

**Primary Care Commissioning & Assurance Committee
Extraordinary Meeting held in Public**

Date: 11 January 2023

Time: 14:00 – 15:30

Venue: MS Teams

Agenda

No.	Agenda Item	Lead	Purpose	Time
Opening Actions				
1.	Welcome, Introductions and Apologies	Chair	-	1400-1405
2.	Relevant Persons Disclosure of Interests <ul style="list-style-type: none"> • Register of Interests 	Chair	Note changes and approve	
Operational				
3.	Primary Care Estate - Prioritisation of Revenue Consequences	Nikki Barnes Head of System & Estates	Approve	1405-1525
Governance				
4.	Communications from the meeting	Chair	Discuss	1525-1530
5.	Review of meeting effectiveness	Chair	Discuss	
Closing Actions				
6.	Date and time of next meeting: <ul style="list-style-type: none"> ▪ 17 March 2023 at 14:15 to 16:15 ▪ MS Teams Deadline for papers will be: <ul style="list-style-type: none"> ▪ 2 March 2023 	Chair	-	

Flower	Amanda	AD PC Commissioning & Transformation	Yes					I am a lifetime (unpaid) Trustee for Sophie's Moonbeams Trust who provide support grants to families who have children that would benefit from accessing therapeutic interventions. The grants allow families/children to access that support. Sophie's Moonbeams Trust Registered charity number 1182086	19/09/2018	Ongoing	Declare the interest / exclusion from meetings/decision making where applicable	09/12/2022
Garnett	Fiona	Associate Director and Head of Medicines Optimisation	No									02/11/2022
Gill	Manjeet	Non Executive Member	Yes		Y			Non Executive Director, Sherwood Forest Hospitals FT	11/11/2019	Ongoing	Would flag any conflict in agendas	27/09/2022
Gill	Manjeet	Non Executive Member	Yes		Y			Managing Director, Chameleon Commercial Services Ltd, 12 St Johns Rd, LE2 2BL	09/09/2017	Ongoing	Regular 1-1s flag any issue and agenda items	27/09/2022
Harrison	Michael	Co-CEO of LMC	No									07/12/2022
Head	Vicky	Director of Public Health, Bedford Borough, Central Bedfordshire and Milton Keynes.	No									27/06/2022
Keech	Tracy	Healthwatch MK	Yes			Y		Member of procurement panel for Brooklands, Neath Hill, and Kingfisher GP Practices	Dec-22	25/01/2023	Declare in line with conflicts of interest policy	15/12/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Director of Clinical Transformation, BLMK CCG	04/08/2020	30/06/2022	Role ended N/A	29/07/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			The Bridge PCN Clinical Director	01/04/2021	Ongoing	May need to be excluded from decisions regarding PCNs	11/05/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Member, NHS Confederation Primary Care Network	07/07/2019	Current	Declare conflict during discussions	08/09/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Member, National Association of Primary Care (NAPC) Council	01/10/2020	Current	Declare conflict during discussions	08/09/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Trustee, Arts for Health Milton Keynes	01/04/2020	Current	Declare conflict during discussions	08/12/2022
Kufeji	Omotayo	Primary Services Partner Member	Yes		Y			Trustee, Milton Keynes Christian Centre	01/10/2019	Current	Declare conflict during discussions	08/12/2022

Kufeji	Omotayo	Primary Services Partner Member	Yes			Y		GP partner, Newport Pagnell Medical Centre	01/02/2004	Current	May need to be excluded from decisions regarding PCNs	08/12/2022
Poulain	Nicky	Chief Primary Care Officer	No									30/06/2022
Shah	Mahesh	Partner Member	Yes	Y				AP Sampson Ltd t/a The Mall Pharmacy, Unit 3, 46-48 George Street, Luton LU1 2AZ, co no 00435961, community pharmacy	Nov-88	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2011
Shah	Mahesh	Partner Member	Yes				Y	RightPharm Ltd, 60a Station Road, North Harrow, HA2 7SL, co no 08552235, community pharmacy, son & sisters	28/03/2014	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022
Shah	Mahesh	Partner Member	Yes				Y	Calverton Pharmacy Ltd, Ashleigh Mann 60a, Station Road, North Harrow HA2 7SL, co no 07203442, community pharmacy, son & sisters	03/04/2018	Ongoing	Declare in line with conflicts of interest policy, exclusion from involvement in related meetings or discussions and/or decision making as guided by Governance Lead	20/05/2022

Westcott	Dean	Chief Financial Officer	Yes				Y	Wife is Senior Mental Health Transformation Manager at West Essex CCB	01/06/21 on joining CCG	Ongoing	Declare in line with conflicts of interest policy	14/06/2022
Westcott	Dean	Chief Financial Officer	Yes				Y	Chair of Board of Trustees - Association of Chartered Certified Accountants Pension Scheme	01/06/2021 on joining CCG	15/11/2022	Email 15/6/22 - "The Acca interest is completely outside of the NHS and will finish at the year end in any event"	14/06/2022
Westcott	Dean	Chief Financial Officer	Yes				Y	Board Advisor, London School of Commerce	01/12/2022	15/12/2022	Declare in line with conflicts of interest policy	13/12/2022
Whiteman	Sarah	Chief Medical Director	Yes				Y	Civil partner, Advanced Nurse Practitioner (Walnut Tree Health Centre, Milton Keynes)	2013	Ongoing	No involvement in relation to decision making	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes				Y	Stonedean, Practice - Sessional GP/former partner	01/06/2007	Ongoing	No involvement in relation to decision making	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes				Y	GMC Associate	2012	Ongoing	Exclusion of self from involvement in related meetings, projects or decision-making	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes	Y				AKESO (coaching network) – coach – Executive and Performance Coach	01/04/2021	Ongoing	Open declaration, no monies received	14/06/2022
Whiteman	Sarah	Chief Medical Director	Yes	Y				NHSE – Appraiser	2001	Ongoing	exclusion of self from involvement in related meetings, projects or decision-making relating to any relevant practitioners	14/06/2022

Report to the **Extraordinary Primary Care Commissioning & Assurance Committee**

3. Primary Care Estate – Prioritisation of Revenue Consequence

Vision: “For everyone in our towns, villages and communities to live a longer, healthier life”

Please state which strategic priority and / or enabler this report relates to

Strategic priorities

<input checked="" type="checkbox"/>	Start Well: Every child has a strong, healthy start to life: from maternal health, through the first thousand days to reaching adulthood.
<input checked="" type="checkbox"/>	Live Well: People are supported to engage with and manage their health and wellbeing.
<input checked="" type="checkbox"/>	Age Well: People age well, with proactive interventions to stay healthy, independent and active as long as possible.
<input checked="" type="checkbox"/>	Growth: We work together to help build the economy and support sustainable growth.
<input checked="" type="checkbox"/>	Reducing Inequalities: In everything we do we promote equalities in the health and wellbeing of our population.

Enablers

Data and Digital <input type="checkbox"/>	Workforce <input type="checkbox"/>	Ways of working <input type="checkbox"/>	Estates <input checked="" type="checkbox"/>
Communications <input type="checkbox"/>	Finance <input type="checkbox"/>	Operational and Clinical Excellence <input type="checkbox"/>	Governance and Compliance <input type="checkbox"/>
Other <input type="checkbox"/> (please advise):			

Report Author	Nikki Barnes, Head of System & ICB Estates
Date to which the information this report is based on was accurate	6 th January 2023
Senior Responsible Owner	Dean Westcott, Chief Finance Officer

The following individuals were consulted and involved in the development of this report:

Roger Hammond, Associate Director Finance
 Stephen Makin, Deputy Chief Finance Officer
 Nicky Poulain, Chief Primary Care Officer
 Lynn Dalton, Associate Director of Primary Care Development

This report has been presented to the following board/committee/group:

The approach has been supported by the Finance & Investment Committee and Primary Care Commissioning and Assurance Committee.
 Recommendations approved by the majority of voting members of Primary Care Delivery Group members.

Purpose of this report - what are members being asked to do?

Members of the Primary Care Commissioning and Assurance Committee are asked to:

- **Receive** the outcome of the primary care estates prioritisation process.
- **Approve** the recommended indicative budget of £1.95m to invest recurrently in primary care estates. £1.54m of this cost relates to schemes already committed / operational.
- **Approve** the recommended list of schemes to be supported in principle, including the schemes with marginal revenue impact, even though the scores for some of these were lower than others, noting that individual business cases are required for final approval to be given and should the revenue impact become higher than expected it may not be possible to ultimately approve the business case for these schemes
- **Note** that these proposals enable circa £468k and £472.5k of the BAU capital to be directed towards primary care estates in 2022/23 and 2023/24 respectively (but note the risk that delays to concluding the prioritisation process may cause some slippage with capital spend between years).
- **Consider** whether to request the Board and Finance and Investment Committee of the ICB to consider making additional revenue available for primary care estates as part of the 23/24 resource allocation process, noting that a Board seminar on primary care and the development of Fuller neighbourhoods will include discussion of primary care estates as an enabler of neighbourhood working and is planned for 24 February 2023.

Executive Summary Report

1. Brief background / introduction:

A process and criteria for prioritising primary care estates schemes was agreed via the Primary Care Delivery Group in September (and assured by the Primary Care Commissioning and Assurance Committee). Forty-nine “new” schemes (i.e. not yet committed to formally by the ICB) have been scored and RAG-rated – along with four schemes already in delivery at the time the process commenced. A total of 53 schemes as referred to below.

The outputs from the scoring have been reviewed by Primary Care, Estates and Finance colleagues, against potential sources of funding. The purpose of this paper is to make recommendations on which schemes the ICB will agree to support in principle (subject to individual business cases) at this stage, based on available revenue funding.

These recommendations were approved virtually by the Primary Care Delivery Group in December, with the majority of voting members confirming their support. It should be noted that the two LMC members of the Group raised objections about the source of funding proposed to be made available for revenue investment to support Primary Care Estates.

2. Summary of key points:

2.1 The total list of primary care estates schemes included in the prioritisation process would require additional net recurrent revenue investment by the ICB of £4.865m per annum by 2025/26 (taking into account 15% contingency and void cost deductions). The current primary care rent reimbursement costs across the total BLMK primary care estate are £8.92m, so this would represent a 54% increase in investment. This level of investment is unaffordable against current funding expectations.

2.2 Possible available funding sources have been explored, of which include repurposing PMS Reinvestment, APMS Re-procurement and recycling void savings are the most likely, immediate and secure sources of funding which can be directed towards investment in primary care estates. This would be likely to provide net additional investment of £1.95m per annum by 2025/26.

2.3 This indicative budget would enable the ICB to fund 11 schemes (4 in delivery, 4 already operational with non-recurrent funding, and three new schemes considered to be the highest risk to patient continuity of care for the system of the full list of schemes).

2.4 There are a further 12 schemes with no/marginal net revenue impact which can also be supported at this stage, although these schemes have received varying priority scores.

2.5 Therefore, it is recommended that 23 of the 53 schemes are supported in principle at this stage. This leaves 30 schemes unsupported, of which 9 were considered to Red (high) risk by the Prioritisation Panel.

2.6 A key focus of the prioritisation exercise has been to consider how available revenue funding can be invested in the BLMK primary care estate taking into account availability of capital funding to support the proposed schemes. The recommendations in this report will enable circa £500k of the ICB's BAU capital allocation to be invested in primary care estates schemes (and associated GP IT costs) for 2022/23 and 2023/24.

2.7 The approach to prioritisation has been presented to, and assured by, the Primary Care Commissioning and Assurance Committee. The objectives of the prioritisation process have also been supported by the Finance & Investment Committee.

3. Are there any options?

The available options are:

- 1) Approve the investment of up to £1.95m per annum in primary care estates from within the Primary Care Delegated Budget, as recommended in the paper.
- 2) Delay any commitment to fund any further schemes not already in delivery, to minimise risks around availability of funding. This would leave three of the highest risk premises situations unresolved.
- 3) Consider additional investment towards primary care estates, from outside the Primary Care Delegated Budget (a decision outside the scope of the Primary Care Commissioning and Assurance Committee and which could be taken forward as part of the 23/24 ICB resource allocation process).

4. Key Risks and Issues

See report below – paragraph 5.0.

Have you recorded the risk/s on the Risk Management system?

[Click to access system](#)

Yes

No

Some of these risks are captured on the Primary Care Risk Register, R3 & R5.

5. Are there any financial implications or other resourcing implications, including workforce?

Commitment to invest £1.95m p.a. towards primary care estates, from within the Primary Care Delegated Budget.

6. How will / does this work help to address the Green Plan Commitments?

[Click to view Green Plan](#)

Replacement of poor-quality old buildings with modern compliant premises, which will result in improved energy efficiency.

Travel planning for each scheme, with a focus on sustainable transport modes as far as possible.

7. How will / does this work help to address inequalities?

Prioritisation criteria takes into account factors relating to community health need and community demographics and gives a higher weighting to schemes for areas experiencing higher levels of inequalities.

Supports delivery of the primary care strategy, which includes greater focus on prevention, targeting reductions in inequalities, targeted Population Health Management approaches.

8. Next steps:

- Approval by Extraordinary meeting of Primary Care Commissioning & Assurance Committee 11th January.
- Communication of outcome to impacted practices, PCNs and key stakeholders by 13th January.
- Phased mobilisation of supported schemes, including individual business case approval.
- Report of decision to the Board 27th January.

9. Appendices

Appendix 1 – Schemes recommended to be supported (in principle, subject to individual business cases)
Appendix 2 – Schemes which cannot be supported at this stage
Appendix 3 – Glossary of Terms

10. Background reading

N/A

Primary Care Estate - Prioritisation of Revenue Consequence

11th January 2023

1.0 Introduction

Many of the GP practices and Primary Care Networks (PCNs) across BLMK are experiencing estates constraints and have aspirations to improve/relocate their current premises or to take on extra space. This is also in the context of significant housing growth in many areas across BLMK.

A significant number of potential primary care estates schemes had been identified by the three predecessor CCGs to help alleviate these challenges. The majority of these schemes require revenue and/or capital funding from the ICB, and this level of investment is unaffordable against current funding expectations.

A process and criteria for prioritising primary care estates schemes was agreed via the Primary Care Delivery Group (and approved by the Primary Care Commissioning and Assurance Committee). Forty-nine “new” schemes (i.e. not yet committed to formally by the ICB) have been scored and RAG-rated – along with four schemes already in delivery at the time the process commenced. It is worth noting that three of these four schemes have been long in gestation and were established as priorities a number of years ago. The other was an urgent operational risk which arose earlier this year.

The outputs from the scoring have been reviewed by Primary Care, Estates and Finance colleagues, against potential sources of funding. The purpose of this paper is to make recommendations around which schemes the ICB will agree to support in principle (subject to individual business cases) at this stage.

2.0 Supporting Information/Context

The costs for each of the proposed primary care estates schemes have been collated and estimated where necessary. These costs include:

- Recurrent revenue increase (rent/notional rent, and service charge costs for the PCN schemes) for the next four years, compared to existing premises costs (this includes an estimate of abatement as a result of s106 funding contributions where relevant).
- Any reduction (or increase) in void charges to the ICB to offset the revenue increases have also been calculated/estimated to show the net revenue impact.
- A contingency allowance of 15% applied to the expected recurrent revenue costs, to allow for rates costs and any unexpected and/or minor additional costs (e.g. parking space reimbursement)
- Estimated non-recurrent costs, i.e. project delivery costs to the ICB in line with the Premises Cost Directions (e.g. monitoring surveyor, practice legal costs, Stamp Duty Land Tax)
- Any NHS capital funding required – primarily to be accommodated from the annual ICB BAU Capital Allocation (with the exception of North Bedford Hub, which is expected to be funded through national NHS capital)
- GP IT costs – also to be accommodated from the annual ICB BAU Capital Allocation.

The total list of primary care estates schemes included in the prioritisation process would require additional net recurrent revenue investment by the ICB of £4.865m per annum by 2025/26 (taking into account 15% contingency and void cost deductions).

The current primary care rent reimbursement costs across the total BLMK primary care estate are £8.92m, so this would represent a 54% increase in investment. This level of investment is unaffordable against current funding expectations.

The outcome of the RAG-rating of schemes gave the following results:

RAG-rating	Number of Schemes
Committed – already in delivery / delivered	4
Purple (risk to patient continuity of care)	3
Red	14
Amber	17
Green	15

The “purple” category represents schemes considered to be particularly high risk to patient continuity of care if they are not progressed.

3.0 Potential Sources of Primary Care Funding

There is no (revenue) budget currently identified for investment in the primary care estate. Therefore, in order to invest in any of the estates schemes identified through this process, the source, and level, of funding will need to be agreed.

Possible funding sources have been explored, of which PMS Reinvestment, APMS Re-procurement and recycling void savings are the most likely, immediate and secure sources of funding which can be directed towards investment in primary care estates. This would be likely to provide net additional investment of £1.95m per annum by 2025/26.

This doesn't preclude the ICB from identifying further revenue funding from its Medium-Term Financial Plan to support system-wide strategic benefits, although this is likely to be challenging given the financial constraints for the ICB. A Board seminar is planned for 24 February 2023 to discuss the development of Fuller neighbourhoods and primary care estate is a key enabler of this programme. The Committee is asked to consider whether to request the Board and Finance and Investment Committee of the ICB to consider making additional revenue available for primary care estates as part of the 23/24 resource allocation process.

It is worth noting that a number of the primary care estates schemes will have marginal or net nil revenue impact (due to s106 funding contributions or similar, or re-purposing of void areas of NHS PS buildings). These schemes require very limited recurrent (revenue) investment and will give benefits.

4.0 Recommendation

Following review by Primary Care and Finance colleagues, it is recommended that an indicative budget of £1.95m is made available in principle towards investment in primary care estates. This is based on an assumption that circa £1m of the previously ring-fenced PMS Reinvestment Funding can be directed towards estates, and that 65% of the expected benefit resulting from the APMS re-procurements is achieved in 2023/24 and further benefit is achieved from the re-procurements in 2024/25. It is worth noting that both LMCs have raised objections around the use of PMS Reinvestment funds for this purpose. This is one of the very limited sources of funding potentially available to support investment in primary care estates.

This assumes an underlying recurrent balanced position for the Primary Care Delegated Budget, and that any annual uplifts will adequately cover any mandatory contract changes / pay awards etc. It also assumes that no additional investment can be identified towards primary care estates outside of the Primary Care Delegated Budget at this stage.

This budget will be reviewed periodically, at least annually, with the potential to increase the value available to estates if further opportunities become available. The order of priority for schemes has been established through this process, so any further funding would be allocated according to the prioritised list of schemes.

Based on this indicative budget, it is recommended that the following estates schemes are supported in principle, with a total net recurrent commitment of £1.87m per annum:

Supported schemes			
Scheme	Place	Description	Rationale
Relocation of Priory Gardens Surgery into Grove View Hub (Dunstable)	Central Bedfordshire	Relocation of Priory Gardens Surgery plus admin & clinical base for PCN within integrated Health & Care Hub. CBC are delivering the building, with Hospital Trust to hold the head lease.	Committed - in Delivery

Biddenham	Bedford Borough	Move of De Parys Bromham branch and Linden Road Bromham branch to new build facility	Committed – in Delivery
Union Street	Bedford Borough	Urgent transfer of Goldington Avenue Surgery from Rothesay branch to Union Street (emergency scheme, delivered end of October 2022)	Delivered (since prioritisation process started)
Relocation of The De Parys Group into North Bedford Hub	Bedford Borough	The De Parys Group relocation to Enhanced Services Centre (ESC) as part of an integrated Hub on the Bedford Health Village site	Committed - in Delivery
Phoenix Sunrisers PCN	Luton	Continuation of PCN Hub base arrangements at Bramingham Park Medical Centre plus clinical room capacity	Already operational and being funded non-recurrently by ICB – this will enable the scheme to remain operational long-term
Leighton Buzzard PCN	Central Bedfordshire	Extension to PCN base arrangements - 2 clinical rooms and admin base for ARRS roles - in Leighton Buzzard Health Centre	Already operational and being funded non-recurrently by ICB – this will enable the scheme to remain operational long-term
Hatters Health PCN – immediate	Luton	Continuation of existing arrangements at Leagrave or relocation of PCN to Redgrave Gardens building for short-medium term.	Already operational and being funded non-recurrently by ICB – this will enable the scheme to remain operational long-term
Medics PCN	Luton	Extension to PCN Hub base arrangements at Marsh Farm Health Centre	Already operational and being funded non-recurrently by ICB – this will enable the scheme to remain operational long-term
King Street	Bedford Borough	Partitioning of large hall on ground floor of Kempston clinic, plus installation of secondary means of escape to first floor of the clinic, to create three additional clinical rooms and additional admin rooms for practice	Panel considered that if this scheme did not progress, there is a high risk to patient continuity of care.
Relocation of King Street Surgery into Kempston Hub	Bedford Borough	Relocation of 3 premises (1 GP Practice) into a primary care Hub in Kempston	Panel considered that if this scheme did not progress, there is a high risk to patient continuity of care.
Great Barford	Bedford Borough	Redevelopment of former school site to enable relocation of this exceptionally constrained practice & support them to absorb current/new housing growth. Community not included in the catchment areas for any other nearby GP practices.	Panel considered that if this scheme did not progress, there is a high risk to patient continuity of care.

	Recurrent Revenue	Revenue Contingency	Void Charge Reductions	Non-recurrent Revenue (Estimate)	Net Revenue Impact	Capital Funding	GP IT Capital Funding
2022/23	109669	19237	558989	113500	801395	2745828	96536
2023/24	929366	146038	-196853	170000	1048551	4848667	85500
2024/25	1803609	277174	-346853	95000	1828930	0	80000
2025/25	1919609	294574	-346853	0	1867330	0	0

This would commit the majority of the indicative budget recurrently, and therefore would not provide any significant contingency fund for any other operational estates pressures/key strategic opportunities that may emerge.

Under this scenario, £468k of the BAU capital budget for estates would be directed towards primary care estates schemes (including associated GP IT costs) in 2022/23, and only £185,500 in 2023/24 (although there is potential for some slippage between the years depending on speed of approval of business cases locally and by NHS England for the smaller capital schemes).

It would be possible to also progress the following schemes which are expected to have a marginal recurrent financial impact. It is worth noting that some of these schemes were scored as a lower priority than many others. **Therefore, if the position were to change for any of these schemes as they are progressed – and should the revenue impact become higher than expected – it may not be possible to ultimately approve the business case for these schemes.**

Schemes with Minimal Revenue Impact – Recommendation to Support			
Scheme	Place	Description	Rationale
Priory Gardens Surgery	Central Bedfordshire	Request for extra space in Dunstable Health Centre from 1st Oct-31st March 2023 (3 ground floor rooms) until they move into the Hub	Very high score for scheme, supports practice being able to take on additional trainees prior to relocation into Grove View Hub in April. Marginal financial impact.
Relocation of Cranfield Surgery	Central Bedfordshire	New purpose-built compliant GP surgery, future proofed with extension capability as significant local housing developments reach completion. Expectation of full range of services & full-time opening to local patients.	Expected to be cost neutral recurrently due to developer capital contributions.
Greensand (Amphill)	Central Bedfordshire	Proposal to relocate ELFT within Amphill Health Centre building to free up rooms which could be converted into additional clinical rooms for severely constrained Greensand Surgery	Expected to have marginal financial impact recurrently, due to re-purposing of sessional space that ICB is already paying for.
London Rd Surgery Additional Rooms	Bedford Borough	Proposal for practice to take on additional rooms in current premises to mitigate severe space constraints (and avoid liability for void costs) following ELFT vacating premises	Expected to be cost neutral recurrently, due to re-purposing of void space in building.
East MK Expansion Area	Milton Keynes	MK Council have secured £7.5m HIF funding to develop a health/community facility in expansion area. MK Council managing the delivery; expected in Q1 2024.	Expected to be cost neutral recurrently, due to HIF funding.

Westfield Rd	Milton Keynes	Proposal to extend surgery utilising S106 funding secured in relation to Newton Leys housing development; previously progressing with support from MKC Planning Dept but put on hold due to COVID.	Expected to be cost neutral recurrently due to s106 funding.
Watling Street PCN	Milton Keynes	Proposal to take on additional space at Stoney Health Centre for PCN use	Expected to be cost neutral recurrently, due to re-purposing of void space in building which ICB is already paying for.
East Bedford PCN	Bedford Borough	Proposal for PCN to take on one void admin room and one clinic room in London Rd Health Centre for the PCN	Expected to be cost neutral recurrently, due to re-purposing of void space in building.
Hillton PCN	Central Bedfordshire	Proposal to reconfigure space in Houghton Close surgery to create additional clinical rooms for ARRS staff	Expected to be cost neutral recurrently, due to re-purposing of space for which the practice already receives reimbursement from the ICB.
Water Eaton	Milton Keynes	Proposal for practice to formally take on "void" space in the Health Centre for their exclusive use.	Expected to be cost neutral recurrently, due to re-purposing of void space in building.
Asplands Surgery	Milton Keynes	Extension & reconfiguration of premises funded via S106 funding	Expected to be cost neutral recurrently due to s106 funding.
Flitwick Extra Care	Central Bedfordshire	Plans to construct two clinical rooms plus ancillary space within Flitwick Extra Care Housing for use by nearby GP practice (S106 funded).	Expected to be cost neutral recurrently due to s106 funding.

TOTAL COSTS FOR SCHEMES WITH MARGINAL RECURRENT IMPACT

	Recurrent Revenue	Revenue Contingency	Void Charge Reductions	Non-recurrent Revenue (Estimate)	Net Revenue Impact	Capital Funding	GP IT Capital Funding
2022/23	27671	4151	-21363	0	10459	0	0
2023/24	109572	16436	-109573	39000	55435	150000	137000
2024/25	109572	16436	-109573	0	16435	0	25000
2025/25	109572	16436	-109573	0	16435	0	0

This would enable £472.5k of the BAU capital to be used to fund primary care estates schemes (and associated GP IT costs) in 2023/24.

This would leave nine schemes identified as Red (high) risk un-supported at this stage.

5.0 Risks

Risk	Mitigation Controls
<p>As a result of delays to the Estates Prioritisation Process (due to high volume of information and time required to complete the scoring), and the outcome of the process, there is a risk of underspend of BAU capital funds and/or delays to projects.</p>	<p>Liaison with NHSE to understand flexibilities with allocating/using the funds</p> <p>Potential to flex GP IT and estates capital budgets to bring forward IT schemes to ensure all funds are used this year</p> <p>Rapid mobilisation of projects as appropriate following completion of prioritisation process</p> <p>Control Owner: Nikki Barnes</p>
<p>As a result of some premises schemes not being prioritised to be taken forward at this stage due to affordability, risk that some practices across BLMK will not have sufficient premises capacity to support delivery of the full range of face-to-face services and to enable them to keep their patient lists open to new registrations.</p>	<p>Number of premises projects underway at various stages (some delivered, some under construction, some still at planning stage, some not yet started)</p> <p>Heads of Primary Care at place maintain good working relationships with Local Authority partners and provide assurance to the Overview and Scrutiny Committees.</p> <p>Control Owner: Nikki Barnes</p>
<p>As a result of some PCN estates schemes not being prioritised at this stage, risk that PCNs may experience operational issues including recruitment & retention challenges relating to inadequate premises capacity which could prevent PCNs from maximising their use of ARRS funding for patient services.</p>	<p>Continue to explore further opportunities to identify available assets and funding across the system which could support PCNs with their estates challenges</p> <p>Control Owner: Nikki Barnes</p> <p>Support PCNs to maximise digital solutions and delivery of face-to-face support through low-cost community venues</p> <p>Control Owner: Beth Collins & Dave Picking</p>
<p>As a result of completing a prioritisation process which will frame the primary care estates pipeline for the next two years, there is a risk that if any further schemes are identified (e.g. urgent operational situations / key strategic opportunities which present) that there will be inadequate funding available to support these.</p>	<p>Consider provision of a contingency budget to accommodate situations/opportunities which arise in-year.</p> <p>Control Owner: Roger Hammond</p>
<p>As a result of not being able to prioritise at this stage some of the schemes where s106 is available to support (due to the s106 funding being insufficient to prevent a significant revenue consequence to the ICB), there is a risk that s106 funding will expire and be lost to the system, which could prevent schemes from being supported by this funding.</p>	<p>Detailed analysis of s106 available to understand these risks further.</p> <p>Liaison with Planning teams within Local Authorities to look at opportunities for extending the availability of s106 funding pots.</p> <p>Control Owner: Laura Greenish</p>
<p>As a result of the outcome of the scoring process, there is a risk of perceived inequity between the four Places across BLMK, which could result in reputational and relationship damage.</p>	<p>Communications plan to share outcome of Prioritisation Process with key stakeholders.</p> <p>Control Owner: Nicky Poulain / Dean Westcott / Nikki Barnes</p>

<p>As a result of a simultaneous system-wide Hub Prioritisation Process underway and the fact that the Primary Care Estates process has only prioritised one of the Hubs at this stage, there is a risk that if the system agrees to progress any further Hubs then the primary care element will not be able to be funded from the Primary Care Delegated Budget, which may result in cost pressures and/or the inability for primary care to be included in the Hub service models and/or the stifling of Hub schemes.</p>	<p>Consider alternative system funding streams to support the delivery of the Hubs</p> <p>Control Owner: Dean Westcott</p>
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6.0 Next Steps

- Approval by Extraordinary meeting of Primary Care Commissioning and Assurance Committee 11th January.
- Communication of outcome to impacted practices, PCNs and key stakeholders by 13th January
Phased mobilisation of supported schemes, including individual business case approval
- Report of decision to the Board 27th January.

7.0 Recommendations

Members of the Primary Care Commissioning & Assurance Committee are asked to:

- **Receive** the outcome of the primary care estates prioritisation process.
- **Approve** the recommended indicative budget of £1.95m to invest recurrently in primary care estates. £1.54m of this cost relates to schemes already committed / operational.
- **Approve** the recommended list of schemes to be supported in principle, including the schemes with marginal revenue impact, even though the scores for some of these were lower than others, noting that individual business cases are required for final approval to be given and should the revenue impact become higher than expected it may not be possible to ultimately approve the business case for these schemes
- **Note** that these proposals enable circa £468k and £472.5k of the BAU capital to be directed towards primary care estates in 2022/23 and 2023/24 respectively (but note the risk that delays to concluding the prioritisation process may cause some slippage with capital spend between years).
- **Consider** whether to request the Board and Finance and Investment Committee of the ICB to consider making additional revenue available for primary care estates as part of the 23/24 resource allocation process, noting that a Board seminar on primary care and the development of Fuller neighbourhoods will include discussion of primary care estates as an enabler of neighbourhood working and is planned for 24 February 2023.

Nikki Barnes

Head of System & ICB Estates

6th January 2023

APPENDIX 1 – Schemes recommended to be supported (in principle, subject to individual business cases)

Supported schemes			
Scheme	Place	Description	Rationale
Relocation of Priory Gardens Surgery into Grove View Hub (Dunstable)	Central Bedfordshire	Relocation of Priory Gardens Surgery plus admin & clinical base for PCN within integrated Health & Care Hub. CBC are delivering the building, with Hospital Trust to hold the head lease.	Committed - in Delivery
Biddenham	Bedford Borough	Move of De Parys Bromham branch and Linden Road Bromham branch to new build facility	Committed – in Delivery
Union Street	Bedford Borough	Urgent transfer of Goldington Avenue Surgery from Rothesay branch to Union Street (emergency scheme, delivered end of October 2022)	Delivered (since prioritisation process started)
Relocation of The De Parys Group into North Bedford Hub	Bedford Borough	The De Parys Group relocation to Enhanced Services Centre (ESC) as part of an integrated Hub on the Bedford Health Village site	Committed - in Delivery
Phoenix Sunrisers PCN	Luton	Continuation of PCN Hub base arrangements at Bramingham Park Medical Centre plus clinical room capacity	Already operational and being funded non-recurrently by ICB – this will enable the scheme to remain operational long-term
Leighton Buzzard PCN	Central Bedfordshire	Extension to PCN base arrangements - 2 clinical rooms and admin base for ARRS roles - in Leighton Buzzard Health Centre	Already operational and being funded non-recurrently by ICB – this will enable the scheme to remain operational long-term
Hatters Health PCN – immediate	Luton	Continuation of existing arrangements at Legrave or relocation of PCN to Redgrave Gardens building for short-medium term.	Already operational and being funded non-recurrently by ICB – this will enable the scheme to remain operational long-term
Medics PCN	Luton	Extension to PCN Hub base arrangements at Marsh Farm Health Centre	Already operational and being funded non-recurrently by ICB – this will enable the scheme to remain operational long-term
King Street	Bedford Borough	Partitioning of large hall on ground floor of Kempston clinic, plus installation of secondary means of escape to first floor of the clinic, to create three additional clinical rooms and additional admin rooms for practice	Panel considered that if this scheme did not progress, there is a high risk to patient continuity of care.

Relocation of King Street Surgery into Kempston Hub	Bedford Borough	Relocation of 3 premises (1 GP Practice) into a primary care Hub in Kempston	Panel considered that if this scheme did not progress, there is a high risk to patient continuity of care.
Great Barford	Bedford Borough	Redevelopment of former school site to enable relocation of this exceptionally constrained practice & support them to absorb current/new housing growth. Community not included in the catchment areas for any other nearby GP practices.	Panel considered that if this scheme did not progress, there is a high risk to patient continuity of care.
Priory Gardens Surgery	Central Bedfordshire	Request for extra space in Dunstable Health Centre from 1st Oct-31st March 2023 (3 ground floor rooms) until they move into the Hub	Very high score for scheme, supports practice being able to take on additional trainees prior to relocation into Grove View Hub in April. Marginal financial impact.
Relocation of Cranfield Surgery	Central Bedfordshire	New purpose-built compliant GP surgery, future proofed with extension capability as significant local housing developments reach completion. Expectation of full range of services & full-time opening to local patients.	Expected to be cost neutral recurrently due to developer capital contributions.
Greensand (Amphill)	Central Bedfordshire	Proposal to relocate ELFT within Amphill Health Centre building to free up rooms which could be converted into additional clinical rooms for severely constrained Greensand Surgery	Expected to have marginal financial impact recurrently, due to re-purposing of sessional space that ICB is already paying for.
London Rd Surgery Additional Rooms	Bedford Borough	Proposal for practice to take on additional rooms in current premises to mitigate severe space constraints (and avoid liability for void costs) following ELFT vacating premises	Expected to be cost neutral recurrently, due to re-purposing of void space in building.
East MK Expansion Area	Milton Keynes	MK Council have secured £7.5m HIF funding to develop a health/community facility in expansion area. MK Council managing the delivery; expected in Q1 2024.	Expected to be cost neutral recurrently, due to HIF funding.
Westfield Rd	Milton Keynes	Proposal to extend surgery utilising S106 funding secured in relation to Newton Leys housing development; previously progressing with support from MKC Planning Dept but put on hold due to COVID.	Expected to be cost neutral recurrently due to s106 funding.
Watling Street PCN	Milton Keynes	Proposal to take on additional space at Stoney Health Centre for PCN use	Expected to be cost neutral recurrently, due to re-purposing of void space in building which ICB is already paying for.

East Bedford PCN	Bedford Borough	Proposal for PCN to take on one void admin room and one clinic room in London Rd Health Centre for the PCN	Expected to be cost neutral recurrently, due to re-purposing of void space in building.
Hillton PCN	Central Bedfordshire	Proposal to reconfigure space in Houghton Close surgery to create additional clinical rooms for ARRS staff	Expected to be cost neutral recurrently, due to re-purposing of space for which the practice already receives reimbursement from the ICB.
Water Eaton	Milton Keynes	Proposal for practice to formally take on "void" space in the Health Centre for their exclusive use.	Expected to be cost neutral recurrently, due to re-purposing of void space in building.
Asplands Surgery	Milton Keynes	Extension & reconfiguration of premises funded via S106 funding	Expected to be cost neutral recurrently due to s106 funding.
Flitwick Extra Care	Central Bedfordshire	Plans to construct two clinical rooms plus ancillary space within Flitwick Extra Care Housing for use by nearby GP practice (S106 funded).	Expected to be cost neutral recurrently due to s106 funding.

APPENDIX 2 – Schemes which cannot be supported at this stage

The table below (grouped by Local Authority Place, and not listed in order of priority) lists the schemes which are not affordable to progress at this stage within the limits of the Primary Care Budget for the ICB, due to revenue constraints. The ICB will continue to seek further opportunities to bring some of these schemes forward/re-scope some of these schemes in an affordable way, and may consider alternative funding streams in relation to schemes, particularly those included in the multi-agency system-wide Integrated Health & Care Hub Programme.

Schemes not supported at this stage		
Scheme	Place	Description
Caritas PCN	Bedford Borough	Progressing availability of two vacant administrative spaces in Queen's Park Health Centre.
Wootton Vale Healthy Living Centre	Bedford Borough	Development of new premises for surgery on adjacent Council-owned site, to replace the temporary building which the practice currently operates from
Harrold	Bedford Borough	Proposal to extend surgery utilising a combination of S106 funding and practice own funding (under expectation of increased notional rent reimbursement)
Shortstown	Bedford Borough	Potential option to lease at a "small" shell rent plus rates and services charge for empty unit attached to surgery to ensure expansion space for practice.
Wixams	Central Bedfordshire	Plans for new surgery in Wixams Town Centre - to operate as a branch surgery for up to 2 existing practices - one in Bedford Borough, one in Central Beds. Designs nearing completion. Proposal for construction to commence in 2023 if a partner agreed to forward fund S106 in exchange for rental agreement, otherwise delivery to be delayed until s106 funding is available to cover cost of delivery.
Caddington	Central Bedfordshire	Proposal to relocate surgery into vacant school building in Caddington
IV South PCN	Central Bedfordshire	Proposal to take on some of vacant dental space in Shefford Health Centre
Sandhills PCN	Central Bedfordshire	Proposal to secure space at Sandy Health Centre being vacated by ELFT & at additional office space Shannon Court via private landlord
Titan PCN	Central Bedfordshire	Exploring utilisation of non-GMS room at Toddington
Barton	Central Bedfordshire	Early exploration of a 5 Consulting room extension to help with practice & PCN constraints
Ivel Medical Centre	Central Bedfordshire	Proposal for practice to take on additional non-GMS space within the building
Relocation of Saffron Road Surgery into a Hub in Biggleswade	Central Bedfordshire	Relocation of up to 2 GP practices into Integrated Health & Social Care Hub.
Additional primary care facility in Houghton Regis Hub	Central Bedfordshire	Relocation of main Primary Care services to Integrated Health & Social Care Hub along with community, mental health and social care. Practice to retain some presence in Houghton Regis town centre.
Additional primary care facility in Leighton Buzzard Hub	Central Bedfordshire	Possible relocation of 1 GP Practice plus space for PCN services into Integrated Health & Social Care Hub along with community, mental health and social care
Relocation of up to 2/3 GP practices in Ampthill / Flitwick into a Hub	Central Bedfordshire	Consolidation of 2/3 GP practices into an Integrated Health & Care Hub along with community, mental health & social care, whilst retaining the rural practice "spokes".
eQuality	Luton	Refurbish space at Wigmore Health Centre to provide administrative space (3 rooms) and a clinical room
Lea Vale	Luton	Proposal to lease vacant office space in town centre, freeing up rooms in practice demise to convert to clinical use. Practice have already implemented at-risk and are requesting reimbursement of costs.

Farley Hill	Luton	New build facility to enable relocation of current constrained branch surgery. Site currently owned by Luton Borough Council - site up for sale. Practice intend to self-fund the capital in exchange for a higher level of notional rent reimbursement.
Oasis PCN	Luton	Exploring available admin and clinic space in Wigmore Lane Health Centre, NHSPS building.
Hatters Health PCN – portacabins	Luton	Installation of portacabins in car park of Oakley Surgery for minimum of 3 years
Oakley Surgery	Luton	Early scoping to consider extension to Oakley Surgery, as a means of addressing premises challenges across Hatters Health PCN for the longer term
Relocation of up to three town centre GP practices into a Hub	Luton	Relocation of up to 3 practices into new build Hub facility, along with range of community and mental health services
South West MK PCN	Milton Keynes	Fit-out of non-GMS area of Parkside
Cobbs Garden	Milton Keynes	Potential relocation of surgery into larger premises to accommodate increased list size
Fishermead – portacabin	Milton Keynes	Request for installation of a portacabin on premises land, due to premises constraints.
Red House	Milton Keynes	Proposed relocation of surgery into larger premises to accommodate increased list size (part-funded by s106)
Fishermead – extension	Milton Keynes	Request for extension to practice, due to premises constraints. Potential for sale & leaseback to 3PD landlord, with appetite for investment in extension.
The Bridge PCN	Milton Keynes	Proposal for PCN to take on space within Shipley Court as a base for ARRS roles
Westcroft	Milton Keynes	Request for additional space for practice, potentially by taking on extra space within Health Centre / extension
Hilltops	Milton Keynes	Lease renewal. Practice request to take on additional space in the building

Appendix 3 - GLOSSARY OF TERMS

ARRS – Additional Role Reimbursement Scheme under which Primary Care Networks receive additional workforce funding

ICB – Integrated Care Board (successor organisation to CCG, effective from 1st July 2022)

GMS – General Medical Services contract

Non-GMS – area of GP practice building that is not used to support delivery of the GMS contract, and therefore the costs are not reimbursed to the GP practice provider

s106 – Section 106 funding, received from housing developers as contribution towards healthcare infrastructure for specific communities

PCN – Primary Care Network

ELFT – East London Foundation Trust

CBC – Central Bedfordshire Council

NHSPS – NHS Property Services

HIF – Housing Infrastructure Fund

3PD – Third Party Developer