NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Glos Road Medical Centre – Draft Full Business Case

ETTF Supported Estates Development Project

Created by
Tim James- Estates Manager

Shaping better health

Purpose:

To request CCG Primary Care Commissioning Committee approval, subject to NHSE ETTF panel final approval (26/05/2020), for the Full Business Case, and in turn construction to proceed.

Business Case Documents

- Full Business Case (FBC) submitted to NHSE reviewers on 16th April to prepare for ETTF Assessment Panel on 26th May

- Full Business Case document is embedded here:

Adobe Acrobat Document

- With full (and substantial) technical appendices here: Dropbox Hyperlink

Programme Background:

- Glos Road Corridor Estates Programme initiated to provide additional capacity for patients from Bishopston and Northville practice closures

- Glos Road Corridor Outline Business Case (OBC) approved by PCCC in November 2019 - NHSE approved on 19th Feb 2020

- Other Glos Corridor Road Projects:
  - **Monks Park:** Design complete, planning permission secured, procurement progressing
  - **Fallodon Way:** FBC progressing, Design team engaged, ETTF supporting £260k of development costs in 2020/21
  - **Conygre:** Progress slower, though practice have recommitted to development

Project Background

- Challenging project to extend and reconfigure building on a constrained site to create capacity for new and future patients:

List @ Jan 2019	List @ Nov 2019	List @ Jan 2030
14,756	20,307	22,080

- Existing building: 852m^2
- Works include 3 new extensions totalling additional 308m^2
- Practice highly motivated. FBC developed extremely quickly

Building Design

- Key elements of proposals include:
  - 2 storey extension to the rear of the building;
  - vertical extension over the single storey pharmacy;
  - building to the east infilling of the entrance
  - internal remodelling and refurbishment

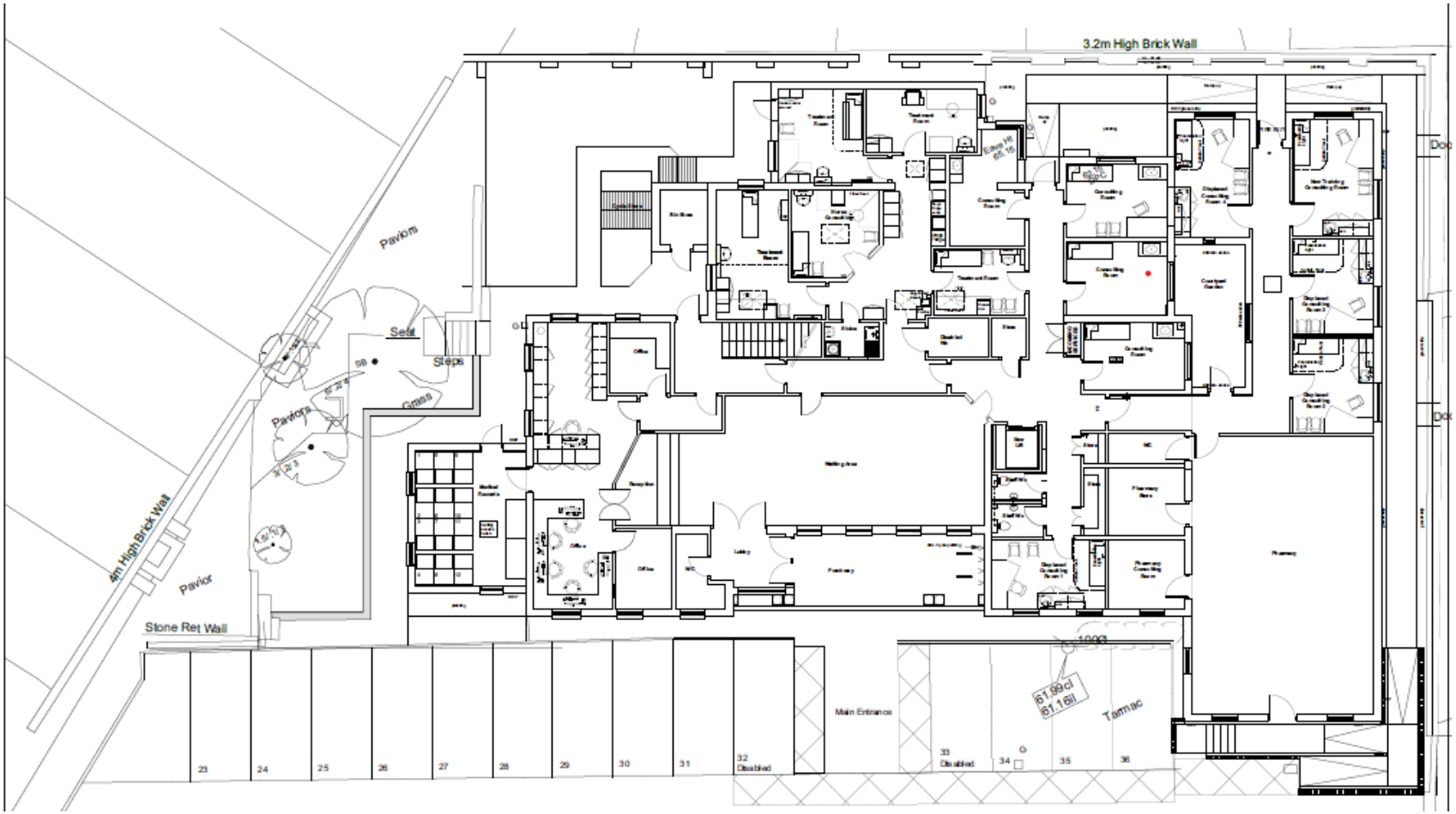
  The redevelopment provides the following additional accommodation:

  - Clinical space, comprising 4 Treatment and 4 Consult Rooms,
  - Flexible large consulting space;
  - Administration space
  - Staff accommodation;
  - Toilet and waiting area improvements.

- NHSE approval for derogations on smaller room sizes now secured:

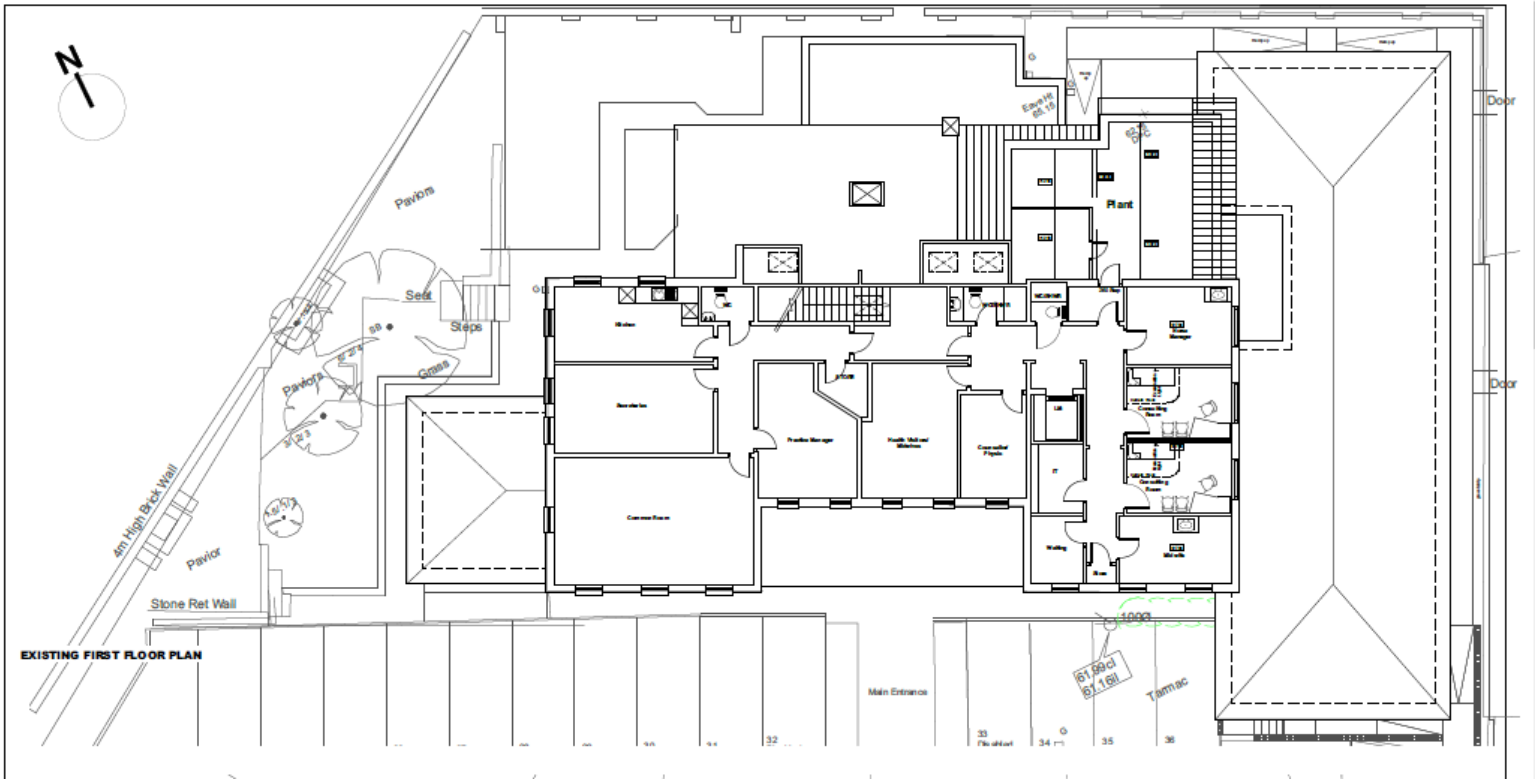
NHSE Guidance	16 m^2
Exiting Rooms	11.5 m^2 & 12.25m^2
Proposed Rooms	12.5 m^2 & 14.8 m^2

Existing Ground Floor

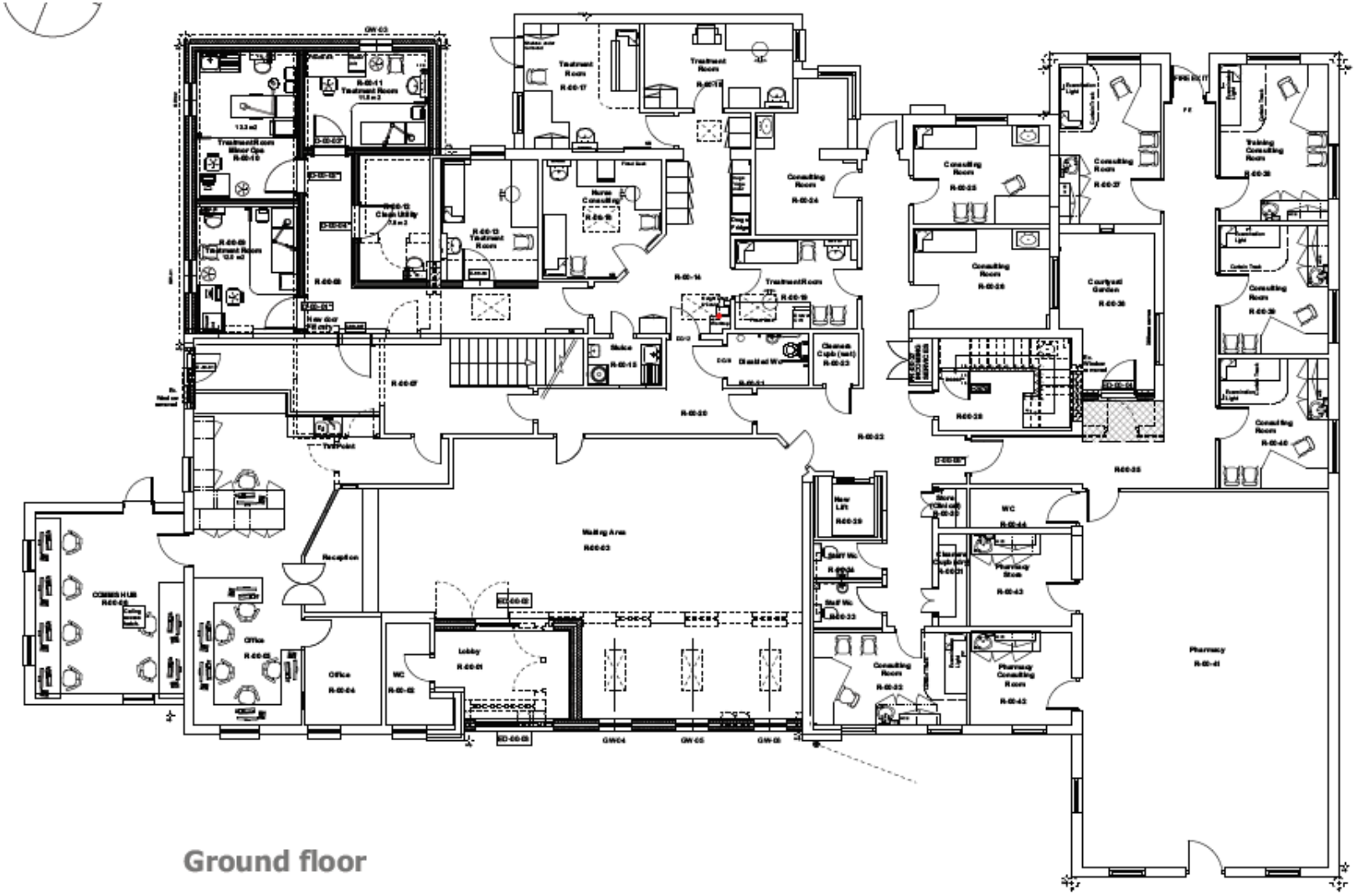


Note: Detailed PDF Drawings that can be zoomed into can be found in the FBC Appendices – "Appx E - Design Pack" in the Dropbox

Existing First Floor



Proposed Ground Floor



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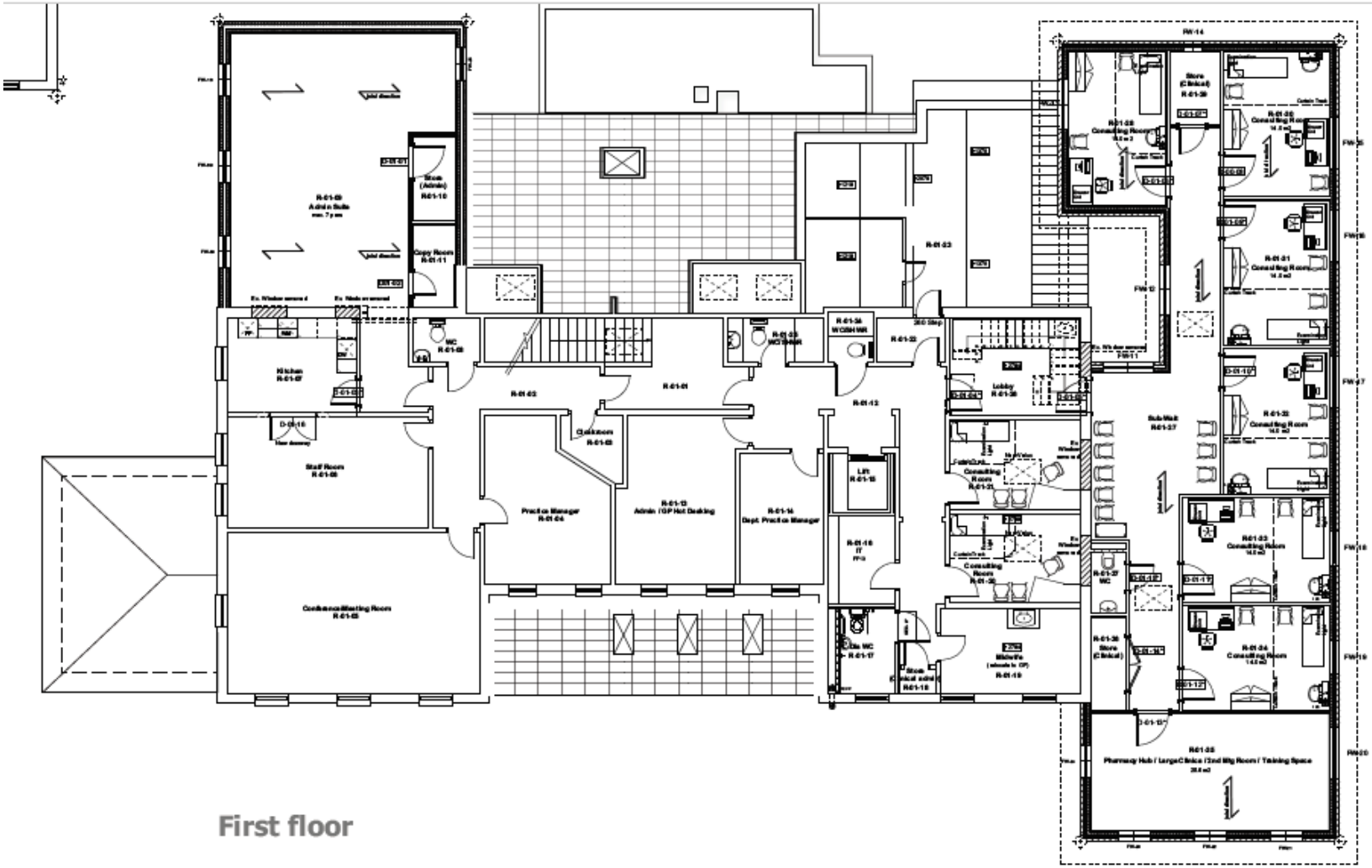
Proposed First Floor



First floor

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Procurement

- Competitive tender exercise undertaken - with an extension to allow two further contractors to bid following the withdrawal of two contractors' mid-way through the tender period.

- All tenders were deemed compliant although all were in excess of the Pre Tender Estimate by a range of circa £75k – £268k.

- MD Construction Ltd, the preferred contractor, submitted a detailed construction programme in support of their tender confirming their ability and willingness to commence works on site on 3rd July 2020 and the Practice has also confirmed that they are happy for construction to commence on this basis.

Capital Costs

- Capital cost is 8% higher than the OBC estimate. Reason include:
  - Uncertainties relating to the current Covid-19 crisis
  - The complexity of the construction requiring numerous phases
- NHSE have agreed to fund the difference & 100% of the capital

Preferred Option (incl VAT)	OBC	FBC
Construction Costs	1,190,634	1,359,124
Equipment		
Fees	214,543	280,771
Land Costs		
Other non works costs		
Other on costs externals etc	40,824	89,520
Contingencies	142,884	70,000
Sub Total	1,588,885	1,799,415
Optimism Bias	158,888	89,971
Total	**1,747,773**	**1,889,386**

CCG Revenue Implications

- Estimated increase of circa £10k per year
- But, reduction of circa £22k per year compared to OBC expectation – due to change to 100% of capital funded
- Wider context of OBC estimate of programme being revenue neutral due to closures of Neville Road and Northville

Preferred Option Revenue Costs	Do Nothing	OBC	FBC
Rent	117,600	172,000	166,600
Rent Abatement	-	28,136	44,100
Net rent	117,600	143,864	122,500
Rates	16,794	21,898	21,898
Water Rates	1,257	1,639	1,639
Clinical Waste	582	759	759
Total	**136,233**	**168,160**	**146,796**

Delivery

Key Milestones	Date
Planning Approval	06/02/2020
Tender Report Issued	02/04/2020
FBC submitted	16/04/2020
NHS E Panel	26/05/2020
Contract Award	05/06/2020
Commence works on site	**03/07/2020**
Completion and Handover	**25/06/2021**

Phased project schedule to minimise disruption to practice operation:

- Phase 1 – Enabling works and temporary rear access;
- Phase 2 – Waiting area;
- Phase 3 – New second storey construction – ground floor vacated;
- Phase 4 – New second storey construction – ground floor occupied;
- Phase 5 – Works to waiting area;
- Phase 6 – Rear extension.

Risks:

Project Risk Register available in FBC Appendix L in the Dropbox

COVID-19 specific risks:

Key risks addressed, in that contractor is willing to commit to contract price, and delivery schedule

Further risk of disruption to practice's operation through contractor having to suspend works on site as a result of virus / government guidance tightening reduced through phasing of project and availability of Neville Road building for relocated service

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Full Business Case for
the Gloucester Road Medical Practice
Primary Care Development

May 2020

BNSSG CCG Full Business Case for the **Gloucester Road Medical Practice Primary Care Development**

TITLE OF SCHEME	Gloucester Road Medical Practice Development	
	Improvement Scheme	
	Reference	
	Organisation issuing the reference number.	NHS England South West Region

SPONSORING NHS ORGANISATION(S) (or other such as GP)	Lead Sponsor	NHS Bristol, North Somerset & South Gloucestershire Clinical Commissioning Group

LEAD SPONSOR CONTACT DETAILS		
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PROPOSED SOURCE OF CAPITAL Sources of funding to be accessed	NHS England ETTF and GP's				
CAPITAL/NR REVENUE VALUE AND PROPOSED CASH FLOW OF FUNDING:					
PERIOD FUNDING SOURCE	Current year 2019/20 £'000	2020/21 £'000	2021/22 £'000		Total £'000
NHS England ETTF	£133	£1,417	£472		£2,022
GP's					
ETTF IT					
Total	**£133**	**£1,417**	**£472**		**£2,022**

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Document control

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Document Title	BNSSG CCG Outline Business Case for the Gloucester Road Corridor Primary Care Developments
File ref	\\vopssrv197\Work\Southwest\Clients\Gloucester Road Medical Centre\4. Reports and Outputs\FBC\Gloucester Road Corridor FBC v4 final issue to NHS E Panel 07052020.docx
Prepared by	Ellie Clark, Senior Consultant, Archus
Date	May 2020
Checked by	Bev Letherby, Associate Director, Archus
Date	May 2020

Revision history

Version	Date	Summary of change/s
1	12/02/2020	Preparation of FBC Draft
2	13/02/2020	Issue draft to PE for comment
3	02/04/2020	Revised FBC issued to Mike Stevens for financials
3.1	06/04/2020	Revised FBC including financials
3.2	07/04/2020	Re-issue to PE with tendered sums
3.3	23/04/2020	Re-issue to address PE comments
4	07/05/2020	Final issue for NHS E Panel
5		
6		

1 Executive Summary

1.1 Introduction

This FBC seeks approval for an ETTF improvement grant for a total of £2,022,745 of which **£1,889,386** is capital to support the reconfiguration of the Gloucester Road Medical Centre. This is part of a single Primary Care Network (PCN) Transformation Programme and one component of four individual estate development projects on the Gloucester Road Corridor. This need is arising from an agreement to work collaboratively within the PCN and with the BNSSG CCG to support a list dispersal of two Alternative Provider Medical Services (APMS) contracts of circa 15,000 patients following the closure of Bishopston and Northville Surgeries.

The funding of £1,889,386 is available from the NHSE by way of an ETTF grant towards meeting the capital costs being 100% of capital spend together with a sum of £133,359 to meet pre project costs making the total ETTF contribution of £2,022,745. **This is a key change from the Outline Business Case (OBC) which was prepared on the basis of a 54% ETTF contribution. Due to the circa 7% increase in construction costs arising from the tender process and concerns over value for money, NHS E have offered to fund the Gloucester Road Medical Practice planned development on a 100% basis.**

The Outline Business Case (OBC) was prepared on a programme wide basis covering all four proposed practice developments in order to ensure that the capacity and demand analysis was consistent with the patient dispersal outcome. This OBC was considered at the NHS E panel meeting on 17th February 2020 which confirmed conditional approval of the OBC for the Gloucester Road element of the project subject to the discharge of various conditions, summarised as follows:-

1. Review of proposed design and derogations by NHSEI premises expert
2. DV report
3. Legal Charge
4. Pre-project costs are contained within 12%
5. CCG to check and confirm financial viability of the Practice and that they can sufficiently support the proposed practice loan
6. CCG to confirm the Investment Objectives are correct for the project

These have now been addressed and authorisation to proceed to FBC has been given by NHS England.

The recurrent revenue impact of this individual scheme is £10,563. However, the CCG has identified potential revenue for notional rent increases from the existing notional rent commitments for the two former APMS sites which will release £175,440 in savings.

The Monks Park Surgery and Conygre Medical Centre proposed developments were also approved to proceed via the Minor Improvement Grant process. Fallodon Way Medical Centre were granted pre-project costs to enable them to develop their design to enable the submission of a planning application but a separate OBC will be required for this project moving forwards.

This project is aligned with both the STP vision and the CCG's strategies for primary care, as well as its overall approach to the integration of health and social care. The investment will ensure sustainable provision of primary care for service users in the Gloucester Road Corridor area in Bristol.

1.2 Strategic case

1.2.1 The strategic context

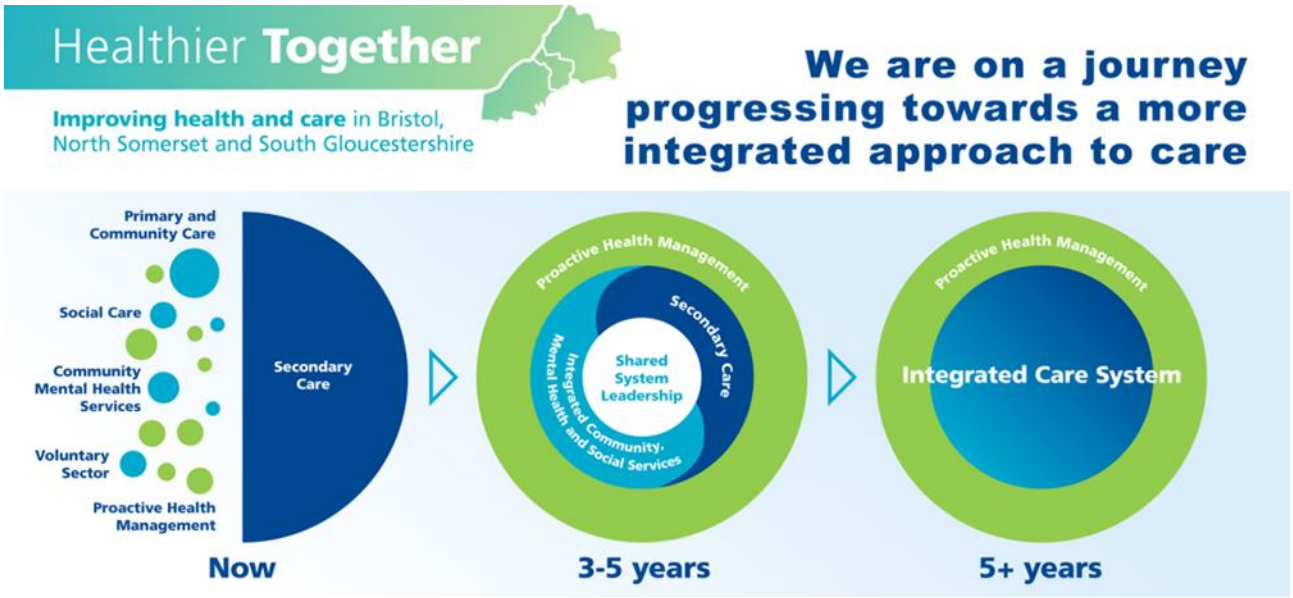
In December 2015, the NHS shared planning guidance outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England produced a multi-year Sustainability and Transformation Partnership (STP) plan demonstrating how their local services will evolve and become more sustainable over the next five years. The aim is to deliver the vision as set out in the 'Five Year Forward View' of better health, better patient care and improved efficiency. The plans are based on local populations needs, within local health and care systems and give recommendations that future models of care will expand the leadership of primary care to include more integrated working and a wider scope of services being delivered in primary care settings.

On 31 March 2017, NHS England published further guidance; 'Next steps on the Five Year Forward View'. This provided a review of nationwide progress toward delivery of the Five Year Forward View (5YFV) and sets out its priorities for the next phase. Commissioners and provider organisations within the geographic footprint of Bristol, North Somerset and South Gloucestershire have worked together to establish and deliver the aims of their STP - helping to drive genuine and sustainable transformation of the patient experience and in health outcomes for the longer-term.

Bristol North Somerset & South Gloucestershire CCG was formed on 1 April 2018 following the mergers of Bristol CCG, North Somerset CCG and South Gloucestershire CCG. The CCG commissions a wide range of services and is a fully delegated commissioner of Primary Care services. In addition to this the CCG is responsible for the commissioning of emergency and urgent care (to include ambulance services and a GP 'out-of- hours service', community health services, acute and elective hospital services, maternity and children's services, mental health and a learning disability service. The CCG was formed from a commissioning collaborative known as 'BNSSG CCGs' which included Bristol, North Somerset and South Gloucestershire CCGs.

Through continuing work and engagement with patients, GP's and experts in the community the CCG has identified a number of key work programmes that sit under the BNSSG CCG element of the STP, the 'Healthier Together' programme, a summary of which is detailed in the figure below.

Figure 1 – The Healthier Together model



1.2.2 The Case for Change

List Dispersal Requirements

Two of the surgery premises in the Gloucester Road area have recently closed, Northville Family Practice and Bishopston.

Northville Family Practice

The Northville Family practice had a list size of 5,381 and is located on the boundary of Bristol/South Gloucestershire localities. The contract was handed back following a failed merger attempt with Horfield Health Centre (Bristol locality), as the partners did not view the standalone contract as sustainable.

Bishopston Medical Practice

The Bishopston Medical Practice had a list size of 9,725 and is located within the North & West Bristol locality. The contract was handed back after a period of sustainability issues and support from NHS England, as the partners were not able secure the financial viability of the practice, following the impact of the PMS changes, and receipt of an unfavourable weighting. The APMS contract was provided by BrisDoc but this arrangement expired in March 2019 and was extended until September 2019.

The vacated buildings have been retained by the CCG to be made available as decant premises for any of the practices taking on the list dispersal, to enable construction works at their existing sites.

The Bishopston and Northville APMS contracts expired on September 30th 2019. These contracts provided primary medical services to approximately 15,000 patients. The two contracts were procured temporarily by NHSE as APMS contracts following hand back by the GP partnerships between 2016 and 2017 and are being managed by BrisDoc up until end October 2019

The current contracts, list size and weighted list size with proposed expiries are shown in the table below:

Table 1 - Current contracts, list size and weighted list size

Locality	Name & Code	List Size (Jan 2019)		Contract expiry date	Core Contract Value (18/19)
		Weighted	Raw		
S Glos	Northville Family Practice - L81028	4,495	5,228	30 Sept 2019	£409,070
N&W	Bishopston Medical Practice - L81112	7,428	9,725	30 Sept 2019	£643,178

These contracts need long term and sustainable contract resolutions – to enable staff and patient stability, and to take the practices and patients on the journey of transformation outlined within the GP Forward View which will stabilise the health needs and requirements of the local populations for the future.

Responding to capacity pressure brought about by demographic change

There are stark inequalities in life expectancy across the BNSSG footprint. Those individuals who live in the more deprived areas experience comparatively poor health, with a lower life expectancy than those living in the least deprived. As well as life expectancy, deprivation itself is an indicator of potentially higher levels of urgent and emergency care need and is also associated with higher levels of morbidity and frailty, which themselves are also predictive of higher urgent care demand.

Based on data taken from Office of National Statistics ONS1 for the City of Bristol, the following projections to 2030 were used to develop the demographic growth impact on the practice list size for the following practices / Surgeries;

- Conygre Medical Centre;
- Monks Park Surgery;
- Horfield Health Centre;
- Gloucester Road Medical Centre;
- Montpelier Health Centre;
- Fallodon Way Medical Centre.

Table 2 - ONS Age profile projections

Area	Age Group	2019	2020	2025	2030	2035	2040
Bristol, City of	All ages	470.7	475.0	494.2	513.7	531.6	547.9
Increase from 2019			4.3	23.5	43.0	60.9	77.2
% Increase from 2019			1%	5%	9%	13%	16%

Having reviewed the Council local plan, it was apparent that the city centre itself is not compatible with major housing developments and, whilst there might be small pockets of development, these would not impact the practice list sizes significantly. They would in fact likely be offset by future changes in the mechanisms of primary care, such as digitally enabled approaches and self-care enablement strategies. In contrast, towards the outer edges of the city there are planned developments which would impact the Stoke Gifford & Conygre Practice. The following table shows the impact over the specified period for these developments. For the purpose of this business case it has been assumed that the increased housing would impact the two surgeries at a ratio of 2:1 between Stoke Gifford: Conygre.

The table below summarises the existing clinical capacity in each location against the assessed need.

Table 3 - Existing clinical capacity vs. assessed need

Property	Existing		Guidance by 2030		Step change point	Proposed Development		
	Current list size (Nov 2019)	Total Clinic Rooms	Predicted list size 2030	Total clinic rooms		Total clinic rooms	+/- against guidance	% against guidance
Conygre	6,100	**6**	7,630	**12**	29/30	**8**	-4	-33%
Monks Park	7,810	**7**	8,567	**12**	26/27	**13**	+1	8%
Horfield	17,788	**26**	19,417	**29**	25/26	**26**	-3	-10%
Gloucester Rd	20,307	**16**	22,080	**28**	25/26	**25**	-3	-11%
Fallodon Way	10,767	**14**	11,807	**18**	26/27	**TBC**	TBC	TBC

A further review of the NHS E guidance for the gross internal area required against existing and forecasted future patient list size has also been undertaken, as shown in the table below.

[1] [1] Adapted from data from the Office for National Statistics licensed under the Open Government Licence v.3.0.

Table 4 - Practices requiring investment

Location	List Size (as at Jan 2019)	Current Premises GIA	Premises Guidance GIA	Current % Capacity	Population Growth post dispersal	Projected List post dispersal	Projected Premises Guidance GIA	Post dispersal % Capacity
Fallodon Way	9,351	426	779	55%	1,044	10,395	850	50%
Gloucester Road	14,756	852	1,032	83%	5,062	19,818	1,242	72%
Horfield	15,544	1,328	1,064	125%	1,470	17,014	1,126	118%
Monks Park	5,718	272.47	477	57%	2,349	8,067	672	40%
Stoke Gifford (Conygre)	5,000	171.52	417	41%	1,601	7,630	550	31%
Montpelier	20,106	tbc	1254	tbc	1,427	21,533	1,314	tbc

1.2.3 Gloucester Road Medical Practice

Gloucester Road Medical Centre extends to approximately 852 sqm was purpose built in 1993 with subsequent extensions in 1998 and 2012, which also included a pharmacy.

The proposed extension to Gloucester Road Medical Practice gives an opportunity to increase the sustainability and provide a long-term plan for primary care provision for the local area.

The proposed development will enable an increase from 16 clinical rooms to 25. Due to the constrained nature of the existing site, the architects and practice believe that the proposed development is the only way to meet the needs of the increased patient list. The detailed plans have been reviewed by NHSIE premises expert and comments discussed with the Practice's design team resulting in design amendments incorporated into the detailed design to the satisfaction of the expert. This correspondence and associated plans can be found in Appendix B

Planning approval was granted on 6th February 2020 and the decision notice can be found in Appendix D.

A full schedule of accommodation and detailed design information is provided in the Gloucester Road Medical Centre design pack in Appendix F.

The findings from the above CCG data and demand assessment support the request for an ETTF funding contribution to provide additional clinical accommodation which are reasonable and justified.

1.3 Economic case

1.3.1 Options Appraisal

An economic appraisal of the Gloucester Road development options and final recommendation has been completed at OBC stage on a programme wide basis in accordance to the Capital Investment Manual and requirements of Her Majesty's Treasury's (HMT) Green Book (A Guide to Investment Appraisal in the Public Sector).

1.3.2 Long List

Following identification of the available options for the delivery of future General Practice within the Gloucester Road site, a long list of options were recognised for appraisal. The options considered are listed in the table below.

Table 5 – Long Listed Options at OBC

Option	Description
1	Do Nothing or maintain status quo
2	**Do minimum - Do whatever can be done to improve existing infrastructure but no new build/extensions**
3	Limited development/extension of existing premises and address future growth
4	Transfer service to alternative premises with spare capacity or with limited upgrade
5	A Limited new build to replace the existing space to deliver building standards but no increase in general capacity.

1.3.3 Short List

Due to lack of available options, all the options above were reviewed in the non-financial Options Appraisal, a summary of the results is given below.

Four of the options received low weighted scores when evaluated against the investment objectives and qualitative benefits and were subsequently discounted:

- Option 1 – weighted score 330;
- Option 2 – 44 5;
- Option 4 – 160;
- Option 5 – 445.

Option 3 was demonstrated to be the preferred option, with a weighted scoring of **1105**. The core strengths of this option are:

- Some of sites are suitable to consider local expansion within their own premises.
- Each site is at different stages of developing plans to re-build the premises as a health centre solution to meet the growing needs of and sustainability required for primary care within the area.
- The practices for development will be able to continue to operate in bigger, more fit for purpose premises that are compliant and sustainable through the available design strength and flexibility to ensure the new premises are sufficiently large and fit for purpose to make it futureproof for long term primary care delivery at the correct scale.

The only identified weakness is:

- There will be developments during implementation and careful planning will be required to minimise service disruption.

These scores have been reviewed at FBC stage in relation to just the Gloucester Road Medical Centre development, rather than the programme of sites as evaluated in the OBC. We are comfortable that the scores accurately reflect the various options.

1.3.4 Key findings of the economic appraisal

The financial benefits appraisal has been undertaken utilising a standard Treasury approved Generic Economic Model (GEM) which utilises all the lifetime costs of the project as incurred by the NHS both capital and revenue and then discounts those costs by 3.5% pa to arrive at a single Net Present Value cost to compare with the qualitative evaluation of each option.

As capital costs only varied between OBC and FBC by 8% and revenue costs reduced by 13% the option appraisal scores obtained at OBC have been retained. Whilst the slightly higher capital costs have been used in the FBC the largest difference impacting on the NPV and AEC is the fact that in the OBC it was anticipated that 46% of capital costs would be met by the GP practice and therefore excluded from the GEM whereas for the FBC it is proposed that the capital costs are fully funded by ETTF.

Table 6 - Key findings of economic appraisals

Overall Benefits Appraisal	Do Nothing	OBC	FBC
Qualitative Evaluation Score	330	1105	1105
Annual Equivalent Cost	142,311	213,987	213,937
Cost per point	431	194	194
Ranking	**-**	**1**	**1**

1.3.5 Overall findings: the preferred option

The combined economic assessment of the options indicates that both the assessment of adherence to critical success factors, and the quantitative evaluation of the benefits via an approved Generic Economic Model methodology, have identified option 3 as the preferred option. A summary of the overall results is captured in the table below.

Table 7 - Summary of overall results

Evaluation Results	Do Nothing	OBC	FBC
Financial appraisal	3	5	5
Benefits appraisal	4	1	1
Overall VFM ranking	4	1	1

1.4 Commercial case

1.4.1 Procurement strategy

The commercial arrangements and contract will be managed by the Practice, along with any cost savings and overspends.

If this development was not to proceed, the Practice would own the design, at the point of termination, and be liable for costs up to that point, in line with contractual commitments made during commissioning of the project.

Key external advisors in relation to the pre-development stages pre-construction services are captured in detail in Table 27 of this document.

1.4.2 Potential for risk transfer and potential payment mechanisms

BNSSG CCG have a risk management process that has been articulated in the Management Case of this document. The project director, the CCGs and the GP project leads currently act as combined owners of the joint project Risk Register for this scheme.

Responsibility for risks identified are then allocated and captured within the corresponding risk register. The risks associated with the potential costs overrun will be transferred to the Practice upon FBC approval.

There is an additional risk of commencing works with the current ongoing Covid-19 crisis and a meeting was held between the Practice, CCG and NHS England representatives on 7th April to fully understand the implications if the contractor was to halt works on site during the construction at any point. The Practice advised that they had considered in detail the phasing plans with their project team and the contractor and has reassured themselves that, due to the plan to decant certain staff and services to the former Bishopston Medical Centre buildings, they would not be left short of clinical capacity were the works be halted at any one time.

1.5 Financial case

The total estimated capital and non-recurrent revenue cost is £2,022,745 made up of an estimated capital cost of £1,889,386 and non-recurrent revenue pre-project costs of £133,359. The recurrent revenue cost is estimated to be £146,796 annually. Funding of £1,889,386 is available from the NHSE, by way of an ETTF grant towards meeting the capital costs, being 100% of capital spend together with a sum of £133,359 to meet pre project costs - making the total ETTF contribution of £2,022,745.

1.5.1 Capital and non-recurrent revenue costs

The following tables provide a summary of the projected capital and non-recurrent revenue costs associated with the preferred option.

Table 8 - Summary of capital costs and contribution by source

Preferred Option (incl VAT)	OBC	FBC
Construction Costs	1,190,634	1,359,124
Equipment		
Fees	214,543	280,771
Land Costs		
Other non works costs		
Other on costs externals etc	40,824	89,520
Contingencies	142,884	70,000
Sub Total	1,588,885	1,799,415
Optimism Bias	158,888	89,971
Total	**1,747,773**	**1,889,386**

Table 9 – Capital costs by source

Capital Cost by Funding Source Incl VAT	OBC	FBC
ETTF Contribution	980,683	1,889,386
GP Contribution	608,202	
Optimism Bias (GP)	158,888	
Total	**1,747,773**	**1,889,386**

1.5.2 Recurrent Revenue Costs

Recurrent revenue costs for the programme are shown in the table below.

Table 10 - Summary of recurrent revenue costs

Preferred Option Revenue Costs	Do Nothing	OBC	FBC
Rent	117,600	172,000	166,600
Rent Abatement	-	28,136	44,100
Net rent	117,600	143,864	122,500
Rates	16,794	21,898	21,898
Water Rates	1,257	1,639	1,639
Clinical Waste	582	759	759
Total	**136,233**	**168,160**	**146,796**

1.5.3 Funding Sources

The following table highlights the proposed sources of funding to finance both capital and revenue requirement to deliver the preferred option for this scheme.

Table 11 – Funding sources

Item	Costs	Comment
Capital	£1,889,386	Funding of available at 100% from the NHSE by way of an ETTF grant
Non recurrent revenue costs	£133,359	To be funded by the ETTF grant
Recurrent revenue costs	£10,563	This will be funded by the CCG from savings achieved through the closure of two existing practices.

1.6 Management case

1.6.1 Project management arrangements

The project will be managed by the Practice in accordance with PRINCE 2 methodology[2]. The project team has the responsibility to drive forward and deliver the outcomes and benefits of this development. The Practice will provide resource, oversight and any information that is required to support the project manager in delivering the project objectives and benefits.

1.6.2 Project Key Milestones

The table below summarises the key project milestones for the project.

Table 12 - Key Project Milestones

Key Milestone	Date
Planning Approval	06/02/2020
Tender Report Issued	02/04/2020
FBC submitted	16/04/2020

[2] Capital Investment Manual 'Managing Capital Projects' (Department of Health); PRINCE2 (Office of Government Commerce); Managing Successful Programmes (Office of Government Commerce/ Efficiency & Reform Group

Key Milestone	Date
NHS E Panel	18/05/2020
Contract Award	29/05/2020
Commence works on site	03/07/2020
Completion and Handover	25/06/2021

1.6.3 Risk management

A risk management framework has been implemented to provide a comprehensive risk assessment and control framework for the project. The project Risk Register can be found in Appendix L. The table below provides an assessment of how the associated risks might be apportioned:

Table 13 - Risk transfer matrix

Risk Category	Allocation		
	Public (ETTF)	Private (GP Ownership)	Shared
1. Design risk		✓	
2. Construction and development risk		✓	
3. Transition and implementation risk			✓
4. Availability and performance risk		✓	
5. Operating risk		✓	
6. Variability of revenue risks			✓
7. Termination risks		✓	
8. Technology and obsolescence risks		✓	
9. Control risks		✓	
10. Residual value risks		✓	
11. Financing risks			✓
12. Legislative risks		✓	
13. Other project risks		✓	

There is an additional risk of commencing works with the current ongoing Covid-19 crisis and a meeting was held between the Practice, CCG and NHS England representatives on 7th April to fully understand the implications if the contractor was to halt works on site during the construction at any point. The Practice advised that they had considered in detail the phasing plans with their project team and the contractor and has reassured themselves that, due to the plan to decant certain staff and services to the former Bishopston Medical Centre building, they would not be left short of clinical capacity were the works be halted at any one time.

The public ETTF risk is limited to the £89,971 which is the Optimism Bias allowance included within the capital cost (see table 30).

1.6.4 Post project evaluation arrangements

The arrangements for post implementation review (PIR) and project evaluation review (PER) will be established in accordance with best practice and are described in this business case.

2 The Strategic Case

2.1 Introduction

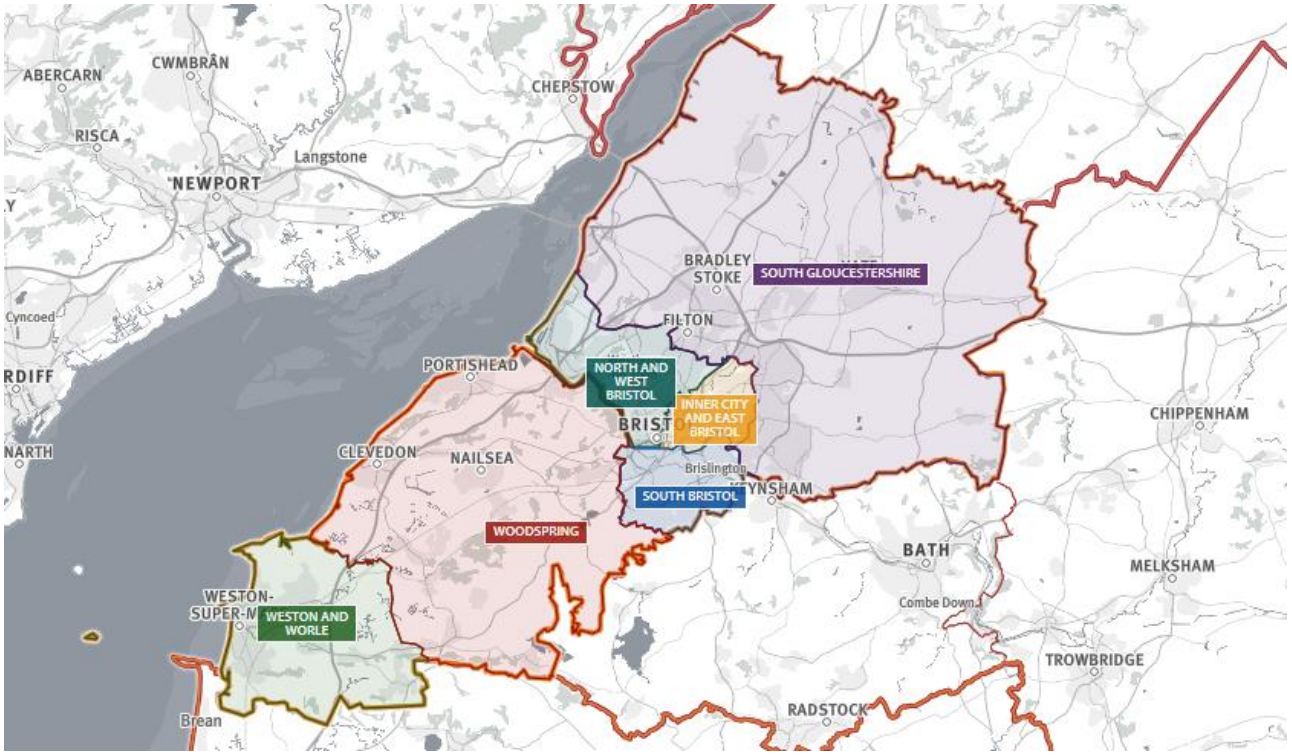
This FBC has been prepared for the proposed development of the Gloucester Road Medical Centre only. However, this Strategic Case references the wider programme approach including the other three proposed developments at Monks Park Surgery, Conygre Medical Centre and Fallodon Way Medical Centre.

Bristol North Somerset & South Gloucestershire CCG was formed on 1 April 2018 following the mergers of Bristol CCG, North Somerset CCG and South Gloucestershire CCG. The CCG covers a wide range of commissioning services including becoming a fully delegated commissioner of Primary Care services. In addition to this the CCG is responsible for the commissioning of emergency and urgent care (to include ambulance services and a GP 'out-of- hours service', community health services, acute and elective hospital services, maternity and children's services, mental health and a learning disability service. The CCG was formed from a commissioning collaborative known as 'BNSSG CCGs' which included Bristol, North Somerset and South Gloucestershire CCGs.

The BNSSG Healthier Together STP and primary care will drive how care is delivered in the future in support of the NHS Five Year Forward View.

The STP covers the area set out in the plan shown on the map below.

Figure 2 - STP map



The STP currently consists of 13 local health and care organisations that sit on the Healthier Together board, but the partnership goes beyond just these organisations and includes local authorities and other partners.

This strategy was developed by the members of the STP Healthier Together Estate Workstream. Organisational members that contributed to the strategy were:

- Avon and Wiltshire Mental Health Partnership NHS Trust;
- Bristol Community Health;
- Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group;
- Bristol City Council;
- Community Health Partnerships;
- NHS England;
- NHS Improvement;
- NHS Property Services;
- North Bristol NHS Trust;
- North Somerset Community Partnership;
- North Somerset Council;
- Sirona Care and Health;
- South Gloucestershire Council;
- University Hospitals Bristol NHS Foundation Trust;
- Weston Area Health NHS Trust.

The Healthier Together vision is for the health and social care system to progress towards an integrated approach to health and care outcomes, with all organisations working together regardless of individual budget, contribution or scale. The geography is an aspirant Integrated Care System (ICS). Priorities include redesigning models of care to meet the needs of the population and ensuring effective infrastructure to enable this.

This proposal adheres to the STP six key principles for estates in the following ways:

1	**Quality**	Improves quality and user experience
2	**Utilisation**	Drives utilisation of the existing estate, creating working environments that are flexible to enable modern and improved service delivery
3	**Disposals**	Identify opportunities for disposal, rationalisation, re-purposing of buildings and disposal of surplus land to generate STP capital receipts and additional housing units
4	**Financially sustainable**	Financially sustainable and helps reduce overall costs of running the estate
5	**Fit for future purpose**	Invest in estate, which is sustainable, and supports new models of care
6	**System working**	Collaborate with partner organisations to gain efficiency and wider community and regeneration benefits

This project is fully aligned with the STP vision and the CCG's strategies for primary care and the overall approach to the integration of health and social care. The proposed investment will underpin the sustainable provision of primary and community care; together with enabling population specific services for the people in this area of Bristol and beyond where this is indicated.

The CCG is looking to adopt a programme approach to its investment decisions, where this is indicated. Therefore, this OBC is for a single Primary Care Network (PCN) Transformation Programme, which includes five individual estate development projects on the Gloucester Road Corridor. The practices in question currently reside within two adjoining PCNs that wish to work collaboratively to support a proposed list dispersal of two APMS contracts of circa 15,000 patients.

The existing APMS contracts have challenging estate issues and unfavourable weighting, and the PCNs wish to provide long term patient solutions within their existing PMS contracts.

Four of the sites have existing capacity issues, and these can be jointly resolved within the works set out in this FBC as well as supporting the dispersal list growth. The implemented care model will support new ways of working.

The CCG has identified potential revenue for notional rent increases from the existing notional rent commitments for the two APMS sites.

The Gloucester Road primary care development will improve the much-needed quality and capacity within the two PCN's and ensure that estates planning is being delivered at PCN level - not just individual practice level. The scheme will be delivered independently by the Gloucester Road practice.

Structure and content of the document

This business case has been prepared using the agreed standards and format for business cases as set out in NHS England Project Appraisal Unit's "Capital Investment, Property, Equipment & Digital Technology proposals - Five Case Model Consolidated Capital and Land/Property Business Case Checklist"

Comprising the following key components:

Strategic Case	This sets out the strategic context and the case for change, together with the supporting investment objectives for the scheme
Economic Case	This demonstrates that the organisation has selected the choice for investment which best meets the existing and future needs of the service and optimises value for money (VFM)
Commercial Case	This outlines the content and structure of the proposed deal
Financial Case	This confirms funding arrangements and affordability and explains any impact on the statement of financial position of the organisation
Management Case	This demonstrates that the scheme is achievable and can be delivered successfully to cost, time and quality

2.2 Approvals and support

The CCG has been working with colleagues across the STP to identify sustainable solutions for the NHS estate across Bristol, North Somerset and South Gloucestershire; whilst maintaining a focus on wider STP context in relation to costs and benefits.

This scheme has received the relevant local approvals by the sponsoring organisation (BNSSG CCG) and the Project Initiation Document (PID) has also been presented to the CCG Board and has received approval.

The scheme has received regional support, from both a strategic and financial perspective.

- OBC approval 17th February 2020, subject to the following conditions:
  - Review of proposed design and derogations by NHSEI premises expert;
  - DV report;
  - Legal Charge;
  - Pre-project costs are contained within 12%;
  - CCG to check and confirm financial viability of the Practice and that they can sufficiently support the proposed practice loan;
  - CCG to confirm the Investment Objectives are correct for the project.

    (These have now been addressed and authorisation to proceed to FBC has been given by NHS England.)
- Regional support received for the PIDs on 25 June 2019 by Primary Care Commissioning Committee;

- On 26 November 2019 the proposal was presented to the PCCG by the CCG lead for the scheme;
- The scheme has received CCG board approval and is now subject to Regional Assurance under the ETTF programme.

The CCG has provided its letter of support to the project and approved the recurrent revenue consequence as provided in Appendix Ai.

An updated Letter of GP support has been obtained in support of the FBC from Gloucester Road Practice. This is attached in Appendix Aii.

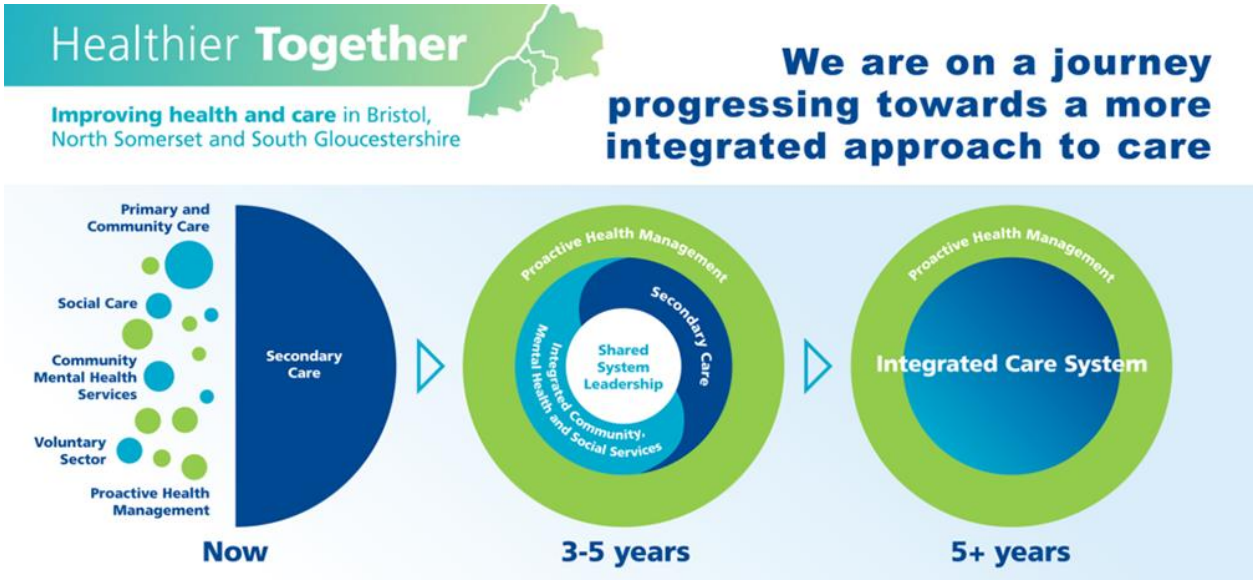
The Strategic Context

2.3 Organisational overview

BNSSG CCG commissions a wide range of services, including as a fully delegated commissioner of Primary Care services. In addition to this the CCG is responsible for the commissioning of emergency and urgent care (to include ambulance services and a GP 'out-of- hours service', community health services, acute and elective hospital services, maternity and children's services, mental health and a learning disability service. The CCG entity was formed from a commissioning collaborative known as 'BNSSG CCGs' which included Bristol, North Somerset and South Gloucestershire CCGs. This business case was commissioned by BNSSG CCG in response to corresponding successful bids for ETTF funding.

The main priority of the CCG is to secure the best possible health outcomes for the local population by based on meeting local needs, deciding priorities and strategies and then commissioning services intelligently on behalf of the local population. Whilst the priorities may be influenced by local and national challenges, commissioning services for the local population is seen as the core priority for the organisation as the CCG constantly responds and adapts to continuously changing local circumstances.

Figure 3 - The Healthier Together model



The Healthier Together journey is represented in Figure 2 below and shows the planned shift from disparate organisations into an integrated care system over the next five+ years.

Priority Programme Areas

The STP has agreed ten priority areas of work to transform our system. These are:

1. Acute care collaboration;
2. Maternity;
3. Integrated community localities;
4. General Practice Resilience and Transformation;
5. Prevention;
6. Mental Health;
7. Urgent Care;
8. Healthy Weston;
9. Workforce;
10. Digital.

2.4 National strategies and local strategic context

2.4.1 Introduction

The intention of this section is to provide an overview of primary care and the strategic objectives of BNSSG CCG, in order to highlight current care service delivery and set the context for this business case. The strategic context will also provide an overview of the supportive policies and guidance documents at national, regional and local levels that are driving changes in service provision.

2.4.2 Five Year Forward View

The Forward View (2014) is the government strategic policy that sets out a clear direction for the NHS; identifying what it should look like and where there is a need for service or infrastructure change. One of the aims of this strategy is to ensure that CCGs have a greater degree of control over the wider NHS budget; enabling the shift of investment from acute providers to primary and community services. The change focuses on developing new partnerships between CCGs, acute trusts, local communities, local authorities and employers and it underlines the need for changing existing models of care.

These recommended future models of care will expand the leadership of primary care to include more integrated working and a wider scope of services being delivered in the community settings and within primary care.

The recommended development to encourage collaboration and to support mergers that will expand and integrate primary and community care services locally will not only be required to deliver extra capacity for the growing population but will drive development of an estate that will be fit for future needs, promote integrated and new ways of working and improve the patient experience.

2.4.3 Sustainability and Transformation Partnerships

In December 2015, the NHS shared planning guidance outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England produced a multi-year Sustainability and Transformation Partnership (STP) plan demonstrating how their local services will evolve and become more sustainable over the next five years. The aim is to deliver the vision as set out in the Five Year Forward View of better health, better patient care and improved efficiency. The plans are based on local populations and their needs within local health and care systems and give recommendations that future models of care will expand the leadership of primary care to include more integrated working and a wider scope of services being delivered in primary care settings.

On 31 March 2017, NHS England published further guidance; next steps on the Five Year Forward View (5YFV)[3], providing a review of progress toward 5YFV delivery nationwide and setting out priorities for the

[3] Next Steps on the NHS Five Year Forward View; NHS England 2017 Published March 2017 and updated May 2017

next phase.

Commissioners and provider organisations within the geographic footprint of Bristol, North Somerset and South Gloucestershire are working together within the wider STP helping to drive genuine and sustainable transformation in patient experience and health outcomes for the longer-term.

2.4.4 NHS Outcomes Framework

The Outcomes Framework for the NHS in England 2017[4] sets out the business arrangements for the NHS as well as outcomes and corresponding indicators that NHS England is required to achieve in relation to improvements in health outcomes. The Framework outlines five key domains which are as follows:

1 Preventing people from dying prematurely.
2 Enhancing quality of life for people with long-term conditions.
3 Helping people to recover from episodes of ill health or following injury.
4 Ensuring that people have a positive experience of care.
5 Treating and caring for people in a safe environment and protecting them from avoidable harm.

The indicators assigned to each domain provide clear, comparative information to support CCGs and Health and Wellbeing Boards identify local priorities and demonstrate progress on improving outcomes as well as delivering public transparency about local health services.

2.4.5 NHS Long Term Plan 2019

One key message that runs through the NHS Long Term Plan is that there should be shared clinical pathways across primary and secondary care, with resources fairly directed to where the care would be best delivered. This is supported by the British Medical Association[5] with 94% of GPs supporting more collaborative and coordinated working.

Integrated Care Systems (ICSs) and integrated team working across health and social care is quoted throughout the report and will be central to delivery of the ambitions noted. Integrated teams are a collaboration of services working together to deliver health and social care in different ways – the aim being that by April 2021 different systems will be in place.

The NHS Long Term plan talks about looking beyond healthcare provision, noting that the NHS has a wider role to play in influencing the shape of local communities to increase the capacity and responsiveness of the primary, community and intermediate care services to those who are clinically judged to benefit the most. This will help prevent unnecessary admissions to hospitals and residential care, as well as ensure a timely transfer from hospital to community.

NHS Long Term Plan - Preventing illness and tackling health inequalities

The NHS will increase its contribution to tackling some of the most significant causes of ill health, with a particular focus on the delivery of care within primary care for groups of people most affected by these problems.

2.4.6 The Naylor Report

In 2016 the Secretary of State for Health commissioned Sir Robert Naylor to conduct an independent review to realise better value from NHS property and to deliver targets to release £2 billion of assets for

[4] The NHS outcomes framework (2017) Department of Health and Social Care NHS England

[5] British Medical Association. Caring, supportive, collaborative? Doctors' views on working in the NHS. November 2018.

reinvestment and to deliver land for 26,000 homes. In March 2017 the Naylor Review was published (officially titled "NHS Property and Estates: why the estate matters for patients").

The review made 17 recommendations and in January 2018 'The Government Response to the Naylor Review' was published accepting 15 recommendations in full and two in principle. The most significant recommendation relates to property disposals.

The report concluded that approximately £10 billion is required to eliminate backlog maintenance and to deliver the Five Year Forward View. Sir Robert Naylor suggested this funding could be met by three sources: property disposals, Treasury funding and private capital.

2.4.7 The Carter Report

In June 2014 Lord Carter of Coles was commissioned by the Secretary of State for Health to review efficiency in hospitals across England. The review compared metrics and benchmarks of 136 non-specialist acute hospitals and in February 2016 the Carter Report was published (officially titled "Operational productivity and performance in English NHS Acute Hospital: Unwarranted variations").

The report made 15 recommendations and stated that all trusts should operate at a maximum of 35% nonclinical floor space and 2.5% unoccupied space by April 2020.

2.4.8 Regional context

Primary Care Networks 2019

From April 2019, GP practices in England have had changes to contracts mandating them to join a Primary Care Network (PCN), with an overall objective to improve patient outcomes, reduce the current pressures faced by individual practices and improve the working environment for primary care teams - working together with neighbouring practices, community and local authority and social care services to find efficiencies and deliver a wide range of services to patients. All GP practices are to come together in geographical networks covering populations of approximately 30–50,000 patients if they are to take advantage of additional funding attached to the new GP contract. This size is consistent with the size of localized services which exist in many places in the country, but much smaller than most GP Federations. NHS England has expressed the view that 30,000 is a firm lower limit for population size, except in areas of extreme rurality, but the upper limit could be more flexible.

These Primary Care Networks form a key building block of the NHS long-term plan for people to be able to access network-based services. GP practices will be working together at scale for a range of reasons, including improving the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system. While GP practices have been finding different ways of working together over many years – for example in super-partnerships, federations, clusters and networks – the NHS long-term plan and the new GP contract, puts into place a more formal structure around this way of working to make the best use of suitably designed primary care facilities that can be used more effectively and efficiently.

2.4.9 Local context and BNSSGCCG GP Primary Care Strategy

The CCG's current GP Primary Care Strategy covered the period 2014-2019 is now being updated. The new version is entitled "Healthier Together BNSSG Primary Care Strategy" is in its second draft.

This strategy aims to ensure resilient and thriving integrated primary care services are provided across BNSSG over the next 5 years, putting the patient as the core focus.

The strategy will ensure the delivery of the best possible value for the population by maximising health and care outcomes that matter to people and the whole population, within the CCG's given resources.

In addition this will lead to BNSSG primary care being a more attractive career choice.

The focus is on building patient centred, out-of-hospital care, which will be realised over 5 years through improving outcomes for patients and thinking beyond traditional boundaries and business models. Advances in technology will mean that, with the right resources (skill mix, funding, premises, and IT infrastructure), more can be delivered in a primary care setting so that people who have historically gone to hospital can receive equivalent or improved care in the community.

Enhancing access and relationship continuity of care across all Practices would deliver significant benefits to patients and the wider system. These benefits include better/easier access to care, faster more appropriate person centred care, to avoid hospital admission and other complications.

This strategy includes;

- GP contracts; on 31st January, 2019 NHS England published, "Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan".
- Community Services Contract; four service specifications group together services according to the level of need and complexity of patients they support, all designed to help people to stay in the community; Integrated locality teams, Acute and reactive care teams, Specialist advice and support & Locality hubs.
- Severnside Integrated Urgent Care; IUC is the "marriage" of NHS 111 and GP Out of Hours (GPOOH), together with the clinical assessment service which aims to deliver consistent, predictable, safe patient centred urgent care to the population of BNSSG
- Community Pharmacy Contract; working as an integrated member of a multi-disciplinary team, built around each Primary Care Network (PCN). There is an opportunity for community pharmacists to expand their role, to focus on minor illness, along with the prevention and detection of ill health.

The strategic priorities this scheme has been devised to deliver are based on a clear clinical evidence base and supported by commissioners, the wider national strategies as described above, the regional strategies of BNSSG STP, and the local strategies for the PCN integrated service delivery across primary care. The proposal also addresses need for service change at a strategic level in order to consistently meet both the current and prospective required levels of patient access and choice. The approach is also aligned with plans for public and patient engagement in the final design proposals.

Improving general practice resilience and capacity to deliver improved access to primary care services is a key priority of the commissioning context. There are, however, a number of challenges with delivering this resilience due to the continuous growing pressure exerted on the primary care estate by both the growth in population and service demand. Local practices are seeing increased demand for services and some practices struggling to respond flexibly due to their limited estate capacity. The evolving demographic environment means that demand for primary health services is likely to continue to grow. In this context there is a key requirement to provide sustainable, improved, accessible and integrated services that are fit for not only current demand but also scalable to meet future health provision.

The programme of primary care development will not only accommodate the displaced patients from the closure of two practices within the area, but will also improve access services for many members of the public. The development should also create enhancements in both the quality of care environment and capacity within the two PCN's. Finally, the scheme should ensure that estates planning is being delivered at PCN level - not just meeting the needs of individual practices.

2.5 The Case for change

2.5.1 History to date

As stated above, two of the surgery premises in the Gloucester Road area have recently closed, Northville Family Practice and Bishopston

Northville Family Practice

The Northville Family practice had a list size of 5,381 and is located on the boundary of Bristol/South Gloucestershire localities. The contract was handed back following a failed merger attempt with Horfield Health Centre (Bristol locality), as the partners did not view the standalone contract as sustainable. The APMS contract was provided by BrisDoc, expired in January 2019 and was extended until September 2019.

The Northville Family Practice is a converted house, with an extension to provide clinical services. It is well maintained, and deceptive in size from the outside. The largest age group (20%) of registered patients were in the 25 to 34 year age group. 63% of the patients live within a 0 to 10 minute walk/public transport from the practice. 90% of people living in Filton have English as their first language and 9% of registered patients live outside of the practice boundary.

This site was owned by a private landlord and, therefore, outside of the CCG's control.

Bishopston Medical Practice

The Bishopston Medical Practice had a list size of 9,725 and is located within the North & West Bristol locality. The contract was handed back after a period of sustainability issues and support from NHS England, as the partners were not able secure the financial viability of the practice, following the impact of the PMS changes, and receipt of an unfavourable weighting. The APMS contract was provided by BrisDoc but this arrangement expired in March 2019 and was extended until September 2019.

The practice is formed of a terrace house, with two temporary Portacabins providing an extension to provide clinical services. The building landlord is a private investor, Assura, and there is a lease in place on the property until January 2021. The largest patient age group (46.15%) is the 15-44yrs age group. 24% of registered patients are 18 years or under which is above the Bristol area average (~18%). 9% of the registered patients are 65 or over which is significantly lower than the Bristol area average.

The vacated buildings have been made available by Assura to the CCG via a sub-let to NHS Property Services to enable them to be used as decant premises for any of the practices taking on the list dispersal to enable construction works at their existing sites.

Upon expiry of the sub-lease, it is anticipated that the site will be sold by Assura.

2.5.2 List Dispersal

The Bishopston and Northville APMS contracts expired on September 30th 2019. These contracts provided primary medical services to approximately 15,000 patients. The two contracts were procured temporarily by NHSE as APMS contracts following hand back by the GP partnerships between 2016 and 2017 and are being managed by BrisDoc, up until end of October 2019. The current contracts, list size and weighted list size with proposed expiries are shown in the table below:

Table 14 - current contracts, list size and weighted list size

Locality	Name & Code	List Size (Jan 2019)		Contract expiry date	Core Contract Value (18/19)
		Weighted	Raw		
S Glos	Northville Family Practice - L81028	4,495	5,228	30 Sept 2019	£409,070
N&W	Bishopston Medical Practice - L81112	7,428	9,725	30 Sept 2019	£643,178

These contracts need long term and sustainable contract resolutions to enable staff and patient stability and to take the practices and patients on the journey of transformation outlined within the GP Forward View. This will stabilise the health needs and requirements of the local populations for the future.

2.5.3 Demographics

One key feature of future planning for the estate is to understand the predicted population and housing growth in the area. Where possible the STP, working with the local planning department, has aimed to establish where the areas of high population growth and major housing developments will be. This is highly influential of how services and estate decisions should be made.

There are stark inequalities in life expectancy across the BNSSG footprint. Those individuals who live in the more deprived areas experience comparatively poor health, with a lower life expectancy than those living in the least deprived. As well as life expectancy, deprivation itself is an indicator of potentially higher levels of urgent and emergency care need and is also associated with higher levels of morbidity and frailty, which themselves are also predictive of higher urgent care demand.

Based on data taken from Office of National Statistics ONS6 for the City of Bristol, the following projections to 2030 were used to develop the demographic growth impact on the practice list size for the following practices / Surgeries;

- Conygre Medical Centre;
- Monks Park Surgery;
- Horfield Health Centre;
- Gloucester Road Medical Centre;
- Montpelier Health Centre;
- Fallodon Way Medical Centre.

Table 15 - ONS Age Profile Projections

Area	Age Group	2019	2020	2025	2030	2035	2040
Bristol, City of	All ages	470.7	475.0	494.2	513.7	531.6	547.9
Increase from 2019			4.3	23.5	43.0	60.9	77.2
% Increase from 2019			1%	5%	9%	13%	16%

A sensitivity analysis (results of which are shown in the table above) has been conducted to identify the point at which there was a need for significantly increased capacity in the surgeries; a 0.9% growth per year factor was applied over the 10-year period to inform this modelling.

Having reviewed the Council local plan, it was apparent that the city centre itself is not compatible with major housing developments and, whilst there might be small pockets of development, these would not impact the practice list sizes significantly. They would in fact likely be offset by future changes in the mechanisms of primary care, such as digitally enabled approaches and self-care enablement strategies. In contrast, towards the outer edges of the city there are planned developments which would impact the Stoke

[6] [1] Adapted from data from the Office for National Statistics licensed under the Open Government Licence v.3.0.

Gifford & Conygre Practice. The table below shows a summary of list sizes and their predicted increase in 2030, following analysis of current rises.

Table 16 - Summary List Size Increases and Projections

Practices	Pre-dispersal list sizes (April 2019)	Current list size (November 2019)	Projected list size (2030)
Conygre Medical Centre	5,000	6,100	7,630
Monk's Park Surgery	5,786	7,810	8,567
Horfield Health Centre	16,124	17,788	19,417
Gloucester Road Medical Centre	14,851	20,307	22,080
Montpelier Health Centre	20,090	21,721	23,689
Fallodon Way Medical Centre	9,374	10,767	11,807
TOTALS	71,225	84,493	93,190

The overall allocation of future list size was based on the following assumptions and planning constraints:

- The actual list size as at April 2019 as a baseline;
- The list sizes were monitored monthly by the CCG to map the actual dispersal outcome with the final list dispersal figures in November 2019. It should be noted that this list shows the adjoining practices most effected from the list dispersal;
- The remaining patients from Bishopston and Northville still not registered as at 17 October 2019;
- The indicative demographic uplift based on ONS data to 2030;
- The impact of the "Harry Stoke" and "Coldharbour Lane" housing developments on the Conygre surgery (branch practice of Stoke Gifford).

In developing the capacity requirements for this business case, the analysis included the spatial requirements for direct patient contact and did not include public areas, clinical support, staff support and administration space. The analysis considered the following accommodation;

- Consult / Exam rooms, Treatment rooms and Counselling/ Interview rooms for GMS services;
- Consult / Exam rooms for training use;
- Consult / Exam rooms, Treatment rooms and Counselling/ Interview rooms for community services delivered by provider other that the practice.

The table below outlines the required rooms for the Gloucester Road practice over the time period 2019 /20 to 2029 / 30, the rows in bold identify the tipping point at which increased capacity is required in excess of that which is required to meet the impact of the dispersal of patients from Bishopston and Northville.

The methodology for calculating the number and size of the rooms are as outlined in Facilities for primary and community care services (HBN 11-01) with the following factors as agreed with the practices managers;

- Anticipated average annual contacts per patient per year;
- Estimated % patients using C&E rooms / Treatment rooms;
- Appointment duration minutes C&E rooms / Treatment rooms;
- Building operational hours per week (total from Opening Times table);
- C/E room utilisation %.

The table below summarises the existing clinical capacity in each location against the assessed need.

Table 17 - Existing clinical capacity vs. assessed need

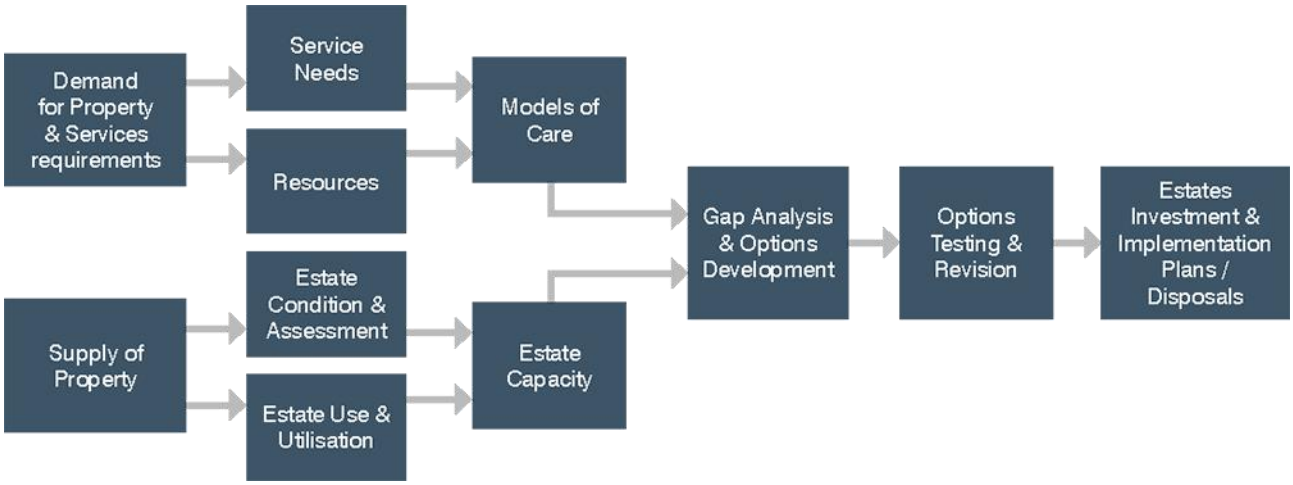
Property	Existing		Guidance by 2030		Step change point	Proposed Development		
	Current list size (Nov 2019)	Total Clinic Rooms	Predicted list size 2030	Total clinic rooms		Total clinic rooms	+/- against guidance	% against guidance
Conygre	5,000	**6**	7,630	**12**	29/30	**8**	-4	-33%
Monks Park	7,810	**7**	8,567	**12**	26/27	**13**	+1	8%
Horfield	17,788	**26**	19,417	**29**	25/26	**26**	-3	-10%
Gloucester Rd	20,307	**16**	22,080	**28**	25/26	**25**	-3	-11%
Fallodon Way	10,767	**14**	11,807	**18**	26/27	**TBC**	TBC	TBC

The delivery of these Gloucester Road Corridor projects is essential from the CCG's point of view as the local commissioner, and is also recognised by NHSE who were previously managing the issues around Nevil Road, before the CCG became delegated. The projects address very real and present patient needs following the necessary closure of two local practices, and the non-delivery of these projects would pose significant risk to the sustainability of the remaining local practices and ability for patients to access services.

2.5.4 Estate strategy

BNSSG CCG published its "Healthier Together" Estate Strategy in July 2019. This was developed by the members of the STP Healthier Together Estate workstream. This document highlights the preference for a strategic, service-led approach, informed by the needs of patients to ensure the estate is fit-for-purpose, efficient and flexible to be able to meet the needs of frontline services, based on the supply and demand model below to ensure a consistent approach across BNSSG, with relevance at both locality, neighbourhood and system levels. Figure 3 below shows an overview of this strategy.

Figure 4 - Estate Strategy: Supply and Demand Approach



Key to delivery of the strategy and system transformation is the importance of working in an integrated way across the system between commissioners and providers, to ensure that the CCG aligns service delivery with the needs of its population and not the needs of individual organisations.

The outcome of the current primary care estates component of the strategy shows that 67% of the primary care estate in Bristol was deemed as fully utilised with 27% as overcrowded on 6 facet survey reviews.

Before confirming support in principle for any funding requests from GP's, in line with the strategic approach described above, the CCG needs confirmation that:

i) the existing asset is being utilised to its full potential;

ii) the practice is actively engaged with its PCN or cluster partners to ensure there is no under-utilised capacity elsewhere in the PCN;

iii) the future population demand justifies additional capacity in the primary care system.

This programme approach has been adopted in the development of this document.

2.6 Investment objectives

It is important to have clear objectives for measuring the success of the primary care investment. The investment objectives for these developments were co-produced during stakeholder sessions. This formed a key part of the evaluation of the best way to manage the patient dispersal arising from the closure of the Bishopston and Northville practices. The investment objectives have been developed using SMART principles, to ensure that they are specific, measurable, achievable, relevant and fit within the time constraint for this project.

The key areas that have been considered as part of the investment objectives are that they can demonstrate they will reduce costs over time giving economic benefits and they will improve throughput for patients giving better efficiency and improving quality of delivery for effectiveness of service provision and outcomes.

The key strategic investment / improvement objectives for these projects are as follows:

Table 18 - Investment Objectives

The development must support delivery of sustainable estate in primary care	Provides the required space for primary care services in the locality based on population growth. Reduces unscheduled hospital attendances and admissions. Enables resilience and sustainability for primary care. Supports integrated IM&T services. Provides an estate that is fit for purpose
The development should support delivery of sustainable community services	Enables the delivery of community services close to patients' home. Maximises the opportunity to work with other community providers and the voluntary sector. Supports new pathways and early intervention for people with long term conditions.
The development should make the best use of public estate	Ability to deliver services by population and area. Supports sustainability of primary care services. Provides facilities that have multiple and flexible use. Have extended access and can be shared between providers. Enables collaboration between organisations, council, NHS and others.
The development should improve patient experience to improve quality of care	Improves local community access to healthcare. Enables clinical care to be delivered in estate that fit for purpose. Enables seamless transition between services reducing unnecessary duplication.

The development must be achievable within the ETTF timeframes	Provides a solution to estates priorities. Provides a solution that can be delivered within the ETTF programme timescales and within the agreed financial plan.

Note there is a requirement for all 6 surrounding practices to deliver care to dispersed patients safely, recognising each practice will be stretched and less able to pick up any slack should one practice fail.

2.7 Existing Arrangements and Business Need

BNSSG CCG covers a geographical area of approximately 368 square miles. There are 110 general practice premises within the BNSSG area, 80% of the surgery premises are GP owned with 20% are either, held and managed by Community Health Partnerships or NHS Property Services, or by way of third-party leases.

The Bristol component of the CCG currently has 42 GP practices in the Bristol area with an additional 10 branch sites giving a total of 52 sites for general practice in Bristol.

There is a variable standard of confirmed capacity within general practice premises' in Bristol, but generally, according to latest premises survey (6 Facet Survey 2017) around 67% of practices were fully utilised and a further 27% were deemed to be overcrowded.

Data collected by the CCG builds a detailed picture of the practices capacity and the estate that is most in need of attention. This is shown in the table below:-

Table 19 - Practices requiring investment

Location	List Size (as at Jan 2019)	Current Premises GIA	Premises Guidance GIA	Current % Capacity	Population Growth post dispersal	Projected List post dispersal	Projected Premises Guidance GIA	Post dispersal % Capacity
Fallodon Way	9,351	426	779	55%	1,044	10,395	850	50%
Gloucester Road	14,756	852	1,032	83%	5,062	19,818	1,242	72%
Horfield	15,544	1,328	1,064	125%	1,470	17,014	1,126	118%
Monks Park	5,718	272.47	477	57%	2,349	8,067	672	40%
Stoke Gifford (Conygre)	5,000	171.52	417	41%	1,601	7,630	550	31%
Montpelier	20,106	tbc	1254	tbc	1,427	21,533	1,314	tbc

It can been seen from the table above that it is necessary to increase clinical capacity at the Gloucester Road Medical Centre.

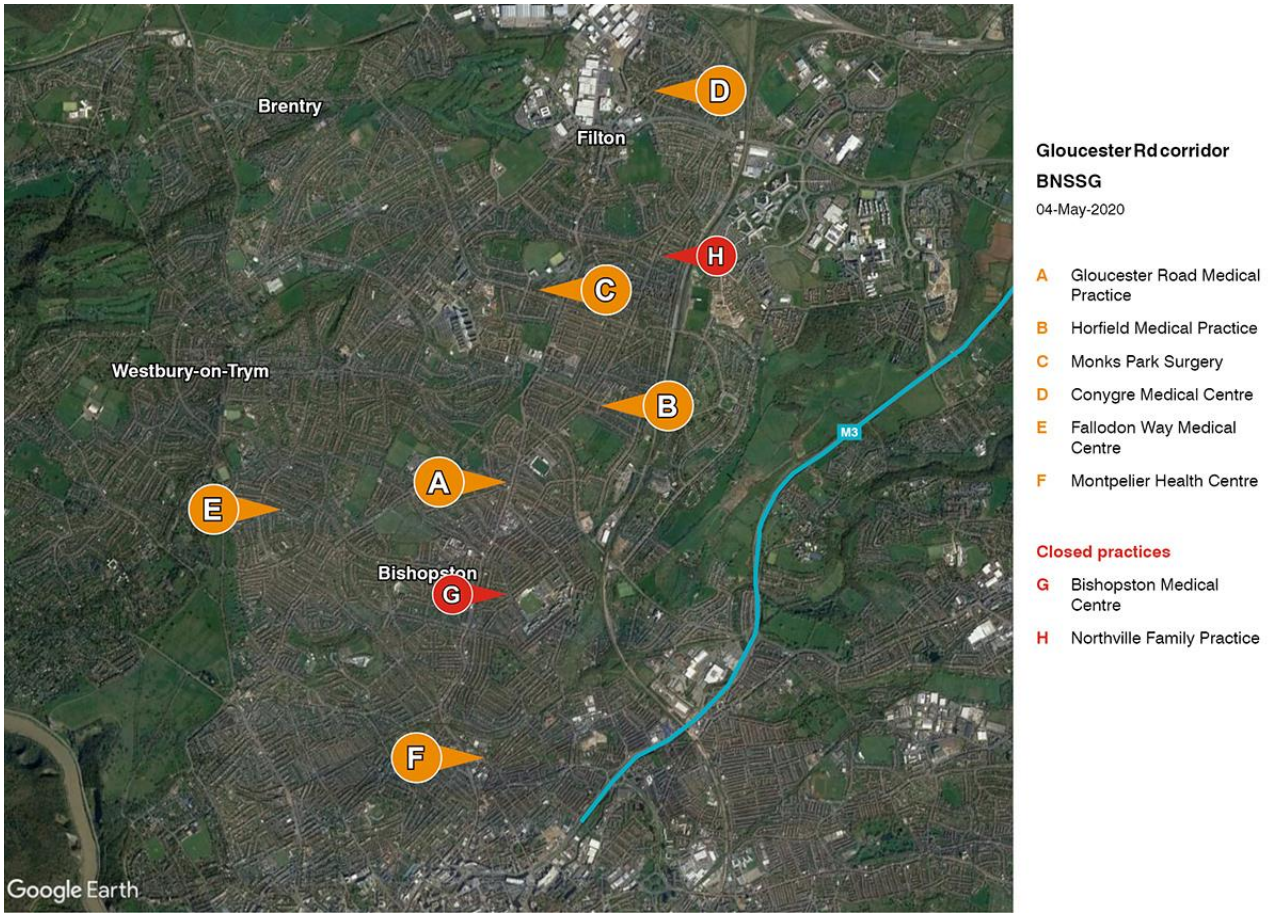
2.7.1 Review of Existing Estate and Opportunities for Expansion

Six individual practices have considered the potential for expanding clinical and associated administrative capacity at their surgery premises, one of which is the Gloucester Road Medical Centre. The map below shows the location of the surgery premises.

Gloucester Road Medical Centre

Gloucester Road Medical Centre is a long-established GP practice that solely provides NHS services and is owned by the GP Partnership. The surgery premises was purpose-built in September 1993 with a list size of 11,000 patients.

Figure 5 - Locations map



The practice has since added two extensions, one in 1998 and a more substantial development, to include a pharmacy in 2012. The property currently extends to circa 852m2 Gross Internal Area (GIA). The practice has a current list size of circa 20,000 with a catchment area predominately covers Horfield, Bishopston, St Andrews and Henleaze.

The practice is located in an area of quite high patient mobility and a substantial number of its patients reside in multiple-occupancy properties. The practice size list has increased by 2-3% annually in recent years, owing to new housing developments and the change of use to existing housing in its locality.

The proposed extension of circa 308m2 GI A to Gloucester Road Medical Practice gives an opportunity to increase the sustainability and provide a long-term plan for primary care provision for the local area.

The proposed development will enable an increase from 16 clinical rooms to 25. Due to the constrained nature of the existing site, the architects and practice believe that the proposed development is the only way to meet the needs of the increased patient list. The NHS long Term Plan, Primary Care Networks (PCNs) are outlined as an essential building block of every Integrated Care System. This practice is a member of the Phoenix PCN (Gloucester Road Medical Centre).

PCNs will be provide funding to undertake new services supported with additional roles. The Gloucester Road Medical Centre PCN is anticipated to reach 2.56 additional posts which the collective PCN estate will need to home as services come on line between now and 2021. Clearly this development will support how these new services/positions can be homed.

Detailed designs have been developed and a pre-application process completed in August 2019 resulting in pre-application response letter confirming that the proposed designs were approved in principle. Detailed design and supporting planning documentation is attached in Appendices BII & BIII. Planning approval was granted on 6th February 2020. Detailed design information can be found in section 3.7 of the Economic Case.

These designs have been thoroughly reviewed by Jo Fox, Senior Programme Lead, Estates & Technology Transformation Fund as one of the conditions from the OBC panel. Recommended design amendments have been incorporated and further operational information provided in relation to the existing conference/meeting room and proposed new multi-purpose large group room.

The existing conference/meeting room is a multi-functional administrative space used for group meetings, training sessions etc. and is not accessed by patients. The proposed multi-purpose large group rooms can be accessible by patients and will be used for various clinical functions including pharmacy hub. This room contains the infrastructure i.e. drainage to allow future sub-division to create smaller clinical rooms if required to ensure maximum future flexibility.

On this basis, the proposed derogations were accepted and the condition discharged on 9th April 2020. The full Derogations log and amended floor plans can be found in Appendix B.

The findings from the above CCG data and demand assessment support the request for an ETTF funding contribution to provide additional clinical accommodation which are reasonable and justified. The programme and cost plan provided confirms the ability for the practice to spend the proposed ETTF contribution within the next financial year.

Conclusion

Based upon the findings at OBC stage, the CCG confirmed its support towards an ETTF funding contribution for Gloucester Road.

2.8 Core benefits

This programme has several core benefits, including the provision of sufficient clinical space and wider estate capacity to accept the dispersed list from the surgeries that have recently closed; whilst also providing a wide range of clinical services under a sustainable and perpetual PMS contract.

The proposed programme will enable an increased capacity up to 80% GIA in accordance with the CCG's target and release the need for poor quality premises currently (Bishopston portacabins etc.). The scheme supports BNSSG CCG's plans to deliver integrated service models around communities bringing together primary care, community and local authority health services to support patients being managed in the community as a key element of the STP plan. It also aligns with the NHS Long Term Plan and local implementation programmes which focus on the early identification of those at risk of illness and on the prevention agenda (as per the Five-Year Forward View).

The proposed development will give much needed increased capacity for training practices and specialties within the primary care network, and will also enable increased workforce resilience, finally the enhanced capacity will enable the continued developments of services that are over and above the core General Medical Services (GMS).

These include:

- Multi-professional extended hours sessions;
- Community midwifery services;

- Sexual Health and Contraception Clinics;
- Mental health clinics specialist support
- Substance misuse clinics;
- Health and wellbeing services;
- Palliative care;
- Phlebotomy services;
- Community navigator/ hospital liaison;
- Counselling and IAPT services in particular;
- Wound care;
- NHS health checks;
- Cancer support.

2.9 Main risks

The main business and service risks associated with the potential scope of this project are shown below:

Table 20 - Risks and counter measures

Main Risk	Counter Measure/s and Actions
Development Planning for proposed reconfigurations refused	Gloucester Road Medical Practice has engaged its own Architects with extensive healthcare experience, particularly in primary care developments and has also with the local planning authority
Implementation risks The developments cannot be completed within the ETTF timeframe	The CCG has carefully considered the individual project programmes to assess the ability for each practice to physically spend the ETTF monies and this has been factored into the CCG's decision on the % NHS contribution it is prepared to recommend.
Impact of Covid-19 on construction works	The preferred contractor has submitted a detailed programme which confirms a proposed start on site in early July 2020. Detailed discussion has been held with the Practice, CCG and NHS England to understand the potential impact if works need to stop part way through construction due to the impact of Covid19. The Practice has advised that the use of the Bishopston Medical Centre vacated buildings during particular construction phases would mean that the Practice would not be short of clinical rooms during any particular phase if works were put on hold for any reason and are therefore happy for the development works to proceed.
Operational risks A practice is unable to proceed with the proposed development	If a practice is unable to proceed with the proposed development for any reason, i.e. planning refusal, the CCG will work with practices and local PCNs to review opportunities for sharing workload across other locations, as well as reassessing options for the proposed building works and exploring alternative funding opportunities if ETTF deadline is missed.

The table above shows the main risk categories typically associated with the proposed list dispersal.

2.10 Constraints

The project is subject to the following constraints:

- Deadline for expenditure of any NHS ETTF monies within the agreed programme;
- Operational difficulties of undertaking works across multiple practices at the same time, whilst keeping services fully operational and limited opportunity for decant to alternative sites.

2.11 Dependencies

The project is subject to the following dependencies that will be carefully monitored and managed throughout the lifespan of the scheme.

- Formal approval of funding through ETTF contributions;
- Full Business case approval by NHSE;
- The project will be delivered within the cost envelope in anticipation of the demographic expansion;
- Temporary relocation of the Pharmacy to an alternative location on site;

3 The Economic Case

3.1 Options Appraisal

An economic appraisal of the Gloucester Road development options and final recommendation has been completed at OBC stage in accordance to the Capital Investment Manual and requirements of Her Majesty's Treasury's (HMT) Green Book (A Guide to Investment Appraisal in the Public Sector). This considered a number of options including the redevelopment of neighbouring practice sites, including Gloucester Road Medical Practice.

3.2 Long List

Due to the closure of Bishopston and Northville practices in September 2019 the long list of options has been limited to surrounding practices. The CCG, together with the remaining practices and all local provider organisations, have reviewed options for growth on each site and investigated every possibility prior to being able confirm the long list of viable options that would be suitable to take forward. These are required to meet current practice needs, the needs of the dispersed patients and the needs for future population, with regards sustainable primary care capacity growth.

Following identification of the available options for the delivery of future General Practice within the Gloucester Road site, a long list of options were recognised for appraisal. The options considered are listed in the table below.

Table 21 - Long Listed Options at OBC

Option	Description
1	Do Nothing or maintain status quo
2	**Do minimum - Do whatever can be done to improve existing infrastructure but no new build/extensions**
3	Limited development/extension of existing premises and address future growth
4	Transfer service to alternative premises with spare capacity or with limited upgrade
5	A Limited new build to replace the existing space to deliver building standards but no increase in general capacity.

This list of options was reviewed in a number of clinical forums and had also been subjected to a technical appraisal with full 6 facet surveys of neighbouring GP practices completed to determine alternative options and impact relating to current site constraints and requirements of the building.

The options were assessed against a set of agreed investment objectives to review their suitability for shortlisting.

The table below provides the outcome of these reviews, identifying whether the option was shortlisted for detailed appraisal, or discounted. The key criterion for short listing was based on the extent to which each option met the project objectives.

Table 22 - Summary of the options available

Options	Finding
1 Do Nothing	This option was not considered possible as practices were already closed and an alternative solution was required to manage the immediately increasing list size across the area. BNSSG must provide primary medical services for the population of Bristol as a whole. As a result of other practices in the area not increasing capacity is not an option.
2 Do Minimum - Do whatever can be done to improve existing infrastructure but no new build/extensions	This option did not support the strategic and operational plans BNSSG as part of the overall STP plan. Due to premises already being over-stretched and not having enough space to manage existing list sizes it was not possible to improve the current infrastructure on the other 5 sites.
3 Limited development/extension of existing premises	This became a viable option to develop several sites to increase the GMS capacity to manage current and future growth. The sites that offered the opportunity for development will be able to meet future population growth while addressing the overcrowding that has arisen from increasing and enforced growth from the closure of neighbouring practices.
4 Transfer service to alternative premises with spare capacity or with limited upgrade	Following review there was no possibility of alternative premises that had spare capacity to enable this option as most premises were already working within overcrowded buildings and no other suitable building was available locally.
5 Maximum – A Limited new build to replace the existing space to deliver building standards but no increase in general capacity.	Following review there was no possibility of a new limited building to deliver the requirements of the dispersed patients locally.

Investment objectives were developed with a range of key stakeholders and aligned to BNSSG CCG strategic objectives to improve resilience and sustainability of general practice and to transform opportunities for new ways of working.

3.3 Short List - Identifying the Preferred Option

All of the long-listed options were subject to a qualitative assessment as part of OBC, the outcomes of which are shown in the table below. This shows that the preferred option was **Option 3,** following the qualitative benefits appraisal.

Table 23 - Combined Qualitative Options Score

Ref	Qualitative Benefits Description	Weighting (W)	Option 1		Option 2		Option 3		Option 4		Option 5	
			score (S)	W x S	score (S)	W x S	score (S)	W x S	score (S)	W x S	score (S)	W x S
1.	Increased GMS space for co-ordinated, accessible care for patients Co-location and integration with community-based health and care services Opportunities for multi-use facilities through generic design and Longer opening hours Facilities to support increasing patient numbers in primary care and community services provision	15	0	0	0	0	15	225	0	0	0	0
2.	Joint services across primary and community services to improve access and reduce unnecessary hospital attendance More clinically effective interventions and care delivery through less disruption for patients and greater service and pathway integration Improved patient experience as the new service enables more to be carried out per visit	9	0	0	5	45	10	90	5	45	5	45
3.	Sustainable healthcare through the use of a public sector asset for health More clinically effective and cost-efficient healthcare with improved health outcomes for patients Integration and co-location of community and primary care mitigates risk of disruption to primary medical services provision	14	0	0	5	70	10	140	5	70	5	70
4.	Compliance with requirements for GP training status Space and facilities for teaching, learning and training for staff and to support patients More space allows the whole team to work collaboratively, plan and review practice and workload together at the same time when required Improved recruitment and retention through larger, more appropriate facilities Improved working conditions for staff including safety and flexibility of room use	12	5	60	5	60	10	120	0	0	5	60
5.	Funding allocation can be met within the ETTF funding timescales for completion by March 2021.	15	5	75	5	75	15	225	0	0	5	75
6.	An accessible location that makes it easier for patients to use more than one service at a time and for services to plan around the health needs of the patient thus optimising use of their services Relevant statutory primary care guidance will be achieved for 80% compliance	12	5	60	5	60	10	120	0	0	5	60
7.	Service continuity will be achieved during the redevelopment processes for each site Patients will be given full information about the new premises and there will and there will be minimal disruption	9	15	135	15	135	5	45	5	45	15	135
8.	Services will not be constrained by a small and overcrowded site. The increased space available will improve the overall experience for patients using the new services	14	0	0	0	0	10	140	0	0	5	70
	TOTAL		**30**	**330**	**40**	**445**	**85**	**1105**	**15**	**160**	**45**	**515**

One short listed option (Option 3) was identified as suitable for the Gloucester Road Medical Practice site, which was recommended as a final option to be presented for FBC approval.

Option 3 was demonstrated to be the preferred option, with a weighted scoring of 1105. The core strengths of this option are:

- Some of sites are suitable to consider local expansion within their own premises.
- Each site is at different stages of developing plans to re-build the premises as a health centre solution to meet the growing needs of and sustainability required for primary care within the area.
- The practices for development will be able to continue to operate in bigger, more fit for purpose premises that are compliant and sustainable through the available design strength and flexibility to ensure the new premises are sufficiently large and fit for purpose to make it futureproof for long term primary care delivery at the correct scale.

The only identified weakness is: There will be developments during implementation and careful planning will be required to minimise service disruption.

These scores have been reviewed at FBC stage in relation to just the Gloucester Road Medical Centre development, rather than the programme of sites as evaluated in the OBC. We are comfortable that the scores accurately reflect the various options.

3.4 Key Findings from the Economic appraisal

The financial benefits appraisal has been undertaken utilising a standard Treasury approved Generic Economic Model (GEM) which utilises all the lifetime costs of the project as incurred by the NHS both capital and revenue and then discounts those costs by 3.5% pa to arrive at a single Net Present Value cost and Annual Equivalent Cost to compare with the qualitative evaluation of each option.

As capital costs only varied between OBC and FBC by 8% and revenue costs reduced by 13% the option appraisal scores obtained at OBC have been retained. Whilst the slightly higher capital costs have been used in the FBC the largest difference impacting on the NPV and AEC is the fact that in the OBC it was anticipated that 46% of capital costs would be met by the GP practice and therefore excluded from the GEM whereas for the FBC it is proposed that the capital costs are fully funded by ETTF

In respect of the FBC the total scheme length has been extended to 48 years to ensure it captures the total period of abatement and hence repayment by the GP practice of the total ETTF grant.

Table 24 - Key findings of economic appraisals

Summary of Discounted Cashflow	Do Nothing	OBC	FBC
Net Present Value	2,602,203	3,912,825	5,112,985
Annual Equivalent Cost	142,311	213,987	213,937
Ranking	**-**	**1**	**1**

3.5 The Preferred Option

The combined economic assessment of the options indicates that both the assessment of adherence to critical success factors, and the quantitative evaluation of the benefits via an approved Generic Economic Model methodology, have identified option 3 as the preferred option. A summary of the overall results is captured in the table below.

Table 25 - Summary of overall results

Evaluation Results	Do Nothing	OBC	FBC
Financial appraisal	3	5	5
Benefits appraisal	4	1	1
Overall VFM ranking	4	1	1

3.5.1 Estimating costs

The financial benefits appraisal has been undertaken utilising a standard Treasury approved Generic Economic Model (GEM), which utilises all the lifetime costs of the project as incurred by the NHS both capital and revenue and then discounts those costs by 3.5% pa to arrive at a single Net Present Value cost to compare with the qualitative evaluation of each option.

Costs included within the GEM are based on the revenue and capital costs outlined in section 6 but as required the Treasury Green Book nominal costs are modified as follows:

- VAT is excluded as this is defined as an economic transfer (as per Green Book para 6.7). Where revenue and capital costs outlined in section 5 includes VAT then this has been deducted to arrive at the appropriate figures for the GEM;

All costs have been expressed at standard prices as at 2018/19 (as per green Book para 5.11). Costs have been forecast on an annual basis over the whole lifetime of the project. This has been defined as 28 years.

Timeline

- Year 0 (2019/20) represents the first year in which any investment commences. In practice this only relates to preparatory arrangements (installation of temporary decanting accommodation) and sets the baseline for recurrent revenue costs;
- Year 1 (2020/21) first main year of construction;
- Year 2 (2021/22) represents the first part year of operation.

All costs are then discounted by 3.5% pa (as per Green Book para 2.18) to arrive at a single Net Present Value cost to compare with the qualitative evaluation of each option. The following is a summary of the outcome of the GEM appraisal. A full version of the GEM is included in Appendix C.

.Table 26 - Key results of economic appraisals

Overall Benefits Appraisal	Do Nothing	OBC	FBC
Qualitative Evaluation Score	330	1105	1105
Annual Equivalent Cost	142,311	213,987	213,937
Cost per point	431	194	194
Ranking	**-**	**1**	**1**

3.5.2 Option appraisal conclusions

As the capital costs between the OBC and FBC have only increased by 8% and revenue costs have decreased by 13% no re-evaluation of the option appraisal has taken place. Whereas overall capital costs appear to have increased by £757,000. This is because in the OBC it was assumed that 46% of the capital costs would

be funded by the GP practice and therefore excluded from the GEM whereas in the FBC it is proposed that all capital will be funded by ETTF.

3.5.3 Key considerations

Key considerations that influenced the preferred option scores are:

- This is the only option that will allow for sustainability in primary care in both the short and long term within the area;
- It will ensure general practice services are preserved in the first instance and given space and location to grow and so meet future need;
- Following a successful application to NHS England under the Estates and Technology Transformation Fund (ETTF) several primary care developments will be delivered that meet the timescales required;

This business case supports the position that the scheme is ready to progress immediately.

3.6 Full Planning Approval

Full planning permission was granted on 6th February 2020 (19/04618/F) for a medical centre build. A copy of the decision notice can be found in Appendix D.

3.7 Design Development

The design team have completed the design stages and the full tender design pack can be found in Appx E.

3.7.1 Design principles of the new facility

The redevelopment provide the following additional accommodation:

- Clinical space, comprising Treatment and Consultation Rooms,
- Administration space;
- Staff accommodation;
- Toilet and waiting area improvements.

This will be delivered within a total increase in floor space of approximately 308 m2 GIA. The opportunity to extend the building have been identify as three areas:

- 2 storey extension to the rear of the building;
- vertical extension over the recent single storey;
- building to the east infilling of the entrance porch together with internal remodelling.

When the Pharmacy extension was constructed previously, the foundations and structure were designed to enable a future vertical extension. Some internal remodelling works are required to provide an additional staircase and access through to the proposed extensions.

Works to the existing lift are also proposed due to ongoing issues with the existing provision.

Access to the site remains as existing.

Due to the limitation of the site, no additional parking provision can be provided as part of these proposals. The proposal will however include provision to better demarcate separation of pedestrians and vehicles in and around the site.

3.7.2 Operational Design

The functional content of the Centre has been based on the requirements of the GP's and the CCG's activity projections and agreed performance/utilisation assumptions. The identified functional content was used to determine the Schedule of Accommodation and 1:200 drawings as the basis for consultation with the GP end users.

The detailed design phase has been led by Gloucester Road Medical Practice's appointed architects, CMS Architects, in consultation with, and participation by, the relevant GP end users and their technical advisors.

The existing treatment suite has 5 rooms that are used solely for nursing purposes, the largest of these being the minor op room, which will be reduced in the proposed scheme to provide corridor access through to the new rooms. The nursing team were very clear to the planning team that it was essential that the new facility be a) easily accessible by patients, b) entered centrally through the main treatment suite doorway and c) that the layout facilitated on the spot clinical supervision and support across the whole team. The new treatment room facility comprises 4 additional rooms, which is the maximum that could be provided within the area available at the rear of the building and that space had to be configured to allow for as many one-to one consultations as possible.

In discussion with the clinical team regarding the individual usage of the nursing rooms, the Practice determined that there must be one larger room for the minor ops procedures. This requires a couch that can be accessed at 360 degrees, by both the clinician and their nurse assistant, a robust minor op lighting system, a Hyfracator, which is a low-powered medical apparatus used in electrosurgery on conscious patients, and is used to destroy tissue directly, and to stop bleeding during minor surgery and the siting of an ECG machine.

Two further clinical rooms provide plenty of space for an electric couch, is fully accessible for wound care and dressings and is also appropriate for child immunisations, whereby two nurses work in tandem to administer doses to children to minimise any trauma. The fourth room will be used as the clean utility and will contain the 3 practice fridges for vaccine storage. In placing these centrally, nurses do not need to interrupt colleagues for supplies.

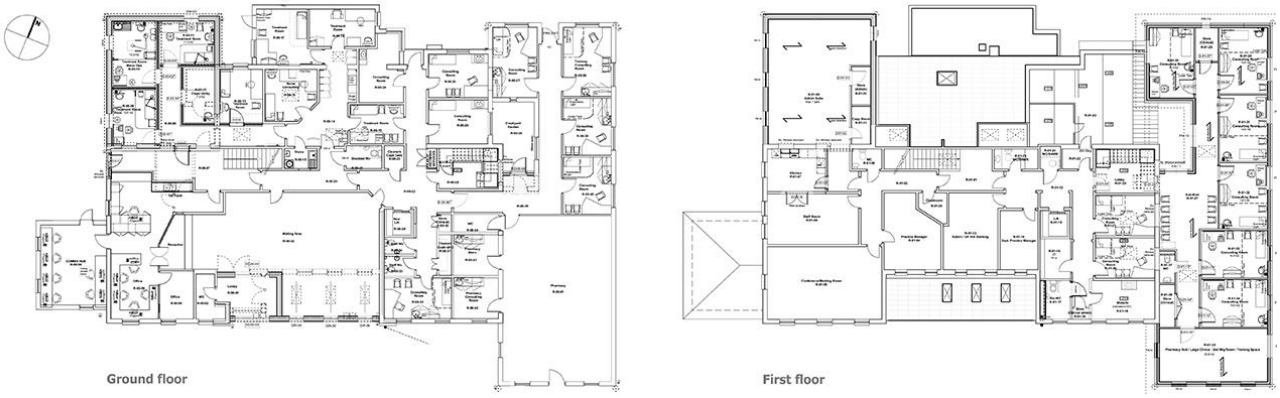
The size of the existing consulting rooms range between 11.5m2 and 12.25m2. Reconfiguration will enable the provision of 4 additional consulting rooms on the first floor, ranging between 12.5m2 and 14.8m2.

The existing surgery has 6 toilets, of which only one is a fully disabled facility and one a disabled-assisted facility. A second fully disabled-access toilet will be provided on the first floor along with an additional toilet and waiting area to accommodate the increased number of patients being seen in the new first floor clinical area. Further, the small room sited between two of the new consulting rooms is currently designated as storage. However, the Practice currently has staff members who require a quiet area for prayer and this space is considered the most appropriate as it is located away from patients and other general noise. It has meant a small reduction of the size of the consulting rooms that adjoin this room.

A full schedule of accommodation is provided in the Gloucester Road Medical Centre design pack in Appendix F.

The consultations informed the architects and resulted in updated ground and first floor layouts shown in the plans below.

Figure 6 - Gloucester Road floor layout design



As stated in section 2.7.1.1 above, NHS England were still concerned over the room sizes proposed, particularly the clinical consulting rooms as none of the achieve the HBN target of 16m2. An independent assessment of the design was required as a condition of the OBC approval and this was undertaken by Jo Fox, Senior Programme Lead, Estates & Technology Transformation Fund as one of the conditions from the OBC panel. Recommended design amendments have been incorporated and further operational information provided in relation to the existing conference/meeting room and proposed new multi-purpose large group room.

The existing conference/meeting room is a multi-functional administrative space used for group meetings, training sessions etc. and is not accessed by patients. The proposed multi-purpose large group rooms can be accessible by patients and will be used for various clinical functions including pharmacy hub. This room contains the infrastructure i.e. drainage to allow future sub-division to create smaller clinical rooms if required to ensure maximum future flexibility.

On this basis, the proposed derogations were accepted and the condition discharged on 9th April 2020. The full Derogations log and amended floor plans can be found in Appendix B

The VOA Design Checklist has been completed which can be found in Appendix G

3.7.3 Impact of Covid-19

Since the OBC was approved in February 2020, the Covid-19 outbreak has hit. The CCG has asked the Practice to consider the impact that this outbreak has had on current operational practices and how these may influence future operation processes. The Practices lead GP, Dr Jonathan Holdsworth, has provided the following statement:

"During the current covid-19 pandemic, we have reflected on the possible future influence of this situation of the estates need of our patients at Gloucester Road Medical Centre.

We are currently providing most of our consultations by telephone, video or text with currently only 8% face to face or visit. After an initial reduction in demand, we are now seeing a week on week increase towards normal levels. As lockdown is reduction, we anticipate the need to see more patients face to face with the priority being patient safety and the need for social distancing likely to be important for some time to come.

To this end, we feel the additional space in our waiting room will be essential to provide safe social distancing in the future as patient numbers increase.

It is likely that the proportion of consultations by phone will remain higher in the short to medium term. However, the need for confidential clinical rooms to speak to, and especially, to have video consultations with patients will remain. Therefore, we would anticipate the same need for clinical rooms for patient consultation. Indeed with the residual effect of covid-19 infections as well as normal (currently postponed) clinical demand, this need may in fact increase.

Our clinical space in the new building, currently labelled as pharmacy hub/ multi-purpose meeting room, will allow some flexibility in future as there is provision in terms of plumbing etc. for further division into separate clinical space for additional consultations as necessary.

In conclusion, we feel the build plans take into consideration, as much as is possible at present, future estates provision in a covid and post covid health care environment. "

4 The Commercial Case

4.1 Introduction

This section of the business case outlines the proposed procurement strategy, in relation to the preferred option outlined within the Economic Case. As previously stated, the previous OBC had been prepared to enable a programme approach to the CCG's decision making, when evaluating individual requests for funding from the practices. In particular relating to requests to undertake works to increase existing capacity, to manage the increased patient list arising from the proposed list dispersal.

This FBC is solely for Gloucester Road Medical Centre and the development will be managed and delivered independently by the Practice, with no dependency on other projects.

The GP Partnership was established in July 1991 and in its current form, comprises 6 GP Partners and a Business Partner.

It is a requirement of its Partnership Agreement that all Partners are property-owning and as such, are jointly and severally liable for both the ownership and management of the surgery and therefore they hold sole responsibility for the financial liabilities of the business. The property was recently valued in February 2020 and this verified that the partners currently own 42% of the business premises, independent of any mortgage loans. These two factors demonstrate that the business has both a comfortable and stable financial position plus a well managerially-led base on which to enter into a substantial new building development.

4.2 Required Services and Procurement Strategy

The commercial arrangements and contracts will be managed by the Practice, along with any cost savings and overspends. Appendix H shows the full project cash flow details.

Key external advisors in relation to the pre-development stages pre-construction services are as follows:

Table 27 - Key External Advisors and Construction Services

Role	Organisation
Pre-construction to OBC	
Business case preparation	Archus Ltd
Mechanical and electrical consultants	Jones King
Architects	CMS Ltd
Structural engineers	KB2
Cost consultants	CMS Ltd –(separate to PM appointment and undertaken by qualified QS)
Project management/ cost advice	CMS Ltd
Construction and Technical Design	
Owner	The Practice
Building contractor	MD Group Ltd (subject to contract award)

Role	Organisation
Structural engineers	KB2
Mechanical and electrical contractor	Jones King
Architect final design	CMS Ltd
Final design BREAAM assessment	N/A
Cost Consultant	As above

4.3 Procurement of the Preferred Contractor

Fixed price tenders were invited on 4th February 2020 from four contractors by CMS Project Managers and Surveyors Ltd (CMS) on behalf of Gloucester Road Medical Centre (GRMC). Tender documents comprised of: Drawings and Specification (Architect, Structural Engineer and Mechanical/Electrical Consultant); Preliminaries and Contract Conditions (including Schedule of Amendments to the JCT); Pre-Construction Information (CDM) and Bills of Quantities. These can be found in the Design Pack in Appendix E.

The tender documents provided for an indicative start on site of 6th April 2020 and completion by 26th March 2021. The works are subject to strict phasing and sectional completion constraints resulting in a total period of 51 weeks. Contractors were instructed to tender based on this period, and provide a tender based on their preferred period.

Halsall Construction Dix Ltd withdrew from the tender process, and informed CMS of their intentions via email on 12th February 2020. They stated this was due to their current estimating workload.

John Perkins Construction Ltd withdrew from the tender process, and informed CMS of their intentions via email on 21st February 2020. They stated this was due to their current estimating workload.

This was reported to NHS England who requested a minimum of four tenders. Accordingly, another three contractors were invited to tender on 27th February 2020.

The tender returns were received as follows analysed by CMS Ltd and all were deemed as complaint although all were in excess of the Pre Tender Estimate by a range of circa £75k – £268k. The full Tender Report and appendices can be found in Appendix O.

The current uncertainties facing contractors and their supply chain during the current Covid-19 crisis were thought to play a significant factor in contractor pricing, along with the complexity of the construction requiring numerous phases which means that the sequencing of trades are less efficient.

MD Construction Ltd, the preferred contractor, submitted a detailed construction programme in support of their tender confirming their ability and willingness to commence works on site on 3rd July 2020 and the Practice has also confirmed that they are happy for construction to commence on this basis.

4.4 Building Research Establishment Environmental Assessment Method (BREEAM)

BREEAM is the leading and most widely used environmental assessment method for buildings and communities. It addresses wide ranging environmental and sustainability issues and enables developers and designers to prove the environmental credentials of their buildings to planners and clients. It sets standards

for best practice in sustainable design and has become the de facto measure used to describe a building's environmental performance. BREEAM provides clients, developers, designers and others with:

- Market recognition for low environmental impact buildings;
- Assurance that best environmental practice is incorporated into a building development;
- Inspiration to find innovative solutions that minimise the environmental impact;
- A benchmark that is higher than regulation;
- A tool to help reduce running costs, improve working and living environments;
- A standard that demonstrates progress towards corporate and organisational environmental objectives.

It has been recognised that BREEAM did not apply to the Gloucester Road development at OBC stage as the total capital costs were below £2m. However, due to the increase in capital costs at tender stage, the total capital costs now exceed the £2m threshold by circa £22,000. This has been flagged to NHS England seeking approval to waive the BREEAM requirement as the design has already been developed and planning permission obtained so making a retrospective BREEAM score difficult to achieve without significant increase in cost and delay to the programme.

This has been duly considered by NHS England and a formal waiver letter has been issued by Jo Fox which can be found in Appendix N.

4.5 Potential for risk transfer

This section provides an assessment of how the associated risks might be apportioned, as shown in the table below:

Table 28 - Risk transfer matrix

Risk Category	Allocation		
	Public (ETTF)	Private (GP Ownership)	Shared
1. Design risk		✓	
2. Construction and development risk		✓	
3. Transition and implementation risk			✓
4. Availability and performance risk		✓	
5. Operating risk		✓	
6. Variability of revenue risks			✓
7. Termination risks		✓	
8. Technology and obsolescence risks			
9. Control risks		✓	
10. Residual value risks		✓	
11. Financing risks			✓
12. Legislative risks		✓	
13. Other project risks		✓	

There is an additional risk of commencing works with the current ongoing Covid-19 crisis and a meeting was held between the Practice, CCG and NHS England representatives on 7th April to fully understand the implications if the contractor was to halt works on site during the construction at any point. The Practice advised that they had considered in detail the phasing plans with their project team and the contractor and has reassured themselves that, due to the plan to decant certain staff and services to the former Bishopston Medical Practice building, they would not be left short of clinical capacity were the works be halted at any one time.

The public ETTF risk is limited to the £89,971 which is the Optimism Bias allowance included within the capital cost (see table 30).

4.6 Proposed Charging Mechanisms

The payment for the proposed development has now been arranged through a 100% ETTF contribution. This will be protected via the standard Legal Charge. The building contract will stipulate the payment mechanism, timescales, method of payment calculation etc.

District Valuation Service

The role of the District Valuer is to assess the current market rent (CMR) of the proposed scheme and advise on the amount that the Primary Care Organisation should reimburse. This provides an early indication of the likely rent for the project and where appropriate the expected CMR to ensure that the scheme proposed is affordable to NHS England. A draft valuation report has been obtained and can be found in Appendix I

4.7 Procurement Strategy and Implementation Timescales

The detailed programme were provided by the practices, which have been reviewed by the CCG and the ability to spend ETTF contribution by March 2021 has been factored into the recommended allocation.

A summary of the key project milestones for the project is shown in the table below. Detailed programme information for the scheme can be found in Appendix J.

Table 29 - Summary Milestones for the Practice

Key Milestone	Date
Planning Approval	06/02/2020
Tender Report Issued	02/04/2020
FBC submitted	16/04/2020
NHS E Panel	18/05/2020
Contract Award	29/05/2020
Commence works on site	03/07/2020
Completion and Handover	25/06/2021

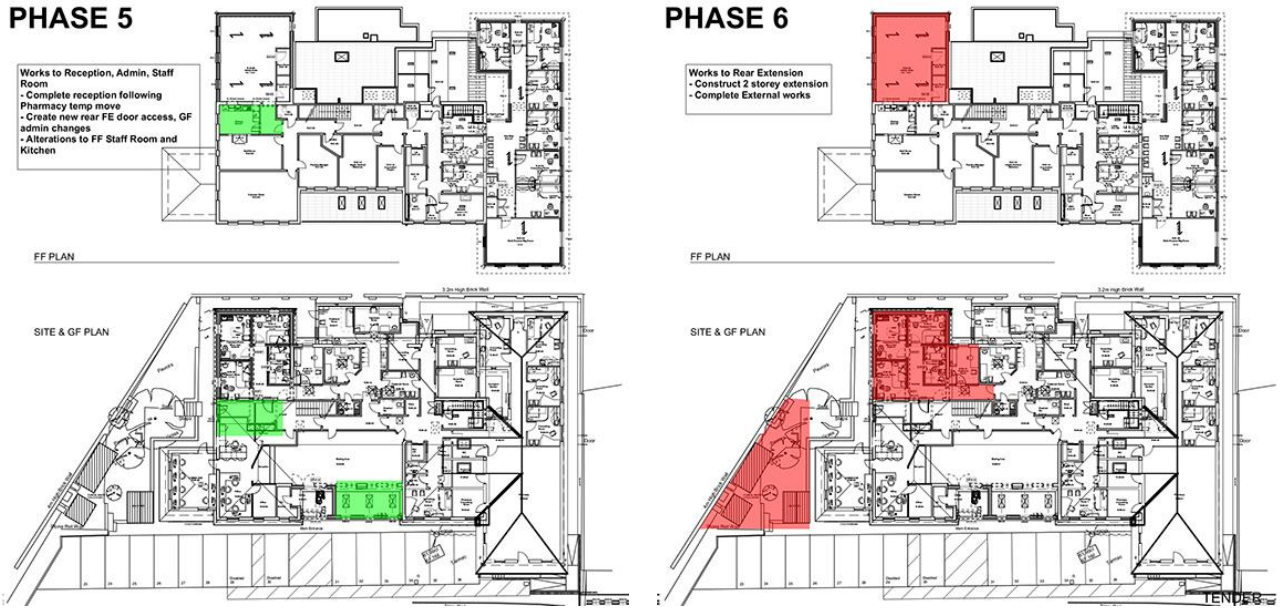
A detailed phasing programme has been completed showing 6 distinct phases of development, summarised as follows:-

- Phase 1 – Enabling works and temporary rear access;
- Phase 2 – Waiting area;

- Phase 3 – New second storey construction – ground floor vacated;
- Phase 4 – New second storey construction – ground floor occupied;
- Phase 5 – Works to waiting area;
- Phase 6 – Rear extension.

These are further demonstrated from the following site phasing plans shown below.

Figure 7 - Phasing plans



4.8 Transitional and Decant Arrangements

Alternative accommodation will be provided to enable the pharmacy to decant from its existing location on the Gloucester Road Medical Centre site. This will be required between October 2020 and February 2021.

A short term lease has been agreed between Assura and NHS Property Services enabling the CCG to retain the Bishopston Medical Centre building and portacabins, which have been made available to provide decant accommodation for the practices. The detailed phasing plan outlined above shows that this will be required during Phase 3 of the build programme between October 2020 and January 2021.

The CCG has confirmed that they are not intending to charge the practices for this temporary occupation as they are already covering the notional rent attributable to these premises.

The Practice will be relocating 10 doctors, 2 urgent care nurses, the midwives, social prescriber to this site and will be forming a pharmacy hub there with newly employed PCN pharmacists. 2 receptionists will also be based there to support these clinical teams. The Practice also has the option to relocate some of the management team there.

The Practice plan to use a colour code system on EMIS so that appointments at this site can be easily distinguished. The computer system will be set up so it is the same as and is compatible with their existing EMIS so can be easily accessed and seen on both sites.

4.9 Personnel Implications (including TUPE)

TUPE Regulations will not apply to this investment as no undertakings will transfer between employing entities. However, the local arrangements of risks and benefits are being explored by the Practice for those staff required to decant temporarily from Gloucester Road Medical Centre.

5 The Financial Case

5.1 Introduction

The purpose of this section is to set out the forecast financial implications of the preferred option (as set out in the economic case section) and the proposed deal (as described in the commercial case). The supporting FB form can be found in Appendix K.

Due to the circa 7% increase in construction costs arising from the tender process and concerns over value for money, NHS E have offered to fund the Gloucester Road Medical Practice planned development on a 100% basis. This is a key change from the OBC which was prepared on the basis of a 54% ETTF contribution.

5.2 Impact on the Organisation's I&E Account

Although the revenue costs for Gloucester Road alone show an increase of £10,563 this scheme is affordable as the CCG will incur slightly reduced revenue costs for the Gloucester Road Corridor schemes as a whole including the closure of two premises under the terms of GMS Directions from which it will save £175,440

Savings for the 2 practices closing in respect of rent, rates and water amount to £32,300 for Northville and £143,140 for Bishopston. The total previous list sizes of the 2 practices amounted to 17,000 patients of which 5,000 (29.4%) have been transferred to the Gloucester Road practice thus £51,600 of the total savings achieved can be attributed to patients transferred to the Gloucester Road practice.

Pre-project enabling costs provided by ETTF amounted to £133,359 which has allowed the CCG to make appropriate preparations and enabled the completion of the necessary Business Cases to support the application for funding from the NHSE under their ETTF programme.

The ETTF grant requested is for capital and non-recurrent revenue. Non recurrent revenue is PPCs plus any up-front costs for which revenue conversion is requested has been signed off by ETTF PMO. Capital will be paid as expenditure is incurred by the GP practices. It is proposed that this scheme will be 100% funded from an ETTF grant.

5.2.1 Finance Summary: Capital and Project Costs

The capital costs of the preferred option and anticipated date for capital deployment is 2019/20, 2020/21 and 2021/22. Total estimated capital expenditure compared to expenditure estimated at OBC stage is as per table 30 below.

An increase in capital costs of approximately 8% between OBC and FBC stages. The OBC was based on pre-tender estimated costs whereas the FBC is based on full competitively tendered costs. This margin of increase is a reflection of the current level of uncertainty in the building industry currently and has been seen in many recently tendered schemes over the last few months.

Table 30 - Total capital and non-recurrent project costs

Preferred Option (incl VAT)	OBC	FBC
Construction Costs	1,190,634	1,359,124
Equipment		
Fees	214,543	280,771
Land Costs		
Other non works costs		
Other on costs externals etc	40,824	89,520
Contingencies	142,884	70,000
Sub Total	1,588,885	1,799,415
Optimism Bias	158,888	89,971
Total	**1,747,773**	**1,889,386**

Table 31 – Preferred option costs (excl. VAT)

Preferred Option (excl VAT)	OBC	FBC
Construction Costs	992,195	1,132,603
Equipment		
Fees	178,785	233,976
Land Costs		
Other non works costs		
Other on costs externals etc	34,020	74,600
Contingencies	119,070	58,333
Sub Total	1,324,070	1,499,513
Optimism Bias	132,407	74,976
Total	**1,456,477**	**1,574,488**

Table 32 – Preferred option (OBC vs GEM)

Preferred Option (Comparison of FBC v GEM)	OBC	FBC
Incl VAT	1,747,773	1,889,386
Excl VAT	1,456,477	1,574,488

Table 33 – Capital costs by funding source

Capital Cost by Funding Source Incl VAT	OBC	FBC
ETTF Contribution	980,683	1,889,386
GP Contribution	608,202	
Optimism Bias (GP)	158,888	
Total	**1,747,773**	**1,889,386**

Capital Cost by Funding Source Excl VAT	OBC	FBC
ETTF Contribution	817,236	1,574,488
GP Contribution	506,835	
Optimism Bias (GP)	132,407	
Total	**1,456,478**	**1,574,488**

In addition to capital costs the following non recurrent revenue costs (shown in the table below) have been incurred in preparing the scheme for approval, which will be funded from the ETTF grant.

Table 34 - Non recurrent project costs

	OBC	FBC
Design Fees	40,030	40,030
Engineering Fees	8,160	8,160
Other fees incl OBC/FBC	43,769	43,769
Enabling costs	41,400	41,400
Total pre-project support costs	**133,359**	**133,359**

5.2.2 Finance Summary – Recurrent Revenue Expenditure

Projected recurrent revenue expenditure has been calculated for the preferred option taking into account only reimbursable GMS estates spending which includes rent, rates, water and clinical waste charges and is summarised in the following table. There has been no change in recurrent revenue costs between OBC and FBC, shown in the table below.

Table 35 - Recurrent revenue costs

Preferred Option Revenue Costs	Do Nothing	OBC	FBC
Rent	117,600	172,000	166,600
Rent Abatement	-	28,136	44,100
Net rent	117,600	143,864	122,500
Rates	16,794	21,898	21,898
Water Rates	1,257	1,639	1,639
Clinical Waste	582	759	759
Total	**136,233**	**168,160**	**146,796**

The CMR rental has been calculated in accordance with current market conditions by the District Valuer but has been abated to take account of the level of ETTF grant being made available in order to avoid any double counting of re-imbursement to the GPs. This abatement will need to be in place for a period of 45 years in accordance with normal DV practice to recoup the ETTF investment

No future revenue costs will be incurred in respect of the two closed GP premises.

Although the preferred option will incur increased revenue costs to the CCG of £10,563 above current levels of re-imbursement to the GP practice in respect of the Gloucester Road practice alone, this is affordable taking into account savings of £175,440 through the closure of two practices.

5.3 Impact on the Balance Sheet

As the assets created from this investment will be owned by the GP practice, there will be no impact at all on the CCG balance sheet.

5.4 Overall Affordability

BNSSG CCG has signified their agreement to the following funding streams and required level of funding as shown in the table below.

Table 36 - Affordability – funding streams

Item	Costs	Comment
Capital	£1,889,386	Funding of available at 100% from the NHSE by way of an ETTF grant
Non recurrent revenue costs	£133,359	To be funded by the ETTF grant
Recurrent revenue costs	£10,563	This will be funded by the CCG from savings achieved through the closure of two existing practices.

5.5 Sensitivity

The conclusions reached in this financial case are based on a review of extensive data sources and a number of assumptions. The deduction is therefore that there will always be a degree of sensitivity to changes in that data. Listed below are the most significant sensitivities and the impact they would have on the outcome of this process. Sensitivity analysis details can be found in Appendix F.

- Population/ Activity Forecasts - Forecasting future demographic changes will always carry an element of risk. For this reason, a robust demographic assessment has been undertaken along with accurate, up to date information on current patient list dispersal data provided by the CCG.
- Rate of Capacity Growth – Minimal growth is predicted for those practices located nearer to Bristol city centre.
- Construction Costs – the FBC capital costs are based on the outcome of a competitive tendering process. Even so, in response to the current high levels of uncertainty in the market the level of optimism bias included within the capital estimates has only been reduced from 10% at OBC stage to 5% within the FBC.
- Design Risks - Again retaining maximum flexibility throughout the planning period will help mitigate any such risks.
- Option Appraisal Scoring – The financial option appraisal has been stress tested to identify by how much the scoring process would need to alter in order to bring about a change in the preferred option. There is a significant variation between the preferred option 3 and the second preferred option (do minimum) with the costs of option 3 having to increase by 60% for the do minimum option to become preferred.

6 The Management Case

6.1 Introduction

The Management Case provides a summary of the arrangements, which have been put into place for the successful delivery of the project in accordance with best practice. It considers other service relocations and operational changes that will be needed to secure the benefits sought through the investment.

This scheme is a key estates project for the CCG and sits within a portfolio of projects as part of an Estates Strategy. These were set out in the Outline Business Case for the project which was agreed on 17th February 2020.

6.1.1 Project Management

The project will be managed up to FBC submission by BNSSG CCG in accordance with PRINCE 2 methodology. The project board has the responsibility to drive forward and deliver the outcomes and benefits of this development.

Members will provide resource and specific commitment to support the project manager to deliver the outline deliverables.

6.1.2 Project Reporting Structure

The reporting organisation and the reporting structure for the project are as follows.

Primary Care Commissioning Committee

The Primary Care Commissioning Committee (PCCC) is a CCG committee with equivalent decision-making power to the Governing Body for decisions relating specifically to Primary Care. This committee will hold ultimate responsibility for delivery of the portfolio and ultimate CCG approval of business cases prior to any construction work taking place. Quarterly progress updates will be provided to this committee.

Primary Care Operational Group

The Primary Care Operational Group (PCOG) is a sub group of PCCC and is used for review and interrogation of proposals before they are taken to PCCC. The group has comprehensive and diverse membership to assure helpful guidance and a balanced view. All business cases will be reviewed by this group and quarterly progress updates will be provided.

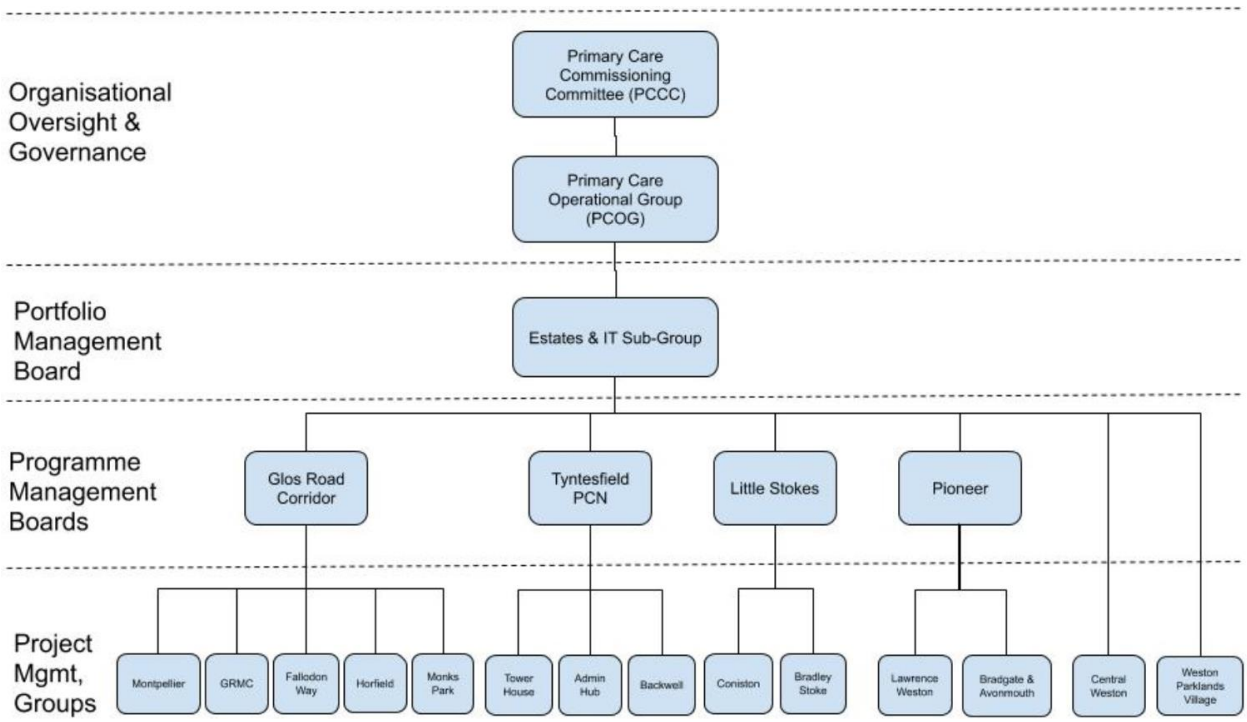
Estates & IT Sub Group

This is a sub group of PCOG and meets monthly. This will act as the portfolio management board for the CCG with all ETTF funded schemes reporting into this. It will provide assurance around delivery and ensuring that schemes are aligned to the CCG and system priorities. It will also allocate and manage resources across the portfolio and coordinate and prioritise work in order to best achieve objectives. The group has representation from the CCGs key relevant teams, Estates, Primary Care Commissioning, the 3 Area Teams, and Primary Care Development. The CCG is considering increasing the frequency and length of these meetings so that they can drive the pace of the increase in workload these new ETTF projects will result in.

Programme and Project Boards

The Gloucester Road Corridor project has a programme board for overall coordination and management, and then individual project groups underneath it, one of which is the Gloucester Road project. Membership of the group will grow and change once the estate programme is formally initiated and the project progresses.

Figure 8 - Project Governance Structure



6.1.3 Project Roles and Responsibilities

Key Project delivery roles for the programme of developments are described below:

Senior Responsible Owner (SRO): The SRO is David Moss having overall responsibility for project delivery at director level.

Project Director: The project director is responsible for the management of the project. This role is being performed by Graham Wilson.

Project Manager: The project manager is Judy Holbrook, the Business Manager for the Gloucester Road Medical Practice, who will undertake this role having day to day responsibility for, the delivery of the project to meet the parameters described within the business case. The management of risks and issues and escalation of appropriate matters for executive direction/ approval. Monitoring, co-ordinating and controlling the work of the project team and working groups.

Technical Project Delivery: This role will be performed by CMS Ltd, appointed by the Practice, who will have day to day responsibility for administration of the design and development of the project.

6.1.4 Project Plan

The project is required to enable the expenditure of the ETTF monies by March 2021. This timeline is predicated on meeting key submission and approval dates to BNSSG CCG Governing Body, NSC Executive Board and to NHSE in order to meet with the national timeframes for ETTF funding approval and allocation.

A detailed project plan has been established by the Practice Project Manager. Key milestones are included in the summary table in the Commercial Section, and the detailed programme can be found in Appendix F.

6.1.5 Leadership and Stakeholder engagement

A communications strategy has been developed by the CCG's communications and stakeholder engagement team, which will be expanded upon following approval of this business case.

The initial stakeholder engagement work is complete and will continue as the scheme progresses. This process included consultation with patients and stakeholders on the following options:

- Procurement of a provider for a like-for-like service from each site;
- Procurement of a provider for a new model of care, exploring options to combine sites as branch surgeries to other local providers, or as a single lot;
- A managed dispersal of the patients to other providers in the area.

It was recognised at OBC that, if option 3 was enacted, the surrounding practices would encounter an increased patient list size. An appropriate level of resource and estate infrastructure would be required to ensure these surrounding practices have and continue to have the capacity to meet the ongoing patient needs.

Patient Engagement

In order to understand the patient impact of each option, and to support the formation of a solution, the CCG undertook a robust process of patient consultation. To ensure the populations were successfully engaged, the CCG formed a detailed Communications Plan.

The events were well attended, with 20-25 patients attending each session on average. Patients were keen to understand what dispersal would mean for them; and were especially keen to understand if the surrounding practices had capacity to see them. There were also questions regarding which services would be offered at the surrounding practices, and what would happen to the staff of their existing practice. General feedback focused on patients concerns regarding what the change would mean for them in reality, but they understood that the process underway was necessary, and were happy to be involved going forwards.

A Patient survey was drafted to collate patient views on what elements of their care were of greatest importance. This included high level questions about access to appointments, areas for improvement in their experience and what the sources of any concern were regarding the options under consideration. Response rate was very good, with 251 responses from Bishopston and 71 from Northville.

High level feedback from this, suggested that capacity of surrounding practices was deemed to be of concern to patients, the estate at Bishopston as requiring improvement, access at Northville as good, but poor in Bishopston.

Stakeholder Engagement

MPs, Councillors and HealthWatch

David Jarrett and Justine Rawlings shared letters with all stakeholders including MPs, Councillors, HealthWatch, Protect our NHS and others. The letters were followed with meetings where possible and this provided an opportunity to discuss the challenges at each site and to work collaboratively with the stakeholders to identify possible solutions.

Staff Engagement

The CCG hosted a staff engagement session at both sites. A significant number of the team were able to attend these events and the discussion, and feedback received, was helpful. The sessions focussed on updating staff on the process, informing them when they would find out the outcome, and requesting their support in identifying groups of patients that may need additional support in any contractual changes that

would take place in September. The feedback received highlighted a variety of services to be focused on as part of any transition. It was clear from the tone of the discussion that staff value the community, their patients and are passionate about their roles.

Surrounding Practices

All practices were invited to a pre-market engagement event in January 2019 following the publication of a Prior Information Notice (PIN). This provided the CCG with the opportunity to discuss the APMS contracts, the demographics of the practices and to outline the options that may be suitable for the future service provision. Eight providers attended the event and five met with the CCG afterwards to discuss their interest. This initial feedback was invaluable in formulating the next steps and was incorporated into both the February and March PCCC papers. The CCG remains engaged with these practices and others in designing the proposed dispersal approach and they have been encouraged by the willingness to develop a locally sourced solution for these patients.

The option that was agreed at this stage has been revisited in the context of this business case and remains valid.

6.2 Project Delivery

Responsibility for the delivery of this project will sit with the Practice. The Practice has completed two previous building works in the past and the team are familiar with both the staff and working Practices. The Business Partner will be overseeing the building works throughout and will work with the Practice's Estates Lead GP. This GP will also be closely involved with the scheduling of the appointment system and the mapping of the clinics. The management team are already putting in place the arrangements needed for the logistics, including appointment scheduling, IT and procurement of additional clinical and administrative equipment.

6.3 Use of Special Advisers

A limited number of advisers have been used in a timely and cost-effective manner in accordance with the Treasury Guidance: Use of Special Advisers.

Table 37 - Special advisers

Specialist Area	Adviser / Organisation
Business Case / Healthcare Planning	Bev Letherby and Mark Reilly – Archus, infrastructure and advisory services
Architecture	CMS Ltd

6.4 Arrangements for Change and Contract Management

Change management associated with the individual projects will be managed by the Practice through the project delivery team.

6.5 Arrangements for Risk Management

A risk management framework has been implemented to provide a comprehensive risk assessment and control framework for each individual project. This details who is responsible for the risks and the required counter measures.

The reporting will follow the PRINCE2 process of checkpoint, highlight and exception reports. The condition will be indicated by using red, amber or green (RAG) colour code as outlined below.

Table 38 - Risk register scoring

Score	Probability	Impact
5	Almost certain	Severe
4	Likely	Major
3	Possible	Moderate
2	Unlikely	Minor
1	Rare	None

Score	RAG	Definition
15 – 20	R	Corrective action urgently required
7 – 14	A	Condition requires corrective action which has been implemented
6 or less	G	Condition is on programme or within budget therefore no special action is required

The risk register for the project can be found in Appendix L and is monitored by the project delivery team and reported monthly to the respective senior management teams within the CCG and the council. The focus of risk management will address broadly:

- Non-delivery of project outcomes as defined in stages of the project plan;
- Threats to the completion of the project within cost and time (managed on a day-to-day basis by the members of the project delivery team).

6.6 Arrangements for Post Project Evaluation

The arrangements for post implementation review (PIR) and project evaluation review (PER) will be established in accordance with best practice and are as follows:

The CCG will ensure that a thorough post project evaluation is undertaken at key stages in the process to ensure that positive lessons can be learnt from the project. These will be of benefit to:

- The CCG - utilising the knowledge for future primary care capital schemes;
- Other key local stakeholders – to inform their approaches to future projects;
- The NHS more widely – to test whether the policies and procedures used in this procurement have been used effectively;
- Contractors – to understand the healthcare environment better.

The evaluation will examine the following elements, where applicable:

- The quality of the documentation prepared by the CCG for the requirements of contractors and suppliers;
- Communications and involvement during procurement and the effectiveness of advisers utilised on the scheme;
- The efficacy of NHS guidance in delivery the scheme;
- Perceptions of advice, guidance and support from NHSE and NHS Estates in progressing the scheme.

Formal post project evaluation reports will be compiled by project staff and reported to the Board to ensure compliance to stated objectives.

6.6.1 Post Implementation Review (PIR)

This review ascertains whether the anticipated benefits have been delivered. The review is recommended to be timed to take place immediately after the new practice opens and then 2 years later to consider the benefits planned.

A Benefits Realisation Plan has been developed, which can be found in Appendix M and will be renewed as part of the full business case stage and implementation of the operational policy to demonstrate how the benefits have been realised.

6.6.2 Project Evaluation Reviews (PERs)

The project evaluation review will appraise how well the project was managed and whether or not it delivered to expectations. It is timed to take place during the construction phase and will form part of the post project design evaluation. It will compare the current design assessment undertaken during the FBC project phase with the final operational building.

6.7 Contingency Plans

The CCG has a framework for Business/Service Continuity. The framework ensures that Primary Care can comply with the business continuity provisions of the Civil Contingencies Act 2004. Contingency plans will be considered by the CCG to ensure primary care can continue to deliver an acceptable level of service of its critical activities in the event of any disruption during this projects development.

In the event that one or more of these projects fail to proceed, the CCG will work with the other practices to absorb the forecasted population growth where possible to continue to implement and realise the benefits of its primary care estates plan. The CCG would also have the opportunity to offer the vacant Bishopston Medical Centre premises for use as a branch surgery to provide additional physical capacity. In terms of financial contingency, the Financial Case highlights a planning Contingency of 5% of the total costs, including fees and equipment, for the preferred option.

7 Endorsements and Approvals

This document has been endorsed and approved by the following people:

Scheme or Project Endorsed by;		
Sponsor organisation Director/Head of Finance or Appropriate Authorised Officer	Organisation	BNSSG CCG
	Position	
	Name	
	Signature	
	Date	
NHS England Director of Finance	Area	NHS England South Region
	Position	
	Name	
	Signature	
	Date	
NHS England Regional Director of Finance	Region	
	Position	NHS England Regional Director Of Finance
	Name	
	Signature	
	Date	
Prioritisation *(For regional use only)*		
ETTF or Other NHS England Programme Regional Head of Primary Care or Programme Lead Director	Programme	
	Position	
	Name	
	Signature	
	Date	
NHS England Chief Financial Officer	Name	
	Signature	
	Date	

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Appendices

Appendix A – Letters of Support

Ai – CCG Letter of Approval

Aii – Gloucester Road Medical Practice Letter of Support

Appendix B – Derogations Table and Floor Plans

Appendix C – Gloucester Road Small Generic Economic Model

Appendix D – Planning Permission Notice

Appendix E – Tender Design Pack

Appendix F – Schedule of Accommodation

Appendix G – VOA Checklist

Appendix H – Project Cash Flow

Appendix I – District Valuer's Report

Appendix J – Project Programme

Appendix K – FB Forms

Appendix L – Risk Register

Appendix M – Benefits Realisation Plan

Appendix N – NHS E & I letter re Derogations

Appendix O – Tender Report

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