One Gloucestershire
Transforming Care, Transforming Communities

GP Premises Development & Delivery Plan April 2024 to March 2031

Final version

July 5th 2024

One Gloucestershire Integrated Care System (ICS)

1. Where are we now?

The current state

- Total registered population in April 2023 was 683,772 patients.
- 64 Practices providing services in 83 buildings.
- 52 sites GP owned and 31 sites where GPs are tenants.
- Current operational gross internal area of 46,106 m2 against estimated current requirement of 52,139m2 for core GMS services in 2023 - around 12% smaller overall.
- Total premises budget for 2023/ 2024 is £10.7m to cover rent, business & water rates, clinical and trade waste – about 9.2% of total delegated primary care budget (circa £116m).
- Currently around £36m worth of capital costs approved by the ICB for 6 schemes (Brockworth, Coleford, Hucclecote, Minchinhampton, Severnbank & Lydney and Tetbury) and £1.94m recurrent premises reserve to fund the annual rental and rates costs reimbursed to Practices once these schemes are completed and open.
- Significant inflationary pressures over the last few years in the cost of construction. Over 60% increase in the price of local tenders since March 2020..
- Current costs of borrowing making GP Led development unviable and increased costs of capital making 3rd party led development less viable. Extremely challenging environment in 2024 to meet Value for Money requirements

2.Where do we need to be?

Objectives

- Ensure GP facilities can support service strategies including core GP services, a doubling of clinical placements, PCN services and more integrated services provided with other partners.
- Ensure GP facilities are safe with a focus on constraints caused by significant under-sizing and the condition of the building.
- Ensure there is enough future capacity for service provision, through an understanding of evidenced housing and population growth estimated to be up to a further 75,000 patients by 2031 and meaning estimated space needs to grow by 11,240m2 to 57,346m2*.
- Ensure the development and operation of GP facilities become ‘greener’ with progress towards net zero carbon ambitions.
- Ensure that GP facilities are efficiently used and any investment provides Value for Money.
- Ensure the design and functionality of new GP surgeries are able to take advantage of increasing digitalisation.

* Based on current shortfalls and estimated population growth/ housing growth with space sized as per approach in section 4ii of this plan but excluding impact of PCN services

3- How are we going to get there?

Plan

- Deliver schemes with existing financial allocations.
- Reassess existing priorities for timings and options.
- Investment targeted at a small number of new priorities mainly around new housing developments and obtain Section 106 housing development contributions to fully fund impact on demand for new surgery provision. Or where it supports significant transformation as well those buildings with most spatial constraint.
- Improve and extend existing facilities, wherever possible using improvement grants.
- Part of wider ICS working to use any spare capacity more effectively and move more to a concept of ‘usership’ rather than ‘ownership’ of buildings.

4 (i)- Delivering the plan: strategic priorities*

Schemes with financial allocation

- Minchinhampton
- Hucclecote
- Coleford
- Severnbank & Lydney
- Tetbury
- Brockworth

Other existing priorities

- Beeches Green surgery
- Overton Park & Yorkleigh (Central Cheltenham)
- Stonehouse practices
- Phoenix and Cirencester Health Groups (Cirencester Town)
- Alney (Cheltenham Road site)
- Elms Park, Cheltenham
- Chipping Campden

New priorities

- West Cheltenham
- Cam & Uley
- Sixways, Cheltenham
- Newent
- Yorkley, Forest of Dean
- Rowcroft, Stroud
- Longlevens, Gloucester
- Supporting PCNs

Cross cutting

- NHSPS site plans, including disposals
- Developing Section 106 agreements
- Utilisation and Usership work
- Improvement grant development

* Strategic prioritisation includes physical capacity of building now up to 2031 with focus on those facilities 40% or more smaller; condition of building with focus on quality and functionality; addressing inequalities in access to services using practice level index of multiple deprivation scores; where applicable specific operational and/or commercial issues.

4(ii) -Delivering the plan: operating model

i. Sizing of new surgeries.

For GMS provision 83.33m2 gross internal area (GIA) per 1,000 patients up to 10,000 patients then 41.66m2 GIA per 1,000 patients unless national guidelines change.

For co-located schemes, individual Practice sizing allowance with a 12.5% shared space discount applied.

Discretionary primary care training requirements to be applied following input and agreement of ICB primary care training hub to ensure alignment with overall training strategy.

ii. Standards supporting journey to Net Zero Carbon

Continue to ensure new developments deliver BREEAM excellent and note the plan for BREEAM to introduce version 7 in 2024. This will raise the standard for operational carbon and embodied carbon emissions even further. It will also produce benchmarks for all the energy consumption.

iii Supporting PCNs

The ICB will continue to work with PCNs on understanding their ongoing needs to have access to suitable facilities recognising that the review of PCN services (additional roles) suggested the impact on estate is, on average, around 293 m2 GIA per PCN.

iv. Improvement Grants

The ICB recognises the importance of utilising the Improvement Grant (IG) Scheme as defined in 2024 Premises Costs Directions (PCDs) to assist practices expand and/or upgrade their existing premises.

Using IGs to make improvements to primary care premises deliver a direct benefit to patients, e.g. increased clinical capacity, improved access to services and compliance with national standards such as CQC, DDA, confidentiality, etc..

All practices in Gloucestershire are eligible to bid for an IG in line with national guidance and governance arrangements, regardless of whether the premises are owned by the practice or leased:

- The PCDs provide a prescriptive list of the types of projects that can and cannot be funded.
- The maximum award that can be granted is up to 100%.
- The IG scheme works on a reimbursement basis, meaning practices must pay invoices first; there is no scope for the CCG to reimburse contractors directly.
- If a practice is awarded an IG, the building works need to be completed and all funds spent in the same financial year that the grant is awarded (although exceptions have been made for larger projects).
- The ICB has little flexibility in the application of the rules.

v Fees & commercial matters

The ICB will follow the National Health Service (General Medical Services – Premises Costs) Directions 2024 in respect of fees for GP led or 3rd party led developments.

It is assumed that fees will normally either be part of the overall financial appraisal considered for rent reimbursement, paid by the practice or paid by the third party developer. Only in exceptional circumstances will the ICB consider reimbursement. In such circumstances, there will be no commitment to 100% reimbursement.

vi Value for Money

The ICB will commission the District Valuation Service to determine Value for Money . All proposals will need to be supported by a Value for Money assessment.

vii Leases

In respect of leases/. Where a leaseholder wishes to relinquish their GMS contract, the ICB may consider supporting a contractor in relation to any remaining lease term. It must be noted this will not include the ICB taking on the lease directly itself and/or if CDEL applies.

viii- Section 106 and CIL arrangements

This plan includes two schemes to meet the specific needs of new populations resulting from large scale housing developments in Cheltenham. A further three schemes in Cam & Dursley, Cirencester and Newent include requirements resulting from additional housing as well as the existing population. These schemes are reliant on receiving the required Development contributions, otherwise they cannot progress.

4(iii) - Delivering the plan: Business Case process

New large-scale proposals (e.g. new surgery) will be subject to a two- stage process. Smaller schemes such as Improvement Grants will usually only require 1 stage process

Stage 1 – Prior to Business Case development an initial proposal will be required . NHS England documentation will be used for improvement grants and other capital requirements usually carried out on annual basis.

Stage 2 – A detailed business case will be required following stage 1 approval. This should demonstrate viability and service benefits to obtain ICB support and the necessary funding. It will need to be compliant with the principles set out in the HM Treasury's Five case model style of business case development and will include:

- Executive summary.
- Strategic context and the case for change including the current situation (appointment numbers, staffing levels, itemised non reimbursable cost breakdown, current detailed timetable and where applicable, current mortgage arrangements and outstanding balances.)
- Options and strategic options appraisal- with at least do nothing/ do minimum.
- The preferred option with a Heads of Terms in place for proposed site.
- Financial appraisal and separately an agreed interim Value for Money report from the District Valuation Service.
- Commercial case, including benefits and outcomes, value for money and affordability assessment.
- Patient and stakeholder engagement including survey to then be redone 6 to 12 months after new development open
- Staff survey to then be retested 6 to 12 months after opening.
- Travel plans, if appropriate.
- C02/kg emissions assessment of building to determine per m2 rate and then retested post opening of new building.
- Risk analysis.
- Estimated non reimbursable costs in new building including sensitivity analysis.
- Project development adviser team and assured project timetable.

Practices, their advisors and/or their developers have some flexibility in producing their business case . If there is a capital requirement from NHS England, the NHS England business case format will be used. Practices are responsible for completing the document. The ICB may offer help, advice and facilitation. Business cases need to be at least 8 weeks prior to the proposed Primary Care & Direct Commissioning Committee for formal review.

4(iv)- Delivering the plan: working with people and communities

Engagement in proposed primary care premises developments

The key stages for engagement begin with the involvement of the Patient Participation Groups and extend to wider engagement with registered patients and the local community.

An engagement checklist and Standard Operating Procedures set out a framework for engagement during both the development of a business case and the detailed design and construction period. This includes engagement with Healthwatch Gloucestershire, Health and Wellbeing Board and Health Overview and Scrutiny Committee.

The NHS Constitution and other legislation establish the rights of patients, people and communities to be involved in planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

Equality and health inequalities

The ICB is required to commission accessible services that respond to the diverse needs of communities in Gloucestershire and meet its obligations under the Public Sector Equality Duty (2011).

There is an expectation that primary care practice development will consider the needs of **all** registered patients. Appropriate equality and engagement impact assessments should be completed to demonstrate that proposals consider equity of access and seek to reduce health inequalities.

For further information and support about working with people and communities and equality and diversity please visit:
Have your say : NHS Gloucestershire ICB (nhsglos.nhs.uk) **and** Equality and Diversity : NHS Gloucestershire ICB (nhsglos.nhs.uk)

4(v) Delivering the plan: governance, key roles and decision making

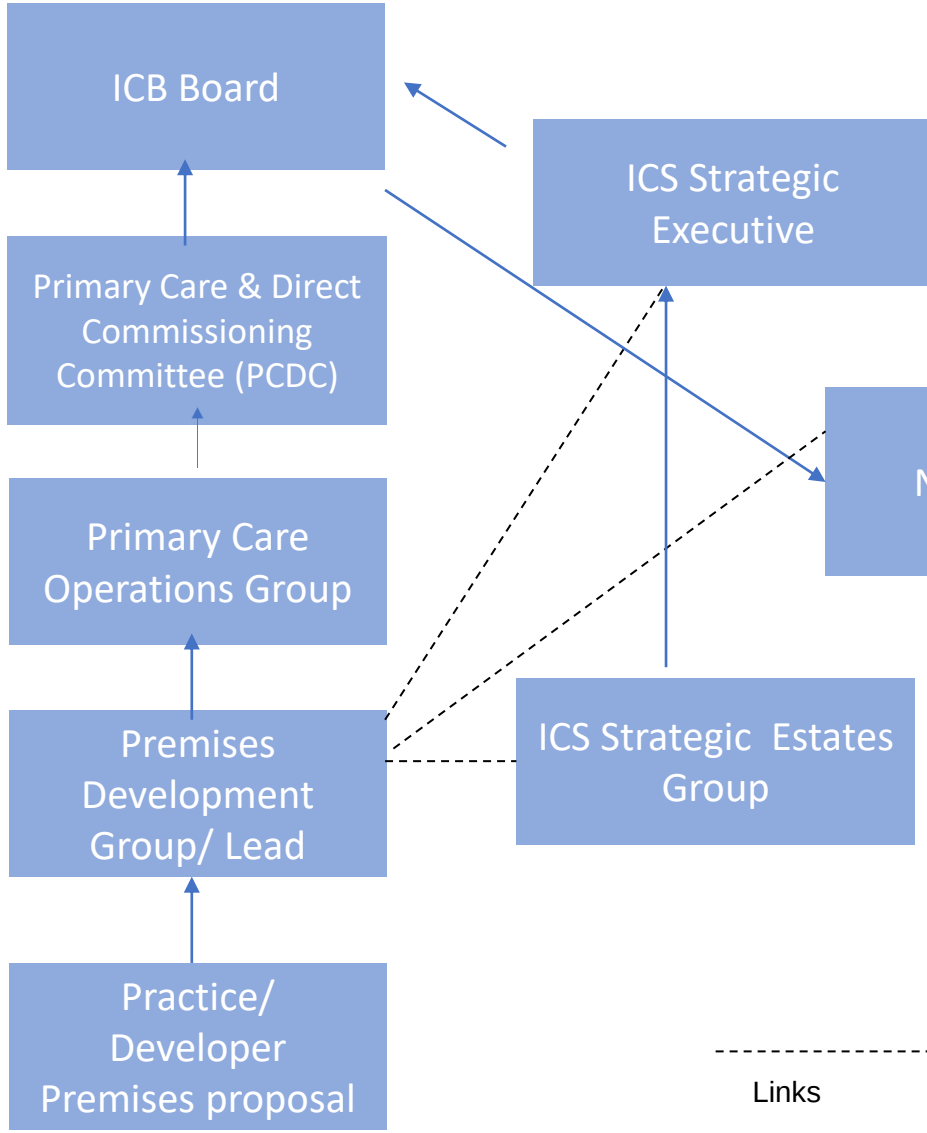
Overall agreement of GP Premises Development Plan and financial envelope plus any escalation from Primary Care & Direct Commissioning Committee .

Detailed review and formal approval of proposals – stage 1 and stage 2 within the overall allocated budget.

Review of proposals, provision of feedback on scheme details to practices and decision to recommend for approval to PCDC or make decisions delegated from PCDC in line with overall allocated budget.

The Premises lead with support from Premises Development Group members will oversee the day-to-day delivery of the GPPP scheme . This is the key resource for progressing plans with Practices and developers to ensure proposals meet agreed priorities, provide necessary patient benefit and represent value for money.

Production of initial proposals and business case documentation in line with process requirements.



Capital proposals and/ or funding consideration outside of delegated budget.

For capital elements and/ or where required for any other matter.

Involvement, joint delivery, development opportunities (constituent member organisation to fund capital requirement/headlease for primary care proposal), alignment, implication and review, where appropriate.

Links

Reporting

4(vi) – Delivering the plan: overarching programme 2024 to 2031

Scheme	Estimated year open
Multi-year improvement grants (assumed, if required, to include Alney [Cheltenham Road] Longlevens, Rowcroft, Sixways, Stonehouse and other smaller schemes)	2024/2031
New Minchinhampton surgery for around 9,000 patients open.	2024/2025
New Coleford Primary Care Centre for around 15,000 patients open.	2025/2026
New Hucclecote surgery for around 10,000 patients open.	2025/2026
New Tetbury surgery for around 10,500 patients open.	2025/2026
New Severnbank & Lydney Health & Wellbeing Centre for around 15,000 patients open.	2025/2026
New Brockworth Surgery for around 14,500 patients open.	2026/2027
Subject to Business Case and available funding, a new Chipping Campden surgery for around 6,000 patients open.	2027/2028
Subject to Business Case and available funding, final primary care requirements for Central Cheltenham for up to 24,000 patients open.	2027/2028
Subject to Business Case, available funding and existing Section 106 contribution of around £349k, a new Cirencester Town Primary Care Centre for around 28,000 patients to colocate Phoenix and Cirencester Health Groups open.	2028/ 2029
Subject to Business Case and available funding, final primary care requirements for around 9,200 patients for Beeches Green in Stroud open.	2029/2030
Subject to Business Case and available funding, the agreed solution for Yorkley & Bream Surgery in the Forest of Dean open. The planning assumption is that there will still be two sites, with the main site serving around 8,000 patients.	2029/2030
Subject to Business Case, available funding and suitable Section 106 arrangements for part of the costs amounting to £2.4m, agreed solution to accommodate 15,000 patients including Cam and Wisloe Green open.	2029/ 2030
Subject to Business Case, available funding and suitable partial Section 106 arrangements for part of the costs of around £620k, a New Newent Health Centre for around 13,000 patients completed and open.	2030/2031
Subject to Section 106 contribution funding 100% of the costs, primary and community health facilities for around 5,500 patients relating to West Cheltenham new Housing developments open.	2030/2031
Subject to suitable Section 106 contribution funding 100% of the costs, primary, dental and community health facilities to accommodate around 9,000 patients resulting from Elms Park housing development in Cheltenham open.	2030/2031

4(vii) – Delivering the plan: confirmed schemes and future ambitions by place including estimated capital costs and number of patients (pts)

Brockworth: £6.6m for 14,500 pts

Hucclecote:£4.9m for 10,000pts

Newent:£6.3m for 13,000 pts

Coleford: £6.2m for 15,000 pts

Yorkley & Bream:£4.3m for 8,000pts

Lydney: £7m for 15,000pts

Beeches Green: £4.9m for 9,200pts

Cam & Wisloe Green:£6.5m for 15,000pts

Minchinhampton: £6m for 9,000pts

Elms Park (new housing community) :£6.6m for 9,000 pts and including dental and community health services

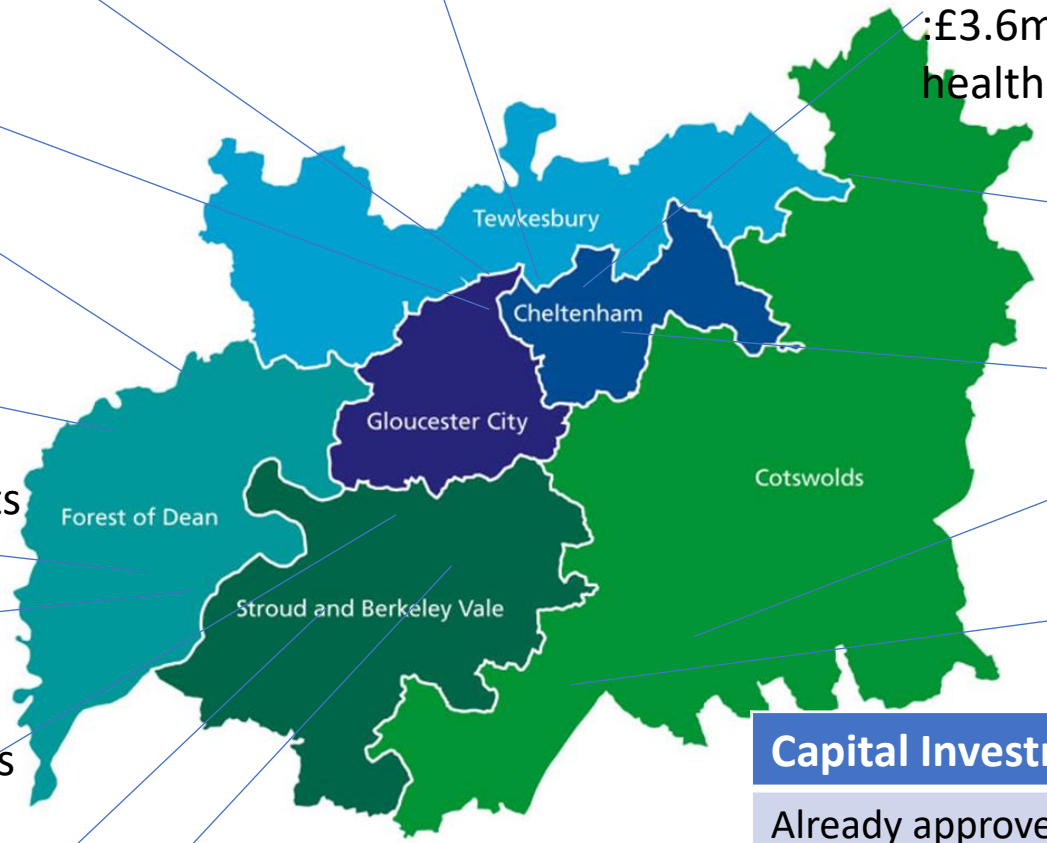
West Cheltenham new housing community :£3.6m for 5,500 pts and including community health services

Chipping Campden:£3.5m for 6,000pts

Central Cheltenham: £9.5m for 24,000 pts

Cirencester:£10.9m for 28,000pts

Tetbury: £5.5m for 10,500 pts



Capital Investment type	Amount
Already approved	£36.2m
Minimum Section 106 contributions needed	£13.6m
New investment	£42.5m
Total	**£92.3m**

4(viii) – Delivering the plan: strategic level estimated financial framework*

Estimated capital costs explanation

- BCIS construction cost projections excluding VAT per m2 at the assumed start of construction of new surgery.
- 13% professional fees added.
- Assumed to be 3rd party developments with VAT reclaimed and a 5% development fee added.
- Reasonable land price.
- Estimated capital costs exclude any Section 106 contributions.
- Estimated capital costs assumptions are for planning purposes only. Funding requirements will be based on individual Business Case proposals and applications will be subject to ICB budget provision.

Revenue costs explanation

- A planning figure of 5% yield applied to total capital costs to calculate rental reimbursement figure.
- For 3rd Party developments, VAT applied to rental reimbursement figure.
- £450 used for each car parking space.
- Provisional rates calculated at 19% of total revenue costs.
- Includes impact of Section 106 contribution either in full, or partial, whichever applicable..
- Revenue framework is for planning purposes only. Funding requirements will be based on individual Business Case proposals and applications are subject to ICB budget provision.

Budget item	2023/ 2024 budget	2023/ 2024 agreed investment	2024/ 2025	2025/ 2026	2026/ 2027	2027/ 2028	2028/ 2029	2029/ 2030	2030/ 2031	Total net estimated investment Required 2024/2031	Estimated Final Budget By March 2031
Estimated total capital costs		£36.2m	£0m	£0m	£0m	£13m	£10.9m	£15.7m	£16.5m	£56.10m	£92.3m
Estimated revenue investment requirement (rent and rates)	£9.78m	£1.94m	£0.m	£0.0m	£0.0m	£0.77m	£0.61m	£0.87m	£0.500m	£2.75m	£14.47m

*This is an estimated financial framework for planning purposes only. Additional investment requirements set out are subject to finalisation, Business Case assessment, Value for Money testing and available ICB budget. It also excludes GPIT costs and improvement grant funded schemes

4(ix) – Delivering the plan: Benefits

Theme	Proposed measure
Additional capacity for growth in population	Number of m2 approved or delivered against plan
Number of additional appointments delivered through increased capacity	Using the countywide average appt rates, then apply approved or delivered additional m2 for each 1,000 patients and apply appt rate.
Supported the training strategy with increased provision of clinical rooms	Number of extra clinical rooms delivered in developments for clinical training purposes
More greener provision with reduction in co2/kg per m2 through BREEAM version 7	Per m2 rate co2/kg existing building compared to new building and other key metrics in version 7 of BREEAM
An improved patient experience	Practice level surveys prior to development and post development (after 6months prior to 12 months
Delivered an increased number of changing places across the County providing improved facilities for people with additional needs	Total number approved/ delivered
Improved staff satisfaction of those working in GP Practices	Practice level surveys prior to development and post development

4 (x) –Delivering the plan: strategic risks & mitigation

Risk description	Type	Risk score	Controls & mitigation	Revised risk score
Current plan needs circa £13.6m (prior to any future inflation) section 106 funding support. If there is insufficient Section 106 development contributions to fund the necessary GP provision resulting from new housing developments they won't progress.	Financial	4x5=20 High risk	Early identification of key housing schemes, provision of evidence around infrastructure requirements, submission of requirements, close working with planning officers and engagement with Developers and obtaining legal agreements as early as possible.	3x4=12 = Medium Risk
The costs of delivering GP Premises improvements are not affordable to the ICB, which means that necessary requirements cannot be progressed.	Financial	3x5=15 high Risk	Prioritisation of proposals. Minimising financial expenditure wherever possible (e.g. reducing fee support, encouraging joint developments, progressing improvement grants to extend existing buildings rather than new builds). Five year financial framework and pipeline management of proposals to spread costs. Seek development contributions from new housing developments. Involvement of District Valuation to ensure proposals achieve Value for Money.	2x5=10 medium Risk
There is a risk that the costs of schemes rise following business case approval and by the time of construction are no longer affordable and cannot proceed	Financial	3x5=15 High risk	Process for review by PCDC in exceptional circumstances, further DV review, and alternative commercial delivery have been used to continue to deliver, contingency planning and due diligence of delivery timelines	2x5= 10 Medium Risk
There is a risk that a key priority cannot be delivered due to a practice, or practices, not being willing to take forward a proposal due to development costs, financial and/ or commercial risks.	Commercial	3x4=12 Medium Risk	Reviewing different delivery models, reviewing risk management arrangements, particularly around lease provision, commissioning assurance letters. Financial fee support.	2x3 =6 Low Risk
Specific proposals are not supported by large number of patients and other key stakeholders meaning scheme is delayed or not deliverable.	Reputational	2x4=8 Medium Risk	Business Case process includes requirements for detailed patient engagement. Regular communication and information sharing with patients and key stakeholders. Sharing on long term plan with key priorities identified.	1x4=4 Low risk

4(xi) – Delivering the plan: progress reporting & review arrangements

Item	Date
Annual work programme and year-end report	April each year
Mid-year review	October each year
Individual Business Cases to PCOG	4 weeks after submission
Individual Business Cases to PCDC	8 weeks after submission
ICS reporting as part of the Strategic Estates work programme	Quarterly
GP Premises Plan review, new priorities identified from April 2031 up to March 2036 completed and agreed	April 2028