

BNSSG Primary Care Commissioning Committee (PCCC)

Date: 24th November 2020

Time: 9.00am – 11:05

Location: Meeting to be held virtually, please email bnssg.corporate@nhs.net if you would like to attend.

Agenda Number :	09
Title:	Primary Care Premises Overview Report
Purpose: For Information	
Key Points for Discussion:	
This paper provides the Committee with an update on Primary Care Estates in BNSSG.	
Recommendations:	The Committee are asked to note the contents of this report for information
Previously Considered By and feedback :	Not applicable
Management of Declared Interest:	Not applicable
Risk and Assurance:	There are risks highlighted in this paper this month. Please see the risk register in Appendix 1.
Financial / Resource Implications:	There are no specific financial resource implications highlighted within this paper. Any contractual change requests will be considered via separate papers and will include any relevant financial implications.
Legal, Policy and Regulatory Requirements:	There are no specific legal implications highlighted within this paper. Any contractual change requests will be considered via separate papers and will include any relevant legal implications.



How does this reduce Health Inequalities:	Monitoring of Primary Care Estate issues alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.
How does this impact on Equality & diversity	Monitoring of Primary Care Estate issues alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.
Patient and Public Involvement:	Whilst there has not been consultation and communication with the public in the production of this paper, patient experience and public involvement is recognised as an important factor in reviewing and gaining assurance regarding primary care services and the estates from which they are provided.
Communications and Engagement:	There are no specific communication issues highlighted as a result of this paper. Any Estate changes that require further engagement will be highlighted via separate papers.
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Sponsoring Director / Clinical Lead / Lay Member:	Lisa Manson, Director of Commissioning Sarah Truelove, Chief Finance Officer

Agenda item: 9

Report title: Primary Care Premises Overview Report – October 2020

1. Background

The BNSSG CCG Estates & IT Sub-Group meets monthly to consider key service and estates issues and identify where the strategic priorities are and how an estates baseline can help to determine a Primary Care Estates and Service Infrastructure Delivery Plan including:

- How to maximise investments in NHS PS premises for Primary Care use
- How to maximise use of key strategic sites
- Where the key capacity pressures from new housing are
- Where the key contractual pressures are – sustainability risks/contract handbacks etc
- Recognising the cost pressures of increased revenue from DV visits
- Supporting the development of key new estate via ETTF and MIG applications
- Develop, review and support Locality and PCN Estate plans and priorities.

2. Capital Projects - Estates and Technology Transformation Fund (ETTF) and STP Capital Development Projects

General ETTF Programme Risk:

Covid-19 has resulted in project delays in terms of business case development (especially design) and construction on a number of the project listed above, and more generally across the country. This has necessitated NHSE to review the national ETTF programme and the previously fixed date of March 2021 for all projects to be completed. The CFO of NHSE signed off an extension to the programme and has rescheduled a proportion of capital into the following financial year (21/22). This reduced the risk of delivery for our programme as a whole, but presented a new risk of there potentially being insufficient capital in this financial year to progress all of the projects we are ready to begin and delay until next year. We have been working closely with practices and the regional NHSE ETTF team to identify these risks and schedule the projects and spend as best as possible.

Schedule of BNSSG Capital Projects Supported by NHS Grant Funding

Programme	Project		Funding Source	OBC / Concept Approval	FBC / Project Approval	Building Works Completion	Comments
Little Stokes PCN	Bradley Stoke	Internal works	ETTF & GPs	May 2019	Dec 2019	April 2020	Works Complete and building fully operational.
	Coniston	Internal works	ETTF & GPs	May 2019	Mar 2020	Jul 2020	Works Complete and building fully operational.
Pioneer Medical Group	Lawrence Weston	Extension & Internal works	ETTF	Jan 2020	Jul 2020	Jul 2021	Post-FBC legal negotiations concluded and contracts exchanged in September 2020. Construction due to begin imminently.
	Avonmouth	Extension & Internal works	ETTF & GPs	Sep 2018	Jan 2020	Dec 2020	Phase 1 is complete and patients are being seen in the new clinical rooms and feedback has been very positive.
	Bradgate	Internal works	ETTF & GPs	Sep 2018	Apr 2021	Jul 2021	As Lawrence Weston now underway, design and planning for Bradgate can begin. Works won't commence until Lawrence Weston and Avonmouth completed and operational.
Glos Road Corridor	Glos Road MC	Extension & Internal works	ETTF	Nov 2019	Aug 2020	Sep 2021	Post-FBC legal negotiations concluded and contracts ready to be exchanged construction underway.
	Monks Park	Extension & Internal works	ETTF & GPs	Nov 2019	Oct 2020	Feb 2021	Project approved and construction underway.
	Falldon Way	Extension & Internal works	ETTF & GPs	Nov 2019	TBC	TBC	Work is progressing well on FBC and planning permission is expected to be secured following a degree of external redesign. At present a source of capital has not been identified, so the project will pause until that is resolved once planning has been secured.
	Conygre	Extension	ETTF & GPs	Nov 2019	Mar 2021	Sep 2021	Planning permission is now secured and tender pack is being developed. Financial viability of the scheme is currently being reviewed.
Tyntesfield PCN	Tower House	Internal works	ETTF & GPs	May 2019	Mar 2021	Mar 2022	Practice is now designing and planning internal reconfiguration of the building to increase operational efficiency and new ways of working.
	Admin Hub	New building	ETTF & GPs	May 2019	N/A	N/A	Practice has now aborted this project as economic fragility associated to Covid means they cannot secure the value they need from the sale of a separate building that is necessary to enable this project to progress.
Healthy Weston	Parklands Village	New building	ETTF & S106	Dec 2018	Dec 2020	Dec 2021	FBC submitted to NHSE for review ahead of ETTF panel on 07 th Nov and NHSE CFO approval on 16 th Dec, with CCG PCCC approval planned for 24 th Nov. Construction scheduled to begin Jan 2021.
	Central Weston	New building	STP Wave 4	Jul 2020	Feb 2021	Jun 2022	OBC approved by PCCC in July. Formal submission to NHSE not required to progress to FBC, but informal review took place and feedback was positive. FBC work underway.

Black Dates = Achieved previously

Green Dates = Achieved during reporting period

Grey Dates = Planned in future

3. Minor Improvement Grants (MIGs)

Minor Improvement Grants (MIG) are funded through NHS capital grants given to GP practices to support improvements to premises. The types of improvement that are allowed are covered by the NHS Premises Cost Directions (PCD). The PCDs require that the value of a MIG should be capped at a maximum of 66% of the total cost of the scheme, with the remainder of funding being put forward by the GP practice.

The “Minor” nature of schemes mean they can range from the installation of a water meter, up to the construction of a new building extension. Minor Improvement Grants are operated under a separate, proportionate, and less onerous governance route through NHS England (NHSE) than more substantial projects. As a rule of thumb, the MIG route relates to schemes with a value under £1million.

In February 2020, we wrote to all GP practices requesting Expressions of Interest to be considered by NHSE. The received applications were prioritised according to the Principles in the Estates Strategy and submitted to NHSE. BNSSG were successful in securing circa £533k provisionally, but the process was placed on hold when the pandemic was declared in March.

Practices made enquiries about Covid related estates changes during March and April. NHSE were approached for further guidance relating to these claims and if there would be additional capital for Covid-19. In June 2020, it was confirmed that Covid estates requests should be reconsidered within the MIG prioritisation. Therefore, a letter was shared with all GP practices, requesting that applications be made for Covid-19 related estates work, for consideration alongside the existing MIG applications. Practices were given until the end of July to share MIG applications and these were reconsidered in early August. Practices were then advised of the schemes that have been successful and have gone through a series of due diligence checks. Practices have started to receive final approval to commence with schemes; these will need to be delivered by the end of March 2021.

4. Rent Reviews

Following review of the rent review process by Estates and contracting team rent reviews have now re commenced, however due to Covid-19 the District Valuer is only carrying out Desk Top Reviews.

a. Reviews in progress

There are currently 10 rent reviews in progress and an additional 6 reviews being appealed by the practice.

b. Upcoming reviews

There are 4 reviews due to be carried out in Q2.

c. Reviews delayed

13 reviews were carried over as incomplete from delegation. 12 reviews have been delayed due to Covid-19. There are a further 16 reviews that are being actively followed up by the Contracting Team.

5. Budget Position

2020/21 budgets have been set at 19/20 outturn level, with inflation added where necessary. As at 30th September 2020 (Month 6), no variances are being shown against these budgets.

Underspend / (Overspend)	2020/21 Annual Plan (£ '000K)	Year to Date Budget (£ '000K)	Year to date Expenditure (£ '000K)	Year to Date Variance (£ '000K)
Premises Costs				
Notional Rent	6,909	3,455	3,455	0
Service Charges	2,557	1,279	1,279	0
Healthcentre Rent	1,809	905	905	0
Rates	1,452	726	726	0
Actual / Cost Rent	697	349	349	0
Void Costs	511	256	256	0
Clinical Waste	770	385	385	0
Water Rates	113	57	57	0
Premises Costs Total	14,818	7,409	7,409	0

As rent reviews are finalised, it is possible that variances will be shown against these budgets in future, but it is expected that these can be managed within the overall premises budgets to leave a balanced position. Any variances will be reported and explained in future Primary Care Premises Reports.

As rent reviews begin to be finalised, it is possible that variances will be shown against these budgets in future. Any variances will be reported and explained in future Primary Care Premises Reports.

6. Requests for Additional GMS Reimbursable Premises/Space

Practices are able to submit a request for additional space through the BNSSG CCG Additional Space and IM&T equipment request process. Requests are reviewed at the CCG Primary Care Estates and IM&T Sub-group which meets monthly. Each application is responded to following review to inform the practice of the outcome of their request and to provide feedback on the application.

An overview of requests received in October is detailed below:

	Totals
Applications	5
Supported	1
Rejected	1
Pending	3

7. NHS Property Services & Community Health Partnership Premises

TIR GP lease and service charge progress

Completion of Leases: To date 0/17 completed.

BNSSG CCG is liaising with practices, NHS Property Services, and the LMC to settle historical debt in relation to CCG reimbursable premises costs and service/facilities management costs owing to NHS PS. The reimbursable funds have been passed on to practices by the CCG in 2018/19 and 2019/20, but in some instances, have not been passed on to NHS PS. These arrangements will see practices reimbursing the CCG these amounts, and the CCG will then pass these funds on to NHS PS. The CCG will look to agree a payment for 2018-19 and 2019-20 with NHS PS that recognises the practices dissatisfaction with the level of the non-reimbursable charges.

In 2020/21, the CCG will pay NHS PS directly for the reimbursable amounts under the Premises Cost Directions. This will both aid the cash flow of NHS PS, and reduce the CCG risk around the unpaid liabilities.

Number of practices	Lease in place	
	No	Yes
19	17	2*

*One practice with a lease in place has ongoing service charge issues

8. Key Premises Information

Practices with applied abatements

Please note that the table below relates to sites rather than the number of practices within each locality, and that some sites have multiple abatements. Financial analysis will be developed to understand budget implications in future years.

CCG			
	Sites with No	Sites with Abatement	Total Sites

	Abatement	s	
Bristol	40	16	56
North Somerset	22	7	29
South Gloucestershire	23	10	33
Totals	85	33	118

Number of GP Premises –Main / Branch

	Contracts	Main Premises	Branch	Shared Premises
Bristol		37	11	5
North Somerset		15	12	1
South Gloucestershire		22	8	1
Totals	80	74	31	7

Number of GP Premises – Rent Type

	Actual Rent	CHP	Block contract	Cost Rent	NHS PS	Notional Rent	Grand Total
Bristol	7	6	1	1	11	29	55
North Somerset	4				3	22	29
South Gloucestershire	1			1	5	26	33
Totals	12	6	1	2	19	77	117

9. Financial resource implications

There are specific financial resource implications highlighted within this paper. Any significant new financial commitments or requests will be considered via separate papers and will include any relevant financial implications. Increases in financial revenue associated with District Valuer reviews are included in Section 5 – Budget Position.

10. Legal implications

There are no specific legal implications highlighted within this paper. Any change requests will be considered via separate papers and will include any relevant legal implications.

11. Risk implications

There are specific risks highlighted in this paper which are recorded in the Commissioning Directorate risk register, not included for practice anonymity.

12. Implications for health inequalities

Monitoring of Primary Care performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.

13. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

Monitoring of Primary Care performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.

14. Consultation and Communication including Public Involvement

Whilst there has not been consultation and communication with the public in the production of this paper, patient experience and public involvement is recognised as an important factor in reviewing and gaining assurance regarding primary care services and the estates in which these services are provided.

15. Recommendations

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Adele Laing, Contract and Project Support Officer (Primary Care)

Report Sponsor: Lisa Manson, Director of Commissioning

Glossary of terms and abbreviations

ETTF	Estates and Technology Transformation Fund
MIG	Minor Improvement Grants
TIR Lease	Tenant Internal Repair Lease
NHSPS	NHS Property Services

