NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

# Lawrence Weston Clinic – Full Business Case

ETTF Supported Estates Development Project

Created by
Joe Poole

Shaping better health

# Purpose:

To request CCG Primary Care Commissioning Committee approval, subject to NHSE ETTF panel final approval (20/07/20), for the Full Business Case, and in turn construction to proceed.

# Business Case Documents

- Full Business Case (FBC) submitted to NHSE reviewers on 19th June to prepare for ETTF Assessment Panel on 10th July.

- Full Business Case document is embedded here:


Adobe Acrobat Document

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

# Programme Background:

- Pioneer Medical Group Estates Programme initiated to deliver hub-and-spoke working across existing sites at Ridingleaze, Bradgate and Avonmouth, as well as a new premises at Ridingleaze

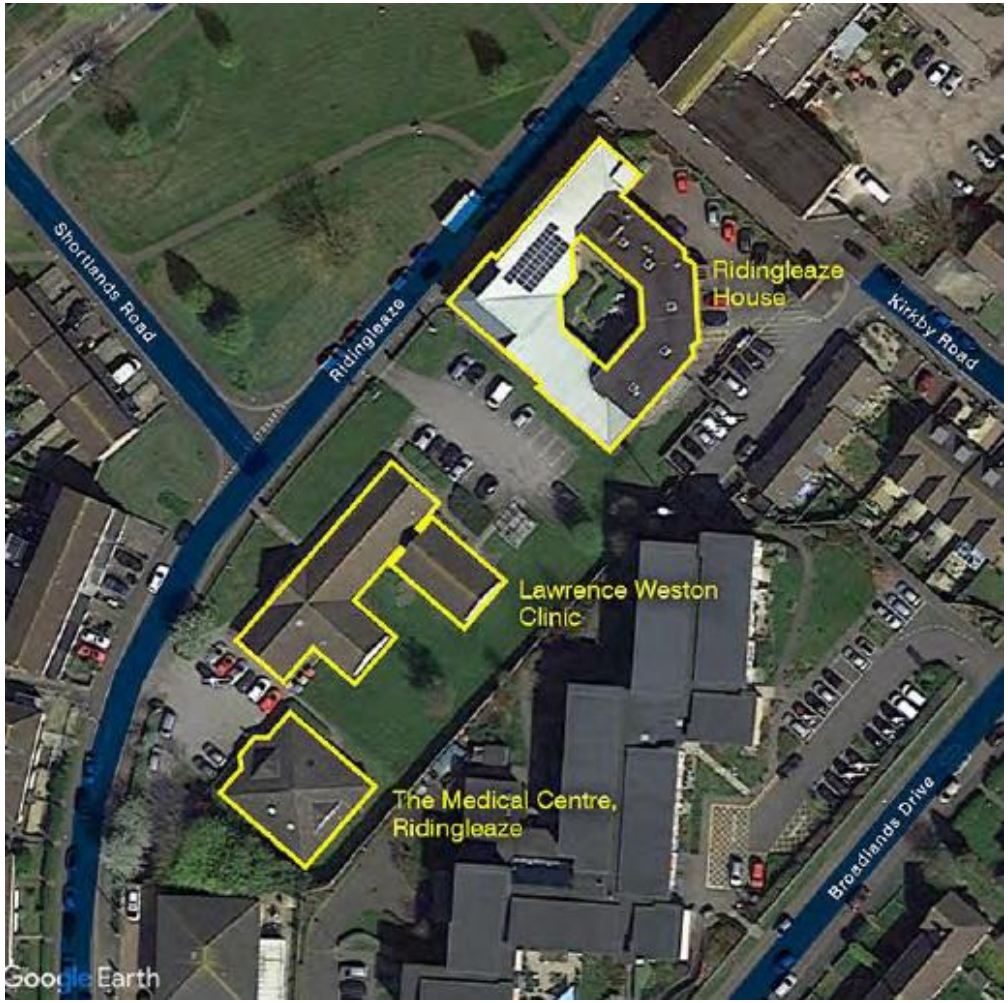
- PCCC considered OBC for redevelopment and extension of the existing (vacant) Lawrence Weston Clinic building to replace PMG's Ridingleaze site and the small Capel Road branch surgery (Shirehampton Group Practice) in November 19

<u>Other PMG Estates Programme Projects</u>

- Avonmouth: Extension and refurb to act as GP shopfront and telephony/triage hub, FBC approved and build underway
- Bradgate: Internal configuration only to maximise clinical space, to follow completion of other elements of the programme

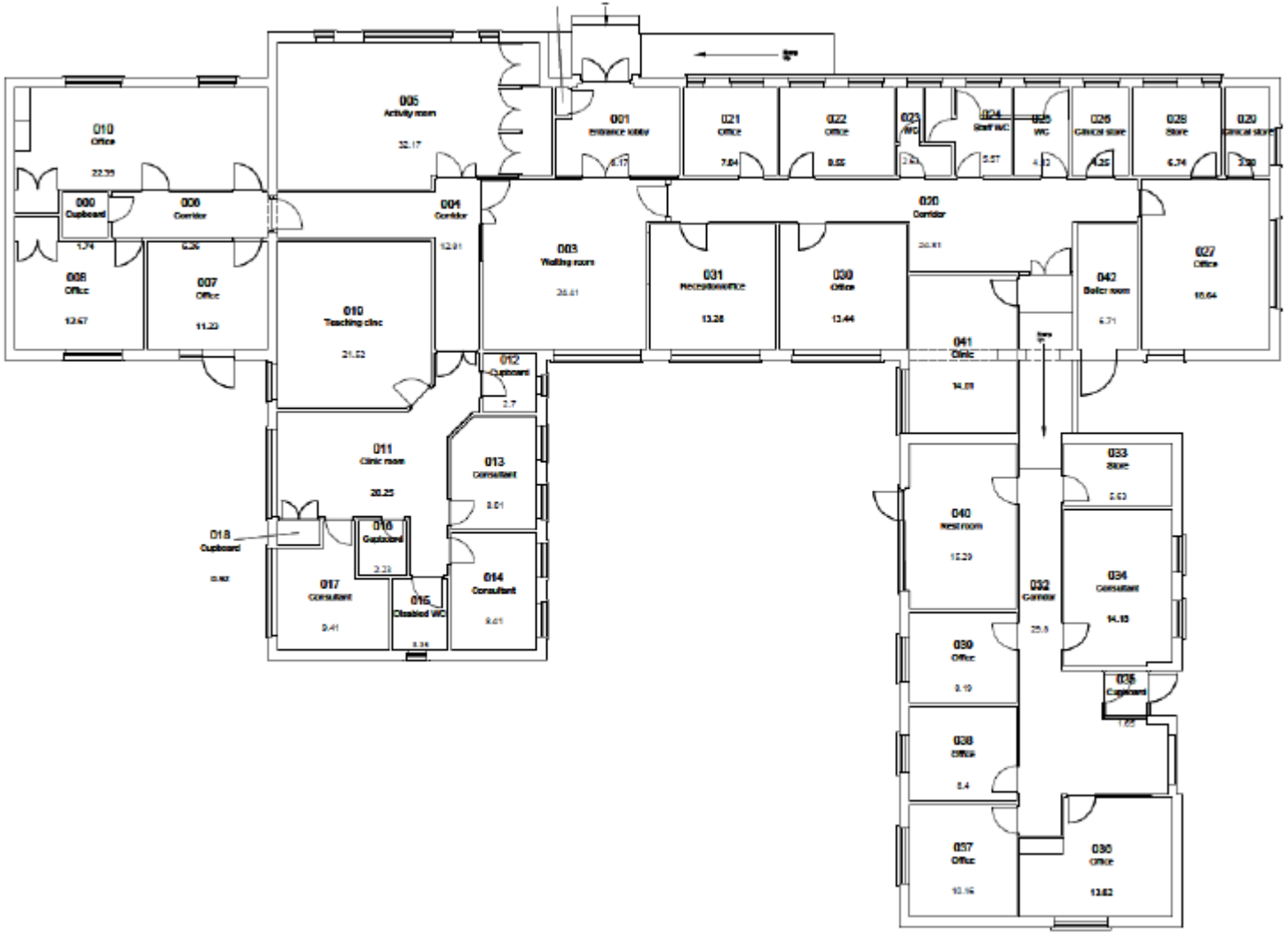
# Building Design and Operation

Site Location



# Building Design and Operation

Lawrence Weston Clinic Existing Layout

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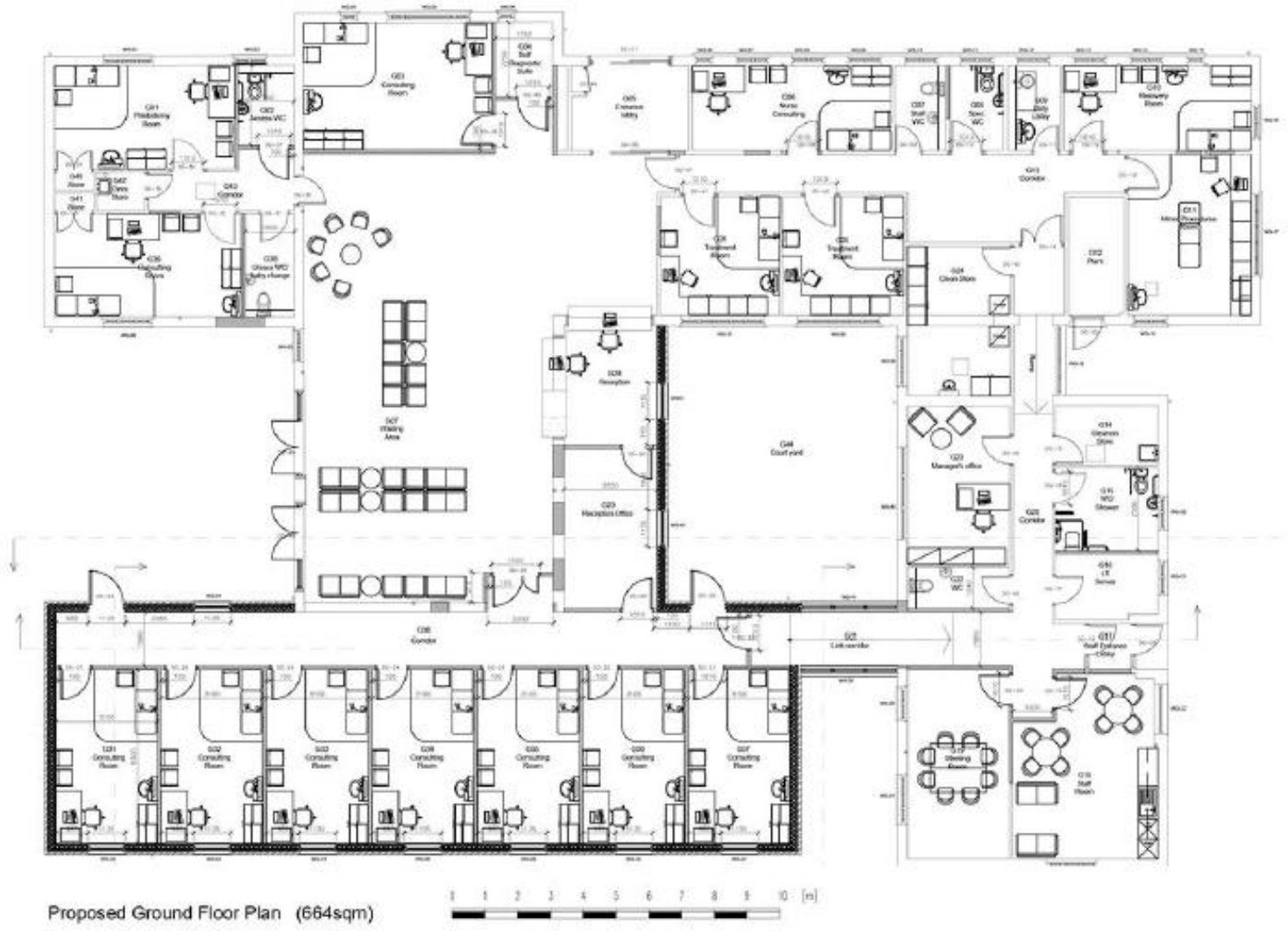
# Building Design and Operation

Lawrence Weston Clinic Proposed Layout



# Procurement

- Competitive tender exercise undertaken - with an extension allowed to reflect Covid-19 challenges - all four submitted tenders were deemed compliant and within budget.

- Melhuish & Saunders, the preferred contractor, submitted a detailed construction programme in support of their tender confirming their ability and willingness to commence works on site on 10th August 2020. PMG has confirmed that they are happy for construction to commence on this basis.

# Financial Case

## Capital Implications for NHSE – Lawrence Weston Clinic

Post-tender capital cost estimated at £2.167m are within the threshold of the original ETTF award and the overall programme costs.

| Element | £ Excl VAT | £ VAT | £ Inc VAT |
|---|---|---|---|
| Construction | 1,358,333 | 271,666 | 1,630,000 |
| Bristol City Council (historic fee from previous scheme) | 50,595 | 10,119 | 60,714 |
| Historic fee (from previous scheme) | 23,772 | 4,754 | 28,526 |
| Professional Fees | 214,636 | 42,928 | 257,564 |
| Surveys, LA Fees, GPIT, Legal Costs, Archaeology etc. | 115,219 | 21,496 | 136,715 |
| Cash flow adjustment | 44,810 | £8,962 | £53,772 |
| Totals | 1,807,366 | 359,925 | 2,167,291 |

# Financial Case

**Revenue Implications for CCG**

- Landlord (NHSPS) have agreed there will be no change to the current rent of circa. 52k on the existing footprint in recognition of the capital investment from NHS England
- CCG is already committed to funding the existing void at Lawrence Weston Clinic so cost neutral
- Lease term agreed between parties is 21 years plus an option for another 14 years up to a 35 year period with a 35 year abatement on the extension, also in recognition of NHSE investment
- Revenue saved from the disposal of Ridingleaze and Capel Road will be used to offset additional revenue associated with PMG's Avonmouth development
- Overall, the PMG Estates Programme will result in a revenue saving for the CCG

# Delivery

| Task Name | Start | Finish |
|---|---|---|
| Planning Application Approval | 20/01/2020 | 18/05/2020 |
| Tender information | 16/03/2020 | 20/03/2020 |
| Tender Period | 23/03/2020 | 01/05/2020 |
| Tender review/ negotiation | 04/05/2020 | 15/05/2020 |
| FBC Issued to Pick Everard | 19/06/2020 | 26/06/2020 |
| **FBC Issued to NHSE/CCG** | **26/06/2020** | **03/07/2020** |
| FBC Approval | 10/07/2020 | 20/07/2020 |
| Contractor Appointment | 20/07/2020 | 20/07/2020 |
| Contractor Mobilisation | 20/07/2020 | 07/08/2020 |
| Construction Period | 10/08/2020 | 28/05/2021 |

# Legal Agreements:

CCG is actively working to support and broker the complex and intertwined legal negotiations relating to the funding agreement between NHSE and PMG and the lease between NHSPS and PMG:

Funding agreement – NHSE/PMG

- Risk of cost overruns on the build cannot be held by PMG as they do not own the building so cannot generate income to offset risk
- Mitigation through a contingency fund that will be agreed by both parties, along with governance around how it can be accessed

Lease – NHSPS/PMG

- Heads of Terms have been agreed between NHSPS and PMG. Agreement to lease negations still progressing
- Many of the main issues have been resolved (lease duration, abatement period) so agreement on the lease is expected

# Risks:

| Risk | Mitigation |
|---|---|
| Unable to delivery project within ETTF timeframe | NHS E have been kept regularly updated on progress of this project via weekly ETTF calls. The latest programme shows an overall reduction in programme with a revised completion date of 30th April 2021 which includes an 8 week contingency for potential archaeological delay and general risk. |
| FBC approval is delayed by NHSE | The dates for the FBC approvals process has been agreed with NHSE with a panel date set up for 20th July 2020 |
| Planning Approval Conditions | The Planning Approval obtained (see approval notice 20/00337/F received 5th June 2020 in Appendix D) with archaeology conditions. Hence a sum has been included for the appointment of an archaeologist to prepare a WSI with appropriate contingency included in the programme (line 34 – 4 weeks) |
| Actual tendered costs exceed budget. | NHS E has approved change request for additional funding following revised PTE of £2.435m, Tendered prices now returned indicating total project costs of circa £2.167m. Adequate contingency is available within the total budget. |
| Funding Agreement | Risks associated with the unusual tripartite nature of the development between NHSPS, NHSE and PMG are being mitigated using precedent established elsewhere in the country, using the same legal team |
| Ridingleaze Lease Termination Option | The existing lease has a Tenant Option to Determine the lease on 1st July 2021 (with notice served no later than 30th January 2021) otherwise the lease will continue until 2nd April 2024. The Landlord has informally agreed to extend the effective break date, if required, and a £5,000 sum has been included in the financial case if required (and to be reviewed again after completion of the ground works). |
| Covid-19 Crisis | The preferred contractor has confirmed a 34 week programme, the project team have allowed a further 8 weeks total programme contingency. All construction works will be undertaken within a secured site which is completely separate to the existing Ridingleaze Medical Centre |

# Stakeholder Engagement:

- This scheme is a key element of the widely consulted *"Lawrence Weston Community Plan - The Way Forward 2013-2023"* and the updated 2018-2023 plan. https://www.ambitionlw.org/wp-content/uploads/2018/06/Amb-LW-community-plan-2018-2023.pdf
- Part of a comprehensive strategy for the area, owned and endorsed both by service providers and local residents
- Practice has sought the view of the wider community throughout, making changes in response to both planned service reconfiguration and building design. Details in FBC

# Next Steps:

- Conclusion of lease negotiations between PMG and NHSPS
- Agree funding agreement between NHSE, PMG and NHSPS
- FBC sign-off by NHSE panel on 20th July
- Establish project group to oversee delivery

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# Full Business Case for the Lawrence Weston Cluster Development Proposal

19th June 2020

Full Business Case for the **Lawrence Weston Cluster Development Proposal**

## Project Details

| | |
|---|---|
| **TITLE OF SCHEME** | Lawrence Weston Cluster Development Proposal |
| Improvement Scheme | This is part of a wider programme of developments which includes part new build, part refurbishment of Former Lawrence Weston Clinic. Part improvement at Avonmouth Medical Centre (AMC); Centralised Telephony, administration function and non-patient facing on-call & Cluster Working for Pioneer Group. |
| Reference | 50620 |
| 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 and Pioneer Medical Group |

| **LEAD SPONSOR CONTACT DETAILS** | | |
|---|---|---|
| **LEAD OFFICER FOR THE SCHEME** | Job Title | |
| | Name | Mrs Sharron Norman |
| | Organisation | Pioneer Medical Group |
| | Office tel. | 01179 581406 |
| | Mobile tel. | |
| | e-mail | Sharron.norman@nhs.net |
| | | |
| **LEAD FINANCE OFFICER FOR THE SCHEME** | Job Title | |
| | Name | |
| | Organisation | |
| | Office tel. | |
| | Mobile tel. | |
| | e-mail | |
| | | |
| **LEAD COMMISSIONER** | Job Title | Head of Locality – Inner City and East Bristol |
| | Name | Mr Joe Poole |
| | Organisation | BNSSG CCG |
| | Office tel. | |
| | Mobile tel. | |
| | e-mail | |

## Document control

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| | |
|---|---|
| Document Title | BNSSG CCG<br>Full Business Case for the Lawrence Weston Cluster Development |
| File ref | \\Vopssrv197\work\Southwest\Clients\Pioneer Medical Group\Lawrence Weston FBC\4. reports and outputs\Archus_Lawrence Weston FBC issue to PE 19062020.docx |
| Prepared by | Bev Letherby, Associate Director, Archus<br>Ellie Clark, Senior Consultant, Archus |
| Date | May 2020 |
| Checked by | Shane Dineen, Director, Archus |
| Date | June 2020 |

## Revision history

| Version | Date | Summary of change/s |
|---|---|---|
| 1 | 28.04.2020 | First Draft FBC |
| 2 | 19.05.2020 | Update issued to Pick Everard |
| 3 | 19.06.2020 | Final issue to Pick Everard |
| 4 | 24.06.2020 | Revision to reflect Pick Everard comments |
| | | |
| | | |

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# 1 Executive Summary

The Lawrence Weston Outline Business Case was approved by CCG - Primary Care Commissioning Committee on 26 November 2019, which includes finance review. This was approved on the basis that the scheme can be delivered within the existing revenue envelope. At that time, the total capital cost for the Lawrence Weston Clinic scheme was £1,930,923. The total project cost for Lawrence Weston Clinic has now increased following the tender and planning process to £2,167,291, however, this is still deliverable within the total ETTF allocation for this programme of work, as shown below.

The allocated ETTF grant of **£2.776m** will be split as follows:

Lawrence Weston development - £2,167,291 (100% grant);

Capital cost for Avonmouth MC based upon tendered price - £845,817 incl. VAT (ETTF allocation approved at OBC = £555,463 incl. VAT);

Budget cost for Bradgate Surgery as a maximum - £59,520 incl. VAT (ETTF @ 66% = £39,283.20);

Programme surplus/contingency £13,962.80

The purpose of this FBC prepared by the Pioneer Medical Group (PMG) to seek approval for an **ETTF grant of £2.167m for the re-configuration of primary care services in Lawrence Weston**.

The OBC was conditionally approved by NHS England on 13th January 2020 subject to the following:-

- Designs were issued for technical review prior to issue of tender documents;
- District Valuer's report and VOAQ is provided;
- Heads of Terms document is provided;
- Planning application is submitted by 24th January 2020;
- The appointment of an independent Quantity Surveyor;
- Updated timeline/key milestones;
- Updated GEM,

In line with the previous OBC, this FBC confirms the strategic case for a wider programme comprising three schemes. Avonmouth Medical Centre (MC) and Bradgate Surgery are subject to separate Minor Improvement Grants but the proposals are intrinsically linked to the Lawrence Weston development.

## 1.1 Other changes since the OBC

### Agreed Heads of Terms

1. The Initial Rent is £52,000pa
2. Lease term proposed is 21 years plus an option for another 14 years up to a 35 year period with a 35 year abatement period. **[It should be noted that the DV report suggests a minimum abatement period of 34 years].**
3. The tenant will be responsible for internal maintenance.
4. The landlord will be responsible for external and structural maintenance and buildings insurance.

5. There are 'Armageddon' break clauses for landlord and tenant to apply in limited circumstances.
6. Rent reviews are to be after five years and then three yearly, landlord-only trigger; based on Market Rent, up or down.
7. Tenant to be responsible for utility costs and business rates.

### Additional External Works Identified

A condition survey has identified a number of defects in the external fabric of the building which had not previously been identified or included in the construction cost assessment.

The largest item of deterioration is the sarking felt to the original roof which will require removal of the tiles, replacement membrane, followed by reinstatement of the roof tiles. These works were priced separately as part of the tender process to enable discussions with NHS E and NHS PS to confirm responsibility for undertaking these additional works.

### Impact of Covid-19

Covid-19 has posed a challenge to the way PMG works. PMG has had to significantly adapt to delivering care to the residents of Lawrence Weston via video rather than the traditional face to face consultation. Whilst this has been achieved, for the residents of Lawrence Weston this has not been without its challenges. This experience has shown that patients from Lawrence Weston are more likely not to have access to Wi-Fi or data on their phone. The clinicians have also found that the older generation of Lawrence Weston do not have any device which can enable video conferencing. The latest Insight profile for the Lawrence Weston area supports this view; essentially 72% of people have no or limited access to the internet and 24% of people in Lawrence Weston are the least engaged with the Internet.

However, PMG does recognise that increasing digital consultations will:

- Limits a patient's need to visit any of its sites;
- Offers a route for accessing same day and routine care;
- Can replace face to face contact (if appropriate);
- Does not increase multiple touch-points – right person, right time.

It is too early to assess whether the changes made will be sustained.

The Ridingleaze site is a challenge and significant adaptations to the building will need to be made to ensure PMG is able to offer safe face to face care for those that are shielding, hot/tepid patients and anyone else who we have to assume is Covid + unless proven otherwise.

The Lawrence Weston Clinic development offers the ability to:

- Designate a red and green entrance ensuring patients displaying Covid-19 symptoms enter the building via a different route, with appropriate lighting and signage;
- Clinicians and patients can occupy a consulting/treatment room and be 2m apart;
- The waiting room can be adapted to ensure there is a 2m gap between patients;
- Within the specification there are digital improvements to the building which reduce the need to contact doors and handles;
- PMG has taken the decision to instruct Osmond Tricks to include removable Perspex screens at the reception desk;
- The non-clinical staff are moving to Avonmouth so no adaptations are required to the non-clinical areas;

- There is a shower on site.

It should be recognised that a reduced schedule of accommodation has been applied to the Lawrence Weston Clinic because PMG had already assumed a digital, remote future (i.e. through Avonmouth comms/triage hub etc.)

The systems requires a shift in care from hospitals to community setting – PMG is ready to deliver this so any space gains from digital will be offset by new responsibilities.

## 1.2 The Preferred Option

The preferred option is **Option 3 - a new development at the former Lawrence Weston Clinic**, comprising a full refurbishment and reconfiguration with partial new build extension. This will release the existing Ridingleaze Medical Centre. This property has the benefit of a Community Asset Order which will provide the opportunity for Ambition Lawrence Weston to purchase this building with a view to co-locate with the new clinical hub. In addition, the council owned Ridingleaze House is located immediately to the right of the Lawrence Weston Clinic.

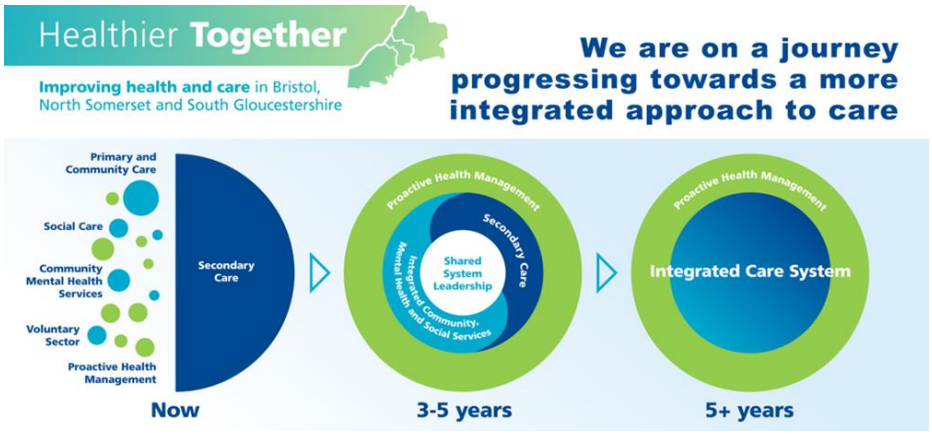
## 1.3 Strategic Case

### 1.3.1 The Strategic Context

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 1 - The Healthier Together model*




The Healthier Together journey is represented in Figure 1 above 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.

## 1.3.2 The Case for Change

PMG was formed in April 2016 with the merger of practices in Henbury and Brentry, Lawrence Weston and Avonmouth. The aim of the merger was to provide high quality, personalised health care, responsive to local needs on a scale that allowed for the sustainable provision of a greater range of services than would not have been possible operating as separate practices.

The population of Lawrence Weston, Avonmouth and Crow Lane in Brentry is deprived, one of the local super output areas ranks in the worst 10% in England for health deprivation, 3 of the LSOA are in the 10 most deprived in Bristol. The impact of deprivation on mental and physical health is well documented and so it is not surprising that mortality rates for cancer and CHD are above the city average, prevalence of diabetes and COPD is high with hospital admissions higher than Bristol, South West and England.

The number of people with schizophrenia, bipolar disorder and other psychoses is similar to the number across all of the practices in Bristol. However, the residents of Lawrence Weston in particular have a number of risk factors for depression, including unemployment, which may explain the higher numbers of people with a coded diagnosis of depression.

As well as health inequalities the residents of Avonmouth and Lawrence Weston are impacted by social isolation, poverty, transport issues and language barriers.

PMG already has considerable experience of providing additional services. In particular:

- Substance and alcohol misuse; PMG currently manages one of the largest numbers of patients on opiate substitution prescriptions per practice for the whole of BNSSG. It is managed by having their own in-house team of clinicians who have undertaken the further RCGP training to ensure safe practice along with the BDP shared care workers.
- 4YP young peoples' sexual health services; PMG has a team of nurses and doctors all trained to ensure safe and effective provision of 4YP. The 4YP scheme is no longer supported by Bristol City Council however PMG continues to offer care based on the 4YP principles.
- Sexual health and contraception provision including IUCDs and Implants; PMG has doctors and nurses trained for all these additional services so do not need to refer patients to secondary care or other clinics.
- PMG has recently been awarded Safe Surgery status as it committed to offering care to anyone including migrants, asylum seekers and travellers.

However, at present offering such services at the Ridingleaze and Avonmouth sites is limited, even though these populations have high needs. With the proposed improvements to primary care premises in Lawrence Weston and Avonmouth, PMG will be able to work collaboratively with wider health colleagues to provide out of hospital care, in line with Bristol CCG's evolving approach to referral management and its desire to provide services closer to people's homes.

PMG's service delivery model is to have GP Shops' embedded in communities which could, for example, host consultant outreach clinics or GPSI or interface services. This would be invaluable to the local population and enable health professionals to build up expertise and relationships. In addition to the above, PMG is requesting investment in premises, which will enable the practice to maintain collaborative arrangements with the following bodies or services:

- Bristol Community Health (transfer to Sirona 1 April 2020);
- AWP;
- ROADS/BDP;
- Pharmacy;
- Community groups;
- Public Health services;
- Bristol City Council;
- Southmead Development Trust;
- Ambition Lawrence Weston;
- University of the West of England and University of Bristol;
- Brisdoc Out of Hours Provider;
- One Care Consortium.

PMG in collaboration with practices within North and West Locality is working towards developing 7-day access facilities. PMG already makes good use of on-line booking of appointments, DoctorLink consultations, pre-booked additional weekend appointments at Brisdoc bases to supplement the current full provision of Improved Access and Extended Hours surgeries at all bases. PMG is also a pilot site for direct booking of NHS111 appointments.

PMG has extended its provision on a Saturday and now offers GP appointments, nurse appointments for routine care, such as chronic disease reviews, wound care and phlebotomy. Uptake of Cervical Screening

and Childhood immunisation appointments has proved challenging, therefore PMG now offer patients the option of booking an appointment outside of core hours.

As an integrated health system organisations need to work together to ensure best use of estate and personnel. The PMG priority has always been to meet the needs of each population group, ensuring treatment if for the right person at the right time whilst maintaining an effective and affordable infrastructure. The objective has always been to move functions rather than patients guaranteeing safe clinical capacity is maximised.

By using the current and future portfolio of premises in a way which delivers a minimum building footprint whilst maximising clinical space, PMG is able to ensure local services are accessible to all patients whilst still supporting clinicians and the wider NHS and Community in the safe delivery of coordinated care within the following locations. PMG sites are GP shops supported by a centralised hub for non-face to face urgent care activity, administration and telephony.

## 1.4 The Economic Case

### 1.3.1 Options Appraisal

A revised OBC was required to reflect the fact that the previously preferred option of a wider Hub development in partnership with Bristol City Council was no longer viable. A refreshed OBC was completed which included a revised economic appraisal of the options and final recommendation 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).

### 1.4.1 The Long List of Options

A long-list of options were reviewed to confirm the short-listed options for the refreshed option appraisal, as shown below.

*Table 1 - Long list of options*

| Options | Short Listed (Yes/No) | Reasons for discounting |
|---|---|---|
| Option 1: Do Nothing/Minimum | Y | N/A |
| Option 2: Continue with BCC Hub | Y | |
| Option 3: Reconfigure Lawrence Weston Clinic | Y | |
| Option 4: New Site 3PD | N | Not affordable – no site available |
| Option 5: Extend Existing Site | N | Site not large enough |

## 1.5 The Short List

This revised option appraisal considered the advantages and disadvantages of each option being

- Option 1 – the do nothing/minimum;
- Option 2 – Continue with BCC Council Hub Scheme;
- Option 3 – Reconfigure Lawrence Weston Clinic;

The table below sets out the advantages and disadvantages of Options 2 and 3 at OBC stage.

*Table 2 - Summary of possible options*

| Item | Option 2 - Current council led scheme | Option 3 - Lawrence Weston Clinic |
|---|---|---|
| **Capital Cost** | £2.62m increased from £1.82m.<br>CCG & NHSE have confirmed there is no additional funding to cover the increase of £800k | £2,137m. This cost is achievable within the existing agreed overall capital allocated to Pioneer Group by NHS England across the three sites |
| **Revenue Cost** | Nil | £48k rental. This is a pass-through cost.<br>There is currently £68k service/facilities management charge which will not be in place as the lease will be a tenant's internal repairing lease for occupation only.<br>£58.5k saving from releasing Ridingleaze Medical Centre and Capel Road premises equating to a total net revenue saving to the system of £55.5k |
| **Deliverability (how easy can it be achieved}** | Significant risk that the project will fail due to existing funding gap.<br>Additional capital will be required from all parties if this scheme is to be progressed any further. The Council has not demonstrated any desire to see the project complete | The building is empty and immediately available.<br>NHSPS (freeholder) and CCG willing to work with PMG to deliver this project. |
| **Timescale (how quickly can it be achieved}** | Council states build will complete by July 2021 (ties in with break clause date on current lease)<br>Significant risk of further programme delay | Refurb August 2020<br>Extension April 2021<br>Dates above assume all goes to plan |
| **Sufficient Space** | Yes | Yes - Refurb with extension |
| **Future Flexibility** | None | Potentially |
| **Potential to support integrated services** | Yes but not to the extent of the original plan.<br>The building no longer has space for Social Services, pharmacy, library, debt point | Local Authority services previously proposing to relocate to the Hub are now remaining in Ridingleaze House which is located on the site adjacent to the proposed site.<br>It is possible to bring Ridingleaze House and ALW into the process at a later stage so we all work from the same footprint.<br>ALW has placed a community asset order on Ridingleaze so they will have first option to purchase. |
| **Capacity to offer independent demise** | Partly. There will need to be a shared operating model (stairs, alarm etc.) | Yes |

This concludes that the reconfiguration of the Lawrence Weston Clinic was the only affordable and deliverable option within the ETTF time constraints.

## 1.6 Economic Appraisal

A qualitative analysis of the three shortlisted options against the agreed project benefits has been undertaken as shown on the table below.

*Table 3 - Options Qualitative Benefits Analysis*

| Name | Description | Weighting (W) | Option 1 - Do Nothing/Minimum | | Option 2 - Continue with BCC Hub | | Option 3 - Reconfigure LW Clinic | |
|---|---|---|---|---|---|---|---|---|
| | | | Score (s) | S x W | Score | S x W | Score | S x W |
| Improves Quality | Improves quality of service delivery and user experience | 25 | 1 | 2.5 | 9 | 22.5 | 8 | 20.0 |
| Utilisation | Drives utilisation of the existing estate, creating working environments that are flexible to enable modern and improved service delivery | 15 | 1 | 1.5 | 9 | 13.5 | 8 | 12.0 |
| Best use of NHS Estate | Identify opportunities for disposal, rationalisation, repurposing of buildings and disposal of surplus land to generate STP capital receipts | 20 | 1 | 2.0 | 6 | 12.0 | 9 | 18.0 |
| Financial sustainability | Financially Sustainable and helps reduce overall costs of running the estate | 10 | 1 | 1.0 | 1 | 1.0 | 8 | 8.0 |
| Service sustainability | Invest in estate which is sustainable and supports new models of care | 25 | 1 | 2.5 | 4 | 10.0 | 8 | 20.0 |
| Enables collaboration | Collaborate with partner organisations | 5 | 1 | 9.5 | 4 | 59.0 | 8 | 78.0 |
| | | **100** | **6** | **19.0** | **33** | **118.0** | **49** | **156.0** |

The option which offers the best value for money is the one with the lowest Net Present Cost (NPC) and is considered the preferred option from a purely financial perspective.

*Table 4 - Key Results of Economic Appraisals*

| Overall Non-Financial & Financial Scores | Option 1 - Do Nothing/Minimum | Option 2 - BCC Hub | Option 3 - Lawrence Weston Clinic |
|---|---|---|---|
| Annual Equivalent Cost (AEC) £000's | 114 | 115 | 90 |
| Non-Financial Benefit Score (NFBS) | 19 | 118 | 156 |
| Overall Score* | 6 | 0.974 | 0.576 |
| **Rank (1=lowest)** | **3** | **2** | **1** |

**Option 3** (Reconfiguration of the former Lawrence Weston Clinic site) has the lowest NPC and is therefore the preferred and recommended option.

## 1.7 Funding and Revenue

£2.167m has been allocated towards the Lawrence Weston scheme from the total ETTF funding of £2.776m for the PMG infrastructure project (the other components summarised below).

Lease negotiations have been concluded with NHS Property Services (NHS PS) and the Heads of Terms agreed, see 1.1 above. NHS E are working with PMG and NHS PS and their respective legal advisor to conclude the Agreement for Lease and Lease in parallel with this FBC approval process.

The total costs associated with Lawrence Weston are expected to be £2,167,291 inc VAT (capital) and £52,000pa rent with the remainder of the ETTF grant being allocated to Avonmouth MC and Bradgate Surgery. The existing rental costs of £58,500 for Ridingleaze Medical Centre (£55,000) and Capel Road (£3,500) will be saved. These savings can be used to off-set additional revenue costs at Avonmouth MC (the proposed works are subject to a separate Minor Improvement Grant).

Commitment by NHS – BCC required the NHS to provide a financial commitment towards the project to go towards their costs/fees incurred through the assembly of their design team. The NHS have therefore committed expenditure and the financial tables include these historic costs incurred.

### 1.7.1 Revenue -Notional Rent

- Existing Notional Rent - £58,500 (the rent paid at Ridingleaze and Capel Road Surgery £55,000 and £3,500 respectively).
- Residue revenue available for Avonmouth – £44,500 per annum.
- **Both Avonmouth MC and Bradgate MC are subject to separate Minor Improvement Grants.**

### 1.7.2 Revenue Consequence

Ridingleaze rents are £55,000 for Ridingleaze and £3,500 for Capel Road, totalling £58,500. This scheme will enable the release of the existing Ridingleaze Medical Centre and Capel Road buildings and will bring the former Lawrence Weston Clinic back into operational use. The CCG is currently paying void costs to NHS PS, therefore this will represent a potential revenue saving to the CCG of up to £101,611 per annum, as shown in Table 5 below.

At Avonmouth the current rents are £48,783 for Pioneer Medical (occupying 69%) and £21,917 for Sirona (occupying 31%) = £70,700. The DV has assessed the impact on rent as a result of the proposed capital improvements and removal of the NHS PS lease, but this has yet to be released by the CCG.

*Table 5 - Revenue Summary*

| Financial Summary: | Existing | | | Proposed | | | CCG Saving | Comments |
|---|---|---|---|---|---|---|---|---|
| | Rent | Rates | Other FM | Rent | Rates | Other FM | | |
| **Lawrence Weston** | | | | | | | | |
| Ridingleaze | £55,000 | £12,120 | £0 | £0 | £0 | £0 | £67,120 | Surgery Replaced |
| Capel Road | £3,500 | £0 | £0 | £0 | £0 | £0 | £3,500 | Surgery Replaced |
| Lawrence Weston Clinic | £48,402 | £22,301 | £52,288 | £52,000 | £40,000 | £0 | £30,991 | Savings from Other FM costs currently picked up by CCG, not reimbursed in future |
| **Totals** | **£106,902** | **£34,421** | **£52,288** | **£52,000** | **£40,000** | **£0** | **£101,611** | |
| **Avonmouth** | | | | | | | | |
| Primary Care Space | £48,981 | £2,211 | £0 | £91,000 | £3,191 | £0 | (£42,999) | Additional Sum for whole of ground and first floors (but not second floor) of building for GMS following rent review |
| Community Space | £22,854 | £980 | £0 | £0 | £0 | £0 | £23,834 | |
| **Totals** | **£71,835** | **£3,191** | **£0** | **£91,000** | **£3,191** | **£0** | **(£19,165)** | |
| **Bradgate** | | | | | | | | |

Full Business Case for the **Lawrence Weston Cluster Development Proposal**

| Financial Summary: | Existing | | | Proposed | | | CCG Saving | Comments |
|---|---|---|---|---|---|---|---|---|
| | Rent | Rates | Other FM | Rent | Rates | Other FM | | |
| Primary Care Space | £97,060 | £20,000 | £0 | £97,060 | £20,000 | £0 | £0 | Refurb works within approved notional rent area |
| **Totals** | **£97,060** | **£20,000** | **£0** | **£97,060** | **£20,000** | **£0** | **£0** | |
| | | | | | | | | |
| **Pioneer ETTF Programme** | **£275,797** | **£57,612** | **£52,288** | **£240,060** | **£63,191** | **£0** | **£82,446** | |

The rent for Avonmouth will be abated for 15 years which will further improve the level of savings to the CCG.

### 1.7.3 Funding Tables

*Table 6 - Capital Value and Proposed Cash Flow of Funding*

| **PROPOSED SOURCE OF CAPITAL Sources of funding to be accessed** | NHS England ETTF and GP's | | | |
|---|---|---|---|---|
| **CAPITAL VALUE AND PROPOSED CASH FLOW OF FUNDING:** | | | | |
| **PERIOD** | **2019/20 £'000** | **2020/21 £'000** | **2021/22 £'000** | **Total £'000** |
| **FUNDING SOURCE** | | | | |
| NHS England | | | | |
| 1 Lawrence Weston Medical Centre | £206,143 100% | £1,286,891 100% | £674,257 100% | £2,167,291 |
| 2 Avonmouth Medical Centre | £301,730 x 66% = £199,142 | £539,881 x 66% = £356,321 | £0 | £841,611 x 66% = £555,463 |
| a3 Bradgate Medical Centre | £0 | £59,520 x 66% = £39,283 | £0 | £59,520 x 66% = £39,283 |
| **Total Project Cost** | £507,873 | £1,886,292 | £674,257 | **£3,068,422** |
| **Total ETTF Grant (100% LW, 66% Avonmouth & Bradgate)** | £405,285 | £1,682,495 | £674,257 | **£2,762,037** |
| **GPIT – funded by CCG** | £0 | £39,636.33 AMC | | **£39,636.33** |

Please note that £31,565.10 of GPIT is to be funded out of the ETTF allocation for Lawrence Weston scheme.

The total ETTF allocation is £2,776m which enables a programme contingency of £13,963.

*Table 7 - Basic Breakdown of **Scheme 1 LW** - Capital Cost (based upon tendered costs)*

| **PERIOD** | **2019/20 £'000** | **2020/21 £'000** | **2021/22 £'000** | **Total £'000** |
|---|---|---|---|---|
| **ITEM** | | | | |
| 1. Historic Fees | £28,526 | | | £28,526 |
| 2. Bristol City Council design fee contribution | £60,714 | | | £60,714 |
| 3. Fees spent to date | £99,322 | £133,722 | £24,519 | £257,564 |
| 4. Construction Costs | | £1,080,000 | £550,000 | £1,630,000 |
| 5. Surveys and LA Fees and GPIT | £17,581 | £73,169 | £14,400 | £136,715 |
| 6. GPIT | | | £31,565 | |
| Cash Flow Adjustment for Rounding | | | £53,772.39 | £53,772 |
| **TOTAL** | **£206,143** | **£1,286,891** | **£674,257** | **£2,167,291** |

*Table 8 - Basic Breakdown of **Scheme 2 AMC** - Capital Cost (updated with tendered costs)*

| **PERIOD** | Current year 2019/20 £'000 | 2020/21 £'000 | 2021/22 £'000 | | Total £'000 |
|---|---|---|---|---|---|
| **ITEM** | | | | | |
| **1. Historic Fees** | £18,015 | £0 | £0 | | £18,015 |
| **2. Construction Costs** | £195,000 | £501,563 | £0 | | £696,563 |
| **3. Surveys and LA Fees** | £7,812 | £1,140 | £0 | | £8,952 |
| **4. Professional Fees** | £74,904 | £37,178 | £0 | | £112,082 |
| **5. MIG Input** | £6,000 | £0 | £0 | | £6,000 |

| | | | | | |
|---|---|---|---|---|---|
| **TOTAL** | £301,731 | £539,881 | £0 | | £841,612 |
| **TOTAL x 66%** | £199,142 | £356,321 | £0 | | £555,463 |

*Table 9 - Basic Breakdown of **Scheme 3 Bradgate** - Capital Cost (based upon estimated costs)*

| PERIOD<br>ITEM | 2019/20<br>£'000 | 2020/21<br>£'000 | 2021/22<br>£'000 | Total<br>£'000 |
|---|---|---|---|---|
| 1. Historic Fees | £0 | £0 | £0 | |
| 2. Construction Costs | £0 | £48,000.00 | £0 | |
| 3. Surveys and LA Fees | £0 | £1,800.00 | £0 | |
| 4. Professional Fees | £0 | £5,520.00 | £0 | |
| 5. MIG Input | £0 | £4,200.00 | £0 | |
| **TOTAL** | £0 | £59,520.00 | £0 | **£59,520.00** |
| **TOTAL x 66%** | | £39,283.20 | | **£39,283.20** |

*Table 10 - GPIT Capital Costs for New Build/Improvement Schemes*

| PERIOD<br>ITEM | 2019/20<br>£'000 | 2020/21<br>£'000 | 2021/22<br>£'000 | Total<br>£'000 |
|---|---|---|---|---|
| 1. Lawrence Weston | | | £31,565 (inc. in LW costs above) | £31,565 (inc in costs above therefore ETTF funded) |
| 2. Avonmouth MC | | £39,636.33 | | £39,636.33 (CCG funded) |
| 3. Bradgate | | | £6,000* | £6,000 (CCG funded) |
| **TOTAL** | | **£39,636.33** | **£37,565** | **£77,201.33** |
| **Source of Funding - CCG** | | | | **£45,636.33** |
| **Source of Funding - ETTF** | | | | **£31,565.00** |
| **NHS England** | *still a budget at this stage until the full scope of Bradgate established | | | |

## 1.8 Project Programme

A summary of the key project milestones for each project is shown in the table below. The programme has been revised following receipt of the tender documentation and the preferred contractor programme. This has reduced the construction period down from 50 weeks as assumed in the OBC down to 34 weeks but with additional programme contingency of 8 weeks allowed for potential archaeological issues and risk.

*Table 11 - Summary Milestones for each Practice in Scope*

| Task Name | Start | Finish |
|---|---|---|
| Planning Application Approval | 20/01/2020 | 18/05/2020 |
| Tender information | 16/03/2020 | 20/03/2020 |
| Tender Period | 23/03/2020 | 01/05/2020 |
| Tender review/ negotiation | 04/05/2020 | 15/05/2020 |

| Task Name | Start | Finish |
|---|---|---|
| FBC Issued to Pick Everard | 19/06/2020 | 26/06/2020 |
| FBC Issued to NHSE | 26/06/2020 | 03/07/2020 |
| FBC Approval | 10/07/2020 | 20/07/2020 |
| Contractor Appointment | 20/07/2020 | 20/07/2020 |
| Contractor Mobilisation | 20/07/2020 | 07/08/2020 |
| Construction Period | 10/08/2020 | 28/05/2021 |

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

*Table 12 - Risks and counter measures*

| Risk | Mitigation |
|---|---|
| Unable to delivery project within ETTF timeframe | NHS E have been kept regularly updated on progress of this project via weekly ETTF calls. The latest programme shows an overall reduction in programme with a revised completion date of 28th May 2021 which includes an 8 week contingency for potential archaeological delay and general risk. |
| FBC approval is delayed by NHS E | The dates for the FBC approvals process has been agreed with NHS E with a panel date set up for 20th July 2020. |
| Planning Approval Conditions | The Planning Approval obtained (see approval notice 20/00337/F received 5th June 2020 in Appendix D) with archaeology conditions. Hence a sum has been included for the appointment of an archaeologist to prepare a WSI with appropriate contingency included in the programme (line 34 – 4 weeks) |
| Actual tendered costs exceed budget. | NHS E has approved change request for additional funding following revised PTE of £2.435m, Tendered prices now returned indicating total project costs of circa £2.167m. Adequate contingency is available within the total budget. |
| Ridingleaze Lease Termination Option | The existing lease has a Tenant Option to Determine the lease on 1st July 2021 (with notice served no later than 30th January 2021) otherwise the lease will continue until 2nd April 2024. The Landlord has informally agreed to extend the effective break date, if required, and a £5,000 sum has been included in the financial case if required (and to be reviewed again after completion of the ground works). |
| Covid-19 Crisis | The preferred contractor has confirmed a 34 week programme, the project team have allowed a further 8 weeks total programme contingency. All construction works will be undertaken within a secured site which is completely separate to the existing Ridingleaze Medical Centre |

### 1.8.1 CCG Approvals

As stated above, the OBC was conditionally approved by NHS E Panel on 13 January 2020.

This FBC was considered by BNSSG CCG Primary Care Commissioning Committee (PCCC) closed session on 26 May and was approved for submission to NHS England. The final version of the FBC will be taken to the open session of PCCC on 30 July 2020.

A Letter of Support has been provided by the Pioneer Medical Group which can be found in Appendix A.

# 2 Strategic Case

## 2.1 Background and Approvals

The purpose of this FBC prepared by the Pioneer Medical Group (PMG) to seek approval for an **ETTF grant of £2.167m** for the re-configuration of primary care services in Lawrence Weston. This document also confirms the strategic case for a wider programme comprising three schemes. Avonmouth Medical Centre (MC) and Bradgate Surgery which are subject to separate Minor Improvement Grants but the proposals are intrinsically linked to the Lawrence Weston development.

The allocated ETTF grant of **£2.776m** will be split as follows:

- Lawrence Weston development - £2,167,291 (100% grant);
- Capital cost for Avonmouth MC based upon tendered price - £845,817 incl. VAT (ETTF @ 66% = £558,239 incl. VAT);
- Budget cost for Bradgate Surgery as a maximum - £59,520 incl. VAT (ETTF @ 66% = £39,283.20);
- Programme surplus/contingency £11,185 incl. VAT.

### 2.1.1 Changes since the OBC

The total project cost for the Lawrence Weston Clinic has increased from the costs at OBC which were £1,930m to £2,167m following the tender and planning process, however it is still deliverable within the overall programme ETTF allocation as shown able. Other key changes since the OBC are as follows:

#### Agreed Heads of Terms

1. The Initial Rent is £52,000pa
2. Lease term proposed is 21 years plus an option for another 14 years up to a 35 year period with a 35 year abatement period. **[It should be noted that the DV report suggests a minimum abatement period of 34 years].**
3. The tenant will be responsible for internal maintenance.
4. The landlord will be responsible for external and structural maintenance and buildings insurance.
5. There are 'Armageddon' break clauses for landlord and tenant to apply in limited circumstances.
6. Rent reviews are to be after five years and then three yearly, landlord-only trigger; based on Market Rent, up or down.
7. Tenant to be responsible for utility costs and business rates.

#### Additional External Works Identified

A condition survey has identified a number of defects in the external fabric of the building which had not previously been identified or included in the construction cost assessment.

The largest item of deterioration is the sarking felt to the original roof which will require removal of the tiles, replacement membrane, followed by reinstatement of the roof tiles. These works were priced separately as part of the tender process to enable discussions with NHS E and NHS PS to confirm responsibility for undertaking these additional works.

### Impact of Covid-19

Covid-19 has posed a challenge to the way PMG works. PMG has had to significantly adapt to delivering care to the residents of Lawrence Weston via video rather than the traditional face to face consultation. Whilst this has been achieved, for the residents of Lawrence Weston this has not been without its challenges. This experience has shown that patients from Lawrence Weston are more likely not to have access to Wi-Fi or data on their phone. The clinicians have also found that the older generation of Lawrence Weston do not have any device which can enable video conferencing. The latest Insight profile for the Lawrence Weston area supports this view; essentially 72% of people have no or limited access to the internet and 24% of people in Lawrence Weston are the least engaged with the Internet.

However, PMG does recognise that increasing digital consultations will:

- Limits a patient's need to visit any of its sites;
- Offers a route for accessing same day and routine care;
- Can replace face to face contact (if appropriate);
- Does not increase multiple touch-points – right person, right time.

It is too early to assess whether the changes made will be sustained.

The Ridingleaze site is a challenge and significant adaptations to the building will need to be made to ensure PMG is able to offer safe face to face care for those that are shielding, hot/tepid patients and anyone else who we have to assume is Covid + unless proven otherwise.

The Lawrence Weston Clinic development offers the ability to:

- Designate a red and green entrance ensuring patients displaying Covid-19 symptoms enter the building via a different route, with appropriate lighting and signage;
- Clinicians and patients can occupy a consulting/treatment room and be 2m apart;
- The waiting room can be adapted to ensure there is a 2m gap between patients;
- Within the specification there are digital improvements to the building which reduce the need to contact doors and handles;
- PMG has taken the decision to instruct Osmond Tricks to include removable Perspex screens at the reception desk;
- The non-clinical staff are moving to Avonmouth so no adaptations are required to the non-clinical areas;
- There is a shower on site.

## 2.1.2 CCG Approvals

This FBC was considered by BNSSG CCG Primary Care Commissioning Committee (PCCC) closed session on 26th May and was approved for submission to NHS England. The final version of the FBC will be taken to the open session of PCCC on 30th July 2020.

A Letter of Support has been provided by the Pioneer Medical Group which can be found in Appendix A.

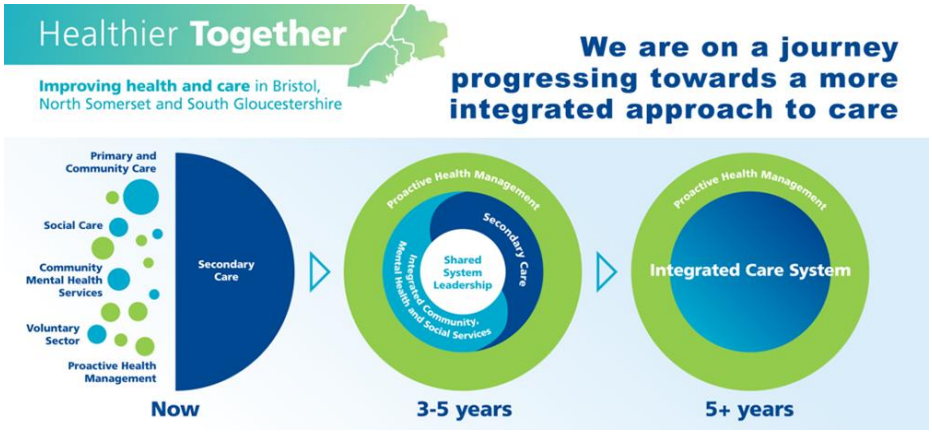
# The Strategic Context

## 2.2 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 2 - 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:

11. Acute care collaboration;
12. Maternity;
13. Integrated community localities;
14. General Practice Resilience and Transformation;
15. Prevention;
16. Mental Health;
17. Urgent Care;
18. Healthy Weston;
19. Workforce;
20. Digital.

## 2.3 National strategies and local strategic context

### 2.3.1 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.

### 2.3.2 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.

### 2.3.3 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)[1], providing a review of progress toward 5YFV delivery nationwide and setting out priorities for the 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.

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

### 2.3.4 NHS Outcomes Framework

The Outcomes Framework for the NHS in England 2017[2] 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.

### 2.3.5 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[3] 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.

### 2.3.6 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 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.

[2] The NHS outcomes framework (2017) Department of Health and Social Care NHS England
[3] British Medical Association. Caring, supportive, collaborative? Doctors' views on working in the NHS. November 2018.

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.

### 2.3.7 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.

### 2.3.8 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.

### 2.3.9 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.

Pioneer Medical Group and Shirehampton Health Centre are part of the same PCN which means the residents of Lawrence Weston will benefit from both practices coming together to deliver services under one roof. Pioneer Medical Group has a long tradition of working with Ambition Lawrence Weston and the local community; the PCN contract formally recognises what we have been doing for many years and we are excited about the possibility of working closer together in one building.

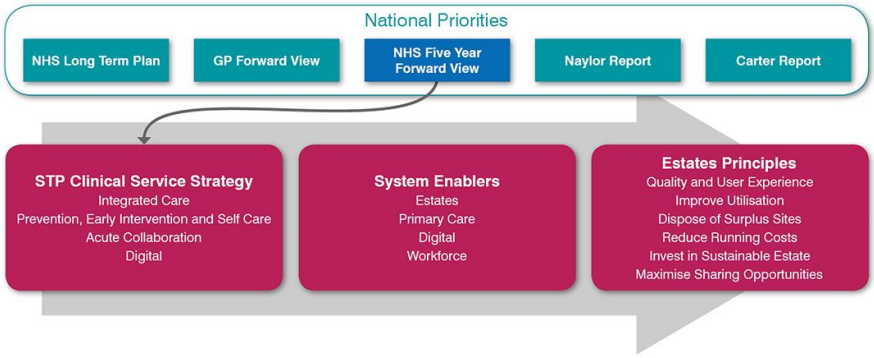
### 2.3.10 STP Background

As previously stated above, the Lawrence Weston, Avonmouth and Bradgate projects are intrinsically linked as the accommodation at Lawrence Weston is primarily clinical but this is only possible with the proposed centralised administrative function at Avonmouth (enabled by the improvements to the current building). The release of administrative accommodation at Bradgate can be converted to increase clinical capacity. **This Strategic Case therefore covers all three schemes.**

### 2.3.11 Clinical Service Strategies and Capital Plans[4]

Healthier Together STP has four major clinical service strategy work-streams. The workstreams will be delivered by four separate System Enablers. One of the System Enablers is the Estates workstream which has six key principles. Healthier Together Capital Plans are articulated below to show how the plans enable the clinical service strategies and achieve patient benefits. The Lawrence Weston primary care development is shown as one of the top priorities within the STP.

*Figure 3 - Healthier Together STP System Enablers*




The PMG Lawrence Weston, Avonmouth and Bradgate schemes were number one priority for investment when applying for ETTF based on 2015 LES. The Lawrence Weston scheme OBC was reviewed and approved to proceed to FBC.

The Estates Strategy has now been completed and the CCG has reviewed the scheme in line with future principles, with continued support of these proposals.

## 2.4 The Case for Change

This scheme continues to align with the GPFV providing a new fit for purpose environment for primary care with adjoining premises providing wider community and social care working with the voluntary sector.

### 2.4.1 Background strategy

PMG was formed in April 2016 with the merger of practices in Henbury and Brentry, Lawrence Weston and Avonmouth. The aim of the merger was to provide high quality, personalised health care, responsive to local

[4] Extract from *STP/ICS Estates Strategy Check-point - Summer 2019*

needs on a scale that allowed for the sustainable provision of a greater range of services than would not have been possible operating as separate practices.

The population of Lawrence Weston, Avonmouth and Crow Lane in Brentry is deprived, one of the local super output areas ranks in the worst 10% in England for health deprivation, 3 of the LSOA are in the 10 most deprived in Bristol. The impact of deprivation on mental and physical health is well documented and so it is not surprising that mortality rates for cancer and CHD are above the city average, prevalence of diabetes and COPD is high with hospital admissions higher than Bristol, South West and England.

The number of people with schizophrenia, bipolar disorder and other psychoses is similar to the number across all of the practices in Bristol. However, the residents of Lawrence Weston in particular have a number of risk factors for depression, including unemployment, which may explain the higher numbers of people with a coded diagnosis of depression.

As well as health inequalities the residents of Avonmouth and Lawrence Weston are impacted by social isolation, poverty, transport issues and language barriers. PMG already has considerable experience of providing additional services. In particular:

- Substance and alcohol misuse; PMG currently manages one of the largest numbers of patients on opiate substitution prescriptions per practice for the whole of BNSSG. It is managed by having their own in-house team of clinicians who have undertaken the further RCGP training to ensure safe practice along with the BDP shared care workers.
- 4YP young peoples' sexual health services; PMG has a team of nurses and doctors all trained to ensure safe and effective provision of 4YP. The 4YP scheme is no longer supported by Bristol City Council however PMG continues to offer care based on the 4YP principles.
- Sexual health and contraception provision including IUCDs and Implants; PMG has doctors and nurses trained for all these additional services so do not need to refer patients to secondary care or other clinics.
- PMG has recently been awarded Safe Surgery status as it committed to offering care to anyone including migrants, asylum seekers and travellers.

However, at present offering such services at the Ridingleaze and Avonmouth sites is limited, even though these populations have high needs. With the proposed improvements to primary care premises in Lawrence Weston and Avonmouth, PMG will be able to work collaboratively with wider health colleagues to provide out of hospital care, in line with Bristol CCG's evolving approach to referral management and its desire to provide services closer to people's homes. PMGs service delivery model is to have GP Shops' embedded in communities which could, for example, host consultant outreach clinics or GPSI or interface services. This would be invaluable to the local population and enable health professionals to build up expertise and relationships. In addition to the above, PMG is requesting investment in premises, which will enable the practice to maintain collaborative arrangements with the following bodies or services:

- Bristol Community Health (transferred to Sirona from 1 April 2020);
- AWP;
- ROADS/BDP;
- Pharmacy;
- Community groups;
- Public Health services;
- Bristol City Council;
- Southmead Development Trust;
- Ambition Lawrence Weston;
- University of the West of England and University of Bristol;
- Brisdoc Out of Hours Provider;
- One Care Consortium.

PMG in collaboration with practices within North and West Locality is working towards developing 7-day access facilities. PMG already makes good use of on-line booking of appointments, DoctorLink consultations, pre-booked additional weekend appointments at Brisdoc bases to supplement the current full provision of Improved Access and Extended Hours surgeries at all bases. PMG is also a pilot site for direct booking of NHS111 appointments.

PMG has extended its provision on a Saturday and now offers GP appointments, nurse appointments for routine care, such as chronic disease reviews, wound care and phlebotomy. Uptake of Cervical Screening and Childhood immunisation appointments has proved challenging, therefore PMG now offer patients the option of booking an appointment outside of core hours.

As an integrated health system organisations need to work together to ensure best use of estate and personnel. The PMG priority has always been to meet the needs of each population group, ensuring treatment if for the right person at the right time whilst maintaining an effective and affordable infrastructure. The objective has always been to move functions rather than patients guaranteeing safe clinical capacity is maximised.

By using the current and future portfolio of premises in a way which delivers a minimum building footprint whilst maximising clinical space, PMG is able to ensure local services are accessible to all patients whilst still supporting clinicians and the wider NHS and Community in the safe delivery of coordinated care within the following locations. PMG sites are GP shops supported by a centralised hub for non-face to face urgent care activity, administration and telephony.

## 2.5 Project Benefits

The agreed objectives and benefits tie in to the agreed six key principles for the BNSSG estate, as follows:-

1. Improve quality and user experience;
2. Drives utilisation of the existing estate, creating working environments that are flexible to enable modern and improved service delivery;
3. 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 and helps reduce overall costs of running the estate;
5. Invest in estate, which is sustainable, and supports new models of care;
6. Collaborate with partner organisations.

### 2.5.1 Estate plans by site

#### Avonmouth Locality (Avonmouth MC) – Key Strategic Enabler

Avonmouth MC is the key enabler. PMC purchased the building in April 2019 and NHS PS surrendered its lease on 25th March 2020. Without this facility, PMG is unable to run a GP shop concept supported by:

- Centralised non-location administration;
- Centralised non-location telephony working alongside the non-face to face integrated function of urgent care including triage by GP and other health care professionals;
- The work of care coordinators and non-face to face work of the visiting paramedic and pharmacist.

Avonmouth is a small community and the Medical Centre has a small list size of c. 3,200. It would be easy to say that this site should run as a branch surgery with limited access to a clinician, but this does not offer the residents a service relative to the rest of PMG or the neighbouring area of Shirehampton. In addition, existing health inequalities affecting the residents of Avonmouth and Lawrence Weston are impacted by social isolation, poverty, transport issues and language barriers. The community is separated by both man-made and natural barriers e.g. M5, A4 and the river Avon.

PMG has increased the number of clinical sessions but still we have the very concerning issue of either a lone clinician or no clinician at all, by re-locating the non-face to face urgent care team to Avonmouth patients are assured that there will always be a GP present during core hours.

By co-locating the non-face to face urgent care team, secretarial/problem solving/Admin team and telephony team PMG is able to extend the breadth of tasks undertaken by the non-clinical workforce. This strengthens PMGs ability to deliver sustainable General Practice as they no longer rely on scarce and expensive clinical resource completing administrative functions - **right person, right time**.

Currently the PMG administration team and GP face to face service for the patients of Avonmouth currently occupies 69% of the building with Sirona occupying the other 31%. The aspiration is to move the non-location telephony and urgent care hub from Bradgate to Avonmouth whilst still supporting Community Services, Voluntary Sector, Locality and Primary Care Network working.

The numerous uses for Avonmouth site are only limited by the ability to imagine and then deliver. With a re-configured clinical and admin space the building will enable the following for PMG:

- Centralised non-location on-call, telephony and administration supporting coordinated and responsive care;
- Eliminate lone clinical working and ensure a GP presence at all times;
- Extension to GP training;
- Extension of undergraduate teaching;
- Extension of primary care research;
- Offer care to South Gloucestershire patients (Pilning, Severn Beach);
- Expansion of PMG;
- Become a focus for bringing general practice, community providers, social care and the voluntary sector together.

With reconfigured admin space for BNSSG, Locality and/or PCN the building has the potential to offer:

- A Locality solution for non-location based urgent care and/or frailty;
- Use as an out of hours base as it is close to the M5 and A4 major route into Bristol. It also benefits from regular train transport from Severn Beach to Bristol Temple Meads;
- Telephony and administration space for practices within the BNSSG footprint who are constrained by their current building and are unable to expand their clinical offering unless a solution for off-site administrative/telephony function is found;
- A flexible working environment which will enable modern and improved service delivery across BNSSG;
- Touch-down space for any personnel working within BNSSG (this is particularly relevant as the location of Avonmouth makes it easy for anyone working cross-CCG). This will gain efficiencies for partner organisations.

This sub project is now being implemented via a Minor Improvement Grant. Construction works are on site and are due to be completed by December 2020 which is some 3 months later than scheduled due to the re-sequencing of works required to meet the current social distancing restrictions in place as part of the Covid-19 situation.

### 2.5.2 Lawrence Weston Locality – Supporting a Priority Neighbourhood

Ridingleaze Medical Centre has an extended lease end date of April 2024 with a break clause in July 2021. This is a building which struggles to offer all but 'basic' general practice. Not only is the building small, tired and functionally unsuitable for modern Primary Care, it also does not allow for visiting clinicians, voluntary sector/community colleagues to utilise space for the benefit of the community.

PMGs aspiration has always been to work with the community & Ambition Lawrence Weston, social care, Public Health, Shirehampton Health Centre and other NHS funded bodies so that the residents of Lawrence Weston have one building which offers them a suite of options and not just health. By working together PMG will be able to promote and guide to self-care and community based solutions.

The former Lawrence Weston Clinic Building when extended and refurbished will become a focus for the community for health and health promoting services and activities. The former Lawrence Weston Clinic site connects to Bristol City Council's Ridingleaze House as both are on the same site. The increase in space will enable delivery of social prescribing initiatives as well as the delivery of care closer to home. The local community are, and will continue to be, actively involved in its development and delivery. PMG will continue to work together in partnership with Ambition Lawrence Weston and BCC to make this model a success.

Confirmation has been sought from Bristol City Council regarding their continued commitment to provide services at Ridingleaze House and the following statement was received from Dr Jacqui Jensen, Executive Director People for Bristol City Council.

> ***"My response to your request is that Ridingleaze will continue to be used for children's services and there are no plans to change this.***
>
> ***We are committed to integrating services with our health partners and if the new plan will facilitate this we welcome the opportunity. We have an ongoing commitment to maximising benefit to the Lawrence Weston community and we welcome any opportunity to work with Health colleagues and other partners alongside the community to develop opportunities from the site."***

The former Lawrence Weston Clinic site will contribute to local and national priorities in the following ways:

- By providing a good quality, sustainable building with the 'feel good' factor for staff and patients;
- Enabling residents from a disadvantaged community to access quality services and activities on their doorstep, in the heart of the neighbourhood, and to move easily between them. This is particularly important for residents who do not easily access services or activities;
- Making it easier for patients to move between primary care services and activities and other services which will improve their health e.g. GPs can easily signpost to employment or training advice, support and social groups, counselling, library etc.;
- Provide economies of scale to enable co-located services to achieve the maximum outcomes from limited resources;
- Encourage a more co-operative and joined up approach between service providers and breaking down barriers to provide a more holistic experience for patients/residents;
- Providing the ideal environment and culture of working to deliver social prescribing and self-care approaches for long term conditions;
- Enable service providers to engage with the local community to better shape services to meet local needs and improve health outcomes.

### 2.5.3 Brentry and Henbury (Bradgate Surgery)

Providing future capacity for the growing new neighbourhood for Cribbs Causeway and Patchway (Filton Airfield).

Bradgate Surgery covers the areas of Brentry, Henbury, Southmead, Westbury-on-Trym, Hallen, Easter Compton, Cribbs Causeway, Patchway and the new emerging communities of Charlton Hayes. Bradgate has the largest registered patient population of any site within BS10, BS11 and BS9 and in the last 10 years the patient list size has grown by over 24% with no associated housing growth. The only way the site can increase clinical capacity is to release administration space and adapt it to fit for purpose clinical accommodation.

South Gloucestershire Council has identified the North Fringe of Bristol as one of its key areas for residential development. Provision is being made for 5,700 homes (approx. 14,250 population) on land bounded by the Hallen Railway line, the M5 motorway, the existing residential community of Patchway, the emerging community of Charlton Hayes and the A38 (New Charlton). There are five proposed primary access points, two of which will directly impact on the Bradgate Site. The first access point being onto the dual carriageway off Wyck Beck Road, 400 metres from the surgery. The other access point impacting on the surgery will be onto Charlton Road, Brentry.

Provision for healthcare to the new housing developments will need to be made and the Bradgate Site is the closest surgery for residents in the South and West quarters of the emerging residential area of New Charlton.

A planning application for the first 1100 homes off Wyck Beck Road has been submitted to South Gloucestershire Council. The access point for these houses will be 400 metres from the Bradgate Site and there is currently no medical provision closer. This further supports the need to increase consulting space as Bradgate Surgery will be the closest GP practice to development off Wyck Beck Road/Fishpool Hill. Assuming that 75% of these patients register with the surgery this will increase the practice list size by 2,062 patients.

Over the next 5 years the current growth rate of 2.5% average per year will give a population of 12,289. When added to the 2,062 will give a list size of 14,351. This figure does not include a % share of the remaining 4,600 dwellings to be built.

PMG also has to consider the South Gloucestershire Council strategic assessment of all Green Belt Land. The council had previously made the decision to release 85 ha (approx.) to the west of the A4018 from Green Belt (Haw Wood) for housing. Although this was challenged in 2012 consent was granted for an Environmental Impact Assessment to be carried out. Currently residents living in this area choose to register with PMG Bradgate as it is the closest surgery. As with New Charlton, any new surgery will not be as close in proximity. In 2013 PMG added an extension and also increased clinical capacity by making internal modifications to maximise the space available by converting one consulting room into two and an administration room into a consulting room; there is now no further internal space available to develop. The need for additional consulting room provision will become increasingly important as the housing developments of Haw Wood and New Charlton come on line.

The Bradgate site is GP owned. PMG has a forward plan for Bradgate with affordable finance in place for the next 20 years. The current premises will form a key part of providing additional capacity as the new neighbourhood delivers significant new population within this 5,700 dwelling plan for West of England Strategic Plan.

By moving Bradgate to a GP shop model and re-locating on-call and telephony teams as well as the paper records to our Avonmouth Site PMG can increase the number of consulting rooms by 2 and create a digital/touch-down space for non-face to face work and clinicians/personnel from other organisations.

In summary:

- Bradgate Site has an increasing list size;
- Bradgate Site will be the closest surgery for the new housing developments of New Charlton and potentially Haw Wood;
- Access from New Charlton is onto the A4018 dual carriageway 400 metres from the surgery;
- By relocating the on-call and telephony teams, Bradgate becomes a GP shop model releasing valuable consultation space;
- Training provision can be increased.

This project will be progressed by a separate Minor Improvement Grant, with construction programmed to commence upon completion of both the Avonmouth and Lawrence Weston developments.

The table below was updated for the recent OBC with current (April 2019) list sizes and revised population forecasts to 2028. This incorporates the baseline Capacity Planning information required in the NHS E Mandatory Tables.

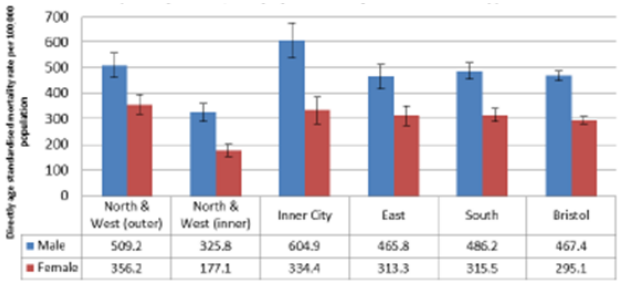
*Table 13 - Capacity Analysis Projections*

| LCODE | Practice | Location | List Size (as at July 2018) | Current Premises GIA | Premises Guidance GIA | % Capacity 2018 | Projected List 2028 *** | Proposed Development GIA | Projected Premises GIA | % Capacity 2028 |
|---|---|---|---|---|---|---|---|---|---|---|
| L81037 & L81008 | Pioneer Medical Group & Shirehampton | Lawrence Weston | 8,200 | 407 | 683 | 58% | 8,508 | 667 | 709 | 94% |
| L81037 | Pioneer Medical Group | Bradgate | 10,862 | 628 | 974 | 64% | 15,956 | 628 | 1,082 | 58% |
| L81037 | Pioneer Medical Group | Avonmouth | 3,200 | 266 | 267 | 99% | 3,996 | 350 | 333 | 105% |
| **Totals** | | | **22,262** | **1,301** | **1,924** | **68%** | **28,460** | **1,645** | **2,124** | **77%** |

## 2.6 Population Needs

There are stark inequalities in life expectancy across BNSSG and in particular, inner and outer North and West Bristol. North and West outer has the highest premature mortality rate across Bristol for females. North and West inner has significantly lower rates for both males and females (see Figure 4).

*Figure 4 - Premature mortality, Bristol by Sub Locality. 2014-16, all causes (rates per 100,000 pop[n])*




People living in more deprived areas experience comparatively poor health, with a lower life expectancy than those living it the least deprived. As well as life expectancy, we know that deprivation itself is a predicator for high 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 demands.

*Figure 5 - Areas of Multiple deprivation 2015*

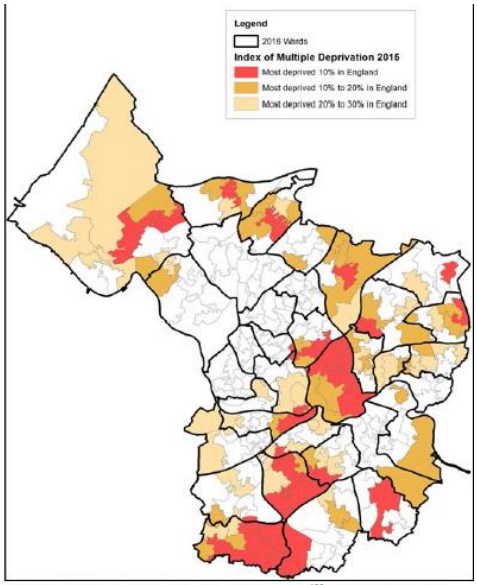



*Fig 5.1.1: Multiple Deprivation 2015 - Bristol LSOA[102] areas ranked in the most deprived 10-30% in England (with new 2016 ward boundaries overlaid) Source: English Indices of Deprivation 2015, DCLG © Crown Copyright*

*Figure 6 - Long-term health problem or disability by Bristol ward updated 2016*

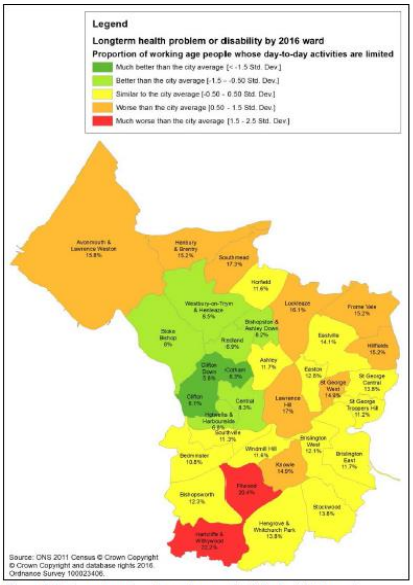



*Figure 3.7.1: Long-term health problem or disability by Bristol ward Source: 2011 Census ONS Crown Copyright Reserved [updated to Bristol wards 2016, BCC Insight, Performance & Intelligence]*

The Public Health document: Avonmouth, Lawrence Weston and Shirehampton Health Profile April 2016 was produced in response to a request by the residents of Avonmouth who were concerned about their community and the impact of the environment on their health and wellbeing.

The health profile identified the main diseases residents were concerned about and presented a range of information and analysis about health conditions, in addition to some context about the people and place.

The main concern of the residents was about the air quality of the residential area and its potential impact on health. Evidence suggested that poor air quality may result in increased respiratory diseases. Avonmouth and Lawrence Weston do not have higher rates of respiratory disease than the rest of Bristol, which suggests that in this residential area there is no direct correlation between air quality and the health status of the population. However, prevalence of COPD is higher with hospital admissions higher than Bristol, South West and England.

Cancer incidence is also within the expected range, although deaths from cancer are higher when compared to Bristol, the South West and England. This may be associated with late diagnosis of the range of cancers and subsequent death, and is a known factor in areas where there are high levels of deprivation.

GP data shows there are high rates of smoking, which contributes both to a higher rate of cancer diagnosis and poorer outcomes following diagnosis.

Cardiovascular disease is also within the expected range of hospital admissions when compared to Bristol (but higher when compared to the South West and England) but the numbers of deaths in the combined areas are higher than the expected number in Bristol, the South West and England.

It is thought that this could be due to delays in seeking help for symptoms, a lack of knowledge about symptoms and people not adopting healthier habits following a cardiovascular event.

Although not detailed in the health profile we do know that PMG instances of diabetes is above the Bristol and national average.

The health profile concludes that although there does not appear to be a direct link between air quality and residents health, there is clear evidence that resources should be prioritised in this area. The should focus should be on lifestyle factors that will enable residents to have better health outcomes and easy access to information and support to stop smoking, lose weight and become more active.

The number of people with schizophrenia, bipolar disorder and other psychoses is similar to the number across all of the practices in Bristol. However, the residents of Lawrence Weston in particular have a number of risk factors for depression, including unemployment, which may explain the higher numbers of people with a coded diagnosis of depression.

As well as health inequalities the residents of Avonmouth and Lawrence Weston are impacted by social isolation, poverty, transport issues and language barriers.

Collaboration between all relevant community partners and the wider health system is necessary to ensure that the residents of Avonmouth and Lawrence Weston have access to commissioned services that are joined up and respond to need, with an aim of improving life chances for the residents of the area. Working within the community over this time has allowed PMG to forge strong links with both community providers and public health. PMG has been integral in the development of social prescribing services and has been working with the SPEAR project since 2017.

## Non face to face urgent care

On-call/duty doctor days have always been associated with more stress than probably any other aspect of GP life. The balance of trying to cope with seemingly relentless demand and safely manage risk appropriately can still be extremely taxing. PMGs aim has always been to reduce these aspects and provide a safe effective resilient solution without losing patient satisfaction. The recent staff survey (SCORE) has seen a measured increase in resilience in our GP team.

The PMG model is based on the on-call working arrangements previously at Bradgate together with equally tried and tested Brisdoc out of hour's formulation from the Professional Line. The telephonist/care navigator is able to offer an appointment at any site (as in a traditional GP practice model) **as well as being able to** refer the call to the urgent care team who then direct the patient's care to the right person or team. The urgent care team sits alongside the call-handlers, which ensures the safety and effectiveness of the urgent care work-stream. The main tenets are:

- PMG has one single base handling all telephony communications (telephony hub);
- Each day there is one clinical on-call team dealing with on the day need (urgent and social) who are based in the adjoining but separate back office to the call-handlers. This has the benefit of good communication between call-handlers and the clinicians ensuring a timely, responsive and seamless service whilst the clinicians can still maintain confidentiality needed (non-location based urgent care hub);
- The care coordinator sits alongside the clinical on-call team. All out of hours reports and discharges from the previous night are reviewed and discussed as necessary. Clinicians are tasked with medication changes/tests required post-discharge. All patients discharged from hospital care are contacted the following working day by the care coordinator who is then able to transfer the patient to the on-call doctor for urgent care triage and/or paramedic as necessary. The care coordinator will also involve community nursing, social care, pharmacy, volunteer transport and carers as necessary;

- The visiting Paramedic works within the urgent care team and facilitates early home visiting. EMIS mobile is used to ensure notes are contemporaneous and visible to the on-call GP as well as the patient's named GP. The paramedic will feedback to either doctor dependent on availability/speed of response required. The audit completed March 2018 demonstrates effectiveness of early home visiting. It also demonstrates that not all visits are for immediate medical need. Often it is a social need which does not require senior medical input;
- The urgent care team dealing with urgent care triage and non-face to face activities are working from the centralised hub. These clinicians are unencumbered by other clinical work;
- The on-call/urgent care team will absorb urgent requests coming in that don't fit the Open Surgery model, phone calls from outside professionals (like paramedics, nursing home nurses, hospital clinicians, social workers), urgent prescriptions, urgent home visit requests. Their role is to ensure all contacts are safely triaged. The on-call/urgent care team can:
    - Close the case – which may be within that phone call or a task to other staff or a prescription or other non-face-to-face solution such a ordering a test or investigation for the patient;
    - Arrange a face-to-face consultation at a clinical base convenient to the patient (we call these appointments landing slots);
    - Arrange an urgent Home Visit.
    - Refer to services more appropriate e.g. community nursing teams, social services, community link workers (social prescribing), drug and alcohol services, mental health team;
- It is important to note that the urgent care provision is never flexed. PMG works on the premise of ensuring patients have access to care when they need it most and then flex routine care;
- The calling professional has confidence that the message has gone to the right person and it will be dealt with in a timely manner.

## Supporting the Clinicians

Traditional general practice has an administration team supporting the clinical workforce at each practice all working to different protocols and procedures. When there are peaks and troughs in workload and demand general practice is often unable to flex how it works as practices and staff often sit in silos within individual buildings. This is not the case for PMG as the operating model is clinical sites with front of house/receptionist support only; in essence GP shop fronts. All non-location administration, telephony and the non-face to face integrated function of urgent care currently come from either the Bradgate site or the Avonmouth site. The PMG strategy is to ensure that all the non-location services are located within one building (Avonmouth) to allow PMG to flex and grow as the patient list size and number of bases grows.

The building infrastructure to support this model of care is such that we do not require extensive administration areas in all sites. This allows PMG to ensure local face to face services are accessible to all patients.

The benefits to harmonising the back-office function are:

- Experts in their field; working to people's strengths;
- Increased job satisfaction;
- Team approach to the work;
- Ability to absorb spikes in workload/holidays;
- Clear and defined leadership;
- Clear and defined team goals and objectives;
- Clear and defined protocols and procedures;
- Less likely to require locum staff;
- Non-location-specific space is only required within the buildings work as a hub.

## Teaching and Training

The practice is one of only two in practices the deanery to achieve "A" excellent status for training, this has been awarded in recognition of the quality and breadth of experience PMG has in training GPs of the future. We also support doctors in difficult both pre and post certification. This level of training and support can only be offered in a handful of practices and PMG will always try to support the deanery and CCG by supervising this most difficult cohort of trainees.

- Teaching and training are seen as core within the PMG business model. PMG offers:
- Full program of undergraduate teaching to years 1 to 5;
- Supervision of Physician Associates;
- Training of junior doctors from F2 to ST4;
- Re-training of GPs including returners to general practice and those with GMC conditions to practice.

Expanding the number of clinical rooms at all sites will allow PMG to increase the number of junior clinicians and students we are able to support. Currently PMG is only able to offer limited undergraduate teaching in Ridingleaze and Avonmouth and only F2 training in Avonmouth. With the adaptations to Avonmouth PMG will be able to offer a full time training placement PLUS additional undergraduate teaching.

## Research

PMG is a leading contributor to primary care research. PMG has expanded the team and now has GP research leads in both Ridingleaze and Avonmouth.

PMG believes that this addresses resilience, the crisis in funding, clinical workforce, the new models of care as described in the GP 5 year forward view, NHS Long Term Plan, STP and all subsequent iterations

Whilst the accommodation at Lawrence Weston has been estimated at 667sqm based on HBN11 principles, the administrative accommodation including secretaries office, administration office, medical records and telephony, have been excluded on the assumption that they will be accommodated at Avonmouth.

The reconfigured former Lawrence Weston Clinic will provide suitable and flexible accommodation for delivery of primary care services - measured by completion of the scheme and successful delivery of services. The Practice has been working with the Community in developing the vision for integrated facility for medical community and social prescribing.

We confirm that any premises subject to the investment will not be disposed of within 5 years of their completion as requested in the margin – the DV has been actively engaged by the CCG to carry out a desk top review of Avonmouth.

There is a clear significant cost revenue benefit for the CCG, based around a net saving of £58.5k pa from the released Ridingleaze Medical Centre and Capel Road premises. In addition, a currently empty healthcare building incurring void costs to the CCG will be brought back into operation as a new fit for purpose primary care facility for the benefit of the Lawrence Weston community.

All the patients at PMG are able to access extended hours and improved access hours. This means as a merged practice PMG are now offering all patients access to early morning, late evening and weekend appointments at any of the PMG bases in line with the NHS England Five Year Forward View.

Ambition Lawrence Weston have been actively engaged and fully understand the reason behind the decision to progress the proposed reconfiguration of the former Lawrence Weston Clinic site. The PPG has been consulted for proposals at both at Lawrence Weston and Avonmouth regarding the proposed alterations.

The letter from the CCG (Appendix A) demonstrates the level of support this project has.

## 2.7 Main Risks

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

*Table 14 - Risks and counter measures*

| Risk | Mitigation |
|---|---|
| Unable to delivery project within ETTF timeframe | NHS E have been kept regularly updated on progress of this project via weekly ETTF calls. The latest programme shows an overall reduction in programme with a revised completion date of 28th May 2021 which includes an 8 week contingency for potential archaeological delay and general risk. |
| FBC approval is delayed by NHS E | The dates for the FBC approvals process has been agreed with NHS E with a panel date set up for 20th July 2020 |
| Planning Approval Conditions | The Planning Approval obtained (see approval notice 20/00337/F received 5th June 2020 in Appendix D) with archaeology conditions. Hence a sum has been included for the appointment of an archaeologist to prepare a WSI with appropriate contingency included in the programme (line 34 – 4 weeks) |
| Actual tendered costs exceed budget. | NHS E has approved change request for additional funding following revised PTE of £2.435m, Tendered prices now returned indicating total project costs of circa £2.167m. Adequate contingency is available within the total budget. |
| Ridingleaze Lease Termination Option | The existing lease has a Tenant Option to Determine the lease on 1st July 2021 (with notice served no later than 30th January 2021) otherwise the lease will continue until 2nd April 2024. The Landlord has informally agreed to extend the effective break date, if required, and a £5,000 sum has been included in the financial case if required (and to be reviewed again after completion of the ground works). |
| Covid-19 Crisis | The preferred contractor has confirmed a 34 week programme, the project team have allowed a further 8 weeks total programme contingency. All construction works will be undertaken within a secured site which is completely separate to the existing Ridingleaze Medical Centre |

The table above shows the main risk categories typically associated with this project. The full Risk Register can be found in Appendix B.

## 2.8 Constraints

The project is subject to the following constraints:

- A limited budget of £2.776m of ETTF monies has been allocated to this programme by NHSE;
- Deadline for expenditure of any NHS ETTF monies of March 2021;
- Planning permission will be required for the new build elements of the Lawrence Weston scheme.

## 2.9 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;
- Full Business case/Minor Improvement Grant approval by NHSE with sign off with completed technical drawings;
- The projects will be delivered within the cost envelope;
- Final approval of full planning permission.

**The remainder of this FBC will relate to the Lawrence Weston component of this scheme only. Avonmouth MC and Bradgate Surgery are being progressed via separate Minor Improvement Grants.**

# 3 Economic case

## 3.1 The Long-List of Options

As previously stated, a refreshed OBC was required to reflect the fact that the previously preferred option of a wider Hub development in partnership with Bristol City Council was no longer viable. A refreshed OBC was completed which included a revised economic appraisal of the options and final recommendation 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).

### 3.1.1 The Long List of Options

A revised long-list of options were therefore reviewed to confirm the new short-listed options for the refreshed option appraisal, as shown below.

*Table 15 - Long list of options*

| Options | Short Listed (Yes/No) | Reasons for discounting |
|---|---|---|
| Option 1: Do Nothing/Minimum | Y | N/A |
| Option 2: Continue with BCC Hub | Y | |
| Option 3: Reconfigure Lawrence Weston Clinic | Y | |
| Option 4: New Site 3PD | N | Unaffordable – no site available |
| Option 5: Extend Existing Site | N | Site not large enough |

## 3.2 The Short List

This revised option appraisal for the refreshed OBC was completed in October 2019 which considered the advantages and disadvantages of each option being

- Option 1 – the do nothing/minimum;
- Option 2 – Continue with BCC Council Hub Scheme;
- Option 3 – Reconfigure Lawrence Weston Clinic.

The table below sets out the advantages and disadvantages of Options 2 and 3.

*Table 16 - Summary of possible options*

| Item | Option 2 - Current council led scheme | Option 3 - Lawrence Weston Clinic |
|---|---|---|
| **Capital Cost** | £2.62m increased from £1.82m.<br>CCG & NHSE have confirmed there is no additional funding to cover the increase of £800k | £2.167m. This cost is achievable within the existing agreed overall capital allocated to Pioneer Group by NHS England across the three sites |
| **Revenue Cost** | Nil | £48k rental. This is a pass-through cost.<br>There is currently £68k service/facilities management charge which will not be in place as the lease will be a tenant's internal repairing lease for occupation only. |

| Item | Option 2 - Current council led scheme | Option 3 - Lawrence Weston Clinic |
|---|---|---|
| | | £58.5k saving from releasing Ridingleaze Medical Centre and Capel Road premises equating to a total net revenue saving to the system of £55.5k |
| **Deliverability (how easy can it be achieved}** | Significant risk that the project will fail due to existing funding gap.<br>Additional capital will be required from all parties if this scheme is to be progressed any further. The Council has not demonstrated any desire to see the project complete | The building is empty and immediately available.<br>NHSPS (freeholder) and CCG willing to work with PMG to deliver this project. |
| **Timescale (how quickly can it be achieved}** | Council states build will complete by July 2021 (ties in with break clause date on current lease)<br>Significant risk of further programme delay | Refurb August 2020<br>Extension April 2021<br>Dates above assume all goes to plan |
| **Sufficient Space** | Yes | Yes - Refurb with extension |
| **Future Flexibility** | None | Potentially |
| **Potential to support integrated services** | Yes but not to the extent of the original plan.<br>The building no longer has space for Social Services, pharmacy, library, debt point | Local Authority services previously proposing to relocate to the Hub are now remaining in Ridingleaze House which is located on the site adjacent to the proposed site.<br>It is possible to bring Ridingleaze House and ALW into the process at a later stage so we all work from the same footprint.<br>ALW has placed a community asset order on Ridingleaze so they will have first option to purchase. |
| **Capacity to offer independent demise** | Partly. There will need to be a shared operating model (stairs, alarm etc.) | Yes |

This concludes that the reconfiguration of the Lawrence Weston Clinic was the only affordable and deliverable option within the ETTF time constraints. Although capital costs of this project have increased since the OBC, the above is still considered to accurately reflect the advantages and disadvantages of the options.

### 3.2.1 Qualitative Assessment

The short listed options were scored against the agreed benefit as shown in the table below.

*Table 17 - Options Qualitative Benefits Analysis*

| Name | Description | Weighting (W) | Option 1 - Do Nothing/Minimum | | Option 2 - Continue with BCC Hub | | Option 3 - Reconfigure LW Clinic | |
|---|---|---|---|---|---|---|---|---|
| | | | Score (s) | S x W | Score | S x W | Score | S x W |
| Improves Quality | Improves quality of service delivery and user experience | 25 | 1 | 2.5 | 9 | 22.5 | 8 | 20.0 |
| Utilisation | Drives utilisation of the existing estate, creating working environments that are flexible to enable modern and improved service delivery | 15 | 1 | 1.5 | 9 | 13.5 | 8 | 12.0 |

| Name | Description | Weighting (W) | Option 1 - Do Nothing/Minimum | | Option 2 - Continue with BCC Hub | | Option 3 - Reconfigure LW Clinic | |
|---|---|---|---|---|---|---|---|---|
| | | | Score (s) | S x W | Score | S x W | Score | S x W |
| Best use of NHS Estate | Identify opportunities for disposal, rationalisation, repurposing of buildings and disposal of surplus land to generate STP capital receipts | 20 | 1 | 2.0 | 6 | 12.0 | 9 | 18.0 |
| Financial sustainability | Financially Sustainable and helps reduce overall costs of running the estate | 10 | 1 | 1.0 | 1 | 1.0 | 8 | 8.0 |
| Service sustainability | Invest in estate which is sustainable and supports new models of care | 25 | 1 | 2.5 | 4 | 10.0 | 8 | 20.0 |
| Enables collaboration | Collaborate with partner organisations | 5 | 1 | 9.5 | 4 | 59.0 | 8 | 78.0 |
| | | **100** | **6** | **19.0** | **33** | **118.0** | **49** | **156.0** |

This shows that Option 3 – Reconfiguration of Lawrence Weston Clinic is the preferred option on the basis of the qualitative assessment.

### 3.2.2 Key findings of the economic appraisal

The GEM guidance (to be replaced by Capital Investment Appraisal CIA) suggests that for part new build part refurbishment options on a leasehold building, an appraisal period of 25 years is used. A summary of the GEM findings is shown below and the whole GEM model is included in Appendix C.

*Table 18 - GEM Summary*

| Option | Description | NPV £000 | AEC £000 | |
|---|---|---|---|---|
| 1: Do Nothing / Minimum | Do nothing - existing Riding Leaze surgery | 2,338 | 114 | |
| 2. Bristol CC AWL Hub | AWL Hub Site | 2,355 | 115 | |
| 3: Ridingleaze Health Centre refurbishment | Refurbishment and extension of existing NHSPS owned Health Centre with tenants works under Licence | 1,846 | 90 | **Preferred Option** |

*Table 19 - Key Results of Economic Appraisals Optimism Bias*

| Overall Non-Financial and Financial Scores | Option 1 - Do Nothing/Minimum | Option 2 - BCC Hub | Option 3 - Lawrence Weston Clinic |
|---|---|---|---|
| Annual Equivalent Cost (AEC) £000's | 114 | 115 | 90 |
| Non-Financial Benefit Score (NFBS) | 19 | 118 | 156 |
| Overall Score* | 6 | 0.974 | 0.576 |
| **Rank (1=lowest)** | **3** | **2** | **1** |

### 3.2.3 Overall findings

The option which offers the best value for money is the one with the lowest Net Present Cost (NPC) and is considered the preferred option from a purely financial perspective.

**Option 3** (Reconfiguration of the former Lawrence Weston Clinic site) has the lowest NPC and is therefore the preferred and recommended option.

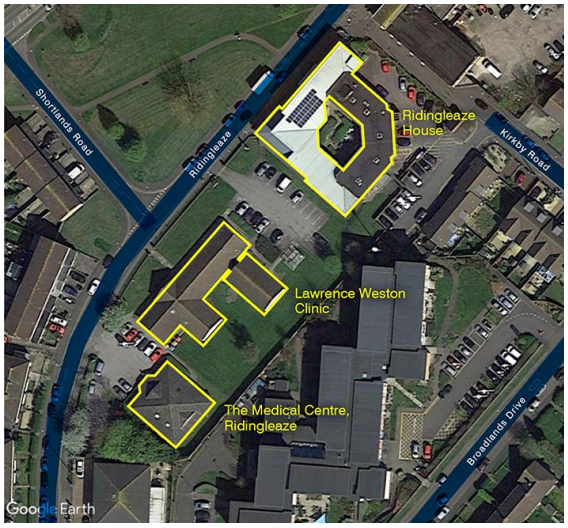
### 3.2.4 The Preferred Option

The preferred option is **Option 3 - a new development at the former Lawrence Weston Clinic**, comprising a full refurbishment and reconfiguration with partial new build extension. This will release the existing Ridingleaze Medical Centre. The aerial visual below shows the location of Lawrence Weston Clinic in relation to the current Ridingleaze Medical Centre. This property has the benefit of a Community Asset Order which will provide the opportunity for Ambition Lawrence Weston to purchase this building with a view to co-locate with the new clinical hub. In addition, the council owned Ridingleaze House is located immediately to the right of the Lawrence Weston Clinic.

In summary;

- The Medical Centre Ridingleaze will be vacated and could be purchased by Ambition Lawrence Weston;
- Lawrence Weston Clinic to be refurbished and extended for new Primary Care Hub;
- Ridingleaze House will remain with BCC; complimentary council services were originally due to relocate to the new hub, however the council has subsequently decided to leave these services in Ridingleaze House, therefore creating an opportunity for adjacency to appropriate clinical services (see figure for aerial location of sites).

*Figure 7 - Site locations*




## 3.3 Full Planning Approval

A Pre-Application process has been completed and positive feedback received from the local planning officer. The full planning application was submitted on 24th January 2020 and planning permission was granted on 5th June 2020. The decision notice can be found in Appendix D.

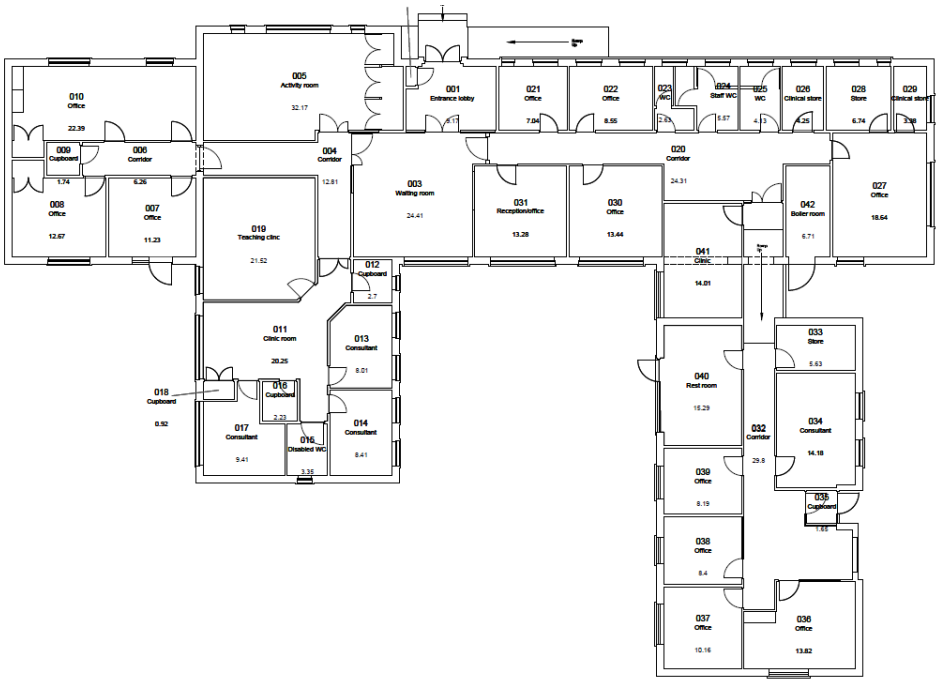
## 3.4 Design Development

The Design stages have been completed and the full tender design pack can be found in Appendix E.

### 3.4.1 Design principles of the new facility

The existing building is approximately 468sqm and the proposal therefore includes for a 196sqm extension to the rear to provide a modern fully compliant clinical 'wing'.

*Figure 8 - Lawrence Weston existing layout*




The accommodation for the GP Surgery is for an 8,300 patient GP practice with a floor area of 667sqm. This requirement would provide accommodation for the 6,800 patients in Ridingleaze Medical Centre and 1,500 patients in Capel Road, a branch of Shirehampton Health Centre. An additional c850 patients are anticipated due to the new housing development planned in Lawrence Weston. Using the NHS Space Use Allowances, a practice of this size would normally equate to 779sqm, however the 667sqm acknowledges the minimal administrative accommodation proposed in this facility due to the larger centralised administrative base be provided in the Avonmouth development. The Lawrence Weston proposal will therefore focus on the provision of clinical services. The Schedule of Accommodation can be found in Appendix F.

The proposed reconfiguration at the former clinic site will provide the same extent of accommodation with a total floor area of 664 sqm (a reduction of 3 sqm achieved through detailed design) as previously proposed in the former Hub scheme. This will comprise of a full refurbishment of the existing building to provide a nurse's suite combined with minor ops facilities and a new reception and waiting area at the front of the building. New GP clinical accommodation will be provided in a new extension to the rear of the building.

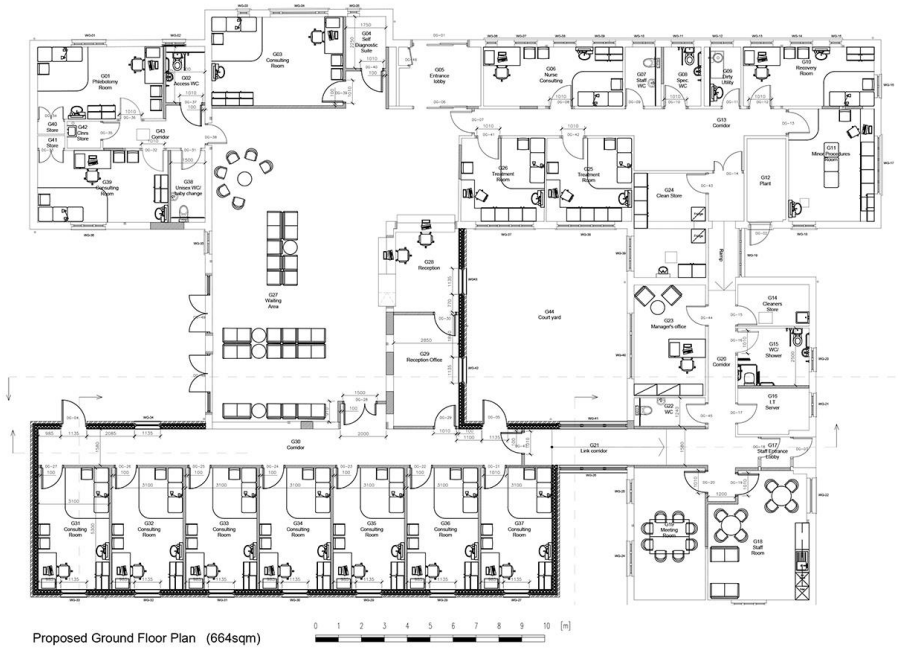
The new space in Lawrence Weston will be able to accommodate visiting hospital doctors and clinicians enabling care to be provided closer to where people live. It will also provide physical space for community services to be delivered e.g. diabetic retinopathy, catheter clinics, wound care clinics, drug and alcohol services and psychological therapies for the treatment of diagnosable common mental health conditions. The additional space also allows Pioneer Medical Group to increase the number of health care professionals routinely available; patients will be able to see the most appropriate person from social prescribing link workers, physios and urgent care practitioners.

Full Business Case for the **Lawrence Weston Cluster Development Proposal**

*Figure 9 - Proposed site plan*


*Figure 10 - Proposed elevations*

*Figure 11 - Proposed GF plan*




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

The detailed designs have been reviewed by Pick Everard technical team on behalf of NHSE.

# 4 Commercial case

## 4.1 Key changes since the OBC

£2.167m has been allocated towards the Lawrence Weston scheme from the total ETTF funding of £2.776m for the PMG infrastructure project (the other components summarised below).

Lease negotiations have been undertaken with NHS Property Services (NHS PS) who have confirmed that the proposed works will be treated as Tenants Improvements. The Agreement for Lease Heads of Terms can be found in Appendix R.

NHS E are working with PMG and NHS PS and their respective legal advisor to conclude the Agreement for Lease and Lease in parallel with this FBC approval process.

The heads of terms for this proposed development are as follows:-

1. The Initial Rent is £52,000pa
2. Lease term proposed is 21 years plus an option for another 14 years up to a 35 year period with a 35 year abatement period. **[It should be noted that the DV report suggests a minimum abatement period of 34 years].**
3. The tenant will be responsible for internal maintenance.
4. The landlord will be responsible for external and structural maintenance and buildings insurance.
5. There are 'Armageddon' break clauses for landlord and tenant to apply in limited circumstances.
6. Rent reviews are to be after five years and then three yearly, landlord-only trigger; based on Market Rent, up or down.
7. Tenant to be responsible for utility costs and business rates.

## 4.2 Procurement strategy

### 4.2.1 Lawrence Weston

The existing surgery building occupied by PMG is known as Ridingleaze Medical Centre and is owned by Assura and the lease on the existing building expires in April 2024 with an opportunity of a tenants break clause in January 2021 and July 2021. The previous lease expired in November 2018 which was extended to enable time for the new development be too completed. This increased the rent to £55,000 pa.

The existing vacant Lawrence Weston Clinic is adjacent to Ridingleaze Surgery as shown below:

*Figure 12 - Area surrounding the site*


The freehold of the former Lawrence Weston Clinic is owned by NHS PS. It has been agreed that the proposed works to the building will be treated as Tenant's Improvements.

The ETTF will be used to finance the refurbishment and extension of the existing Lawrence Weston Clinic. The building is currently vacant and empty.

### 4.2.2 Use of External Advisors

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

*Table 20 - Key External Advisors and Construction Services*

| Role | Organisation |
|---|---|
| Owner | Pioneer Medical Group |
| Project Manager | Osmond Tricks |
| Architects | Osmond Tricks |
| Mechanical and electrical consultants | Smith Consultants |
| Structural engineers | TM Ventham Partnership |
| Cost consultants | Burke Hunter Adams |
| Business Case Author | Archus Ltd |
| Contractor | Melhuish & Saunders |

## 4.3 Procurement of the Preferred Contractor

Fixed price tenders were invited on 23rd March 2020 from four contractors by Osmond Tricks Project Managers and Surveyors Ltd (CMS) on behalf of Pioneer Medical Group (PMG). 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 Appx E.

A tender period of 5 weeks was given. Following queries raised by the contractors during the tender process and further developments to design nine tender addendums were issued during the tender period. A request for an extension to the tender period with mention of Covid-19 and the problems that have arisen from the pandemic however this was rejected due to timescales in reference to the leases held by relevant properties. Two further addendums have been issued to the two lowest contractors and await return.

The tender returns were received and analysed by Burke Hunter Adams and additional information was required from all contractors to enable final review of the two lowest compliant tenders. The full Tender Report and appendices can be found in Appendix H.

The construction cost estimate at OBC was £1,308,600. The tender report recommends the preferred contractor as Melhuish & Saunders Ltd with the adjusted sum of **£1,372,771.00 (which includes the repair costs scheduled separately). £22,069 has been added to this sum to undertake COVID-19 modifications and for Building Clearance Costs – giving a revised cost of £1,394,840 (ex VAT). This is a provision sum and will be subject to negotiation with the contractor.**

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.

Melhuish & Saunders, 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. This 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 the following:

- 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 Lawrence Weston 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 £167k. 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 I.

## 4.5 Potential for risk transfer

This section provides an assessment of how the associated risks might be apportioned

*Table 21 - 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 | | | ✓ |

## 4.6 Proposed Charging Mechanisms

The payment for the proposed development will be arranged through an ETTF contribution of 100%. The individual building contract will stipulate the payment mechanism, timescales, method of payment calculation etc.

## 4.7 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 scheme is to be undertaken as a 100% tenants' improvement on an existing NHS PS site with a rent based upon the current condition which is currently a void cost to the CCG.

A copy of the District Valuer's report can be found in Appendix J.

## 4.8 Personnel Implications (including TUPE)

TUPE Regulations will not apply to this investment as no undertakings will transfer between employing entities.

## 4.9 Implementation Timescales

A summary of the key project milestones for the project is shown in the table below. The detailed programme can be found in Appendix K. The programme has been revised following receipt of the tender documentation and the preferred contractor programme. This has reduced the construction period down from 50 weeks as assumed in the OBC down to 34 weeks but with additional programme contingency of 8 weeks allowed for potential archaeological issues and risk.

*Table 22 - Summary Milestones for each Practice in Scope*

| Task Name | Start | Finish |
|---|---|---|
| Planning Application Approval | 20/01/2020 | 18/05/2020 |
| Tender information | 16/03/2020 | 20/03/2020 |
| Tender Period | 23/03/2020 | 01/05/2020 |
| Tender review/ negotiation | 04/05/2020 | 15/05/2020 |
| FBC Issued to Pick Everard | 19/06/2020 | 26/06/2020 |
| FBC Issued to NHSE | 26/06/2020 | 03/07/2020 |
| FBC Approval | 10/07/2020 | 20/07/2020 |
| Contractor Appointment | 20/07/2020 | 20/07/2020 |
| Contractor Mobilisation | 20/07/2020 | 07/08/2020 |
| Construction Period | 10/08/2020 | 28/05/2021 |

### 4.9.1 Transitional and Decant Arrangements

Primary care services will continue to be delivered from the existing premises until the new facility is completed so no transitional or decant arrangements are required. The centralised administrative hub at Avonmouth will be completed in December 2020 as a key enabler to this project.

# 5 Financial case

## 5.1 Summary

The OBC was approved by CCG - Primary Care Commissioning Committee on 26 November 2019, which includes finance review. This was approved on the basis that the scheme can be delivered within the existing revenue envelope.

The allocated ETTF grant of **£2.776m** will be split as follows:

- Lawrence Weston development - £2,167,291 (100% grant);
- Capital cost for Avonmouth MC based upon tendered price - £841,611 incl. VAT (ETTF @ 66% = £555,463);
- Budget cost for Bradgate Surgery as a maximum - £59,520 incl. VAT (ETTF @ 66% = £39,283.20);
- Programme surplus/contingency £11,185.

A summary is provided in table below.

*Table 23 - Project Financial Summary*

| Period / Funding Source | 2019/20 | 2020/21 | 2021/22 | Total |
|---|---|---|---|---|
| NHS England | | | | |
| Lawrence Weston (100% ETTF) | £206,143 | £1,286,891 | £674,257 | £2,167,291 |
| Avonmouth (66% ETTF) | £301,730 | £539,881 | £0 | £841,611 |
| Bradgate (66% ETTF) | £0 | £59,520 | £0 | £59,520 |
| Other *(specify)* | | | | |
| **Total (excluding Programme Contingency)** | **£507,873** | **£1,886,292** | **£674,257** | **£3,068,422** |
| **Total ETTF Contribution** | **£405,285** | **£1,682,495** | **£674,257** | **£2,762,037** |
| GPIT – funded by CCG | £0 | £36,636.33 | £0 | **£36,636.33** |

### 5.1.1 Lawrence Weston

The proposal is for a 100% ETTF grant to be used to finance the refurbishment and extension of the existing NHS Property Services building known as Lawrence Weston Clinic.

The building is currently vacant and empty. The Schedule of Accommodation developed prepared by PMG calculates that 667sqm accommodation is required. The existing building is approx. 468sqm and therefore the proposal includes for a 196sqm extension to the rear to provide a modern fully compliant clinical 'wing' – this will house a further 7 consulting rooms.

The detailed cost plan has been developed which can be found in Appendix L, which has been revised following receipt and analysis of the tender returns.

The construction costs are summarised in the extract from the cost plan included below:

*Table 24 - Detailed Cost Plan (extract)*

| | | | | | |
|---|---|---|---|---|---|
| **Lawrence Weston Clinic** | | | | | |
| **Part A - Project Costs and Fees** | | | | | |
| | | | **See Tender Report 14/05/20** | | |
| | Construction Budget | | £1,394,840.00 | See Cost Plan (17/06/20) | |
| | **Total (inc VAT)** | | **£1,673,808.00** | | |
| | | | | | |
| | | | **FBC Figures - Ex VAT** | | **FBC Figures - Inc VAT** |
| **OBC Stage** | Construction Budget | | £1,394,840.00 | | **£1,673,808.00** |
| | | | | | |
| | **Fees** | | | | |
| | Project Manangement - OT | 2% | £27,896.80 | | £33,476.16 |
| | Architectural OT | 6.00% | £83,690.40 | | £100,428.48 |
| | CDM/PD - OT | 1.00% | £13,948.40 | | £16,738.08 |
| | Services Eng - Brodie Partnership | 1.84% | £25,665.06 | | £30,798.07 |
| | QS | Fixed | £25,280.00 | | £30,336.00 |
| | Structural Eng - TM Ventham | Fixed | £12,000.00 | | £14,400.00 |
| | Planning Consultant | | £1,250.00 | Invoiced | £1,500.00 |
| | Planning Consultant | Additional fee - negotiating consent | £1,500.00 | | £1,800.00 |
| | Transport Consultant | | £3,346.75 | Invoiced | £4,016.10 |
| | Landscape Architect | | £1,364.63 | Invoiced | £1,637.56 |
| | Disbursements | | £258.00 | | £309.60 |
| | **Total (ex VAT)** | | **£196,200.04** | | **£235,440.04** |
| | **Business Case Work** | | | | |
| | OBC Historic Fees spent on Lawrence Weston | | £12,388.00 | Invoiced | £14,865.60 |
| | OBC/FBC OT Fees spent on Lawrence Weston + £1,740 allowance | | £13,124.00 | | £15,748.80 |
| | OBC/FBC Archus Fees spent on Lawrence Weston | | £20,000.00 | | £24,000.00 |
| | OT fee for monthly reporting to NHSE/PE | | £5,000.00 | | £6,000.00 |
| | BCC Fees spent to date on LW | | £50,595.00 | | £60,714.00 |
| | **Total (ex VAT)** | | **£101,107.00** | | **£121,328.40** |
| | | | | | |
| | **Other costs - Surveys and LA Fees:** | | | | |
| | Topo Survey | | £2,545.00 | Invoiced | £3,054.00 |
| | Feasibility | | £3,000.00 | Invoiced | £3,600.00 |
| | Property Advice | | £4,500.00 | £2k invoiced | £5,400.00 |
| | Building Condition Survey | | £1,500.00 | Invoiced | £1,800.00 |
| | Services Condition Survey | | £2,250.00 | Invoiced | £2,700.00 |
| | Asbestos survey | MG3Environmental | £580.00 | Invoiced | £696.00 |
| | Site Investigation | Trial pit allowance | £3,000.00 | Budget | £3,600.00 |
| | Flood Risk Assessment | Not required | £0.00 | Budget | £0.00 |
| | Drainage Survey inc CCTV | | £1,600.00 | Invoiced | £1,920.00 |
| | Pre-application fee | Not required | £0.00 | | £0.00 |
| | Planning Application Fee | | £1,411.00 | Invoiced (no VAT) | £1,411.00 |
| | Building Control | | £3,700.00 | Budget | £4,440.00 |
| | GPIT costs - revised costs from SN | New | £26,304.25 | See CSU quote | £31,565.10 |
| | Legal costs - not previously included for GA | New | £20,000.00 | Budget | £24,000.00 |
| | Legal costs - for lease extension | New | £5,000.00 | Budget | £6,000.00 |
| | SDLT Costs and Land Registry Search | New | £6,329.00 | Budget (no VAT) | £6,329.00 |
| | Achaeology - excavation/watching brief | New | £15,000.00 | Budget | £18,000.00 |
| | Achaeology - risk item for programme | New | £12,000.00 | Budget | £14,400.00 |
| | Acoustic report to address planning condition | New | £1,500.00 | Budget | £1,800.00 |
| | Contingency | | £5,000.00 | | £6,000.00 |
| | **Total (ex VAT)** | | **£115,219.25** | | **£136,715.10** |
| | | | | | |
| | **Total Project Costs** | | **£1,807,366.29** | Ex VAT | 100% ETTF |
| | | | **£2,167,291.54** | Inc VAT | **£2,167,291.54** |

The above costs include the GPIT costs in line with the CSU Condensed Statement of Works which can be found in Appendix M.

The items highlighted in yellow above have changed since the OBC – and these are described in more detail below:

1 **Planning consultant** – after the statutory consultation period the LPA advised on their proposed planning conditions which included a Section 278 requirement for additional off-site works and an additional condition relating to archaeology. An additional fee was agreed with the planning consultant to negotiate these.

2 **Feasibility study** – previously excluded from the summary as it was invoiced in February 2019.

3 **Property advice** – previously excluded from the summary as this was invoiced in June 2019.

4 **Flood risk assessment** – not required.

5 **Pre-application fee** – not required.

6 **GPIT** – previously understood to be a CCG cost – however now included in the project costs as per breakdown provided (see Appendix M).

7 **Legal costs** for Grant Agreement – previously no budget included for GP legal representation in signing the GA.

8 **Legal costs** for the Lease break clause extension – the current lease at Ridingleaze is with Assura, with a break date on 1st July 2021. Every effort is being made to complete the project to enable PMG to take occupation prior to this break date. However, if for reasons unknown, the project is delayed we have the ability to vary the break date (and Assura have agreed to this). However we are reluctant to incur the associated legal fees until such time as this is needed and in the meantime we have a budget of £5,000 ex VAT to cover these costs in case a variation is required.

9 **Archaeology** – there is a planning condition to undertake a WSI and watching brief. A contingency sum of £15,000 ex VAT has been included in case this is required.

10 **Archaeology** – programme risk – this could incur an Extension of Time to the project, which maybe circa. 4 weeks, a sum of £12,000 ex VAT has been included to cover prelims and associated claim costs from the Contractor.

11 **Planning condition** – there is a requirement to undertake a noise test on completion of the work to demonstrate that the acoustic levels of external plant (which is minimal) is within certain noise criteria).

12 **COVID-19** – modifications to the design are outlined above in section 2.1.1 and a sum of £20,000 ex VAT has been earmarked for such work. This will need to be specified and priced by the Contractor under the variation provision of the contract.

*Table 25 - Capital Expenditure Breakdown, Lawrence Weston Preferred Option*

| Element | £ Excl VAT | £ VAT | £ Inc VAT |
|---|---|---|---|
| Construction | 1,358,333 | 271,666 | 1,630,000 |
| Bristol City Council (historic fee from previous scheme) | 50,595 | 10,119 | 60,714 |
| Historic fee (from previous scheme) | 23,772 | 4,754 | 28,526 |
| Professional Fees | 214,636 | 42,928 | 257,564 |
| Surveys, LA Fees, GPIT, Legal Costs, Archaeology etc | 115,219 | 21,496 | 136,715 |
| Cash flow adjustment | 44,810 | £8,962 | £53,772 |
| **Totals** | **1,807,366** | **359,925** | **2,167,291** |

The FB Forms can be found in Appendix N.

### 5.1.2 Source and Application of Funds

The table below shows the source of capital for each element of this programme.

*Table 26 - Source of Capital for Preferred Option*

**Commented [BL1]:** Avonmouth should be £555k

| Item | ETTF £ | GPs £ |
|---|---|---|
| Lawrence Weston - ETTF 100% | 2,167,291 | 0 |
| Avonmouth - ETTF 66% | 558,239 | 287,578 |
| Bradgate - ETTF 66% | 39,283 | 20,236 |
| **Totals** | **2,764,814** | **307,814** |

A detailed cash flow has been prepared for each element to calculate the anticipated spend profile across 2019-2020-2021 which can be found in Appendix O.

*Table 27 - Lawrence Weston Cash Flow Profile*

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Lawrence Weston Clinic** | | | | | | | | | | |
| **Part A - Project Costs and Fees** | | | | | | | | | | |
| | | | See Tender Report 14/05/20 | | | | | | | |
| | Construction Budget | | £1,394,840.00 | See Cost Plan (17/06/20) | | | | | | |
| | **Total (inc VAT)** | | **£1,673,808.00** | | | | | | | |
| | | | | | | 2019/20 | 2020/21 | 2021/22 | TOTAL | Difference |
| | | | FBC Figures - Ex VAT | | FBC Figures - Inc VAT | TOTAL | TOTAL | TOTAL | | |
| OBC Stage | Construction Budget | | £1,394,840.00 | | **£1,673,808.00** | **£0** | **£1,080,000** | **£550,000** | £1,630,000 | -£43,808.00 |
| | **Fees** | | | | | | | | | |
| | Project Manangement - OT | 2% | £27,896.80 | | £33,476.16 | **£12,000** | **£16,800** | **£3,500** | £32,300 | -£1,176.16 |
| | Architectural OT | 6.00% | £83,690.40 | | £100,428.48 | **£22,800** | **£63,000** | **£12,419** | £98,219 | -£2,209.28 |
| | CDM/PD - OT | 1.00% | £13,948.40 | | £16,738.08 | **£6,000** | **£9,000** | **£1,500** | £16,500 | -£238.08 |
| | Services Eng - Brodie Partnership | 1.84% | £25,665.06 | | £30,798.07 | **£20,093** | **£7,200** | **£1,200** | £28,493 | -£2,305.27 |
| | QS | Fixed | £25,280.00 | | £30,336.00 | **£6,000** | **£16,200** | **£4,100** | £26,300 | -£4,036.00 |
| | Structural Eng - TM Ventham | Fixed | £12,000.00 | | £14,400.00 | **£9,000** | **£4,800** | **£600** | £14,400 | £0.00 |
| | Planning Consultant | | £1,250.00 | Invoiced | £1,500.00 | **£1,500** | **£0** | **£0** | £1,500 | £0.00 |
| | Planning Consultant | Additional fee - negotiating consent | £1,500.00 | | £1,800.00 | | **£1,800** | **£0** | £1,800 | £0.00 |
| | Transport Consultant | | £3,346.75 | Invoiced | £4,016.10 | **£4,016** | **£0** | **£0** | £4,016 | £0.00 |
| | Landscape Architect | | £1,364.63 | Invoiced | £1,637.56 | **£1,638** | **£0** | **£0** | £1,638 | £0.00 |
| | Disbursements | | £258.00 | | £309.60 | **£310** | **£0** | **£0** | £310 | £0.00 |
| | **Total (ex VAT)** | | **£196,200.04** | | **£235,440.04** | **£83,356** | **£118,800** | **£23,319** | £225,475 | -£9,964.79 |
| | **Business Case Work** | | | | | | | | | |
| | OBC Historic Fees spent on Lawrence Weston | | £12,388.00 | Invoiced | £14,865.60 | **£14,866** | **£0** | **£0** | £14,866 | £0.00 |
| | OBC/FBC OT Fees spent on Lawrence Weston + £1,740 allowance | | £13,124.00 | | £15,748.80 | **£13,661** | **£2,088** | **£0** | £15,749 | £0.00 |
| | OBC/FBC Archus Fees spent on Lawrence Weston | | £20,000.00 | | £24,000.00 | **£15,966** | **£8,034** | **£0** | £24,000 | £0.40 |
| | OT fee for monthly reporting to NHSE/PE | | £5,000.00 | | £6,000.00 | **£0** | **£4,800** | **£1,200** | £6,000 | £0.00 |
| | BCC Fees spent to date on LW | | £50,595.00 | | £60,714.00 | **£60,714** | **£0** | **£0** | £60,714 | £0.00 |
| | **Total (ex VAT)** | | **£101,107.00** | | **£121,328.40** | **£105,206** | **£14,922** | **£1,200** | **£121,329** | **£0.40** |
| | | | | | | **£99,322** | **£133,722** | **£24,519** | | |
| | **Other costs - Surveys and LA Fees:** | | | | | | | | | |
| | Topo Survey | | £2,545.00 | Invoiced | £3,054.00 | **£3,054** | **£0** | **£0** | £3,054 | £0.00 |
| | Feasibility | | £3,000.00 | Invoiced | £3,600.00 | **£3,600** | **£0** | **£0** | £3,600 | £0.00 |
| | Property Advice | | £4,500.00 | £2k invoiced | £5,400.00 | **£2,400** | **£3,000** | **£0** | £5,400 | £0.00 |
| | Building Condition Survey | | £1,500.00 | Invoiced | £1,800.00 | **£1,800** | **£0** | **£0** | £1,800 | £0.00 |
| | Services Condition Survey | | £2,250.00 | Invoiced | £2,700.00 | **£2,700** | **£0** | **£0** | £2,700 | £0.00 |
| | Asbestos survey | MG3Environmental | £580.00 | Invoiced | £696.00 | **£696** | **£0** | **£0** | £696 | £0.00 |
| | Site Investigation | Trial pit allowance | £3,000.00 | Budget | £3,600.00 | **£0** | **£3,600** | **£0** | £3,600 | £0.00 |
| | Flood Risk Assessment | Not required | £0.00 | Budget | £0.00 | **£0** | **£0** | **£0** | £0 | £0.00 |
| | Drainage Survey inc CCTV | | £1,600.00 | Invoiced | £1,920.00 | **£1,920** | **£0** | **£0** | £1,920 | £0.00 |
| | Pre-application fee | Not required | £0.00 | | £0.00 | **£0** | **£0** | **£0** | £0 | £0.00 |
| | Planning Application Fee | | £1,411.00 | Invoiced (no VAT) | £1,411.00 | **£1,411** | **£0** | **£0** | £1,411 | £0.00 |
| | Building Control | | £3,700.00 | Budget | £4,440.00 | **£0** | **£4,440** | **£0** | £4,440 | £0.00 |
| | GPIT costs - revised costs from SN | New | £26,304.25 | See CSU quote | £31,565.10 | **£0** | **£0** | **£31,565** | £31,565 | £0.00 |
| | Legal costs - not previously included for GA | New | £20,000.00 | Budget | £24,000.00 | **£0** | **£24,000** | **£0** | £24,000 | £0.00 |
| | Legal costs - for lease extension | New | £5,000.00 | Budget | £6,000.00 | | **£6,000** | **£0** | £6,000 | £0.00 |
| | SDLT Costs and Land Registry Search | New | £6,329.00 | Budget (no VAT) | £6,329.00 | | **£6,329** | **£0** | £6,329 | £0.00 |
| | Achaeology - excavation/watching brief | New | £15,000.00 | Budget | £18,000.00 | **£0** | **£18,000** | **£0** | £18,000 | £0.00 |
| | Achaeology - risk item for programme | New | £12,000.00 | Budget | £14,400.00 | **£0** | **£0** | **£14,400** | £14,400 | £0.00 |
| | Acoustic report to address planning condition | New | £1,500.00 | Budget | £1,800.00 | **£0** | **£1,800** | **£0** | £1,800 | £0.00 |
| | Contingency | | £5,000.00 | | £6,000.00 | **£0** | **£6,000** | **£0** | £6,000 | £0.00 |
| | **Total (ex VAT)** | | **£115,219.25** | | **£136,715.10** | **£17,581** | **£73,169** | **£45,965** | £136,715 | **£0.00** |
| | **Total Project Costs** | | **£1,807,366.29** | Ex VAT | 100% ETTF | | | | | |
| | | | **£2,167,291.54** | Inc VAT | **£2,167,291.54** | **£206,143** | **£1,286,891** | **£620,484** | £2,113,519 | -£53,772.39 |
| | | | | | | | Add back £53,772 | **£674,257** | £2,167,291.54 | |

### 5.1.3 Recurrent Revenue Consequence

The table below shows the revenue consequence of the programme of projects.

*Table 28 – Summary of Revenue Consequences*

| Financial Summary: | Existing | | | Proposed | | | CCG Saving | Comments |
|---|---|---|---|---|---|---|---|---|
| | Rent | Rates | Other FM | Rent | Rates | Other FM | | |
| **Lawrence Weston** | | | | | | | | |
| Ridingleaze | £55,000 | £12,120 | £0 | £0 | £0 | £0 | £67,120 | Surgery Replaced |
| Capel Road | £3,500 | £0 | £0 | £0 | £0 | £0 | £3,500 | Surgery Replaced |
| Lawrence Weston Clinic | £48,402 | £22,301 | £52,288 | £52,000 | £40,000 | £0 | £30,991 | Savings from Other FM costs currently picked up by CCG, not reimbursed in future |
| **Totals** | **£106,902** | **£34,421** | **£52,288** | **£52,000** | **£40,000** | **£0** | **£101,611** | |
| **Avonmouth** | | | | | | | | |
| Primary Care Space | £48,981 | £2,211 | £0 | £91,000 | £3,191 | £0 | (£42,999) | Additional Sum for whole of ground and first floors (but not second floor) of building for GMS following rent review |
| Community Space | £22,854 | £980 | £0 | £0 | £0 | £0 | £23,834 | |
| **Totals** | **£71,835** | **£3,191** | **£0** | **£91,000** | **£3,191** | **£0** | **(£19,165)** | |
| **Bradgate** | | | | | | | | |
| Primary Care Space | £97,060 | £20,000 | £0 | £97,060 | £20,000 | £0 | £0 | Refurb works within approved notional rent area |
| **Totals** | **£97,060** | **£20,000** | **£0** | **£97,060** | **£20,000** | **£0** | **£0** | |
| **Pioneer ETTF Programme** | **£275,797** | **£57,612** | **£52,288** | **£236,060** | **£63,191** | **£0** | **£86,446** | |

The rent for Avonmouth will be abated for 35 years which will further improve the level of savings to the CCG.

The CCG has noted these programme savings at PCCC as part of their FBC approvals process.

### 5.1.4 Funding Sources

This project will be 100% ETTF grant funded as tenants improvements, the completed Estates Business Case Weighting Tool can be found in **Error! Reference source not found.**.

# 6 Management case

## 6.1 Programme and Project Management Arrangements

The project will be managed 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.

### 6.1.1 Project Benefits

The STP has established six key principles for estates, which will be tested against any estate proposals, to ensure it:

1. Improve quality and user experience.
2. Drives utilisation of the existing estate, creating working environments that are flexible to enable modern and improved service delivery.
3. 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 and helps reduce overall costs of running the estate.
5. Invest in estate, which is sustainable, and supports new models of care.
6. Collaborate with partner organisations

### 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

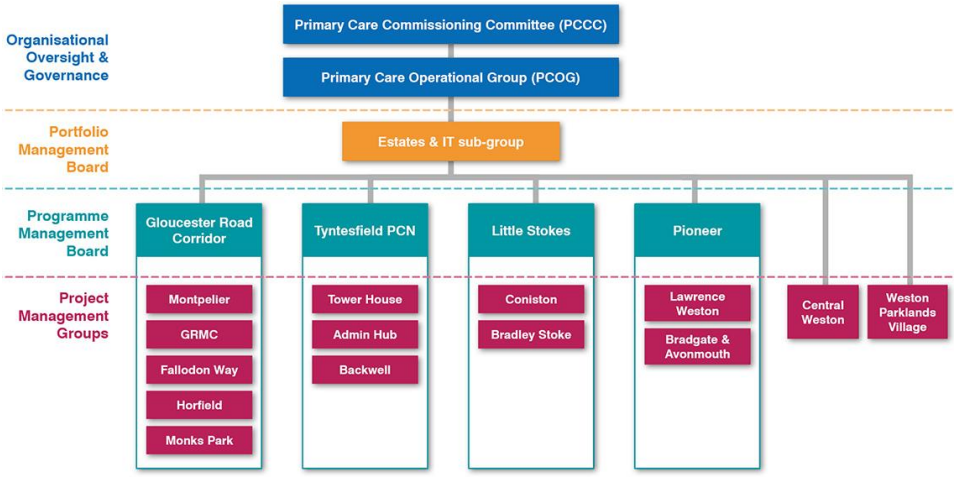
This is a sub group of PCOG and meets monthly. This will act as the portfolio management board for the CCG with all ETTF funded schemes reporting into this. It will provide assurance around delivery and ensuring that schemes are aligned to the CCG and system priorities. It will also allocate and manage 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 Lawrence Weston project has a programme board for overall coordination and management, and then individual project groups underneath it.

*Figure 13 - Project Governance Structure*




### 6.1.3 Project Roles and Responsibilities

Key Project delivery roles are described below:

**Senior Responsible Owner (SRO)**: The SRO is Sharron Norman 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 Sharron Norman.

**Project Manager:** Tim Scruton will undertake this role having day to day responsibility for, the delivery of the projects 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 teams and working groups;

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

## 6.2 Stakeholder Engagement

This scheme is a key element of the widely consulted Lawrence Weston Community Plan- The Way Forward 2013-2023 and the updated plan 2018 - 2023 and is therefore part of a comprehensive strategy for the area, a strategy which has been owned and endorsed both by service providers and local residents.

### 6.2.1 Patient Participation Group (PPG) Involvement

The practice has engaged fully with its PPG throughout this process on both the planned service reconfiguration and on the proposed building design at Lawrence Weston Clinic.

An extract of key questions and answers with regard to the planned service design is included below:

**Q: will there will be greater access to drug and alcohol services?**

A: We have recently extended services at Ridingleaze but cannot offer any additional space. I am planning for this to increase by at least half a day a week

**Q: will there will be better links to social prescribing?**

A: Yes. Patients of Shirehampton will no longer have to drive to Shirehampton

**Q: will there be a physio?**

A: Yes via the PCN first contact physio (the 4 PCNs in N&W are currently working together to deliver one service across the Locality)

**Q: will hospital doctors come to Lawrence Weston?**

A: There will be space to accommodate our secondary care colleagues

**Q: will we employ more doctors?**

A: I wish I could but hopefully with the new PCN roles, additional community mental health provision and increased drug and alcohol services we will see patients being treated and cared for by the right person. This will increase capacity of the GP.

**Q: will I have to go to Bradgate for wound care?**

A: Wound care clinics are run at both sites and if daily dressings are required you may still need to attend Bradgate

In relation to consultation around the fabric of the proposed building, the practice received the following comments:

**Comment: The community has asked that the look of the building is improved and it no longer looks like a prison.**

Response:

- The window and door shutters will be removed;
- The entrance to the car park is to be widened and the front of the building will be enhanced with planting and trees;
- The gradient from the street to the entrance is to be regraded so that the steps are removed – this will give a more welcoming approach.

**Comment: Ambition Lawrence Weston has asked for space so they can increase social prescribing / community activities.**

Response:

- The floor plan has been shared and they agree that the 3 rooms to the left of the front door are perfect for community activities.

**Comment: Ambition Lawrence Weston has placed a Community Asset Order on Ridingleaze Medical Centre. How could the build support joint working between the adjacent sites?**

Response:

- A door has been added to the far end of the extension so should ALW purchase Ridingleaze Medical Centre then we can easily connect the two buildings;
- The community really liked the waiting room being the heart of the building;
- They have requested doors from the waiting room onto the landscape garden. Their request has been incorporated into the final plan".

### 6.2.2 Community Involvement

Ambition Lawrence Weston (ALW) is a registered charity comprising a group of local residents supported by professionals. ALW was established in the Summer of 2012 and Pioneer Medical Group (formerly The Medical Centre Ridingleaze) has been involved from the beginning in the development of proposals for a regeneration project in Lawrence Weston called the "Community Hub". The focus of the regeneration plan is the development of a new multi-purpose community facility (referred to as the 'Hub') to fulfil the health, educational, economic and social potential of the community. Specifically it is proposed that the Hub would provide a replacement for the existing Lawrence Weston Clinic and that the Ridingleaze practice would relocate from their existing third party premises.

During November 2017, ALW and local residents conducted a survey, the results were collated and analysed and presented to the residents at the community plan workshop in March 2018. The survey showed that the residents were supportive of including a GP surgery within their mixed use community hub facility.

PMG (and formerly The Medical Centre Ridingleaze) has worked with ALW since 2012 and has also sought patient involvement by:

- Dr Veronica Pickering is a board member of ALW;
- Attendance at resident drop-in sessions at Juicy Blitz;
- Attendance at Community Plan workshops;
- Plans for the whole site on display at the surgery;
- Board member of ALW is also a member of the Patient Participation Group;
- Pioneer Medical Group move to the Community Hub from the current premises discussed with the PPG September 2018;
- Community drop-in session to review Pioneer's space within the hub arranged for January 2019.

## 6.3 Arrangements for Change and Contract Management

Change management associated with the project will be managed by PMG through the project delivery team.

## 6.4 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 29 - 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 (**Error! Reference source not found.**) 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).

The Key Risks are outlined in the table below.

*Table 30 - Risks and counter measures*

| Risk | Mitigation |
|---|---|
| Unable to delivery project within ETTF timeframe | NHS E have been kept regularly updated on progress of this project via weekly ETTF calls. The latest programme shows an overall reduction in programme with a revised completion date of 28th May 2021 which includes an 8 week contingency for potential archaeological delay and general risk. |
| FBC approval is delayed by NHS E | The dates for the FBC approvals process has been agreed with NHS E with a panel date set up for 20th July 2020 |
| Planning Approval Conditions | The Planning Approval obtained (see approval notice 20/00337/F received 5th June 2020 in Appendix D) with archaeology conditions. Hence a sum has been included for the appointment of an archaeologist to prepare a WSI with appropriate contingency included in the programme (line 34 – 4 weeks) |
| Actual tendered costs exceed budget. | NHS E has approved change request for additional funding following revised PTE of £2.435m, Tendered prices now returned indicating total project costs of circa £2.167m. Adequate contingency is available within the total budget. |
| Ridingleaze Lease Termination Option | The existing lease has a Tenant Option to Determine the lease on 1st July 2021 (with notice served no later than 30th January 2021) otherwise the lease will continue until 2nd April 2024. The Landlord has informally agreed to extend the effective break date, if required, and a £5,000 sum has been included in the financial case if required (and to be reviewed again after completion of the ground works). |
| Covid-19 Crisis | The preferred contractor has confirmed a 34 week programme, the project team have allowed a further 8 weeks total programme contingency. All construction works will be undertaken within a secured site which is completely separate to the existing Ridingleaze Medical Centre |

## 6.5 Arrangements for Post Project Evaluation

The outline 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:

- Quality of documentation prepared by PMG for the requirements of contractors and suppliers;
- Communications and involvement during procurement and effectiveness of advisers utilised on scheme;
- Efficacy of NHS guidance in delivering 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.

### 6.5.1 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 health centre opens and then 2 years later to consider the benefits planned.

A benefits realisation plan has been developed as part of this FBC which can be found in Appendix Q.

### 6.5.2 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.

# 7 Endorsements and Approvals

The completed NHS E OBC/FBC checklist has been completed and is attached in Appendix K. This document has been endorsed and approved by the following people:

*Table 31 - Endorsements and Approvals of this OBC*

| Scheme or Project Endorsed by; | | |
|---|---|---|
| Sponsor organisation Director/Head of Finance or Appropriate Authorised Officer | Organisation | BNSSG CCG |
| | Position | See section 1.7 |
| | 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<br><br>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

Appendix B – Project Risk Register

Appendix C – GEM

Appendix D – Transport and Planning Report

Appendix E – Tender Design Pack

Appendix F – Schedules of Accommodation

Appendix G – Valuation Office Agency Design Checklist

Appendix H – Tender Report

Appendix I – NHSE Waiver letter

Appendix J – District Valuer's Report

Appendix K – Detailed Project Programme

Appendix L – Detailed Cost Plan

Appendix M - Condensed Statement of Work

Appendix N – FB Forms

Appendix O – Financial Case Cash Flow

Appendix P – Estates Business Case Weighting Tool

Appendix Q – Benefits Realisation Plan

Appendix R - Agreement for Lease Heads of Terms

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