

Report

Strategic Assessments – New Practices and Re-provision Schemes Edinburgh Integration Joint Board

14 December 2018



Executive Summary

1. The purpose of this report is to request that the Integration Joint Board supports the submission of the Strategic Assessments for New Practices and Re-provision Schemes to NHS Lothian Capital Investment Group for consideration by NHS Lothian in the Capital Prioritisation Programme 2019/20.
2. The Strategic Planning Group considered a version of the report at the meeting on 30 November 2018 and supported this coming forward to the Edinburgh Integration Joint Board.

Recommendations

3. The Integration Joint Board is asked to:
 - i. Note that the new practices and re-provision schemes are identified as priority areas for investment in the Population Growth and Primary Care Assessment 2016-2026, which was supported by the Integration Joint Board on 22 September 2017.
 - ii. Note that a Strategic Assessment is the first part of the Scottish Capital Investment Manual (SCIM) Guidelines with which health boards must comply to inform the Scottish Government of any intended investment proposal.
 - iii. Note that the scored Strategic Assessments, attached as Appendix 1, have been produced following workshops with the relevant stakeholders for consideration as part of NHS Lothian's Capital Prioritisation Programme 2019/20 in December 2018.
 - iv. Note the Strategic Planning Group considered and agreed the report would go forward to the Edinburgh Integration Joint Board.

Background

4. The Population Growth and Primary Care Premises Assessment 2016-2026 is the comprehensive assessment of the primary care pressures and needs across the city, reflecting the extensive housing investment set out in the City of Edinburgh Council (CEC) Local Development Plan (LDP). The report was supported by the Integration Joint Board on 22 September 2017 and noted by NHS Lothian Capital Investment Group (LCIG) on 28 March 2018.
5. Current primary care provision, existing premises constraints, prevailing and future population growth are all considered for each locality within the report and, with reference to the timing of the planned new housing, have generated a priority list of actions to address primary care needs.
6. The list of actions, which will need capital investment to deliver, has to be prioritised by the partnership and then as part of the NHS Lothian Capital Prioritisation Process to ensure inclusion in the NHS Lothian Capital Plan. This process requires the submission of a Strategic Assessment in the first instance.
7. A Strategic Assessment (SA) is the preliminary stage of the Scottish Capital Investment Manual (SCIM) guidelines which health boards must follow to inform the Scottish Government of any proposed investment. Subsequent stages include Initial Agreement, when options for delivering the solution are considered, and Business Case – Standard, or Outline and Full depending on the level of proposed investment with regard to the health board's delegated limits.
8. NHS Lothian has advised that submissions for the 2019/20 Capital Prioritisation Programme will be considered at the Lothian Capital Investment Group (LCIG) in December 2018. Schemes for inclusion in the programme require completed and scored Strategic Assessments

Main report

9. There are two **types** of Strategic Assessment attached to this paper for consideration in the NHS Lothian Capital Prioritisation Programme:
 - i) **New practice provision** - three Strategic Assessments
 - ii) **Re-provision of existing practices in South East**- two Strategic Assessments
10. **New Practice Provision:**

CEC Local Development Plan 2016-2026 identifies large areas of the city for development where there is little or no provision of General Medical Services (GMS) currently. These include:

- Granton Waterfront c 12,000 people
 - Leith Waterfront c 10,000 people
 - West Edinburgh c 8,000 people
11. There is also potential for West Edinburgh to be further developed in future should there be insufficient land identified within the city for development in City Plan 2030 , which is currently in preparation to address the housing requirements in the 2020s, overlapping with the current LDP.
 12. The extent of the growth poses a threat to the stability of existing local practices which do not have the physical capacity to absorb the additional population, nor the desire to expand so significantly.
 13. Additional physical capacity across the city has been increased in recent years through the implementation of small and intermediate schemes at many practices, together with recent re-provision schemes of several practices and the completion of two new partnership centres. Although this has generated much needed capacity, the historical under investment in primary care and ongoing annual increase of 5,000 people plus per annum into the city means that the existing capacity will not be able to support new developments of this size, requiring investment in new practices.
 14. The planned developments will generate sufficient population to provide a sustainable business model for a new practice in each of the identified areas and offer a development opportunity to existing practices through the new contract should they wish to pursue expansion.
 15. The design solution will also be able to address the implementation of the new contract and consequent development of the expanded workforce, together with the opportunity to accommodate locality needs.
 16. It is difficult to be precise about the timing of when the new practices will be required – currently anticipated to be in the early 2020s. However, further analysis of planned housing programmes, in particular the 2018 Housing Land Audit, will help to clarify when these builds are most likely needed. The number of housing completions has accelerated in the last year which could bring forward the need should that rate continue.
 17. The new practices are included in the CEC Edinburgh LDP Action Programme 2018, updated annually, as Healthcare Actions to mitigate the impact of the LDP.

18. **Re-provision of existing practices**

Two areas within the South East Edinburgh Locality comprise the Strategic Assessments for re-provision. These include the following practices, with list size in brackets:

Morningside area – Hermitage Practice (6,974), Morningside Practice (8,670)

Meadows area – Meadows Practice (4,610), Marchmont Practice (2,379),
Boroughloch Practice (3,443) Dalkeith Road Practice (3,869)

19. The accommodation for the above practices is functionally unsuitable, does not offer opportunity for growth, restricts delivery of the new GMS contract and does not provide for sustainable delivery of primary care. The likely closure of one of the practices due to retirement in the near future will further impact on the stability /capacity of these practices.
20. Several of the practices are in ground floor tenement flats or, in the case of Hermitage, a terraced Georgian house which limits accessibility and growth, and does not offer any long term solution for delivery of primary care. Whilst Morningside Practice is in a purpose built building which has benefitted in recent years from a couple of small schemes to increase capacity, further expansion is unlikely given the site constraints of its current location. A joint development with the Hermitage practice may offer the practice an opportunity for long term sustainability.
21. Similarly, the practices located around the Meadows area, including Dalkeith Road, could naturally come together in a joint development which would benefit the long term stability of the practices and address the practices' population distribution. Grange Medical Practice, located nearby, may also wish to consider the joint development opportunity.
22. Whilst planned population growth in the area is not as intensive as some parts of the city, the future development of both the Royal Hospital for Sick Children's site and the Astley Ainslie Hospital site will add to the general growth in the area which in recent years has had to absorb the impact of the redevelopment of the former Royal Infirmary site at Quartermile.
23. Timing for the re-provision schemes is driven more by site opportunity than population growth, though there is a risk over the long term tenure of some of the current premises which makes it difficult to predict when circumstances may change and become a more urgent pressure.
24. Site availability for joint developments in both areas are limited though the re-development by NHS Lothian of the Royal Edinburgh site and the Princess

Alexandra Eye Pavilion (PAEP) site are worthy of consideration for these schemes.

25. Joint developments will also offer the opportunity to address locality and cluster needs required to deliver the new GMS contract such as Community Treatment and Care Services (CTACS) and mental health hubs.
26. The SAs were produced following workshops with representation from EHSCP Primary Care Support Team, NHS Lothian Capital Finance, NHS Lothian Capital Planning, the Strategic Lead for Primary Care and locality representation as required. The workshops deliberated the scope of services and drivers for change; in the case of the new practices given the principal driver is the significant new population, the SA is generic and applicable to all three areas. This has been confirmed as acceptable by NHS Lothian. Similarly the two re-provision schemes have the same drivers with the impact affecting different groupings of practices.

Key risks

27. There are no risks associated with the submission of this paper.

Financial implications

28. There are no financial implications associated with the submission of this paper.

Implications for Directions

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

4c) agree 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';

Equalities implications

30. The strategic assessments take account of the need to ensure that all citizens in Edinburgh have access to primary care services.

Sustainability implications

31. There are no sustainability implications arising from this report.

Involving people

32. The preparation of the strategic assessments involved key stakeholders as noted above. The fuller options appraisal at Initial Agreement stage will broaden the consultation process and engage more widely with users and providers of primary care services.

Impact on plans of other parties

33. Partnership prioritisation of primary care premises will be subsumed into NHS Lothian's Capital Prioritisation Programme with other health and social care partnerships and acute services priorities.
34. Each priority from Edinburgh Health and Social Care Partnership requires a scored strategic assessment for consideration in this programme.

Background reading/references

[Population Growth and Primary Care Premises Assessment: Edinburgh 2016 – 2026](#)

[Scottish Capital Investment Manual](#)

<http://www.pcpd.scot.nhs.uk/Capital/scimpilot.htm>

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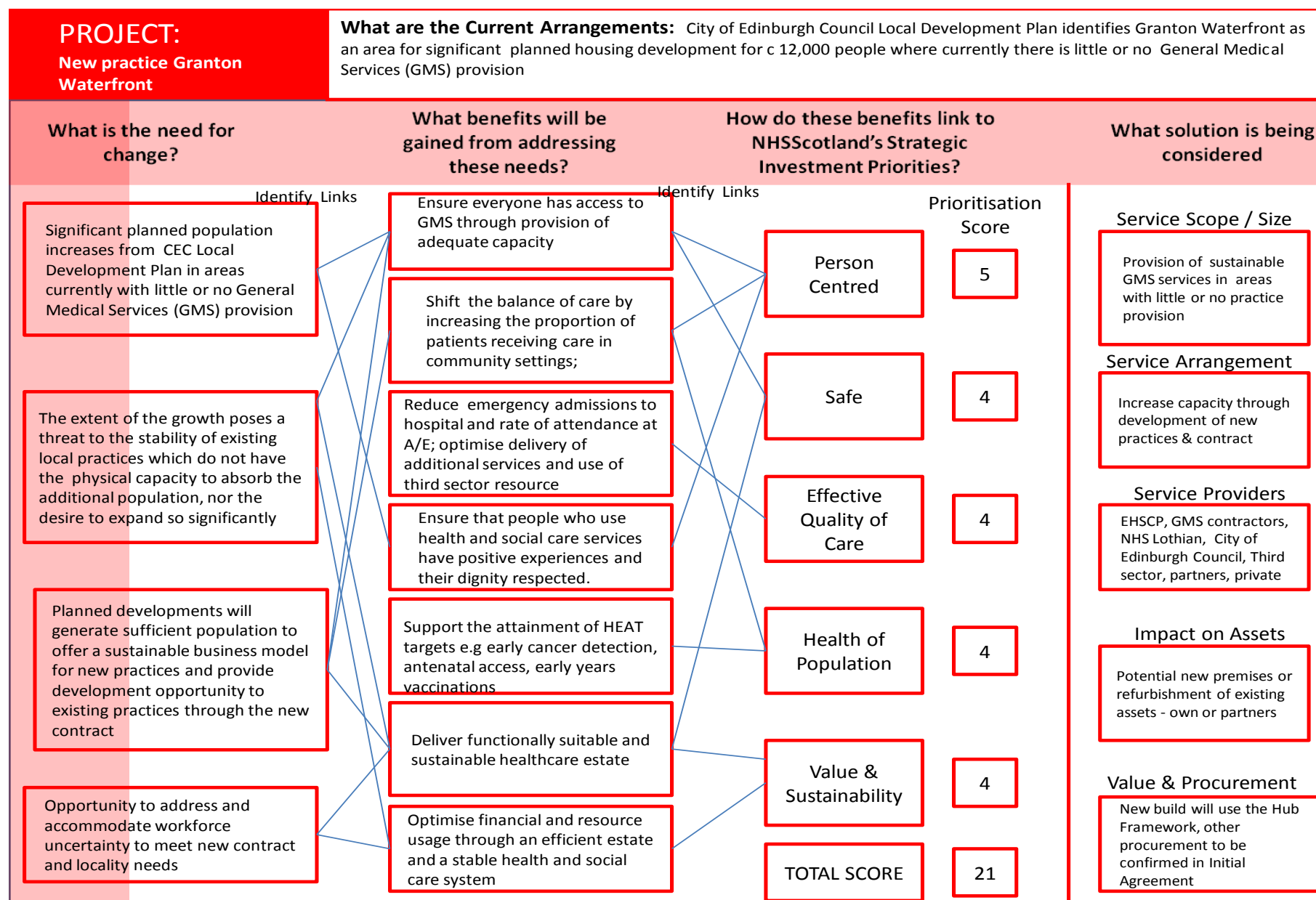
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Appendices

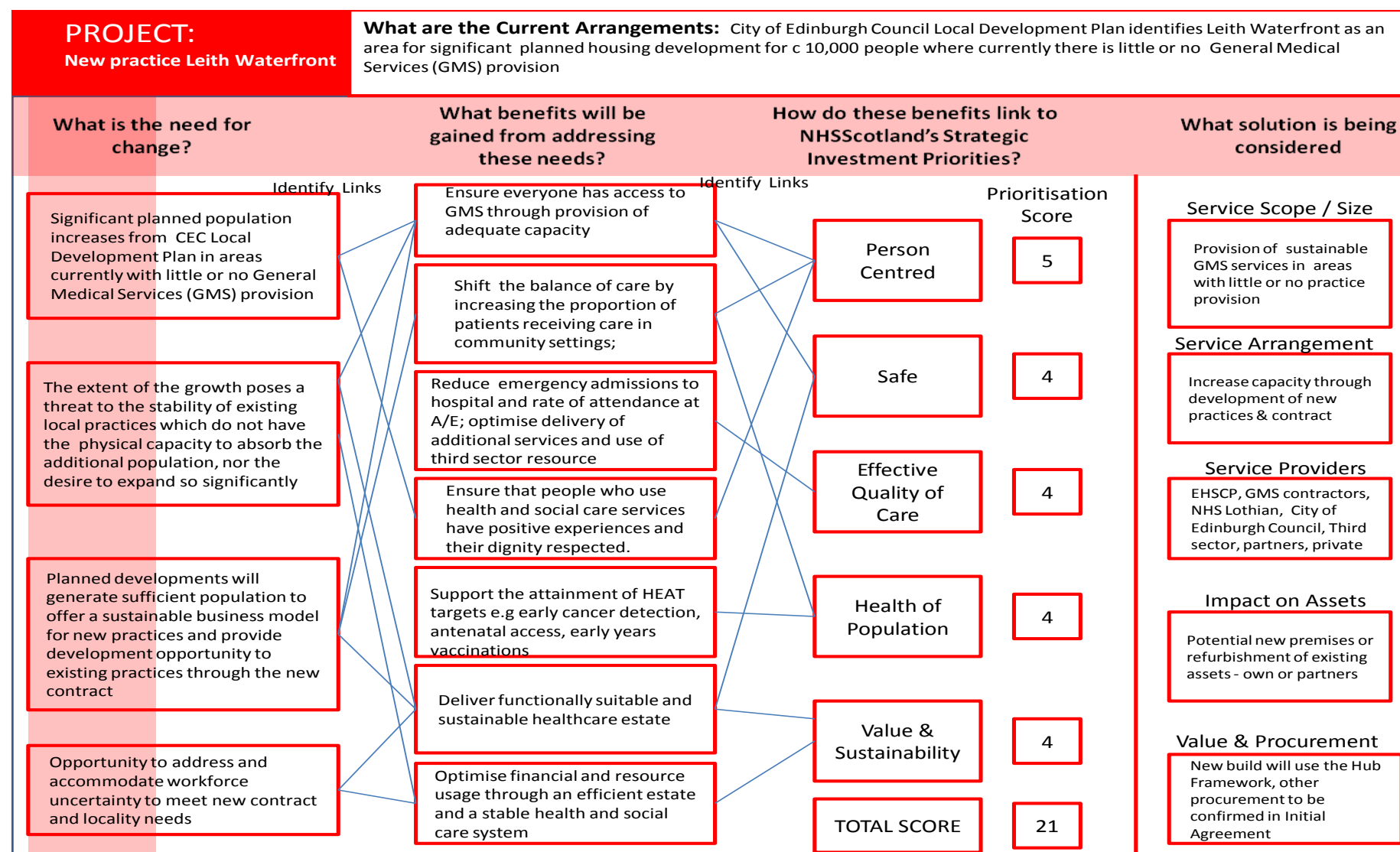
Appendix 1

Strategic Assessments New Practices and Re-provision Schemes

Granton Waterfront Strategic Assessment



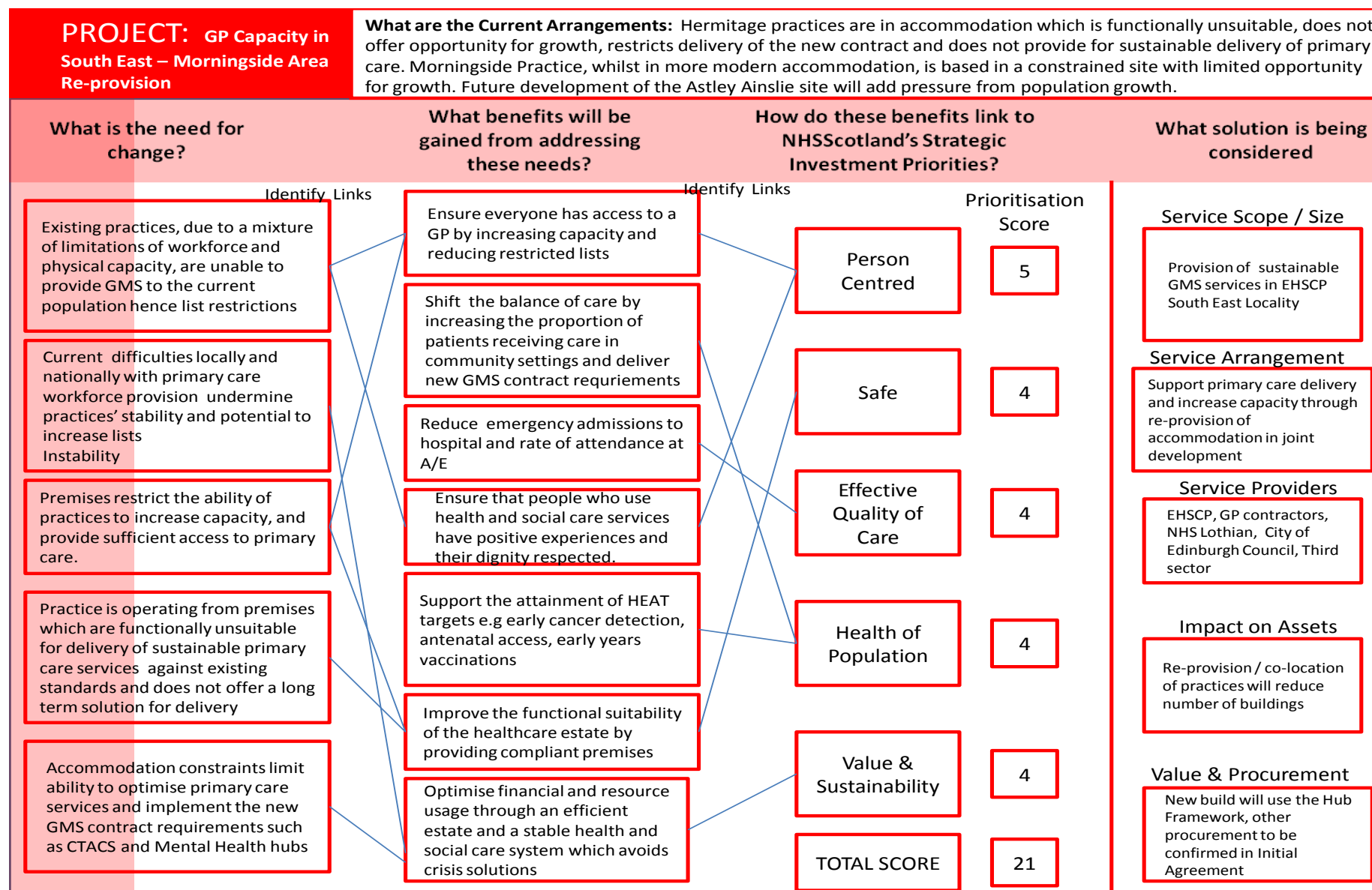
Leith Waterfront Strategic Assessment



West Edinburgh Strategic Assessment

PROJECT:		What are the Current Arrangements:		
New practice West Edinburgh		City of Edinburgh Council Local Development Plan identifies West Edinburgh for significant planned housing development for c 8,000 people where currently there is little or no General Medical Services (GMS) provision; West Edinburgh also has the potential for further significant increases in future plans		
What is the need for change?	What benefits will be gained from addressing these needs?	How do these benefits link to NHSScotland's Strategic Investment Priorities?	What solution is being considered	
<p>Identify Links</p> <p>Significant planned population increases from CEC Local Development Plan in areas currently with little or no General Medical Services (GMS) provision</p> <p>Potential for the West Edinburgh developments to increase further in future Local Development Plan</p> <p>The extent of the growth poses a threat to the stability of existing local practices which do not have the physical capacity to absorb the additional population, nor the desire to expand so significantly</p> <p>Planned developments will generate sufficient population to offer a sustainable business model for new practices and provide development opportunity to existing practices through the new contract</p> <p>Opportunity to address and accommodate workforce uncertainty to meet new contract and locality needs</p>	<p>Identify Links</p> <p>Ensure everyone has access to GMS through provision of adequate capacity</p> <p>Shift the balance of care by increasing the proportion of patients receiving care in community settings;</p> <p>Reduce emergency admissions to hospital and rate of attendance at A/E; optimise delivery of additional services and use of third sector resource</p> <p>Ensure that people who use health and social care services have positive experiences and their dignity respected.</p> <p>Support the attainment of HEAT targets e.g early cancer detection, antenatal access, early years vaccinations</p> <p>Deliver functionally suitable and sustainable healthcare estate</p> <p>Optimise financial and resource usage through an efficient estate and a stable health and social care system</p>	<p>Prioritisation Score</p> <p>Person Centred 5</p> <p>Safe 4</p> <p>Effective Quality of Care 4</p> <p>Health of Population 4</p> <p>Value & Sustainability 4</p> <p>TOTAL SCORE 21</p>	<p>Service Scope / Size</p> <p>Provision of sustainable GMS services in areas with little or no practice provision</p>	
			<p>Service Arrangement</p> <p>Increase capacity through development of new practices & contract</p>	
			<p>Service Providers</p> <p>EHSCP, GMS contractors, NHS Lothian, City of Edinburgh Council, Third sector, partners, private</p>	
			<p>Impact on Assets</p> <p>Potential new premises or refurbishment of existing assets - own or partners</p>	
			<p>Value & Procurement</p> <p>New build will use the Hub Framework, other procurement to be confirmed in Initial Agreement</p>	

Morningside Area Re-provision Strategic Assessment



Meadows Area Re-provision Strategic Assessment

