

Report

Primary Care Population and Premises Report

Edinburgh Integration Joint Board

22 September 2017



Executive Summary

1. This report summarises work undertaken by the Edinburgh Health and Social Care Partnership to ascertain the likely capacity requirements in primary care to 2026.
2. The report seeks to inform the Edinburgh Integration Joint Board (EIJB) of the key points from this work, which estimates a population growth of more than 50,000 for Edinburgh over the next ten years. This needs to be seen in the context of a primary care system already under considerable strain.
3. The report also seeks the approval of the EIJB for the Health and Social Care Partnership to develop a prioritised capital investment plan and then work with NHS Lothian (NHSL) to prioritise this within the overall capital envelope available.
4. This report was considered by the Strategic Planning Group on 28 July 2017.

Recommendations

The Integration Joint Board is asked to:

5. note the analysis of GP premises and population growth for the period 2016-2026 detailed in Appendix 1 to this report;
6. note the high-level estimate that this growth would equate to approximately £57m of investment over the next ten years;
7. mandate Edinburgh Health and Social Care Partnership to prioritise this list and engage with NHS Lothian (NHSL) on how this can be accommodated within the available envelope; and
8. mandate that a fuller report outlining a comprehensive primary care strategy, covering both revenue and capital requirements, be brought back to the IJB in the first quarter of calendar 2018.

Background

9. The background is set out in detail in the Population Growth and Primary Care Premises Assessment attached as Appendix 1.

Main report

10. The mismatch between population growth and primary care premises capacity has been well understood since 2013. This growth has found several expressions, but the most obvious is that 43 of Edinburgh's 73 practices have described themselves as restricting new patient registrations. This is driven by both changes in the working arrangements of GP practices themselves and a growth in population.
11. A number of GP practices have worked with NHSL to increase their list sizes and maximise their premises capacity, through a mix of capital and revenue schemes over the last three years.
12. NHSL has also been working on a range of more significant capital schemes, for example at Ratho, Wester Hailes and in Muirhouse, with capital values ranging from £1.5m up to nearly £13m. The Muirhouse and Ratho schemes will be ready for occupation during 2017 and early 2018. Premises ownership and leasing has been a major factor in causing practice instability. The traditional model of GP working saw partners share in the capital costs of a practice, including purchase, maintenance, and upgrading. Over time regulations have developed to provide support for lease costs, but due to a range of social and economic factors, the traditional model, with its inherent personal financial risk, has become much more restricted. This in turn has left some practices with fewer partners bearing these risks and some practices have ceased to exist as a direct result. A Scottish Government working party has made recommendations which are expected to emerge as policy directions at the end of the calendar year. It is widely anticipated that these will begin the process of disentangling general practice from ownership or leasehold of premises and move this responsibility to NHS Boards. Edinburgh Integration Joint Board has seen some symptoms of this combination of factors in papers received at its March meeting.
13. While Integration authorities have the statutory responsibility for the planning and commissioning of primary care services, they do not have capital-raising or asset-holding competencies, and these are reserved to NHS Boards. Integration authorities cannot issue Directions to Boards, but can direct Boards (and indeed Local Authorities) to develop business cases to deliver their Strategic Plans.

14. The full report provided in the appendix to this paper indicates a high-level estimate of approximately £37m of capital investment over the next three years. It is highly unlikely that this funding, and the associated site development opportunities will be available to meet this requirement.
 15. Further pragmatic adjustments and measures will therefore have to be identified, but during 2017/18 several schemes require progression to avert service failure:
 - a. The Access Practice, which provides primary care to the homeless population of Edinburgh requires relocation from Spittal Street, having relocated from the Cowgate earlier in 2017;
 - b. Polwarth Surgery requires relocation to Tollcross Medical Centre; and
 - c. North East Edinburgh requires a solution to support re-provision (and population expansion) of the Brunton Practice and Leith Links practice, whose current lease ends in 2019.
 16. Further small schemes are supported through the 'pipeline' allocation of capital from NHS Lothian.
 17. An intermediate scheme is underway at South Queensferry to support significant house building in that area.
 18. NHS Lothian is in the process of implementing a comprehensive capital prioritisation process for all aspects of its capital spending. This draws on mandatory guidance – “the Scottish Capital Investment Manual”, which outlines the steps and processes which need to be undertaken to receive Scottish Government capital allocations for projects. NHS Lothian has capital projects from across its activities to consider, not the least of which is the requirement for capital for a range of IJB commissioned services across mental health, acute services, and primary (and community) care. In order to ensure fairness in this allocation, this process will see all primary care capital requests included in a pan Lothian list combining all four IJB areas, and which in turn will then be prioritised using this standardised prioritisation process.
 19. NHS Lothian will have to carry out this prioritisation with due consideration of the strategic case laid out to support each case, and will look to Health and Social Care Partnership teams to agree on the prioritised list. This in turn raises the need for a robust primary care strategy for Edinburgh which places capital and revenue investment requirements alongside redesign work to make the case more robust.
 20. There is, therefore, even more of a requirement for a robust primary care strategy for Edinburgh and this will be a key piece of work for the Health and Social Care Partnership management team over the next 3 to 6 months.
-

Key risks

21. 43 of 73 Edinburgh Practices lists are currently restricting patient registrations. If a growing population are unable to register with a GP, the current uncomfortable but accepted system of “allocation” to practices will almost certainly break down. This would quickly lead to several thousand people being unregistered with a GP and consequent reliance on emergency services.

Financial implications

22. The resources required over the next decade are estimated at a very high level as £57m of capital. These estimates are strongly influenced by the delivery model, indicating whether the service can be re-provided alongside public services or make use of existing public infrastructure.

Involving people

23. There has been extensive consultation with GPs across the city through dedicated sessions exploring the impact of the Local Development Plan on service delivery. The plan reflects their consensual input and wider consultation in the Primary Care community.
24. As each project is developed, further engagement with community services and local communities is required by Scottish Government capital investment guidance.

Impact on plans of other parties

25. The plans have been developed in tandem with City of Edinburgh Council planning department colleagues to ensure Primary Care provision is identified to support the planned housing developments in the Councils Local Development Plan.

Implications for Directions

26. The Integration Joint Board has issued direction EDI_2017/18_4 Primary Care which includes the following:

NHS Lothian is directed to work with the Edinburgh Health and Social Care Partnership to:

5b) build and expand GP premises to increase capacity to meet increasing demand, including in 2017:

- a. relocation of Polwarth practice;
- b. commissioning of Ratho Medical Practice, North West Partnership Centre, Leith Walk Medical Practice and Allermuir Health Centre; and
- c. co-location of the Access Practice with a range of other services to support homeless people with complex needs to deliver new integrated ways of working;

5c) produce business cases to support priorities for capital investment beyond the current year taking account of the anticipated population expansion in each locality as identified in the 'Population and GP Premises Assessment Edinburgh';

As noted above, however, the IJB cannot direct on capital matters.

Background reading/references

Appendix 1 - Population Growth and Primary Care Premises Assessment: Edinburgh 2016 – 2026

Report author

Michelle Miller

Interim Chief Officer Edinburgh Health and Social Care Partnership

Contact: David White, Strategic Lead: Primary Care and Public Health E-mail: david.white@nhslothian.scot.nhs.uk | Tel: 0131 469 3935

Links to priorities in strategic plan

[Link 1] 27. Making best use of capacity across the whole system

[Link 2] 28. Managing our resources effectively

Edinburgh Health and Social Care Partnership April 2017

**Population Growth and Primary Care Premises
Assessment: Edinburgh 2016 – 2026**

Executive Summary

Underway

**Existing GP List Sizes – c42,000
Additional Population – c15,000
Number of practices – 6 existing and 1 new
Combined cost - £21.59m (NB: inc £12m NWEPC and £7m Allermuir)**

Immediate – 3 years

**Existing GP List Sizes – c91,200
Additional Population – c33,500
Number of practices – 14 existing and 3 new
Combined cost - £36.85m**

3 – 7 years

**Existing GP List Sizes – c50,200
Additional Population – c20,000
Number of practices – 10 existing and 1 new
Combined cost - £20.2m**

7 years plus

43 Practices

Population Growth and Primary Care Premises Edinburgh 2017 – 2026

A Strategic Plan for Growth (April 2017)

1. Purpose of Report

This report quantifies at locality and city level the substantial under provision of Primary Care Premises at the beginning of 2017. The report details recommended actions to adjust the existing Primary Care Infrastructure to the needs of the steadily growing Edinburgh population. The report identifies the Primary Care Premises Capital investment of c£57m which is required over the next decade.

The report also serves to provide the background and detailed actions (Appendix I) required by Primary Care to support the City of Edinburgh Council Local Development Plan Action Programme, and to provide supplementary guidance for Developers' Contributions to support those actions.

Whilst attention has been paid to try to represent each situation accurately, the picture is very dynamic both in terms of population pressure and opportunity.

2. Recommendations

- 2.1 To note that c55,000 more people will live in Edinburgh by October 2026 and full implementation of the clear set of actions in Appendix I is required to match infrastructure to population growth.
- 2.2 To consider a direction to NHS Lothian (Appendix I) that an additional c£57m is required to provide and renew accommodation for the existing and additional population. To note that £21m investment is being made in 2017 which will give physical capacity for an additional 11,000 people.
- 2.3 To consider a direction to NHS Lothian to continue to support established practices to absorb new population, whether through new buildings or amalgamation of existing buildings. C£0.7M will continue to be required each year for this purpose.
- 2.4 To consider a direction to NHS Lothian to establish four entirely new practices in new buildings during this period.
- 2.5 To support the development of infrastructure which allows Practices to share services with relevant partners. To recognise that sustainable Primary Care practices embedded in their local communities and connected to local services are the preferred model. Where an opportunity arises, GP practices will also be sited together.
- 2.6 To progress established developments (North West Edinburgh Partnership Centre, Leith Walk, Allermuir, Ratho) to implementation in 2017.
- 2.7 To recognise that premises, GMS income and associated funding streams goes hand in hand

with the workforce capacity planning for all associated disciplines and the deployment of additional resources.

- 2.8 To note the support of CEC Planning functions in promoting developer contributions towards the Primary Care infrastructure required to support new housing.
- 2.9 To support a review of the IJB/CEC/NHSL governance arrangements to enable a timely response to urgent premises situations or opportunities which arise within a fixed timescale.

3. Background

- 3.1 Over the period 2010 to 2030 the population of Edinburgh is planned and expected to grow by approximately 100,000 (from c500,000 to c600,000).
- 3.2 Since 2009, the GP list size in Edinburgh has had an established growth rate of approximately 5,000 per year, equivalent to a new GP practice annually. Primary Care has been very flexible in absorbing this new population but this elasticity is now exhausted in most areas of the city.

There are some implicit guidelines which have been applied over the last few years in helping to shape a more resilient Primary Care Sector in the city.

- That we would be unlikely to actively support small practices with new premises without the prospect of list size growth to a threshold of c5000.
 - That we have preferred to encourage expansion of existing practices, not simply for economic and practical reasons, but taking account of the potential for new practices to consume disproportionate resources and destabilize neighboring practices.
 - We have encouraged co location of practices at every opportunity, either with other practices, or with other public services.
- 3.3 The LDP covers the period 2016-2026 and gives a solid basis for these infrastructure recommendations. The LDP was examined and reported by the Scottish Government in September 2016 and the plan has now been adopted by City of Edinburgh Council. Although there will continue to be speculative planning applications from developers for sites not within the plan, it does allow for a more informed approach in planning the primary care response to the pressures generated by the considerable housing growth. The rate of growth is expected to continue for the life of the plan, and beyond.
 - 3.4 Until the 2014 Report, Primary Care Infrastructure development in Edinburgh was driven by a response to the poor state of existing premises, the capacity of individual practices to raise awareness of their particular issues and the opportunities created by sites becoming available. The linkage of premises development to population growth was previously largely opportunistic and not always adequate.

3.5 Since 1999, the following new premises have been developed:

Table 1

	Year Completed	Original List Size	Current List Size (Oct 2016)
Craigmillar	1999	8,223 (Jan 2000)	8,720
Bellevue x 2 practices	1998	7,272 (Jan 2000)	13,089
Mountcastle x 2 practices	2004	11,004	11,213
Leith Mount	2005	7,250	10,866
Slateford	2007	6,608	9,209
Conan Doyle	2007	3,500	3,500
Gracemount	2005	5,880	7,413
Westerhailes	2013	6,759 (Jul 2000)	7,249
West End	2014	7,925	9,144
Total		64,421	80,403

In the same period (2000-2016), GP list sizes grew **51,549 (489,241 to 540,790)**. Only about 16,000 of this growth was facilitated by the new builds in the table above. The remainder, some 35,500 people, have been absorbed by practices increasing their list sizes and two new practices having been established.

It should be noted that until at least 2007 the rate of population was relatively slight and often erratic. Only in 2010/11 did public services in the City begin to recognise the implications of a long term and accelerated trend of population increase.

3.6 Currently, there are four buildings in the construction phase:

Table 2

	Year	Original List Size	Planned List Size
Ratho Surgery	2017	2,092	5,000
Leith Walk	2017	8,000	10,000 (+
NWE partnership	2017	-	(+ 5,000)
Firrhill/Craiglockhart	2017	14,241	15,241
TOTAL	-	24,258	35,241

3.7 The builds in process will account for c11, 000 of the anticipated list size increase of 55,000 (2016-2026). There are no planned builds to create the infrastructure for the remaining c44, 000 people expected up to 2026 and beyond. Appendix I gives a total population expansion of c70, 000. This figure is higher than the 55,000 capacity required in the time period. The higher figure includes an element of 'future proofing' with five of the new premises having capacity which will be needed beyond 2026.

3.8 The capital costs involved in building new practice premises vary considerably. As an outline guide, each 1,000 patients require approximately 90m² of space so a practice of 5,000 will have an associated build cost of £2.5m (or its revenue equivalent).

3.9 As a crude 'rule of thumb', the combined Primary Care Estate could be costed at £500k per 1000 people. With a list size of 541,000 this equates to £270m. If we anticipate that the buildings require renewal every 25 years, this gives an annual capital requirement of £10.7m. Even if this calculation is adjusted to a 40-year life cycle, the annual expenditure required is £6.7m, simply to keep the current premises in reasonable condition. This figure then needs to be augmented

by an additional £2.5M per year to reflect the requirements of the new population. In short, a capital investment programme of £9-10M per annum has been required since 2009 to keep up with population increase. Using the 40-year calculation over the period 1999-2017 inclusive, we should have invested £170-£190m. During this period, we actually invested c£45M.

- 3.10 The 2014 assessment recommended a modest facilitating fund for a three-year period to enable increased capacity, alongside commitment to a sequence of additional strategic investments. This flexibility is now all but exhausted, although a small number of practices continue to come forward with innovative ideas to augment their existing premises.
- 3.11 Practices which wish to improve the functionality of their buildings, but are not increasing their population have had no support since the Primary Care Improvement Grants disappeared a decade ago.
- 3.12 In April 2014, c19 of Edinburgh's 73 general practices were declaring their lists full or restricted at any given time. This was a substantial increase on a few years previously, when this status was used only in exceptional circumstances.
- 3.13 Currently, 42 of the 73 practices are restricted and increasing number of patients appeal to the Practitioner Services to be placed with a GP practice. Premises are an important factor in allowing practices to expand their lists.
- 3.14 This creates a ripple effect on neighboring practices, as patients are required to register further afield and in turn create more pressure on those practices who may have been managing their list size satisfactorily. Obviously, there is also an impact on patients who will have to travel further from home.
- 3.15 GPs emphasised, as part of the 2014 consultation, their reluctance to restrict their lists in this way and their willingness to work with EHSCP to find a better balance between population growth and GP primary care capacity. The current proliferation of restrictions is an indication of how critical the current situation is.
- 3.16 In 2014, population pressure and restricted lists were very much a problem for the North of the City. Three years on, the problem is city-wide.
- 3.17 In late 2012, a short-term measure was designed and proposed; the Edinburgh List Extension Grant Uplift (LEGUP), to help with the immediate pressure. This was intended to help Practices who could extend their list sizes to do so, and release pressure from surrounding Practices.
- 3.18 The LEGUP grant of £25,000 enables practices to implement the necessary actions required to grow by the agreed amount of 500 patients over a 12-month period. As there is a time lag in the income associated with list increases, practices had found it difficult to grow because of the associated costs – LEGUP enables the management of that pressure.
- 3.19 Dialogue with GPs across the city noted concern that the LEGUP mechanism might be seen as anything more than a short-term solution to the mismatch between infrastructure and population growth.
- 3.20 A series of dedicated meetings in 2013 used a standard template and gave geographically sensitive information on likely population build up per Primary Care locality estimated from planned housing developments, (which is acknowledged to be lower than actual population growth).

3.21 These local meetings were universally welcomed by GPs, who embraced the opportunity of a more deliberately planned and consensual position on this issue. The meetings were held again in 2014 and widely acknowledged as useful. Due to the CEC Local Development (Housing) Plan being reviewed by the Scottish Government, no meetings were held in 2015. The LDP was released in September 2016 and dedicated GP premises meetings took place in November 2016 across each of the 'new' locality areas.

4. Locality Overview (see appendices II - V for detail)

4.1 Appendix I summarises the overall City position and gives indicative figures and timescales. Local Development Plan sites identify considerable development in green belt areas, particularly in the South East Wedge, West and North West. Scheduling now identifies that building will commence on most sites during 2017 and this could be accelerated as demand increases.

4.2 Appendices II to V set out the local consensual outcomes of these discussions. These recognise the long-term need for new buildings, partly in response to poor existing accommodation and partly in response to population pressure. They also suggest more limited investment in existing buildings, where it is possible to augment or to expand list size. Thirdly, they prioritise those Practices who could be helped to keep their list size open, and continue to welcome new patients over the next three years (LEGUP grants).

4.3 The locality appendices (II - V) will continue to be updated annually and discussed at local GP Representative Meetings across the city and with the GP Sub-Committee

4.4 North West (pop. 156k with 19 practices) Appendix II

Some of the population increase in this area will be absorbed by a combination of the New Partnership Centre which is already underway and adjustments through extension/reorganisation grants and LEGUP. The planned increase on the Granton Waterfront predicted to be c10, 000 post 2019 is mainly separate to the population increase in Muirhouse. A second new practice and new practice building needs to be established in this area of the City. There are three new development sites clustered around the Gogar roundabout, one of which has a new Primary School site anticipated. This would give opportunity for a combined infrastructure solution in the area.

A small scheme investment was made at Davidson's Mains and this additional capacity of c1000 remains unused. There is also capacity at the Parkgrove Surgery provided a lease can be agreed post 2019. Together, these will be adequate to serve the imminent Cammo development.

In 2017, South Queensferry will benefit from an Intermediate Scheme, potentially allowing a further 3000 to be offered GMS from the existing premises.

There is a longstanding requirement to renew the accommodation of the Stockbridge Practices. There are several options including the opportunity of the RVH site development.

4.5 North East (pop. 125k with 18 practices) Appendix III

As a part of the 2014 work, GPs looked imaginatively at their existing premises and c7,000 of potential new population capacity was identified as able to be accommodated through a

combination of both extension/ reorganisation and LEGUP funded growth. The capacity of the Leith Mount practice is now almost exhausted and the establishment and relocation of the Victoria practice has helped immensely over the last three years.

Since the 2014 recommendations, the Leith Walk scheme has been progressed and an additional 2,000 of physical capacity will be created by Spring 2017. In addition, the list of Leith Links has now re-opened and is able to absorb a further 2000. North East Edinburgh is strong example of a series of modest investments and close working with practices averting a widespread local crisis. The next stage is to ensure that the NE HUB or Gamechanger or combination of both, are able to address the immediate requirements of the Brunton and Leith Links practices. An additional Leith Waterfront population needs to be considered separately. There is a further potential opportunity for renewal with the planned development of a new primary school to respond to the population expansion in the Waterfront area in particular.

Some modest additional capacity may be available in the Mill Lane premises, where a lease has been agreed until 2032.

The second major area of expansion is Craigmillar where a new practice (Niddrie) was appointed in 2014 with capacity to absorb another 2/3000. In addition, there remains some capacity in Mountcastle (Milton and Southfield). In the longer term, more capacity will be needed and possibly another practice building as the Craigmillar population expands further.

Another area of relatively recent concern is the expansion of the Brunstane / Newcraighall population. This expansion is not large enough to justify a new practice in itself, but none of the surrounding practices are in a position to absorb the predicted additional population without associated infrastructure development. A meeting has been held with the affected practices and a possible solution is being developed.

4.6 South East (pop. 124k with 20 practices) Appendix IV

The population of SE remained static until 2014 when the certainty of change was highlighted. There are four distinct areas of pressure with several practices struggling with capacity and restricting their lists.

Firstly, there is an area towards the City boundary with the bypass, where quantity and timescales of build-up is now much more certain. There are two practices on the Gilmerton side which need new premises and the possibility therefore, of a joint development which accounts for the additional population expected at the City boundary. Early exploratory discussions are underway with CEC 21st Century Homes to consider joint developments, and there is also a possibility of a commercial opportunity.

The development of Edinburgh's first 'intermediate' scheme at Liberton has added some welcome capacity in the area.

The second critical area is a corridor from the Cowgate to Cameron Toll with five practices plus the University Practice. Only one of these practices now requires urgent replacement following the relocation of Southside to Conan Doyle. This area is also subject to considerable pressure from the concentrating university population. This cannot be further absorbed by the University Practice which is at its limit. Discussions with McKenzie and St Leonards should confirm they have capacity to respond to this.

The inner city area is complicated, with several small practices with overlapping boundaries. The long-term future of the small Marchmont and Newington based practices are key to this

picture. The optimum long-term solution for both these areas where there is a need for practice re-provision would be a single site development with co-location of the practices. Naturally this would be dependent on site availability, and the willingness of each of the independent contractors to commit to it. The re-development of the Royal Hospital for Sick Children's site could offer an opportunity, but would be dependent on the plans of the developer as the site will be out with NHS control. In addition, the NHS has a large site at the Lauriston building and consideration of the inclusion of a substantial primary care facility would be welcome.

The building currently leased by NHS Lothian for use by the Boroughloch Practice has been sold. The Boroughloch practice currently has three year tenure until September 2019.

A further 'intermediate' scheme may be possible at the Grange practice to help with capacity in the medium term.

The remaining area concerns the Hermitage Terrace practices, and potentially the Morningside practice which could be grouped together. The Phase 3 development of the REH site offers a potential solution for this development and timing would fit with practice plans.

The plans for the development of the Access practice currently in temporary accommodation in Spittal Street are well underway. There is a good option for this practice and the business case is well developed and should come forward when a rental and capital investment between NHS Lothian and CEC is agreed.

4.7 South West (pop. 130k with 17 practices) Appendix V

Ratho surgery will be re-provided in 2017 in new premises with increased capacity – sufficient to absorb early population build up from new developments in the West until a new practice is established.

The other immediate challenge is that the Polwarth practice is now a 2c (directly managed) practice with a six-month rolling lease. This requires an urgent solution in 2017 due to uncertainty of tenure. Discussions on a potential option at Tollcross Health Centre are ongoing. If successful this will avoid a capital investment of c £2.5M.

Allermuir Health Centre will open in 2017 and provide new accommodation with increased capacity for Craiglockhart / Oxbgangs and Firrhill Practices. There is sufficient physical capacity to accommodate the Craighouse development and the likely future development of Redford Barracks for residential use.

The Pentlands Practice catchment area includes new developments already underway and likely to bring an additional cohort (about 2,000?) into the Practice catchment. The current building may be able to be augmented (Minor / Intermediate scheme) to facilitate.

5. Key Understandings

- 5.1 The population build-up due to new housing has been estimated to account for c50% of the actual increase. These figures will be locality sensitive and the conclusions they provoke will be adjusted and refined annually. Accordingly, we have only recommended capital investment where we believe there is a high probability of substantial population increase and/or the urgent requirement to renew existing premises.
- 5.2 This analysis only addresses the core Primary Care premises requirements and highlights where

new solutions need to be found. These pieces of the public sector jigsaw can then lend themselves to an imaginative and locally responsive shaping of public services and enhancement of the public realm. In some cases there will be opportunities to put two or more practices together, in others co location with libraries, mental health facilities, Third Sector, or Community Centres, acute 'out reach' and schools all offer attractive surgeries. Only in the areas of highest deprivation are more deliberate models required, as with Westerhailes and the North West Partnership Centre.

- 5.3 A further complicating factor is the student population. The student population equates to approximately one third of an average population in terms of primary care workload. It is important to recognise the administrative workload caused by high turnover and the concentration of this in October in particular. In some areas, notably Central South East and more recently, Central South West, an increase in dedicated student accommodation locally, can create rapid rises in list sizes which in reality are only associated with relatively modest clinical demand. It is important we do not either over-react to this or fail to make adequate provision. The overall size of the student population continues, we understand, to be relatively stable.
- 5.4 The 2014 work recognised the strategic opportunity which occurs when an existing GP Partnership decides to reform into two new partnerships. This has provided a very welcome response to rapid population build-up in two areas of the city (Niddrie and Victoria (Leith)).
- 5.5 A further development has occurred for the large new NW Partnership Centre, (Muirhouse Medical Group) has agreed to seed or nurture the fledgling practice ('Pennywell') and to make the list size sustainable. This innovation has so far proved a very attractive mechanism saving considerable cost and protecting patients against the risks of an unsupported clinical function.
- 5.6 The issue of practice size needs to be addressed as part of the planning process. Historically, a list size of c3000 was regarded as sufficient for stability and in many parts of Scotland it could be less for geographical reasons. The average practice size in Edinburgh is now 7,200. Only six practices out of 73 now have a list size under 5000. Four are set to grow beyond 5000 and the remaining two will be absorbed into neighbouring practices or merged as senior partners retire. By 2020, it is likely that no practice in Edinburgh will have a list size under 5000, and the average practice size will rise to around 8000.
- 5.7 The issue of Practice boundaries has re-emerged as a live topic further to the Locality and Clusters formations. There is an appetite for a rationalisation of current boundaries which are unfeasibly wide in many cases. This work will be taken forward during 2017.
- 5.8 Work was undertaken which suggested that the catchments of all 73 practices could be helpfully interpreted as 16 Primary Care delivery areas – or 'sub clusters' where groups of practices have significantly overlapping geographical concentrations of patients. This work is potentially helpful in a number of ways.

Firstly, it helps to legitimise the clusters, i.e. when the natural population concentrations of practices are mapped, they suggest affiliations between practices which accord with the cluster groupings. Obviously this becomes more subjective with some practices, e.g. Meadows practice could have been interpreted as an extension of the South West 'Canal' cluster or as part of the SE 'North' cluster. The decision was made to place it in the SE North cluster as it sat within the SE locality boundary. The overriding point is that no practice has been placed into a cluster arrangement which is not solidly founded on consideration of significant population in common.

- 5.9 The provision of Primary Care infrastructure is moving from an opportunistic approach to deliberate planning in parallel with the City's expansion. Although the Local Development plan offers a very helpful guide to expansion, it cannot account for the cumulative development of windfall schemes, nor the now more intensive use of available stock, nor associated timescales. In short, we have to respond to a more complex picture than that indicated by the Plan. This includes erstwhile stable practices declaring their intention to withdraw service with six months notice.
- 5.10 The Government review of Primary Care Premises is due to report and may give a strengthened role in premises provision and management to the NHS/ IJBs. Independent contractors' views on their practice size, the suitability of their buildings and their location may vary sharply from other assessments. There is no mechanism to oblige an independent practice to move or grow.
- 5.11 Work has been ongoing with City of Edinburgh Council Planning Department to identify the impact on GP practices from new developments, and to quantify the potential for Developers' Contributions to mitigate the impact of the associated growth. The methodology for contributions is explained further in the next section.
- 5.12 Work has also been undertaken with CEC colleagues to explore opportunities for co-location with planned new schools, housing developments and existing CEC estate.

6. Developers Contributions Methodology

Developers' contributions have been calculated using a range of options to address the variety of solutions to primary care premises infrastructure. The options vary from small schemes whereby a practice increases capacity through modest means, to full re-provision or new build. This approach enables a flexible and proportionate response to the population increases arising from local developments. The options and costing methodology are identified below, and Appendix VI sets out the calculations for each type of development

- 6.1 **Small Schemes** Cost range: £0.01m-£0.1m
Schemes to increase capacity by creating additional consulting space / reorganisation within existing practice premises. Cost range is based on the work carried out for comparable schemes in over 20 practices in the past 3 years
- 6.2 **Intermediate schemes** Cost range £0.1m – £0.5m
An intermediate scheme is a more substantial scheme for existing practice premises, where an extension is added or significant internal refurbishment is required to add sufficient increased capacity. Costs are based on completed schemes or schemes in development in the last 3 years.
- 6.3 **Refurbishment/redesign entire practice premises** Cost range £0.5m - £1.2m (x 20%)
This involves extensive redesign which may include augmentation of premises as well. May not be wholly attributable to new development pressures in which case only a % would apply for developers' contributions e.g. If a practice of 8,000 increases capacity by a further 2,000 to accommodate growth from developments, then only the % relevant to the development would apply for contributions i.e. 20%
- 6.4 **New build** Cost range highly variable
Likely to apply when an entirely new practice is required, needing both premises and staff, and in instances where there is no general practice provision in the area or that which is there is unable

to respond to the increased need. Cost will vary dependent on solution to deliver scheme and the number of patients which the practice will serve. Indicative costs are based on Scottish Future Trust metrics.

7. Partnership Working

7.1 GPs continue to be receptive to the idea of sharing premises with neighbouring practices and indeed other public services. Much closer working between CEC, NHS and other agencies has developed over several years and the HSCP. Buildings which are no longer required or which are considered unfit for purpose by one agency, may present a long-awaited opportunity for a partner.

7.2 The ideal 'partnership' models have been brought together in developments such as WesterHailes and prospectively the new North West Edinburgh Partnership Centre (NWEPC) development. These are essential in areas which have high levels of economic deprivation, but are not necessarily a requirement in other areas of the City. We already have obvious Partnership groupings in several areas with high deprivation;

- Craigmillar
- Liberton and Gilmerton
- Wester Hailes
- NWEPC (scheduled)

7.3 Areas with high levels of economic disadvantage which have no obvious public sector 'hubs', are;

- Sighthill area – possible redevelopment of Sighthill
- Craightinny / Lochend – NE HUB / Gamechanger
- Leith

8. Resources Sought (Primary Care Population Growth Funds)

8.1 Appendix I summarises the resources required with indicative timescales.

8.2 In 2014, c30 practices across the City told us that with a 'reorganisation or extension' grant (less than 50k per practice) they could increase their list size by 500 or more. Since then we have given out 17 LEGUPs and undertaken 17 minor works schemes to increase physical capacity.

8.3 The combination of a 'reorganisation and expansion' grants scheme and the LEGUPs, have provided additional capacity for c10000 patients across the City. The cost of this was approximately £400k; a fraction of the cost of establishing a new practice and providing premises.

8.4 The modest annual provision of £200k for minor premises 'reorganisation and expansion' grants (less than 50k each), should be continued – in the last two years, only half was allocated albeit capital slippage augmented some of the shortfall.

8.5 8-10 LEGUPs are required per year. In 2014, eight were given out, in 2015, this reduced to five and in 2016 only three were available. The number of restricted lists has risen accordingly.

8.6 Around 10 practices are currently willing to consider LEGUPs in 2017 and this is a way to augment capacity whilst further infrastructure solutions are put in place.

8.7 Further capital schemes are recommended with an indicative cost of c£57m. These are proposed partly in response to poor current conditions and partly to respond to the growing population.

9. Governance

9.1 The four Edinburgh GP locality groups helped to develop and support this paper.

9.2 Considerable challenges have been posed in aligning urgent operational decision making with our new joint decision-making. The risks of not being able to make decision in a timely fashion are considerable and could result in service failure.

9.3 For a decision to be made about the reprovision of a practice, the following groups need to be consulted in the order indicated:

- EHSCP EMT (fortnightly)
- LCIG (monthly)
- IJB (bi-monthly)
- F&R (NHSL) (bi-monthly)

Infrastructure projects are required to comply with the terms of the Scottish Capital Investment Manual (SCIM). This applies to both capital schemes and schemes using third party developer funding or other ways of providing premises for independent contractors.

Depending on the value of the scheme, the stages – each of which need to submit to governance - are:

- Strategic Assessment
- Initial Agreement
- Standard Business Case (within delegated limits, i.e. <£5m) or Outline Business Case then Full Business Case if > £5m.

Schemes greater than £5m require Scottish Government approval at each stage, in addition to that of NHS Lothian and the Integrated Joint Board. The time to get through this can be considerable. Pragmatic and helpful decisions continue to be made to avoid the consequences of delays which threaten services, but lack of an agreed mechanism to expedite is a weakness in current arrangements.

10. Beyond the Current Planning Period

10.1 We know the city will continue to grow and to put immediate and obvious pressures on the infrastructure required for education, transportation and Primary Care. The wider impacts will be slower to materialize but it is essential that the public sector is able to respond collectively to these immediate pressures.

10.2 The City has started a conversation about what 2050 might look like and Primary Care is eager, albeit with the constraints of the current crisis. Some early modeling has been undertaken to illustrate how practices might be grouped together in single buildings. Judgements which try to foresee the impact of technology, professional development and public preferences so far ahead quickly deteriorate into guesses. The inherent trade offs between local access as perceived by communities and staff delivering services and the perceived advantages of co location and scale is a perennial dilemma. This is a debate which should start as soon as we

have confidence in our capacity to resolve the immediate challenges, in the knowledge that failure to adequately invest is almost certain to result in a very intense period of public dissatisfaction and the resultant scrutiny. Our experience of public sensitivity to changes in the geographical access to Primary Care underline that any significant departure from current disposition would require careful public consultation.

10.3 The early modeling work looked at one of the many ways to interpret what the long term future infrastructure requirements for Primary Care might look like. The approach took a cluster based view, building on the known affinity between GP practices in the same cluster sharing common geographies. There are some practices which were left unaffected;

- South Queensferry/ Ratho/ Riccarton/ Crammond because of an overwhelming geographical rationale combined with known population build up.
- Firrhill/ Craiglockhart/ Gracemount/ West End/ Craigmillar/ Mountcastle/ Westerhailes/ Conan Doyle because of recent substantial investment in purpose built premises and well understood local population build up.

29. Any further development of long term and speculative proposals would need to ensure that this did not distract or undermine the immediate challenges.

11. Equalities Impact Assessment

A Rapid Impact Assessment was undertaken on 23.1.2014. The assessment highlighted the following points:

- The opportunity for Public and Third Sector services to plan for the population increase collectively through the Edinburgh Partnership.
- The risks associated with any new population being unable to access a GP list or appointments are thought to be greater for areas of widespread economic deprivation.

The consequences of substantial numbers of the population by-passing Primary Care Services would be increased pressure on Acute and other direct access health and social care services.

David White - Strategic Lead Primary Care and Public Health
Maggie Gray - Project Manager Edinburgh Health and Social Care
March 2017

Edinburgh Health and Social Care Partnership - Population and Premises Plan

Appendix I

Location	Details	Estimated capacity increase	Building required	Estimated Capital Cost £m	Current status	Urgency category
North East						
Leith Walk Surgery*	Re-provision with increased capacity	2,000	2017	1.07	Underway - landlord scheme	
New Practice - Leith	Required to mitigate impact of Leith Waterfront development	10,000	2020-2022	6	Exploring options -co-locate with new school /NE Hub	
Brunton Practice	Re-provision with increased capacity	2,000	2018	5	Exploring options - Gamechanger	
Leith Links	Re-provision with increased capacity	2,000	2019	3.5	Exploring options - Gamechanger /Hub. ?Extend lease post 2019	
Niddrie	Expansion or re-provision	2,000	2020	5	Speculative	
Restalrig*	Intermediate scheme	1,500	tbc	tbc	Landlord scheme	
Brunstane	Required to mitigate impact of Brunstane/Newcraighall developments	3,500	2019	0.1	Exploring options with local practices	
	Sub total	23,000		20.67		
North West						
South Queensferry *	Intermediate scheme - internal refurbishment	3,000	2017	0.3	Underway - landlord scheme	
New practice North West Edinburgh **	Provision of new practice within NWE partnership centre	5,000	2017	12	Underway as part of NHSL bundle	
New practice - Granton Waterfront	Establish new practice to mitigate impact of Granton Waterfront developments	10,000	2021	6	Exploring options - co-locate with new primary school	
New practice West Edinburgh	Establish new practice to mitigate impact of developments in West Edinburgh - Maybury, IBG, Ed Park, South Gyle	8,000	2020	5	Exploring options	
Stockbridge(s)	Re-provision of practices / upgrade to Stockbridge Health Centre	0	2020	6	Exploring options - Royal Victoria Site. Potential capital receipt if full re-provision	
Parkgrove	Extend lease post 2019 plus Intermediate scheme - internal refurbishment to mitigate impact of Cammo development	2,000	2019	0.1	NHS Lothian requires IJB confirmation to action lease extension post 2019	
Cramond	Intermediate scheme	1,000	2018	0.25	Exploring in tandem with lease renewal works	
	Sub total	29,000		29.65		

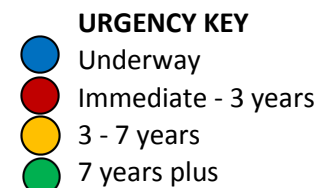
Edinburgh Health and Social Care Partnership - Population and Premises Plan

Appendix I

Location	Details	Estimated capacity increase	Building required	Estimated Capital Cost £m	Current status	Urgency category
South East						
New practice Gilmerton +/- re-provision of existing local practice(s)	Establish new practice to mitigate impact of SE Edinburgh developments. Potentially combine with re-provision of Ferniehill and Southern	6,000	2018	5 (9)	Exploring options - potential development with 21stC Homes or Morrisons supermarket.	
Edinburgh Access Practice	Re-provision of unsuitable premises, temporarily in Spittal St	0	2018	2	Business case in development for city centre site	
Southside	Re-provision of premises due to loss of existing premises	0	2017	0.02	Underway - moving to Conan Doyle	
Morningside	Re-provision of 2-3 practices	1,000	2021	9	Speculative-potential opportunity Royal Edinburgh Development ph 3	
Meadows area	Re-provision of premises for up to 3 practices	1,000	?2019	3	Speculative - limited site opportunities	
Grange	Intermediate scheme - extension	2,000	2018	0.4	Discussions with practice/exploring options	
	Sub total	10,000		19.42		
South West						
Ratho Surgery	Re-provision with increased capacity	3,000	2017	1.2	Underway	
Allermuir Health Centre**	Re-provision of Craiglockhart/Oxgangs and Firrhill practices	2,000	2017	7	Underway	
Pentlands Medical Centre	Intermediate scheme - internal refurbishment	1,500	2018	0.5	Early discussions with practice	
Polwarth	Re-provision of premises due to loss of existing premises	0	2017	0.2	Exploring options for relocation to health centre	
	Sub total	6,500		8.9		
TOTAL		68,500		78.64		

* Revenue schemes, landlord developing

** Total cost of partnership centre



**EHSCP DRAFT POPULATION / PREMISES PLAN
NORTH WEST EDINBURGH SUMMARY
v. March 2017**

Key Understandings

- Across Edinburgh, population projection is at the rate of 5,000 / per year. New housing developments have accounted for around half of this growth. Several of the City's areas of major population development are in the NW sector.
- An intermediate scheme planned for South Queensferry in early 2017 will create increased capacity to facilitate local population growth
- A new practice in development for the NWE Partnership Centre will absorb population growth associated with the redevelopment of Muirhouse/Pennywell and some early development at Granton Waterfront
- Substantive development at Granton Waterfront will require a further new practice
- Parkgrove practice is well placed to provide capacity for the development at Cammo and further capacity is available at D Mains following a small scheme
- A new practice will be required for the population associated with the developments to the west of the city including Maybury and International Business Gateway. In the meantime, Ratho boundary (SW Locality) has been extended to cover these areas
- The City Centre population continues to put pressure on West End, Stockbridge and Eyre, despite not being associated with large scale additional housing developments.
- The development of the RVH site may allow for the development of new practice premises for Stockbridge(s)
- Further population can be accommodated by some existing practices if a 'reorganisation and extensions' grants fund and LEGup is available

Population (GP List Size as at 1st July) (using new localities)

2008	2016	%	Additional population 2016 -2021	Known developments of c1,000 and more
147,789	158,383	7.17	circa 6,822 from planned housing	Granton Waterfront, South Queensferry, Maybury/Cammo, Edinburgh Park

New build/New Premises development (part of Lothian-wide Primary Care Prioritisation)

	Completion
West End Medical Practice + 1,000 (already absorbed)	2014
NWE Partnership Centre – new practice + 5,000	2017

Extension/reorganisation to enable growth

	Extra capacity	Estimated £	Status
Davidson's Mains	1,000	40.5k	Actioned 2014
Parkgrove and E Craigs	500	18k	Actioned 2014
Inverleith	500	7.7k	Actioned 2014
Longhouse	500	8k	Actioned 2015
Eyre	500-1,000	49.5	Actioned 2016
Bangholm	1,000	42k	Programmed 2017
Intermediate scheme			
Sth Queensferry	3,000	300k	Programmed 2017
Total	7,500		

LegUp

Year	Practice	Extra population	Status
2014/15	E Craigs/Parkgrove	500	Actioned
	Longhouse	As above	Actioned
	Inverleith	As above	Actioned
2015/16	South Queensferry	500	Actioned
	Muirhouse	New practice	Actioned
2016/17	Muirhouse	New practice	Actioned

2017/18	Bangholm?		
---------	-----------	--	--

North West Edinburgh - Planned Developments

The following table represents the expected completions of housing developments, based on the City of Edinburgh Council Housing Land Audit (HLA) 2016. The HLA, which is updated annually, programmes expected completions over the audit period 2016-2021, and in the longer term. The audit includes housing sites that are under construction, sites with planning consent, sites in the Local Development Plan and constrained sites which have not been programmed yet. The audit is effectively a snapshot as at 1st April 2016, therefore sites which have received planning consent since that date may not appear until the 2017 HLA.

Population projections have been calculated by multiplying the planned number of units to be built by the average household size for Edinburgh, source National Records Scotland (NRS). The average household size projected for 2017 of 2.1 has been used in these calculations, although it is expected to decrease over time. It is worth bearing in mind that if the planned developments include family housing, the population projections from the developments will be much higher; therefore, the figures below are only indicative.

Housing Land Audit and Delivery Programme 2016 North West Edinburgh

Local Development Plan Sites	Site capacity	Total completed	Total remaining	2016-2021		2021-2026		Post 2026
				Units	Population	Units	Population	Units
LDP Del 5: Edinburgh Park / South Gyle	375	0	375	100	210	250	525	25
LDP Del 5: Edinburgh Park / South Gyle	200	16	184	184	386	0	0	0
LDP Emp 6 IBG	350	0	350	180	378	170	357	0
LDP EW 2A: West Shore Road - Forth Quarter	350	0	350	100	210	250	525	0
LDP EW 2B: Granton Park Avenue	95	14	81	0	0	81	170	0
LDP EW 2B: Upper Strand Phs 2	64	0	64	64	134	0	0	0
LDP EW 2B: Waterfront WEL - Central Dev	1,604	0	1604	150	315	250	525	1,204
LDP EW 2C: Granton Harbour	288	133	155	0	0	155	326	0
LDP EW 2C: Granton Harbour	1,055	0	1055	100	210	325	683	630
LDP HSG 19: Maybury	1,850	0	1850	175	368	700	1,470	975
LDP HSG 2: Scotstoun Avenue (Agilent)	156	71	85	85	179	0	0	0
LDP HSG 2: Scotstoun Avenue (Agilent)	294	90	204	204	428	0	0	0
LDP HSG 20: Cammo	600	0	600	175	368	425	893	0
LDP HSG 3: Queensferry Road	75	0	75	75	158	0	0	0
LDP HSG 3: Queensferry Road	69	40	29	29	61	0	0	0
LDP HSG 3: Queensferry Road	125	105	20	20	42	0	0	0
LDP HSG 32: Buileyon Road	840	0	840	75	158	450	945	315
LDP HSG 33: South Scotstoun	375	0	375	120	252	255	536	0
LDP HSG 34: Dalmeny	15	0	15	15	32	0	0	0
LDP HSG 6: South Gyle Wynd	203	38	165	165	347	0	0	0
LDP HSG 8: Telford College (North)	329	211	118	118	248	0	0	0
LDP HSG 9: City Park	203	56	147	147	309	0	0	0
Other North West Sites					0		0	
Corstorphine Road	30	0	30	30	63	0	0	0
Cramond Road North	155	139	16	16	34	0	0	0
Drumsheugh Gardens	17	0	17	17	36	0	0	0
ECLP HSG 10: Clermiston Campus	328	317	11	11	23	0	0	0
Ellersly Road	19	6	13	13	27	0	0	0
Ferrymuir	151	0	151	151	317	0	0	0
Muirhouse Avenue	202	122	80	80	168	0	0	0
Murrayfield Drive	17	0	17	17	36	0	0	0
Pennywell Road	290	0	290	75	158	215	452	0
Pennywell Road	193	63	130	130	273	0	0	0
Pennywell Road	177	0	177	130	273	47	99	0
Pennywell Road	68	0	68	68	143	0	0	0
RWELP HSG : Ferrymuir Gait	108	0	108	108	227	0	0	0
RWELP HSP 3: Kirkliston Distillery	122	30	92	92	193	0	0	0
West Coates	203	0	203	125	263	78	164	0
TOTAL					7,022		7,667	

There are potentially a number of other sources of land for development, including constrained sites, windfall and other development land coming forward. Some examples are noted below. These are not included in the population projections above.

CONSTRAINED SITES NORTH WEST	Units
LDP EW 2B: West Harbour Road	42
LDP HSG 1: Springfield	150
RWELP HSG 7: Society Road	50
LDP EW 2D: Waterfront - WEL - North Shore	850
LDP EW 2A: West Shore Road - Forth Quarter	691
RWELP HSG 6: Port Edgar	300
LDP HSG 7: Edinburgh Zoo	80
LDP EW 2C: Granton Harbour	426

CARE HOMES/RETIREMENT FLATS NORTH WEST			
Address	Bedrooms	Proposal	Applicant
YET TO COMMENCE			
118 Corstorphine Road	63	Develop a 63 bed care home with ancillary facilities including a cafe, library, activity spaces, car parking and childrens play equipment	Care UK
44 Hillhouse Road	62	Planning permission in principle for a 3 storey residential care home for the elderly, with associated access, car parking and landscaping	Northcare scotland Ltd
44 Hillhouse Road	50	Planning permission in principle for a 3 storey residential care home for the elderly, with associated access, car parking and landscaping	Northcare scotland Ltd
18 Whitehouse Road	50	Proposed demolition of existing dwelling and construction of new carehome and associated parking	Care Concern Holdings Ltd
STATUS UNKNOWN			
565 Queensferry Road	60	Demolition of an existing dwellinghouse and development of a care home and associated access, parking	Barchester Healthcare

STUDENT ACCOMMODATION (as at Dec 2015)	
	Student bed spaces
Consent granted	
St John's Road	16
Awaiting determination	
Muirhouse Avenue	72

NB: Student accommodation as per annual report Dec 2015, so the status of some sites may have changed since the report. Will be updated when 2016 report available.

**EHSCP DRAFT POPULATION/ PREMISES PLAN
NORTH EAST EDINBURGH SUMMARY
v. March 2017**

Key Understandings

- Across Edinburgh, population projection is at the rate of 5,000 / per year. New housing developments have accounted for around half of this growth.
- Brunton Place requires urgent re-provision which would also enable an increase of 2000
- Leith Walk will move to new premises in 2017 with increased capacity of 2000
- Leith Links is able to accommodate further growth
- Victoria Practice has moved to larger premises with increased capacity of 2000 within Leith CTC
- Gamechanger and NE Hub (Tramway) developments offer opportunities for practice re-provision and increased capacity
- A new practice will be required for the Leith Waterfront Developments
- Brunstane/New Craighall developments – solution required
- Niddrie will require premises expansion or replacement
- Further population can be accommodated by some existing practices if a ‘reorganisation and extensions’ grants fund and LEGup is available

Population (GP List Size as at 1st July) (using new locality practices)

2011	2016	%	Additional population 2016-2021	Known developments of c1,000 people or more
117,194	124,543	6.27	circa 8,000 from planned housing	Salamander Place, Western Harbour, Leith Waterfront Shrub Place, Brunstane

New build/New Premises development (part of Lothian-wide Primary Care Prioritisation)

	<u>Completion</u>
Leith Walk – potential growth of 2000	2017
Brunton Place – potential growth of 2000	?

Extension/reorganisation to enable growth

	Extra capacity	Estimated £	Status
St Triduana’s	500	10k	Actioned 2014
Niddrie	1000	5k	Actioned 2014
Long House	500	6k	Actioned 2014
Victoria	2000	28k	Actioned 2016
Leith Mount	500	4.3k	Actioned 2016
Brunton	500	6.1k	Actioned 2016
Restalrig - extend	1,500	Landlord led scheme	?
Bellevue –reorganise	2,000?	?	feasibility study
Total	6,500		

LegUp

Year	Practice	Extra population	Status
2014/15	Niddrie	as above	Actioned
	St Triduana’s	as above	Actioned
	Victoria	500	Actioned
2015/16	St Triduana’s	500	Actioned
	Leith Mount	500	Actioned
2016/17	Leith Mount	500	Actioned
	Durham Road	500	Actioned
	St Triduana’s	500	<i>Insufficient funding</i>
2017/18	Niddrie	500	<i>Insufficient funding</i>
	Leith Walk	500	
	Niddrie	500	
	Leith Links		

North East Edinburgh - Planned Developments

The following table represents the expected completions of housing developments, based on the City of Edinburgh Council Housing Land Audit (HLA) 2016. The HLA, which is updated annually, programmes expected completions over the audit period 2016-2021, and in the longer term. The audit includes housing sites that are under construction, sites with planning consent, sites in the Local Development Plan and constrained sites which have not been programmed yet. The audit is effectively a snapshot as at 1st April 2016, therefore sites which have received planning consent since that date may not appear until the 2017 HLA.

Population projections have been calculated by multiplying the planned number of units to be built by the average household size for Edinburgh, source National Records Scotland (NRS). The average household size projected for 2017 of 2.1 has been used in these calculations, although it is expected to decrease over time. It is worth bearing in mind that if the planned developments include family housing, the population projections from the developments will be much higher; therefore, the figures below are only indicative.

Housing Land Audit and Delivery Programme 2016 North East

Local Development Plan Sites	Site capacity	Total completed	Total remaining	2016-2021		2021-2026		Post 2026
				Units	Population	Units	Population	Units
LDP EW 1A: Western Harbour	96	12	84	84	176	0	0	0
LDP EW 1A: Western Harbour	1,155	0	1155	0	0	325	683	830
LDP EW 1A: Western Harbour - Newhaven Pl	138	0	138	138	290	0	0	0
LDP EW 1A: Western Harbour View	258	0	258	175	368	83	174	0
LDP EW 1C: Salamander Place	781	145	636	75	158	250	525	311
LDP HSG 11: Shrub Place	374	0	374	344	722	30	63	0
LDP HSG 12: Albion Road	205	0	205	205	431	0	0	0
LDP HSG 13: Eastern General Hospital	155	24	131	131	275	0	0	0
LDP HSG 13: Eastern General Hospital ph 3	76	0	76	76	160	0	0	0
LDP HSG 14: Niddrie Mains	484	0	484	85	179	150	315	249
LDP HSG 14: Niddrie Mains Road	110	87	23	23	48	0	0	0
LDP HSG 16: Thistle Foundation	149	0	149	149	313	0	0	0
LDP HSG 17: Greendykes	831	0	831	75	158	250	525	506
LDP HSG 17: Greendykes Road	10	0	10	10	21	0	0	0
LDP HSG 18: New Greendykes	526	60	466	260	546	206	433	0
LDP HSG 18: New Greendykes phase 1	130	91	39	39	82	0	0	0
LDP HSG 18: New Greendykes phase 2	160	25	135	135	284	0	0	0
LDP HSG 26: Newcraighall North	220	34	186	174	365	12	25	0
LDP HSG 27: Newcraighall East	154	0	154	75	158	79	166	0
LDP HSG 29: Brunstane	1,330	0	1330	175	368	650	1,365	315
LDP HSG 40: SE Wedge North - The Wisp	72	0	72	72	151	0	0	0
Other North East Sites								
Annandale Street	60	0	60	60	126	0	0	0
Beaverbank Place	41	0	41	41	86	0	0	0
Beaverhall Road	83	31	52	52	109	0	0	0
Blackchapel Close	91	46	45	45	95	0	0	0
Brunstane Road South	12	6	6	6	13	0	0	0
Brunswick Road	121	0	121	121	254	0	0	0
Brunswick Road (AHP)	43	0	43	43	90	0	0	0
Couper Street	27	0	27	27	57	0	0	0
Dalgety Road	52	0	52	52	109	0	0	0
Duddingston Park South	186	36	150	150	315	0	0	0
Duke Street	53	0	53	53	111	0	0	0
Fort House	94	0	94	94	197	0	0	0
Greendykes Road	62	0	62	62	130	0	0	0
Marionville Road	34	0	34	34	71	0	0	0
Mcdonald Road	75	0	75	75	158	0	0	0
Newcraighall Road	176	0	176	126	265	50	105	0
Portobello High Street	26	0	26	26	55	0	0	0
Portobello High Street	42	0	42	42	88	0	0	0
Portobello High Street	105	0	105	105	221	0	0	0
Portobello High Street	52	0	52	52	109	0	0	0
Tenant Street	49	0	49	49	103	0	0	0
West Bowling Green Street	114	0	114	80	168	34	71	0
TOTAL					8,180		4,450	

There are potentially a number of other sources of land for development, including constrained sites, windfall and other development land coming forward . Some examples are noted below. These are not included in the population projections above.

CONSTRAINED SITES NORTH EAST	Units
LDP EW1A Western Harbour Platinum Pt	226
LDP EW1B Central Leith Waterfront	2,680
LDP EW1C Leith Waterfront Salamander Place	719
LDP HSG 15 Castlebrae	145
LDP HSG 16 Thistle Foundation	136
Ocean Drive	193

CARE HOMES/RETIREMENT FLATS NORTH EAST – UNDER CONSTRUCTION			
Address	Bedrooms	Proposal	Applicant
17-21 Portobello High Street	42	Proposed development of sheltered housing, comprising 42 sheltered apartments, communal facilities, landscaping and car parking	McCarthy and Stone Retirement Lifestyles Ltd
99 Inchview Terrace	60	Development of 60 bed care home with ancillary facilities including a cafe, library, activity spaces and externally a new car park and access.	Care UK

STUDENT ACCOMMODATION (as at Dec 2015)	Student bed spaces
Under construction	
Canongate/Holyrood Road EH8 8AA	935
Haddington Place	226
Consent granted	
Bothwell Street	240
Awaiting determination	
James Craig Walk	106
London Road	350
Stanley Place	98
Calton Road	91

NB: Student accommodation as per annual report Dec 2015, so the status of some sites may have changed since the report. Will be updated when 2016 report available.

EHSCP DRAFT POPULATION/ PREMISES PLAN
SOUTH EAST EDINBURGH SUMMARY
v. March 2017

Key Understandings

- Across Edinburgh, population projection is at the rate of 5,000 / per year. New housing developments have accounted for around half of this growth.
- Access Practice requires new premises and will temporarily relocate to Spittal Street meantime
- Exploring options for Newington area /re-provision of Southside
- A new practice is required in the Gilmerton area to provide for the planned developments
- Gilmerton new practice may offer an opportunity for joint new premises with local practices
- There is physical capacity for expansion at Conan Doyle
- Future development of the RHSC site, currently for sale, may offer developer led opportunities
- University practice will require new premises subject to Edinburgh University re-development
- Phase 3 Royal Ed development offers potential site for Hermitage/Morningside re-provision
- Further population can be accommodated by some existing practices if a 'reorganisation and extensions' grants fund and LEGup is available

Population (GP List Size as at 1st July) (using new locality practices)

2011	2016	%	Additional population 2016-2021	Known developments of c1,000 people or more
117,150	122,441	4.5%	circa 4,000 from planned housing	Gilmerton/TheDrum Bromhills/Burdiehouse

New build/New Premises development (part of Lothian-wide Primary Care Prioritisation)

	<u>Completion</u>
Edinburgh Access Practice	2018
Newington re-provision	? 2017
Gilmerton	?

Extension/reorganisation to enable growth

	Extra capacity	Estimated £	Status
Mackenzie	500	10k	Actioned 2014
St Leonard's	500	8.7k	Actioned 2015
Morningside	500-1,000	34k	Programmed 2017
Intermediate scheme			
Liberton	1,000	320k	Actioned 2016
Grange			?
Total	3,000		

LegUp

Year	Practice	Extra population	Status
2014/15	Gracemount	500	Actioned
	St Leonard's	As above	Actioned
2015/16	Mackenzie	As above	Actioned
	Morningside	As above	Actioned
2016/17	Liberton	As above	Actioned
2017/18			

South East Edinburgh - Planned Developments

The following table represents the expected completions of housing developments, based on the City of Edinburgh Council Housing Land Audit (HLA) 2016. The HLA, which is updated annually, programmes expected completions over the audit period 2016-2021, and in the longer term. The audit includes housing sites that are under construction, sites with planning consent, sites in the Local Development Plan and constrained sites which have not been programmed yet. The audit is effectively a snapshot as at 1st April 2016, therefore sites which have received planning consent since that date may not appear until the 2017 HLA.

Population projections have been calculated by multiplying the planned number of units to be built by the average household size for Edinburgh, source National Records Scotland (NRS). The average household size projected for 2017 of 2.1 has been used in these calculations, although it is expected to decrease over time. It is worth bearing in mind that if the planned developments include family housing, the population projections from the developments will be much higher; therefore, the figures below are only indicative.

Housing Land Audit and Delivery Programme 2016 South East

Local Development Plan Sites	Site capacity	Total completed	Total remaining	2016-2021		2021-2026		Post 2026
				Units	Population	Units	Population	Units
LDP CC2: New Street	164	0	164	134	281	30	63	0
LDP HSG 21: Broomhills	633	0	633	150	315	250	525	233
LDP HSG 22: Burdiehouse phase 2	211	0	211	144	302	67	141	0
LDP HSG 23: Gilmerton Dykes Road	61	0	61	61	128	0	0	0
LDP HSG 24: Gilmerton Station Road	625	0	625	220	462	405	851	0
LDP HSG 25: The Drum	175	0	175	125	263	50	105	0
LDP HSG 28: Ellens Glen Road	240	0	240	75	158	165	347	0
LDP HSG 30: Moredunvale Road	185	0	185	50	105	135	284	0
LDP HSG 39: North of Lang Loan	220	0	220	110	231	110	231	0
LDP HSG 40: SE Wedge South - Edmonstone	368	0	368	150	315	218	458	0
LDP HSG22: Burdiehouse Road phase 1	122	83	39	39	82	0	0	0
Other SE Sites								
Advocate's Close	14	0	14	14	29	0	0	0
Balcarres Street	1	0	1	1	2	0	0	0
Balcarres Street	10	0	10	10	21	0	0	0
Broughton Street Lane	11	0	11	11	23	0	0	0
Canning Street Lane	7	0	7	7	15	0	0	0
Clearburn Crescent	10	0	10	10	21	0	0	0
Gracemount Drive	116	80	36	36	76	0	0	0
High Riggs	1	0	1	1	2	0	0	0
High Street	13	0	13	13	27	0	0	0
Liberton Gardens	206	0	206	180	378	26	55	0
Liberton Gardens	92	6	86	86	181	0	0	0
Newbattle terrace	7	0	7	7	15	0	0	0
North Castle Street	11	0	11	11	23	0	0	0
Old Dalkeith Road	1	0	1	1	2	0	0	0
Old Dalkeith Road	110	0	110	110	231	0	0	0
Pitsligo Road	81	18	63	63	132	0	0	0
Queen Street	6	0	6	6	13	0	0	0
South Oswald Road	10	0	10	10	21	0	0	0
St Andrew Square	6	0	6	6	13	0	0	0
St James Centre	143	0	143	143	300	0	0	0
Torphichen Street	11	0	11	11	23	0	0	0
York Place	11	0	11	11	23	0	0	0
TOTAL					4,213		3,058	

There are potentially a number of other sources of land for development, including constrained sites, windfall and other development land coming forward . Some examples are noted below. These are not included in the population projections above.

CONSTRAINED SITES SOUTH EAST	Units
Jeffrey Street	53

CARE HOMES/RETIREMENT FLATS SOUTH EAST - STATUS UNKNOWN			
Address	Bedrooms	Proposal	Applicant
35 Balcarres Street	41	Proposed new care home and residential development with associated parking	Morningside Manor Ltd

STUDENT ACCOMMODATION (as at Dec 2015)	
	Student bed spaces
Under construction	
Clerk Street	102
Bernard Terrace	237
St Leonard's Place	579
Consent granted	
Buccleuch Place	237
Buccleuch Street	138
Causewayside	187
Jeffrey Street	100
Mayfield Road	50
Gilmerton Road	100
Potterrow	52

NB: Student accommodation as per annual report Dec 2015, so the status of some sites may have changed since the report. Will be updated when 2016 report available.

Appendix V

***EHSCP DRAFT POPULATION/ PREMISES PLAN
SOUTH WEST EDINBURGH SUMMARY
v. March 2017***

Key Understandings

- Across Edinburgh, population projection is at the rate of 5,000 / per year. New housing developments have accounted for around half of this growth.
- Braids investment will stabilise provision in area with further scope for patient exchange with Morningside
- Wester Hailes is well placed to absorb population from local new housing if space /team capacity allows
- Sighthill Health Centre able to absorb planned adjacent housing
- Polwarth practice requires re-provision
- Fountainbridge masterplan will bring significant additional housing and student accommodation
- Increased population planned for Pentlands area from local developments
- Ratho surgery will be re-provided in 2017 with additional capacity - boundary extended to accommodate growth from several planned sites in West /NW e.g. Maybury, International Business Gateway
- Craiglockhart/Oxgangs and Firrhill practices will move to Allermuir Health Centre in 2017
- Redford Barracks is likely to be developed in medium term
- Further population can be accommodated by some existing practices if a 'reorganisation and extensions' grants fund and LEGup is available

Population (GP List Size as at 1st July) *(using new locality practices)*

2011	2016	%	Additional population 2016-2021	Known developments of c1,000 people or more
117,194	124,543	6.27	circa 4,300 from planned housing	Fountainbridge, Currie area,

New build/New Premises development *(part of Lothian-wide Primary Care Prioritisation)*

	<u>Completion</u>
Allermuir Health Centre – Craiglockhart/Oxgangs/Firrhill +2000	2017
Ratho Surgery – + 3000	2017

Extension/reorganisation to enable growth

	Extra capacity	Estimated £	Status
Braids	1,000	49.6k	Actioned 2014
Polwarth	500	28.8k	Actioned 2014
Pentlands	500	9.5k	Actioned 2016
Total	2,000		

LegUp

Year	Practice	Extra population	Status
2014/15	Slateford	500	Actioned
2015/16	Braids	As above	Actioned
2017/18	? Pentlands		

South West Edinburgh - Planned Developments

The following table represents the expected completions of housing developments, based on the City of Edinburgh Council Housing Land Audit (HLA) 2016. The HLA, which is updated annually, programmes expected completions over the audit period 2016-2021, and in the longer term. The audit includes housing sites that are under construction, sites with planning consent, sites in the Local Development Plan and constrained sites which have not been programmed yet. The audit is effectively a snapshot as at 1st April 2016, therefore sites which have received planning consent since that date may not appear until the 2017 HLA.

Population projections have been calculated by multiplying the planned number of units to be built by the average household size for Edinburgh, source National Records Scotland (NRS). The average household size projected for 2017 of 2.1 has been used in these calculations, although it is expected to decrease over time. It is worth bearing in mind that if the planned developments include family housing, the population projections from the developments will be much higher; therefore, the figures below are only indicative.

Housing Land Audit and Delivery Programme 2016 South West

Local Development Plan Sites	Site capacity	Total completed	Total remaining	2016-2021		2021-2026		Post 2026
				Units	Population	Units	Population	Units
LDP CC3: Fountainbridge	400	0	400	120	252	280	588	0
LDP CC3: Fountainbridge	191	115	76	76	160	0	0	0
LDP CC3: Fountainbridge (South)	340	0	340	150	315	190	399	0
LDP CC3: West Tollcross	113	22	91	91	191	0	0	0
LDP CC4: Quartermile	1,110	835	275	275	578	0	0	0
LDP HSG 10: Fairmilehead Water Treat	280	233	47	47	99	0	0	0
LDP HSG 31: Curriemuirend	165	0	165	50	105	115	242	0
LDP HSG 35: Riccarton Mains Road	17	0	17	17	36	0	0	0
LDP HSG 36: Curiehill Road	60	0	60	60	126	0	0	0
LDP HSG 37: Newmills Road	210	0	210	152	319	58	122	0
LDP HSG38: Ravelrig Road	120	0	120	120	252	0	0	0
Other SE Sites								
Calder Road	136	0	136	60	126	76	160	0
Calder Road	184	0	184	104	218	80	168	0
Craighouse Road	145	0	145	125	263	20	42	0
Derghorn Loan (Polo Fields)	79	43	36	36	76	0	0	0
ECLP HSG2: Chesser Avenue - FRUIT MARKET	114	0	114	114	239	0	0	0
Harvesters Way	183	38	145	145	305	0	0	0
Horne Terrace	16	0	16	16	34	0	0	0
Inglis Green Road	54	0	54	54	113	0	0	0
Lanark Road West	48	0	48	48	101	0	0	0
Mcleod Street	25	0	25	25	53	0	0	0
Morrison Crescent	19	0	19	19	40	0	0	0
RWELP HSG 1: Kinleith Mills	89	2	87	87	183	0	0	0
RWELP HSP 6: Craigpark Quarry	111	16	95	95	200	0	0	0
Saughton Mains Street	15	0	15	15	32	0	0	0
Slateford Road	34	6	28	28	59	0	0	0
TOTAL					4,471		1,720	

There are potentially a number of other sources of land for development, including constrained sites, windfall and other development land coming forward . Some examples are noted below. These are not included in the population projections above.

CONSTRAINED SITES SOUTH WEST	Units
Hillwood Road	50
Newbridge Nursery	25
Newbridge	500

CARE HOMES/RETIREMENT FLATS SOUTH WEST - YET TO COMMENCE			
Address	Bedrooms	Proposal	Applicant
17-21 Allan Park Crescent	44	New care home and new residential development and new vehicular and pedestrian access.	Allan Park Ltd
40 Drumbryden Drive	60	New build two storey care home for the frail elderly.	City of Edinburgh Council

STUDENT ACCOMMODATION (as at Dec 2015)	Student bed spaces
Under construction	
Orwell Terrace	234
Slateford Road	220
Consent granted	
Fountainbridge	261
The Freeway , Thompson Hall	450
Gorgie Road	318
Gorgie Road	256
Awaiting determination	
Dundee Street	216
King's Stables/Lady Wynd	245
Lanark Road	247
Murieston Crescent	101
St Peter's Place	31

NB: Student accommodation as per annual report Dec 2015, so the status of some sites may have changed since the report. Will be updated when 2016 report available.

Primary Care Developer Contribution Costs
Submission to Developer Contribution and Infrastructure Delivery Report for
Planning Committee 30 March 2017

Scheme type	Cost range £m	Average cost per scheme £m	Additional population per scheme	Cost per dwelling (average household size 2.1***)	Per Student bedspace equivalent cost
Small scheme	£0.01m - £0.1m	£0.025	500	£105	£17
Intermediate	£0.1m - £0.5m	£0.25m	2000	£262.50	£42
Refurbishment/red esign entire practice premises*	£0.5-2m x 20% ----- ----- e.g.	(£1.5m) ----- ---- £0.3m	(10,000 – total) ----- ---- 2000 – extra 20%	(£315) ----- ---- £315	(£50) ----- ---- £50
New build **	Highly variable costs and premises solutions	£4m	8000	£1050	£170

Key:

* - Using the example of an existing practice building with 8000 patients being refurbished to allow an increase to 10,000 then only 20% of total cost should come from developer contributions

** - New build costs attributable to additional population from development only i.e. replacement of existing capacity would not be expected through developer contributions

*** - Based on 2015 Household Estimates (NRS)

To ensure the cost of delivering new healthcare infrastructure is shared proportionally and fairly between developments, healthcare developer contribution zones have been identified. These zones have been identified taking into account the following factors;

- GP practices with capacity constraints
- Development proposals within the area of affected practices
- Distribution of practices' registered patients

