to ensure the national requirement on general practice for integration and extended services can be achieved within the 10 year commitment.

Financial Test 5 in the Long Term Plan requires the NHS **to make better use of capital investment and its existing assets to drive transformation**. Investment in NHS estates will be a critical part of system planning, with a focus on **improving safety, transforming the patient pathway and working environment, with resulting benefit of reducing future revenue operating costs**

LTP National support offer for (PC) Estates and FM

- reform the NHS capital regime to ensure capital funding is prioritised and allocated efficiently and effectively, increasing productivity through effective planning and control
- developing system-wide estates strategy & disposal workbooks, together with improved technical standards and guidance in 2019/20, to support systems to improve safety, assurance and delivery
- developing system-wide information systems to enhance the utilisation of the Model Health System and other core data collections, including the Estates Return Information Collection (ERIC) and Premises Assurance Model (PAM) to further drive increased productivity, assurance and throughput
- supporting the development of system-wide Sustainable Development Management Plans that will set and deliver local sustainability and efficiency targets, supported by a Sustainability Academy and the £46 million energy efficiency fund
- driving forward improved models of standardised design driving capital costs down by 20%.
- working with systems to reduce the amount of non-clinical space by a further 5%, freeing up an additional one million m2 of space for disposal or reconfiguration
- providing access to specialist estates and facilities expertise to support local development and delivery of the workforce plan to ensure appropriately trained and qualified staff are available nationally



Introduction & Background

East Berkshire Clinical Commissioning Group has progressed the investment in general practice following on from the published Primary Care Strategy for east Berkshire in June 2017. The CCG Primary Care Strategy sets out the aims for the commissioning of general practice services leading to a more sustainable and transformed service provision., framed around the Five Year Forward View in 2015

The strategic aims drawn from public engagement, general population feedback and listening to practices include:

- Secure high quality general practice for our population
- Deliver patient centred primary care at the heart of our system transformation
- Improve the patient experience of accessing general practice and extended services
- Increase capacity and reduce demand on general practice services
- Use technology to enable an integrated care model and self-management by patients

Patients continue to provide insights into the access to general practice and the desire to have personalised care closer to home. Patients who engaged in the Big Conversation on Urgent Care services in the community during 2018, told the CCG that they would prefer to see a GP rather than attend an alternative setting, however the appointments are not available and not all patients are aware of the extended general practice services available through their practices.



Frimley ICS strategic ambitions



East Berkshire
Clinical Commissioning Group

These are the six Strategic Ambitions on which the system will focus and deliver over the next five years.

2. Focus on Wellbeing

We want all people to have the opportunity to achieve their life chances, no matter where in our system they live

1. Starting Well

We want all children to get the same start in life

3. Community Deals

We will agree with our residents, families and carers how we work together to create healthier communities

4. Our People

We want to be known as a great place to work, develop, and make a positive difference.

5. Leadership, Culture and Improvement

We will work together to be agile, responsive, with everyone having the freedom to innovate

6. Outstanding use of resources

We will offer the best possible care and support where it is most needed in the most affordable ways



Working together to deliver excellent and sustainable healthcare



The Needs of our Population

Our Frimley Health and Care 2019-2020 Operating Plan priorities were based on the evidence of health needs from the five local Joint Strategic Needs Assessments (JSNAs). Whilst the overall shape of these health needs changes quite slowly, we need to take account of some important future trends:

- The population is growing
- The population is becoming more diverse
- More people are living alone
- After recent growth, the number of births each year is expected to level off
- The population is ageing
- Health inequalities persist

A trend or need at a system level can be very different at neighbourhood (e.g. Ward) level. For example, life expectancy in the Frimley Integrated Care System (ICS) has increased and is significantly higher than the England figure for both men and women, whilst in several Wards it remains materially lower than national benchmark. There is a 12 year difference in life expectancy across the Wards of the Frimley ICS.

In recognition of this, we are currently transforming the way in which we look at health needs through our **Population Health Management programme**. This is being done in alignment with both Berkshire West and Surrey Heartlands Integrated Care Systems across three themes:

- **Infrastructure:** We are enhancing the data within our Connected Care information system to include wider determinants of health and wellbeing such as socio-economic data. A large scale communication programme is being developed to discuss with residents how use of this data helps us improve health, wellbeing and services. We will continue to protect residents' personal data through strong governance of information and it will not be used outside the health and care system
- **Intelligence:** The information available is becoming much richer than that previously available. We are working with clinicians, and particularly with GPs, to draw out the insights at a neighbourhood level, and with experts in Public Health and elsewhere to explore how we can better identify emerging needs. These activities will reshape our 2019-20 Operating Plan and underpin our 5 year strategic plan
- **Intervention:** We will use the insights about local needs to make joint decisions across Health and Local Authorities about the priorities and action needed in each locality as well as system-wide. The Health and Wellbeing Boards will have a primary role in this to create comprehensive local health and wellbeing plans



Frimley ICS Primary Care Strategic Priorities

NHS

East Berkshire

Clinical Commissioning Group

These are the four strategic priority areas that primary care will focus on over the next 5 years.

1

Building resilience and sustainability

- Workforce planning
- Additional roles recruitment
- Retention
- Resilience programmes (GPFV)
- Frimley Primary Care Training Hub

2

Provider integration and partnership

- System leadership, culture and development
- Primary Care Networks
- General Practice role within place based ICS structures
- Testing of new integrated community mental health model

3

Improving access

- Coherent in and out of hours general practice access model
- General practice alignment into Integrated Urgent Care
- NHS 111 direct booking
- Maximising digital the contribution to access improvement

4

Improving care & saving lives

- Implementation of 7 new service specifications
- Year 1 PCN identified service improvement projects
- Data driven care: role of digital & population health management to support clinical decision making and reduce inequalities
- Primary care role in ICS ambitions delivery

Working together to deliver excellent and sustainable healthcare



The Wider Determinant of Health

The wider determinants of health (WDH) are important if we are to improve the length and quality of life experience by local people. Wider determinants of health have the biggest impact on health outcomes, with factors such as education, employment and income contributing to 40% of health outcomes (length and quality of life). This is closely followed by health behaviours (30%), such as smoking and alcohol; with access and quality of clinical care only contributing to 20% of outcomes; and the built environment contributing 10% to health outcome.

The Frimley Health and Care ICS, along with our voluntary sector partners, will play a key role supporting the preventative agenda across Frimley. Closer collaboration and partnership working with Health, local government and the Voluntary, Community and Faith Sector (VCFS) will facilitate a more holistic, joined up approach to managing the health and wellbeing of all residents at place.

In order to provide focus on the wider determinants of health for all stakeholders within the coming year, it is envisaged that the ICS will concentrate on the below priority areas: housing; planning; an asset based approach to support community health, wellbeing and resilience and the NHS responsibility around the WDH.

- **Housing** - adoption of recommendations contained within the Kings Fund Housing and Health Paper March 2018
- **Planning** - influence the wider determinants of health through the built and natural environments
- **Asset based approach** - to support community health, wellbeing and resilience
- **WDH responsibility of the NHS** - for example, the role of the NHS to improve air quality by using technology to reduce health related journeys

Action plans for each priority area will be developed in the coming months as part of our response to the NHS Long Term Plan.



The Future of Primary Care

The new Primary Care Networks, established in 2019 to bring practice s together working at scale building resilience with additional investment work in partnership for local communities to improve health and care. The model of primary care continues to evolve requiring flexibility in the use of infrastructure such as premises, workforce and technology to support our patients and residents to live a healthier life.

The challenges continue but have been considered in the introduction of the General Practice Framework: Investment and Evolution now driving some of the priorities for future primary and community care. General Practices will be the corner-stone for primary and community care providing the docking-station for the wider team supporting communities. The Primary Care Networks will enable the expansion of workforce in general practice to include social prescribers and staff signposting patients to navigate the local system, physicians associates, nurse associates, clinical pharmacists, community based paramedics and physiotherapists. These new roles will 'dock' with the community teams such as district nursing, social care and specialists through co-location supported through estates and technology developments.

As set out in the CCG PC Strategy the opportunities for general practice to deliver as set out in the NHS Long Term Plan requires up to date infrastructure. We see this through the following key elements, with workforce planning expected to be the third element to support transformation ambitions.

- i. **Premises** investments through the Estates and Technology Infrastructure Fund (ETTF) will enable the improvement and expansion of joined-up out of hospital care for patients. Enabling the strong partnership with integrating health and social care decision making plans.
- ii. **Digital technology** also requires investment, enabling patients and professionals with better record sharing, digital access to care and self management support for patient-centred care.
- iii. Our **workforce** development plans also need to be ambitious and forward thinking, ensuring that the benefits of expanded skill mix in primary care alleviate the challenges around the predicted workforce gaps in keys roles such as General Practitioners and practice nursing teams.

Taking into account future population growth, the proportion of practices in buildings significantly smaller than current recommendations and the strategic intentions across the STP, future planning of primary care premises in the wider context of one public estates is essential.



East Berkshire Primary Care Strategy

Our 2020 strategy is to ***ensure that the population of East Berkshire has good access to sustainable general practice services capable of delivering high quality care outside of hospital by 2020/21***. Through the refresh of this plan the objectives remain in place, however the experience in the transformation of general practice to date will shape the approach to delivery.

Strategic Aims

The strategic aims drawn from public engagement, general population feedback and listening to practices include:

- Secure high quality general practice for our population
- Deliver patient-centred primary care at the heart of our system transformation
- Improve the patient experience of accessing general practice and extended services
- Secure the appropriate capacity and manage demand on general practice services
- Use technology to enable an integrated care model and self-management by patients

The **scope** of this plan focuses on the premises element of infrastructure, however describes the digital and workforce areas for planning to enable delivery of the strategic aims.

How?

Process to develop the infrastructure plans for east Berkshire:

- Identify Needs: Establish the evidence basis for investment through the changes in population needs and the impact of the transformation of care through the Frimley Integrated care System.
- Identify opportunities : Deliver the infrastructure required to deliver the new models of care through primary care networks, Place based care provision with partners and the sustainability of general practice
- Implement efficiency: Build on our existing and new networks and communities recognising that scale supports sustainability and enabled innovation
- Design for the future; secure fit of the future facilities and plan for the impact of a greater reliance on digital technology



General Practice Premises



General Practice Premises Profile

Primary Care Network	Premises	Leased	Owned	NHS Organisation
Ascot	5		4	1
Bracknell and District	11	1	8	2
Bracknell Health Triangle	5	1	2	2
Central Slough Network	5	1	4	
Slough LOCC	4	1	2	1
Maidenhead	9	3	6	
SHAPE	11	1	10	
Windsor	9	5	3	1
Non DES Practice	1		1	
TOTAL	60	13	40	7
		22%	67%	12%

Lease issues: **2** have leases of **10** years or less

Collated from the Rent Review Register report (June 2019) and further details from the Practice Resilience Self Assessment (2017)



The Current Premises Challenges: Identify the needs

The CCG need to ensure that there is sufficient capacity for the future needs of our population, whilst maximising use of facilities and delivering value for money as limited financial investment is available to fund these requirements. The routes are often time limited, opportunistic and complex in achieving the investment required to make the difference hence the identified needs for an estates plan for general practice to respond proactively to the population changes. Population changes are often driven by:

- i. local development plans resulting in increased housing requiring local infrastructure planning for all public sector services: There are significant housing developments currently being built and proposed in east Berkshire, with more plans under development. The impact of all of this development will be different on each practice affected, however it is understood that all developments will bring a proportion of additional patients.
- ii. Significant service changes such as practices with premises no longer fit for purpose, single hander partners leaving the profession and changes in service models impacting on the resilience of the provider
- iii. Historic gaps in provision identified through needs assessments such as the provision for population groups who have previously not been able to access care from general practice such as, the homeless, as well as isolated communities where service changes have impacted on patient experience.

Premises has not been well invested in a number of years, resulting in a challenge to sustain the existing stock and an opportunity to identify sites and services which would support the strategic plans to work closer with other services, providing wrap around care for our patients closer to home and deliver more care out of hospital.

This opportunity enabled general practice to consider how best to plan for their future service models and be more confident in moving forward.

Evidence collated: premises challenges have been identified through a number of mechanisms, including:

- i. Needs assessments based on population changes and growth through local borough planning and evidence of changes in demographics leading to necessary changes in service delivery
- ii. Practices highlighting capacity issues to the CCG and those identified through the NHS Long Terms Plan specifically the impact of the additional workforce in Primary Care Networks within primary medical services
- iii. Patient insights via General Practice Patient Survey, HealthWatch and Big Conversation themes
- iv. Technical assessment provided through the Six Facet Survey reports (December 2016)

Individual requests for investment to improve, transform or make safe existing premises – Minor Improvement Grant process (MIG) and feedback from CQC reports. The CCG consider such approaches on a case by case basis for inclusion in future capital investment bids, **it is worth noting that the CCG does not hold any capital funding for general practice.**



The Current Premises Challenges: Population growth

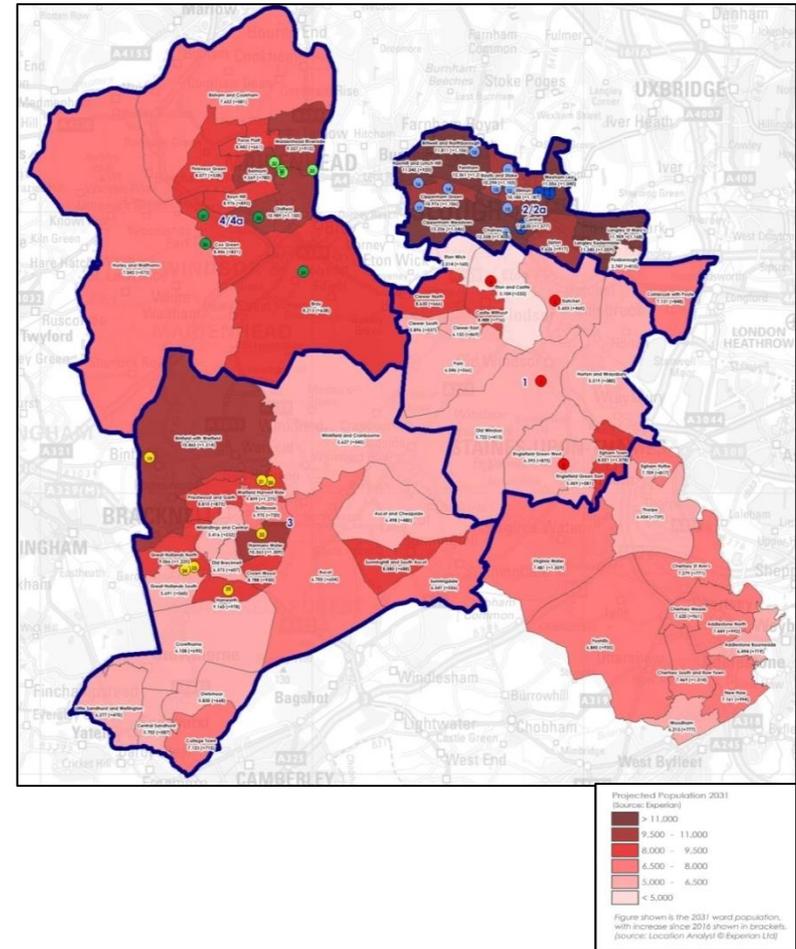
The figures below show the increase in population across the East Berkshire area from 2016 to 2031.

- Overall the population increase across the East Berkshire area is 3.3% between 2019 and 2031, the timeline of this plan
- The increased population broken down into Place:

	2019	2026	%
Bracknell			
Forest	122,500	127,800	4.3
Slough	150,900	155,800	3.2
RBWM	151,200	154,800	2.4
TOTAL	424,600	438,400	3.3

- Bracknell area has the highest level of projected growth due to major housing developments.

Other factors around population shifts and change will also occur through wider projects, such as Heathrow expansion and HS2 all impacted on East Berkshire





The Current Premises Challenges: Population growth (Housing)

Impact on practices due to housing developments put forward in local plans affect the following areas:

- Slough Town Centre
- Maidenhead
- Maidenhead town centre
- Ascot / Winkfield
- Warfield with Binfield
- Bracknell town centre
- Crowthorne
- Wokingham

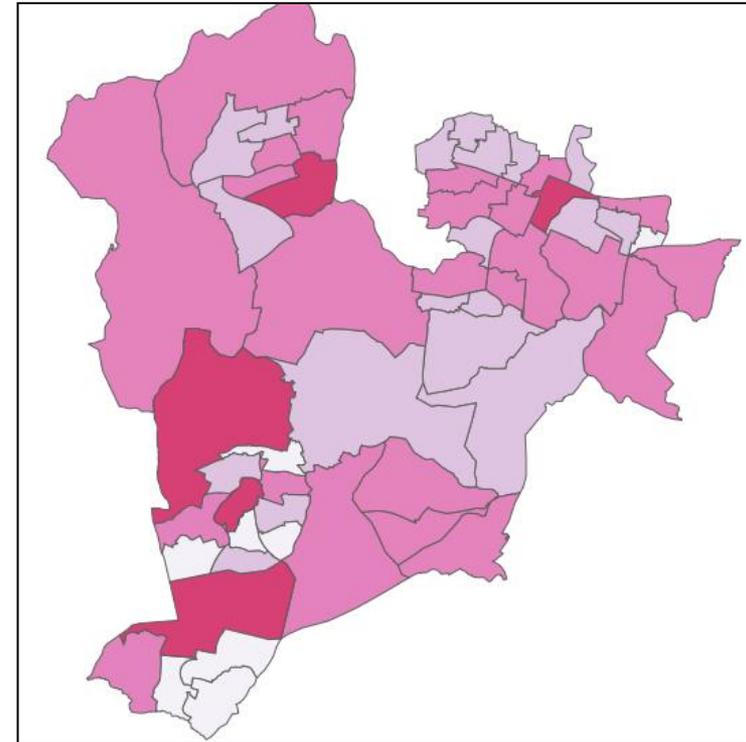
This plan is using the predicted housing growth aligned to our local borough plans as well as population growth figures based on 2.4 people per dwelling.

Assumptions will be made through using current patient flows to predict the impact of significant housing developments on local general practice and other health services.

A number of existing committed schemes will deal with some of the population growth, significant pressure remains in parts of Bracknell and Maidenhead.

There are opportunities to work with District Councils and housing developers to ensure contributions are made towards costs of new health centres required, together with other important infrastructure requirements.

*Slough Local Borough Plan is awaiting – November 2019





The Current Premises Challenges: Additional Workforce

It is envisaged that the future services in primary care will be delivered by a multi-skilled workforce involving GPs, physician associates, rotational paramedic roles, a full range of skilled nurses, clinical pharmacists, physiotherapists, mental health workers, occupational therapists, social services staff, citizen’s advice, other workers from the voluntary sector, and patient navigators among others. Local borough services such as housing, leisure and social care support are also key elements across the whole model resulting in the ambition for the integrated care offer in the community, docking with general practice.

The establishment of the Primary Care Networks and the investment in additional workforce roles to deliver the requirements of these new entities indicate that the additional capacity for the extended workforce will fall within the general practice premises arrangements, where the services are commissioned through the Network Directed Enhanced Service through national primary medical services contracts.

An estimate of the workforce requiring capacity from existing premises through flexibility or new premises and investment is realised based on the nine Primary Care Networks in East Berkshire and the investment set out in the Investment and Evolution policy (January 2019).

	<u>Estimated</u> Head Count – TOTAL East Berkshire PCNs				
	2019/20	2020/21	2021/22	2022/23	2023/24
Additional Workforce by Role	16	14	23.14	35.11	49.12



Current Premises Challenges: Patient Insights **NHS**

East Berkshire
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Patient Survey

Annual analysis of the insights our registered population provide through the annual NHS GP Patient Survey. The most recent results from the first quarter of 2019 indicates that there is variation still around the experience of general practice across the CCGs in Frimley ICS. Further more the survey indicates a 1% reduction of a 'good' or better experience of general practice in East Berkshire. The patient experience can be improved through multiple approaches including the investment of better facilities and increased capacity, both of which should be part of the objectives for premises developments.

Staff feedback

Report impact from practice on the retention through improved environment working and the ability to attract new members of staff and clinical teams is often related to the quality and ownership of the premises.

Big conversation themes – conversation with our population on 'out of hospital urgent care'

The most significant feedback from the Big Conversation in relation to the direct impact on general practice was that the majority of patients want to access on the day urgent care through their own practice, however current experience of access to in hours primary care is variable.

Also important to remember from this exercise that whilst making assumptions about the model of urgent care in the community patients have told us that they are confused by multiple entry points to urgent care and by the variation in existing services, including the level of care provided and differential opening times.

Some patients will not engage with 111 due to perceived language barriers and there was a mixed review of the use of digital access to urgent care from the engagement events.

Q31. Overall, how would you describe your experience of your GP practice?

All patients



Good = Very good + Fairly good. Poor = Fairly poor + Very poor
Weighted Base: CCG 1 (1,194), CCG 2 (5,742), CCG 3 (2,951), National (761,244)
Unweighted Base: CCG 1 (798), CCG 2 (5,071), CCG 3 (2,348), National (760,037)



Current Premises Challenges: Technical Assessment

A key part in determining future investment priorities relates to the current building condition, the building functionality and other key aspects relating to the estate. The CCGs commissioned a six Facet survey in December 2016, these surveys form part of a suite of guidance referred to as NHS Estate code. Originally aimed at hospital buildings, it can also be used for primary care buildings. The survey is aimed at helping to inform maintenance programmes and is also used to help inform future strategic investment. It is a set of standardised core information and comprises of a combination of six separate surveys: -

Facet 1 – Physical Condition Survey (including mechanical and electrical aspects). A risk-based survey providing practical information for assessing building stock condition, which covers 23 elements;

Facet 2 – Functional Suitability Review Assesses the appropriateness of the function/facility in relation to the activities taking place;

Facet 3 – Space Utilisation Review Assesses the physical use of the building, identifying low use, empty and overcrowded rooms;

Facet 4 – Quality Audit Based on factors which relate to the quality of the internal spaces when assessed. Enables premises to be judged and compared with one another. It determines those that are most and least pleasant for both staff and visitors;

Facet 5 – Statutory Compliance Review - An assessment of statutory requirements, the elements of this audit help practices understand their position against their legal obligations. This audit identifies the extent to which the facilities comply with these statutory regulations;

Facet 6 – Environmental Management Review - An assessment of the policies and procedures at the practice relating to the management of water consumption, energy usage, waste control and procurement (if applicable).

From the technical survey (include headline from the 6 facet survey):

- **9** premises are over 100% on capacity
- **25%** of premises need significant financial investment to improve their physical condition
- **34%** of premises deemed not satisfactory on their functional suitability

Note: not all practices were included in the Six Facet Surveys 2016

NHS England guidance recommends for primary care premises developments, attention should be placed on current buildings where the physical condition (facet 1) and/ or the functionality suitability review are deemed to be unsatisfactory.



Gaps and Challenges

The challenges around Primary Care premises can be summarised as:

- The introduction of the extended scope of general practice as the corner stone to the NHS through the Primary Care Networks, it is anticipated that integrated care through co-location with other providers will become increasing the model of care requiring a shift in traditional infrastructure.
- National and Local commissioning plans require primary care services which is at a bigger scale enabling extended teams and a wider provision of services through those teams. A move to 7 day primary care services from 8 am to 8 pm supported through primary care networks (between 30k and 50k populations) strengthening and sustaining the cornerstone of the NHS, general practice services.
- Population projections have an estimated increased population across all three unitary authorities in east Berkshire over the next 21 years (2016-2031) from 2018 (figures from CCG Locality Profiles published by Public Health teams within the Unitary Authorities February 2018);
 - Bracknell Forest - 24,341 population (increase of 15%)
 - Slough – 15,000 population (increase of 9%)
 - Windsor and Maidenhead – 20,000 population (increase of 12%)
- There are a number of premises which have less than adequate conditions for modern general practice and in some cases challenged by the ability to provide the current service model
- Each premises situation is unique, therefore evidence based decision making using needs assessment, land searching and public sector funding requirements. The NHS Premises Cost Regulations for general practice premises are outdated and not supportive of the transformed general practice service model we describe locally and nationally, this is seen as a risk to the delivery of the strategy
- Due to financial constraints the CCG will not be able to invest in all the schemes it would like to support. Therefore this report looks to provide the decision makers with a view of the current landscape of the future needs of our primary care premises so that priorities can be made.



General Practice Workforce



Workforce Challenges – ICS wide

As of March 2018 there were 175,829 people working for General Practice across Frimley ICS (47% in clinical roles, 53% in admin/clerical roles). The average vacancy rate across General Practice is 4% (6% amongst GPs/GPNs)

General Practitioners

- **49% of workforce aged 50+** posing significant risk if replacement workforce not recruited
- **GP Partner had highest retirement risk** (44% aged 50+, 8% aged 60+).

The report by Nigel Watson and the Primary Care Premises Review both highlight risk for the sustainability of general practice General practitioner led model:

- Personal risk in relation to the ownership and financial commitment for premises
- Unlimited liability in partnerships – focus on premises risks/‘last man standing’

Illustrating the need to think differently about premises and work in partnership with other parties to secure future proof facilities

Nursing Workforce

- **54% of GPNs aged 50+** posing significant risk (high % GPN aged 55-60, thus retirement risk imminent)

Administration and Clerical

- **48% of admin/clerical staff aged 50+** (risk varies by sub-category). Where risk is low, opportunity to upskill, i.e. encourage HCAs to undertake apprenticeships or nursing conversion training.

A robust local infrastructure plan for general practice to secure the best chance of investment into modern fit for purpose premises and IT will positively impact on the working environment attracting and retaining workforce.

Additional capacity in general practice and the community is required for the training and ‘onboarding’ of workforce into the services.

As the service offer and multi skilled team expands the traditional treatment/consulting room specifications will need to have greater flexibility.



Frimley ICS Training Hub

It is our collective aspiration that the Frimley ICS Training Hub becomes the nucleus of integrated education and training and workforce development provision to primary care networks. The Training Hub will expand to mimic the establishment and development of the primary care networks supporting delivery of their priorities as they grow; regardless of the employer of the workforce.



Supply: Expanding quality multi-professional placements and educators, RTP, extended careers, R&R in primary care, IGPR, work exp



Apprentice

Upskilling: Apprenticeships: HCA's, ACP & non-clinical, non medical prescribing, integrated educational programmes



New ways of working: Paramedics, MSK FCP, Pharmacists, link workers, workforce development and planning to enable service redesign



New roles: Embedding & supporting Physician Associates, Nursing Associates, Medical /GP Assistants



Leadership: Multi-professional leadership, fellowships, Practice manager development

Working together to deliver excellent and sustainable healthcare



Training Hub: Workforce Development

Live Initiatives from Training Hub in 2019/20

- ✓ Next Generation GP/Early Career GP follow-on projects
- ✓ Wise Fives follow-on project
- ✓ Possible GP Coaching & Mentoring scheme
- ✓ Possible ICS-wide Locum Chambers/Frimley Passport project, building on FWAM pilot
- ✓ Research project to explore/understand Deanery planning for GP Trainer uptake, compensation, pipeline, % decline/increase and capacity-building; possible follow-on project or support offer
- ✓ Practice Resilience funding/projects
- ✓ GP Retention funding/projects
- ✓ Admin & Clerical funding/projects



General Practice: Digital First



General Practice Digital Strategy

- To support practices deliver the aims of the NHS Long Term Plan and associated mandates
- Examine current process to identify areas for improvement based on 360 degree feedback from all stakeholders
- Identify where appropriate digital products can support (but not dictate) areas identified for process change
- Engage with practices to generate cross organisational acceptance in order to implement process change in a timely, controlled and managed fashion
- Prior engagement with patients to understand, accept and embrace the need for change
- Review outcomes to identify benefits and areas for cyclical improvement
- Upscale success factors to leverage PCN / CCG scale transformation



Milestones for Digital Technology: General Practice

During 2019 we will introduce controls to ensure new systems purchased by the NHS comply with agreed standards, including those set out in *The Future of Healthcare*.

- By 2020, five geographies will deliver a longitudinal health and care record platform linking NHS and local authority organisations, three additional areas will follow in 2021.

2020/21

- In **2020/21**, people will have access to their care plan and communications from their care professionals via the NHS App; the care plan will move to the individual's LHCR across the country over the next five years.

2021/22

- By summer 2021, we will have 100% compliance with mandated cyber security standards across all NHS organisations in the health and care system.
- In 2021/22, we will have systems that support population health management in every Integrated Care System across England, with a Chief Clinical Information Officer (CCIO) or Chief Information Officer (CIO) on the board of every local NHS organisation.

Beyond 2022:

- By **2022/23**, the Child Protection Information system will be extended to cover all health care settings, including general practices.
- By **2023/24** every patient in England will be able to access a digital first primary care offer (see 1.44).
- By 2024, secondary care providers in England, including acute, community and mental health care settings, will be fully digitised, including clinical and operational processes across all settings, locations and departments. Data will be captured, stored and transmitted electronically, supported by robust IT infrastructure and cyber security, and LHCRs will cover the whole country.



Benefits from Digital Programme

Projects	Benefits
SMS texting	<ul style="list-style-type: none"> • Direct communication with patient • Improve access for patients • Run screening programme and invite patient direct
DXS	<ul style="list-style-type: none"> • Reduce the number of referrals for repeat investigations or tests, as well as ensuring that practices' spend less time completing referral documentation. • Reduction in the risks -associated with non-complaint referrals and a level of consistency across the CCG, especially in terms of referring clinicians being better informed. • Save time - GPs and other referrers spend less time searching for guidelines and pathway documentation. • Improve patient experience and care
Docman 10	<ul style="list-style-type: none"> • The availability of federated and remote working functionality which isn't available in Docman 7. • Improved AI capabilities can reduce unnecessary admin overhead Improved workflow interface aids efficiency within the practice. Docman 10 is also an enabler for future collaborative developments such as Docman Share and can facilitate access for extended hours integration.
Connected Care	<ul style="list-style-type: none"> • Improve patient care • Collaborative working • Save time for patients & professionals • Reduce duplication
Check in screens	<ul style="list-style-type: none"> • Improved patient access • Improved Cyber Security • Update patient information • Reduced Waiting Times at Reception • Reduce workload for front line staff



Technical Specification

Basic IT Infrastructure Standards:

- High Speed connections – HSCN implementation ensuring that speed and availability of digital tools is effective, including the full roll out of online consultations and
- Lloyd George Notes Digitisation will be a minimum when moving on to new premises to ensure all space is maximised and records are available digitally
- Telephony will be digital with option to commission wider networks across practices for efficiencies and access benefits for patients and demand management opportunities for practices
- Laptop with flexible working connectivity is available to clinicians supported in working within multi-settings and create robust business continuity – flexible working will support the workforce retention and recruitment enabled by the provision of laptops as necessary
- Move local servers to the Cloud – creating less need to server space in practices and secure robust governance for all practice information

**Discussions with practices continue in relation to the additional capacity needed should the digital ambitions be realised, this would indicate that the development of the operating model in each premises development and service delivery plan needs to be ambitious in the technical specifications.*



Primary Care Infrastructure Delivery Plan





Needs Assessment on General Practice Premises

Methodology, Approach and Assumptions: In order to be able to assess the risks and opportunities for the future health care needs in light of the impact from population growth, proposed housing development in local Authority draft local development plans, demographic changes and deprivation indices an Infrastructure Needs Assessments have been undertaken in the following geographical areas.

This information has enabled us to plan, prepare and support sustainable delivery of services for the next 10-15 years and will support primary care networks in putting thought into pressures for the future and the ICS to consider the prioritisation of capital investment bids in the future.

Slough

- i. **Slough East** – catchment areas of Princess Street Surgery, Sussex Place, 240 and 242 Wexham Road Surgeries, Kumar Medical Centre, Slough Walk-in Centre and The Chapel Medical Centre at Upton Hospital – **High Priority**
Slough Central – centred around a proposed new integrated care hub development on land adjacent to the “New Centre” (Rotunda Clubhouse). Farnham Road Surgery, Manor Park Surgery, Crosby House Surgery, Shreeji Medical Centre and Bath Road Surgery – **High Priority**

Bracknell Forest

- i. **North Bracknell** – catchment areas of Binfield Surgery, Warfield Medical Centre (Waterfield Practice), Gainsborough Practice and an assessment of the Primary Care Facility at Great Hollands Medical Centre – **High Priority**

Royal Borough of Windsor and Maidenhead

- i. **Windsor, Ascot and Maidenhead Area 1** – practice catchment areas for opportunities to secure one service provision across these practices more effectively – Runnymede Medical Practice (Newton Court) Datchet Medical Centre and South Meadow Surgery.
- ii. **Windsor, Ascot and Maidenhead Area 4** – catchment areas of Woodlands Park Surgery, Redwood House Surgery and Ross Road Surgery.
Windsor, Ascot and Maidenhead Area 4a – impact of the Maidenhead Town Centre Area Action Plan specifically the developments around the Town Centre, Magnet Leisure Centre, the Golf Club and investments taking place at St Mark’s Hospital – practices impacted are Cedars Surgery and Claremont Surgery



Committed Developments

Place	Area	Scheme	Status
RBWM	Sunningdale / Sunninghill - Ascot	Transformation of Primary Care services to the Ascot Population – Ben Lynwood - relocation of Magnolia House and Kings Corner surgeries to proposed development at Ben Lynwood Care Village, Sunninghill.	ETTF: Outline Business Case approved – March 2019 Full Business Case submission December 2019
RBWM	Ascot	Transformation of Primary Care services to the Ascot Population – Ascot and Radnor House Surgery and Green Meadows Surgery relocation to Heatherwood Hospital (former Block 40 site) – ETTF monies for the refurbishment of the space. Money has also been committed from the STP Capital Bid.	ETTF/ICS: Funding in place and development commenced December 2019 2021 opening
Slough	Britwell	Relocation to Britwell Community Centre which is a newly built Council owned building. The ETTF monies will be used to refurbish some of the space to create a new GP facility. The overarching aim is to create a Health and Social Care Hub so that GP, Community Care and Council Social Care Services can be co-located leading to greater integration. This scheme will be our first “one public estate”.	ETTF: Outline Business Case approved - March 2019 Full Business Case submission December 2019
Bracknell Forest	Binfield	Proposed new surgery at the former Blue Mountain golf course clubhouse, Binfield – working in collaboration with Bracknell Forest Council– ETTF monies will be used to fund the build for the GP space in the building	ODE: PID approved September 2018 <i>Transferred to local scheme under one public estate principles</i>
Slough	Chalvey	Providing additional capacity for population growth and proposed service expansion – will include the relocation of Ragstone Road and Burlington Ave premises. Increasing clinical facilities from 5 rooms to 12 clinical rooms. Support by PCN – SHAPE	Privately financed. Available from Nov 2020



Pipeline Options

The future development have been given access to project management funding to take each scheme identified through the needs assessment and sustainability status, to deliver a project initiation document include options appraisal, service user engagement and outline service operational models in line with strategic direction. The development of such plans may be an opportunity to benefit a wider place.

These subject to Value for Money and affordability will be considered through the Primary Care Commissioning business case route in 2020.

Place	Area	Scheme	Status
Bracknell Forest	Crowthorne	Bucklers Park (Former Transport Research Laboratory), Bracknell – early discussions with Legal & General regarding inclusion of health facility in their proposed housing development on this site	Early Discussion. Awaiting options from practice on service model and needs statement from CCG to developer
Slough	Wexham Rd / Upton Lea	Significant growth in town centre, with other sites benefiting from expansion. This area of town has high deprivation and health needs, with care delivered from premises that are nit purpose built for health care and are arguably not fit for purpose	Slough PC lead will engage the affected practices in development the feasibility and options appraisal through the project management funding made available.
RBWM	Town Centre	Displacement of services for local private development and RBWM town centre development impact on site into the medium term.	Identified the need to RBWM planners for the re-location of services temporarily for a substantial period (at developers cost). Ongoing
RBWM	West Maidenhead	New development: offer of land allocation or option for healthcare premises within the housing development	Statement of need to RBWM – Nov 2019