

REPORT

West Edinburgh (Maybury) General Medical Services Provision

Edinburgh Integration Joint Board

24 March 2021

Executive Summary	<p>The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with an update on the Standard Business Case for the Provision of General Medical Services in West Edinburgh (Maybury).</p> <p>NHS Lothian's (NHSL) Finance and Resources Committee approved the Standard Business Case, with an estimated capital cost of £3.8m, at its meeting on 10 March 2021.</p>
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Recommendations	<p>It is recommended that the EIJB:</p> <ol style="list-style-type: none"> 1. Note the progress of the West Edinburgh (Maybury) GMS Provision Standard Business Case and the planned capital allocation by NHS Lothian. 2. Affirm ongoing support for the Standard Business Case which reflects the strategic direction supported by the EIJB through its approval of the Initial Agreement in August 2020.
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Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations		✓
	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

1. This report has not been circulated to any committees prior to submission to the EIJB.

Main Report

2. The Initial Agreement (IA) for West Edinburgh GMS was approved by the EIJB and NHSL's Finance and Resources Committee in August 2020, and subsequently the NHSL Board.
3. NHSL retains the authority to commit capital funds. In respect of NHS Primary Care Premises investments, this is only done following confirmation of the EIJB's strategic assessment of the necessity and priority of the proposal.
4. Although the estimated capital cost of c£3.8m is significantly below NHSL's delegated capital limit of £10m, the project was included within a bundle of IAs submitted to the Scottish Government Capital Investment Group (CIG) for its October 2020 meeting, as all projects were directly driven by population growth. Due to agenda constraints the IAs were not considered, and subsequent uncertainty over SGHSCD capital funding has paused CIG consideration of the IAs.
5. The IA has been updated as a Standard Business Case, Appendix 1. The Strategic and Economic cases, and preferred option, remain broadly unchanged from that approved in the IA, with small updates to the proposed capital cost and timetable.
6. The preferred option, supported by EIJB in August 2020, remains for NHSL in collaboration with City of Edinburgh Council (CEC) to progress a joint development of a new GP practice for c10,000 and a primary school. The building will be built to Passivhaus standards and will enjoy the benefits of shared space, reducing overall footprint and meeting the 2030 carbon neutral standards required by CEC and NHSL.
7. The project is led by CEC, with NHSL making an initial (in year) contribution to the capital cost of the project of £2.4m + VAT. Professional VAT advice has been sought on the appropriated VAT treatment for this contribution.
8. Commitment from NHSL is required to ensure NHS requirements are formally incorporated within the design process. The support of the SBC by NHSL Finance and Resources means it is possible to demonstrate commitment to the partnership with CEC by utilising capital funding available in financial year 20/21, which will also mitigate a future capital funding pressure.
9. The proposal will be subject to a clear written agreement between the partners, with agreed milestones and a reconciliation of anticipated and actual costs. The key milestone dates reflect the urgency in requiring NHSL to commit the appointment of a contractor in March 2021.

Implications for Edinburgh Integration Joint Board

Financial

10. There are no financial risks for EIJB. NHSL will use available capital in 20/21 to fund the capital contribution to CEC.

Legal / risk implications

11. Uncertainty of timescale as a result of the impact of Covid 19 on the anticipated programme of housing developments.
12. Additional local population unable to register with a GP resulting in increased assignments and greater presentations through emergency provision.
13. Any financial contributions made to the project in advance of completion may be at risk if the project ultimately does not progress. This will be mitigated by a written agreement between NHSL and CEC.

Equality and integrated impact assessment

14. The project will allow local people to be registered and cared for in accommodation which is functionally suitable and accessible for people with impaired mobility and other disabilities.

Environment and sustainability impacts

15. The proposed project will be built to Passivhaus standards and meet the 2030 Carbon Neutral standards.
16. The design incorporates shared space, reducing the overall footprint.
17. The project will use the Achieving Excellent Design Evaluation Toolkit (AEDET) to assess design quality throughout the procurement and design process and as part of the Post Project Evaluation.

Quality of care

18. The project will provide premises which deliver General Medical Services safely, with optimal clinical functionality and which are compliant with statutory legislation.

Consultation

19. Whilst there has been initial engagement through the Community Council, it is difficult to engage with the general public since the delivery of the new practice is in response to the planned population expansion which is yet to be in situ. The EHSCP Patient Involvement Worker will support engagement with the future population when appropriate.

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Background Reports

Nil

Appendices

Appendix 1	West Edinburgh (Maybury) GMS Provision Standard Business Case
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West Edinburgh (Maybury) General Medical Services Provision

**NHS Lothian
Standard Business Case**

Project Owner: Fiona Cowan

Project Sponsor: David White

Date: 18/02/2021

Version: 1.1



Version History

Version	Date	Author(s)	Comments
1	18/02/2021	Laura Smith	Transfer to SBC Template and update costs
1.1	04/03/21	Maggie Gray	Minor narrative updates



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1 Executive Summary

1.1 Purpose

- 1.1.1 The purpose of the Business Case is to seek approval for the proposal from Edinburgh Health and Social Care Partnership (EHSCP) / Edinburgh Joint Integration Board (EJIB) to consider the provision of General Medical Services (GMS) in West Edinburgh.
- 1.1.2 The proposal is to develop sufficient accommodation to deliver the additional capacity required as a result of housing developments being built in the area.

1.2 Background and Strategic Context

- 1.2.1 Greenfield space (site HSG19), adjacent to the Maybury and between Turnhouse Road and the main rail link to Fife, has been released for housing development through the City of Edinburgh (CEC) Local Development Plan 2016 – 2026. It is proposed that the site will accommodate 1750 housing units of which 25% will be affordable housing split over three development sites and equating to 3,675 additional population based on a standard planning minimum of 2.1 people per housing unit. As the provision of a primary school is included within the site, it is likely that the development will comprise predominantly family housing which will significantly increase the number of occupants per unit. As this is currently a greenbelt site on the outskirts of Edinburgh there is no GMS provision for any of the proposed housing, and only a limited number of GP practices nearby.
- 1.2.2 The adjacent area of South Gyle and Edinburgh Park has already expanded with an increase of 778 houses equating to 1634 additional population, based on a minimum of 2.1 people per housing unit. Much of this area was green belt or a business development area previously and as such has had no requirement or provision for GP services in the past.
- 1.2.3 Proposals for further housing and commercial developments in the area have been included in City Plan 2030 at several sites in the surrounding area (Edinburgh Park and South Gyle, Edinburgh International Business Gateway and Crosswinds). As City Plan 2030 also proposes the development of the West Edinburgh transport corridor, improving transport links on the west side of the city, there is an increased likelihood of this area being selected for future development. It was anticipated that a report would be submitted to elected members in August 2020, following completion of the consultation period. The report has been postponed due to Covid-19 and will also specifically consider the impact of the pandemic.
- 1.2.4 In addition, approval has recently been given for 1350 houses in Phase 1 of Edinburgh Garden District development. The potential expansion of this site up to circa 3000 houses will be subject to separate consideration but is likely to be significant as the overall development proposed could be up to circa 3,000.
- 1.2.5 The increased population will have a direct impact on Barclay East Craigs Medical Practice and Parkgrove Medical Practice and to a lesser extent on Cramond Medical Practice. Inevitably this will have a ripple effect on other practices, such as Ladywell Medical Practices, further into Edinburgh as the population expands.
- 1.2.6 **Barclay Medical Practice East Craigs** (list size 8,569, April 2020)
The practice is located in purpose built premises owned by NHS Lothian which are functionally suitable for the delivery of primary care. The practice is willing to grow but does not have sufficient



capacity to accommodate the population expected as a result of development HSG19. The practice catchment area includes part of the West Edinburgh development sites and the practice will be in a position to accommodate some of the early population increase but the overall volume will ultimately necessitate the development of an additional new practice.

1.2.7 **Parkgrove Medical Practice** (list size 3,190, April 2020)

Parkgrove Medical Practice is a salaried practice in premises leased by NHS Lothian, which remain in reasonable condition and which are functionally suitable for delivery of primary care. Space within Parkgrove has been altered to enable most of the new population in Cammo to be able to register with the practice and to facilitate the development of one of Primary Care's Community Treatment and Care Centres (CTAC) which will open later in 2020. The lease for the building has recently been negotiated for a further 20 years.

1.2.8 **Cramond Medical Practice** (list size 8,864, April 2020)

Independent practice in GP leased premises which are in reasonable condition and suitable for the delivery of primary care. The practice received a capital contribution from the landlord, which, with additional capital support from NHS Lothian, will enable them to adjust the internal design of the building to have all consulting space accessible on the ground floor. The practice boundary was reduced recently but continues to include the development at Cammo and will be able to accommodate the remaining population unable to register with Parkgrove.

1.2.9 The extent of the planned new housing is such that the existing arrangements are insufficient to address the capacity required to ensure that all the new population will be able to access General Medical Services (GMS).

1.2.10 Additionally the introduction of the new GMS Contract (Scotland) on 1st April 2018 requires boards to provide alternative delivery of certain service to enable implementation of the contract. These changes such as Mental Health Hubs will impact on the accommodation requirements to support the current and future population of the area.

1.3 **Need for Change**

1.3.1 While there is some capacity in existing practices as detailed above, it is insufficient to manage the anticipated increase. There is currently no GMS provision for any of the proposed housing since it is presently a greenbelt site.

1.3.2 The Integration Joint Board previously approved the EHSCP Population Growth and Primary Care Premises Assessment 2016-26, and the subsequent high prioritisation of this area need through the NHS Lothian Capital Prioritisation Programme which invited the submission of the Initial Agreement. The Strategic Assessment (SA) identified that existing practices, due to a mixture of limitations of workforce and physical capacity, are unable to provide GMS to the significant additional population generated by the new housing

1.3.3 The population of Edinburgh has increased by some 65,000 people over the last ten years and will continue to grow at a rate of c 5,000 per annum until at least 2026. This trend is expected to continue with the subsequent implementation of City Plan 2030 which will ultimately supersede the current development plan. Most of the growth has been absorbed into existing primary care provision without commensurate development of additional physical capacity.



1.3.4 City of Edinburgh (CEC) Local Development Plan 2016 – 2026 details the planned housing developments across the city. The West Edinburgh site which is shown in [Appendix 2: Site Maps](#) comprises a significant area of land within the plan where extensive housing is programmed. .

1.3.5 Although the house building programming extends over several years, the Housing Land Audit (HLA) 2019 details the expected completions rate of circa 200 houses per annum in the Maybury area. If developers are confident of house sales, that rate may be increased however the economic impact on the build rate as a result of the Covid-19 pandemic is yet to be assessed and may result in a decrease in the annual completion rate. HLA 2020 has been delayed due to Covid-19 however it is anticipated that a draft will be available later this year with an indication of future building programmes.

1.3.6 In addition to the above, Edinburgh Garden District, which was originally recommended not to be approved by CEC and was subsequently referred to the Scottish Government Reporters, had the decision overturned in April 2020 and approval given for the development of Phase 1 which includes 1350 houses, equating to 2835 additional population minimum.

1.4 Investment Objectives

1.4.1 The investment objectives the project seeks to achieve are

- To improve service capacity to enable everyone to access GMS
- The development of additional General Medical Practice
- To enable delivery of the Primary Care Improvement Plan as required for implementation of the new GMS contract

1.5 The Preferred Option

1.5.1 The preferred option is for NHSL, in collaboration with CEC, to consider a joint development of a new GP practice and a primary school, built on a site which has been identified with sufficient space and is suitable for both facilities. The building will be built to meet the 2030 carbon neutral standards required by CEC and NHS and will enjoy the benefits of shared space and reducing the overall footprint.

1.5.2 The resource implication is a capital investment of c£4million (including VAT) based on construction commencing in 2021.

1.6 Readiness to proceed

1.6.1 The preferred option will be delivered in partnership with CEC. CEC will lead the procurement with NHSL providing a Capital Grant to CEC. CEC will be supported by NHS Lothian and Edinburgh Health and Social Care Partnership.

1.6.2 A benefits register has been included in Appendix 3 and a high level risk register in Appendix 4. A full risk register will be developed for the project at the Standard Business Case stage.

1.6.3 Detail of the proposed timeframe for development of the business case is included in the Commercial Case and any interdependencies with other projects are included in the Strategic Case.



1.6.4 NHS Lothian and Edinburgh Health and Social Care Partnership are ready to proceed with this proposal. Section 6.3 details the project management arrangements. Section 6.2 outlines the governance support and reporting structure for the proposal.

1.6.5 Engagement with stakeholders is outlined in the Economic Case. Members of the Project Management Group have been involved in its developments to date and will continue to support it.

1.7 Conclusion

1.7.1 The strategic assessment for this proposal (included in [Appendix 1: Strategic Assessment](#)) scored 21 (weighted score) out of a possible maximum score of 25.

1.7.2 The proposal has been prioritised by the relevant governance groups and identified as a priority for NHS Lothian as part of the NHS Capital Prioritisation Process 2020/21.



2 The Strategic Case

2.1 Existing Arrangements

2.1.1 Greenfield space (site HSG19) adjacent to Maybury and between Turnhouse Road and the main rail link to Fife, has been released for housing development through the City of Edinburgh (CEC) Local Development Plan 2016 – 2026. It is proposed that the site will accommodate 1750 housing units of which 25% will be affordable housing split over three development sites and equating to 3,675 additional population based on a standard planning minimum of 2.1 people per housing unit. As the provision of a primary school is included within the site, it is likely that the development will comprise predominantly family housing which will significantly increase the number of occupants per unit. As this is currently a greenbelt site on the outskirts of Edinburgh there is no GMS provision for any of the proposed housing, and only a limited number of GP practices nearby.

2.1.2 Whilst not included in this proposal, Cammo development is located immediately to the north of HSG19 where an additional 655 dwelling places are scheduled to be built starting in 2019. GMS provision for the additional population from Cammo can be accommodated in Parkgrove Medical Practice and Cramond Medical Practice.

A map showing development site HSG19 is attached as Appendix 2: Site Map

2.1.3 Within the past three years the adjacent area of South Gyle and Edinburgh Park has expanded with an increase of 778 houses which equates to 1634 additional population, based on a minimum of 2.1 occupants per unit. Much of this area was green belt or a business development area and as such has had no requirement or provision for GP services in the past.

2.1.4 Proposals for further housing and commercial developments in the area have been included in City Plan 2030 at several sites in the surrounding area (Edinburgh Park and South Gyle, Edinburgh International Business Gateway and Crosswinds) and are being deliberated as part of the consultation process. It was anticipated that a report would be submitted to elected members in August 2020, following completion of the consultation period. The report has been postponed due to Covid-19 and will also specifically consider the impact of the pandemic.

2.1.5 In addition, approval has recently been given for 1350 houses in Phase 1 of Edinburgh Garden District development. The effects on population growth as a result of this potential expansion will be subject to separate consideration but are likely to be significant as the overall development proposed is circa 3,000.

2.1.6 Additionally, City Plan 2030 proposes the development of the West Edinburgh transport corridor, improving transport links on the west side of the city and thus increasing the likelihood of this area being selected for future development.

2.1.7 The increased population will have a direct impact on Barclay East Craigs Medical Practice and Parkgrove Medical Practice and to a lesser extent on Cramond Medical Practice. Inevitably this will have a ripple effect on other practices, such as Ladywell Medical Practices, further into Edinburgh as the population expands.

2.1.8 **Barclay Medical Practice East Craigs** (list size 8,569 April 2020)

East Craigs Medical Practice has been managed by the Barclay Medical Practice Group since 2017. The practice is located in purpose built premises circa 30 years old which were bought by NHS Lothian 2017 and have since benefitted from a small scheme to create an additional



consulting room which has enabled them to increase the practice list. The practice is willing to grow but does not have sufficient capacity to accommodate the population expected as a result of development HSG19. The practice catchment area includes part of the West Edinburgh development sites and the practice will be in a position to accommodate some of the early population increase but the overall volume will ultimately necessitate the development of an additional new practice.

2.1.9 **Parkgrove Medical Practice** (list size 3,190 April 2020)

Parkgrove Medical Practice is a salaried practice in premises leased by NHS Lothian, which remain in reasonable condition and which are functionally suitable for delivery of primary care. The premises received support for a small scheme in 2019 enabling them to increase the capacity of the practice list. Space within Parkgrove has been altered to enable most of the new population in Cammo to be able to register with the practice and to facilitate the development of one of Primary Care's Community Treatment and Care Centres (CTAC) which will open later in 2020. The lease for the building has recently been negotiated for a further 20 years.

The lists for these two practices show that an average of 6.92% patients are over 75 years old while 8.91% of the practice are in the lowest deprivation quintile.

2.1.10 **Cramond Medical Practice** (list size 8,864 April 2020)

Independent practice in GP leased premises which are in reasonable condition and suitable for the delivery of primary care. The practice received a capital contribution, from the landlord, linked to lease renewal towards dilapidations and upgrading the premises in 2019, which, with additional capital support from NHS Lothian, will enable them to adjust the internal design of the building to have all consulting space accessible on the ground floor. The practice boundary was reduced recently but continues to include the development at Cammo and will be able to accommodate the remaining population unable to register with Parkgrove. Cramond has one of the highest ratios of elderly within Edinburgh; 13.53% are over 75 years of age compared to an average of 7.06% for Edinburgh. Only 0.84% of the entire practice is within the highest deprivation quintile.

2.1.11 The extent of the planned new housing is such that the existing arrangements are insufficient to address the capacity required to ensure that all the new population will be able to access General Medical Services (GMS).

2.1.12 Additionally the introduction of the new GMS Contract (Scotland) on 1st April 2018 requires boards to provide alternative delivery of certain service to enable implementation of the contract. These changes such as Mental Health Hubs will impact on the accommodation requirements to support the current and future population of the area.

2.2 **Drivers for Change**

The following section expands on the need for change as identified in the Strategic Assessment (included in [Appendix 1](#)) and describes the anticipated impact if nothing is done to address these needs and why action should be taken now through this proposal.

2.2.1 This Initial Agreement (IA) proposed that an additional General Medical Practice for circa 10k patients be built in West Edinburgh to accommodate the planned population due to the development of housing within West Edinburgh. While there is some capacity in existing practices as detailed above, it is insufficient to manage the anticipated increase. There is currently no GMS



provision for any of the proposed housing since it is currently a greenbelt site; there is however an option for provision of a GP Practice of approximate list size 10k included within the site plans.

- 2.2.2 The Integration Joint Board previously approved the EHSCP Population Growth and Primary Care Premises Assessment 2016-26, and the subsequent high prioritisation of this area need through the NHS Lothian Capital Prioritisation Programme which invited the submission of the Initial Agreement.
- 2.2.3 The Strategic Assessment (SA) identified that existing practices, due to a mixture of limitations of workforce and physical capacity, are unable to provide GMS to the significant additional population generated by the new housing
- 2.2.4 The population of Edinburgh has increased by some 65,000 people over the last ten years and will continue to grow at a rate of c 5,000 per annum until at least 2026. This trend is expected to continue with the subsequent implementation of City Plan 2030 which will ultimately supersede the current development plan. Most of the growth has been absorbed into existing primary care provision without commensurate development of additional physical capacity.
- 2.2.5 City of Edinburgh (CEC) Local Development Plan 2016 – 2026 details the planned housing developments across the city. The West Edinburgh site which is shown in [Appendix 2: Site Maps](#) comprises a significant area of land within the plan where extensive housing is programmed.
- 2.2.6 Although the house building programming extends over several years, the Housing Land Audit (HLA) 2019 details the expected completions rate of circa 200 houses per annum in the Maybury area. If developers are confident of house sales, that rate may be increased however the economic impact on the build rate as a result of the Covid-19 pandemic is yet to be assessed and may result in a decrease in the annual completion rate. HLA 2020 has been delayed due to Covid-19 however it is anticipated that a draft will be available later this year with an indication of future building programmes. The known planned developments are illustrated in **Table 1**.
- 2.2.7 The table below, covering the period 2019 – 2026 and the longer term, is a snapshot of the City of Edinburgh Council Housing Land Audit (HLA) 2019 (provisional), showing housing sites that are under construction, sites with planning consent, sites in the Local Development Plan and constrained sites which have not yet been programmed.



Table 1: Planned Developments

Area	Number of Housing Unit	Population*
Anticipated increase in population which cannot be accommodated within existing GMS facilities and which therefore requires additional provision		
Edinburgh Park/South Gyle	778	1,633
Maybury Central	1,400	2,940
Maybury East	220	462
Maybury West	130	273
Total	2,528	5,308
Increase in population anticipated to be absorbed by Parkgrove Practice and Cramond Practice		
Cammo	655	1376

* 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 of 2.1 has been used in these calculations, although it is expected to decrease over time. Given the predominance of family housing to be built within all developments, it is likely that the population figure could be significantly higher and the numbers illustrated are the **minimum**.

2.2.8 In addition to the above, Edinburgh Garden District, which was originally recommended not to be approved by CEC and was subsequently referred to the Scottish Government Reporters, had the decision overturned in April 2020 and approval given for the development of Phase 1 which includes 1350 houses, equating to 2835 additional population. Again, this housing development will primarily be family dwelling places and it is therefore likely that the numbers estimated using the average household size will be greater than stated. The overall development proposed could be up to circa 3,000 houses.

2.2.9 Early discussions with the landlord’s agent for site HSG19 considered the need for provision of GMS services to serve the population resulting from the housing development. Consequently a suitable location on the site has been safeguarded, without legal commitment, for the development of a GP practice of approximate list size 10k. This would be purpose built, developer leased, ground floor accommodation, with dwelling places above.

2.2.10 Simultaneously, the need to provide additional educational facilities within the locality has provided an opportunity for NHSL to collaborate with CEC to consider a joint development of new health premises and primary school with shared amenities. A proposal is being developed with CEC for a GP practice combined with the new school to be built on a site which has been identified with sufficient space and is suitable for both facilities. The building will enjoy the benefits of shared



space reducing the overall footprint and meeting the 2030 carbon neutral standards required by CEC and NHS.

- 2.2.11 Whilst there are significant advantages to a collaborative approach to this provision, the projected timescales of requirement vary. CEC is required to provide the new school when the first houses are completed in 2023. In other circumstances, EHSCP would normally aim for completion of new medical premises when the potential population would reach a minimum list size of 2000. In this scenario, completion would be required around 2024/25.
- 2.2.12 The comparator to the joint development is a separate stand alone, developer led building. While all CEC and NHS new builds will be built to Passivhaus standards or similar and will meet the 2030 carbon neutral targets, it is likely that it will be more challenging to meet the environmental consideration in a developer led construction.
- 2.2.13 As a result of the Covid-19 pandemic, the construction industry is experiencing delays and disruption at all stages of development. Whilst completion dates noted above are as stated in the Housing Land Audit, a number of factors, including government guidance on lockdown, restricted movement in the housing market and availability of materials, will impact the ability to meet these timescales. It is therefore likely that the timescales may be delayed, resulting in a later completion date being required.
- 2.2.14 Recent developments of GP premises within NHS Lothian have followed a relatively standard schedule of accommodation and building layout. As a result of experiences during Covid 19 which altered the modus operandi within GP practices, it is anticipated that the design and requirements of future health premises will be altered to embrace new ways of working and meet stringent infection control requirements. This is may cause further delays whilst standards are in development stages.
- 2.2.15 Edinburgh Health and Social Care Partnership (EHSCP) and NHS Lothian Primary Care Contracts Organisation (PCCO) will develop the proposal to create a new practice partnership and invite business case submission from interested parties to deliver it. It is anticipated this could replicate previous models whereby an existing partnership, supported by investment, will seed the new practice by taking on additional patients, in its current premises, to an agreed list size – although other options are possible. Subsequently that patient cohort will form the nucleus of the new practice which the parent practice will have the opportunity to continue to manage as a branch practice, or can choose to relinquish it whereupon it can be advertised as a new partnership.

Table 2 below summarises the need for change, the impact it is having on present service delivery and why action is required now.



Table 2: Need for change

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now?
Significant planned population increases in areas with little or no General Medical Services (GMS) provision	Pressures on existing practices to provide GMS provision to expanding population	Existing services under strain by additional capacity required to address this
Potential for the West Edinburgh developments to increase further in future Local Development Plan	Existing service arrangements unable to cope with future projected levels of population growth	City of Edinburgh Council Local Development Plan details the housing developments programmed for the area with additional 4000 population expected within 5years and an increase of 1700 planned beyond 2026. Release of more land for development will result in further population pressures.
Existing local practices do not have the physical capacity to absorb the additional population nor the desire to expand so significantly	Additional population unable to register for GMS provision	The timescales and practical issues relating to introducing new GMS services to an area are such that early actions are required to ensure practice list availability when the population growth reaches approximately 2000
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	Alteration to existing practices maximised to accommodate population growth, additional practice required to meet population needs and GMS contract implementation	New GMS contract came into effect on 1 st April 2018, with time limited implementation for delivery of the Primary Care Improvement Plan to deliver the contract requirements
Opportunities to address and accommodate workforce uncertainty to meet new contract and locality needs.	Ability to recruit workforce is affected by condition of premises. Development of new premises for a new practice will have a positive impact on recruitment.	Time implications of setting up new practice / management support may be challenging and onerous. Early planned intervention will enable best solution to practice development



2.3 Investment Objectives

The assessment of the existing situation and the drivers for change have been used to identify what has to be achieved to deliver the changes required. These are defined as the investment objectives and are summarised in the table below:

Table 3: Investment Objectives

Effect of the need for change on the organisation	What has to be achieved to deliver the necessary change? (Investment Objectives)
Existing service arrangements unable to cope with future projected levels of population growth	Improve service capacity to enable everyone to access GMS
Additional pressures on existing practices nearby to provide GMS provision to expanding population	Development of additional General Medical Practice
Transformation of primary care services to meet the requirements of the new GMS contract	Enable delivery of the Primary Care Improvement Plan as required for implementation of the new GMS contract

2.4 Is the preferred strategic solution still valid?

- 2.4.1 As indicated in the Initial Agreement the preferred solution is required to accommodate increased population within the area, that currently has very little capacity to expand in nearby practices. The premises must be clinically functional and compliant and the lease arrangements such that the risk to individuals and practices is reduced.
- 2.4.2 The proposed solution is to enter into joint development with City of Edinburgh Council Education Department.



3 Economic Case

There is no existing provision as outlined in [Section 2.1](#) and ‘Do Nothing’ is not feasible as it does not address any of the strategic drivers for change and has the potential to cause existing practice instability. A ‘Do Minimum’ option is therefore included as the baseline (as required by the Scottish Capital Investment Manual guidelines) against which other options are assessed. This will only address the strategic drivers in part and will result in capacity constraints which fail to provide for the population growth in the area. The table below defines the ‘Do Minimum’ option including the requirements to implement this option.

3.1 Do nothing/baseline

Table 4: Do Minimum

Strategic Scope of Option	Do Minimum
Service provision	Continue with existing
Service arrangements	Existing GP practices with support for some capacity increase where possible
Service provider and workforce arrangements	Existing GMS provision with additional workforce to address any increase
Supporting assets	Limited physical alteration to premises to increase capacity if feasible
Public & service user expectations	Public and service users will expect full access to GMS and require the ability to register with a GP in the local area

3.2 Short-list of Implementation Options

From the initial assessment the following short-listed options have been identified:

Table 5: Short Listed Options

Option	Description
Option 1	Do Minimum
Option 2	New build in partnership with City of Edinburgh Council (CEC)
Option 3	NHS leased premises in a new build for a new practice on a standalone site

3.2.1 A long list of options was assessed for their advantages and disadvantages and the extent to which each met the investment objectives to identify the preferred solution.

Option 1: Do Minimum

Minor refurbishment in existing practices to increase capacity to accommodate some of the increased population due to the housing expansion



Option 2: New Build with City of Edinburgh Council

New build for a new practice in a joint development with City of Edinburgh Council Education Department.

Option 3: New build by NHS Lothian

1. NHS leased premises in a new build for a new practice on a standalone site.
- 3.2.2 Option 3 has been discounted due to availability of standalone site, and ability to deliver all the benefits identified.

3.3 Non-monetary Costs and Benefits of Options

- 3.3.1 Each of the short-listed options was also assessed against the benefits included in the benefits register in [Appendix 2](#): . Each of the identified benefits was weighted and following this each of the shortlisted options was scored against its ability to deliver the required benefits. The full assessment is contained in

[Appendix 4](#): .

The results of the benefits assessment are summarised below:

Table 6: Results of Non-Financial Benefits Assessment

#	Benefit	Weight (%)	Option 1 Do minimum	Option 2 New build in partnership with CEC
1	Everyone has access to a GP	25%	0	10
2	Ensure that people who use health and social care services have positive experiences and their dignity respected	15%	2	10
3	Support the attainment of HEAT targets *Reduces the rate of emergency inpatient bed days for people aged 75 *Reduces the rate of attendance at A&E *Supports early cancer detection	15%	2	8
4	Provides safe and easy access to GP services	20%	2	9
5	Ensure the functional suitability of the healthcare estate	15%	7	10
6	Optimise financial and resource usage through an efficient estate	10%	7	10
Total Weighted Benefits Points			275	950



3.4 Monetary Costs and Benefits of Options

The table below summarises the costs associated with each of the shortlisted implementation options. Further detail on the calculation of these costs including assumptions made can be found in the Financial Case.

Table 7: Indicative Costs of Shortlisted Options

Cost (£k)	Do Minimum	Option 2 : New build in partnership with CEC
Capital Cost	0	3,800
Recurring Revenue Costs	0	120

3.5 Net Present Value

The table below details the indicative whole life costs associated with each of the shortlisted options. For further detail around the determination of the costs see the Financial Case.

Table 8: NPV of Shortlisted Options

Cost (£m)	Option 1 Do Minimum	Option 2 New build in partnership with CEC
Whole life capital costs	0	3,154
Whole life operating costs	0	759
Estimated Net Present Value (NPV) of Costs	0	3,912

The additional assumptions associated with the calculation of the NPV of costs are:

- A discount rate of 3.5% has been used in line with Government guidelines.
- A useful life of 20 years has been determined for the projects.
- The base date for the proposal is Q4 2021.
- VAT and inflation have been excluded in line with Green Book guidance.
- Phasing of the costs reflects the useful life and the programme of works as identified in the Commercial Case.

3.6 Overall economic assessment and preferred way forward

The table below show the weighted benefit points for each shortlisted option, the NPV of costs and the calculated cost per benefit point. This calculated cost per benefit point has been used to rank the options and identified the preferred way forward.



Table 9: Economic Assessment Summary

Option Appraisal	Option 1 Do minimum	Option 2 New build in partnership with CEC
Weighted benefits points	275	950
NPV of Costs (£k)	0	3,912
Cost per benefits point (£k)	0	4.12
Rank	3	1

The preferred solution was identified as Option 2 – New build with partnership with CEC. This was identified as the preferred option because it meets all the investment criteria identified in the Initial Agreement. Do minimum has been ranked last due to the inability to deliver any of the investment criteria.



4 The Commercial Case

4.1 Procurement Strategy

- 4.1.1 The total indicative costs for the preferred option at this stage are £3.8m including VAT. It is anticipated that the procurement of the project will be led by CEC supported by Edinburgh Health and Social Care Partnership and NHSL
- 4.1.2 It is proposed that NHSL will provide a Capital Grant to CEC for the construction costs and then lease the completed facility from CEC.
- 4.1.3 The project will be delivered by Edinburgh City Council, in line with their procurement policies.

4.2 Timetable

- 4.2.1 The table below shows the proposed timetable for the progression of the business case and project delivery milestones:

Table 10: Project Timetable

Key Milestone	Date
Initial Agreement approved	August 2020
Standard Business Case approved	March 2021
Lease signed for the property	June 2021
Construction starts	November 2021
Construction complete and handover begins	June 2023
Service commences	July 2023

- 4.2.2 The timescales outlined above are fully dependant on the development timescales. Any delays in the commercial/school developments will result in slippage in this programme,

4.2.2 Design Quality Objectives/ Design Assessment Process

- 3.5.1 The project will use the Achieving Excellent Design Evaluation Toolkit (AEDET) to assess design quality throughout the procurement and design process and as part of the Post Project Evaluation.



5 The Financial Case

5.1 Capital Affordability

5.1.1 The estimated capital cost associated with the preferred option(s) is detailed in the table below. Construction costs were provided by Edinburgh City Council based on the reports received from their independent quantity surveyors. The table also details any changes to costs from those included in the IA. These are further explained below.

Table 11: Capital Costs

Capital Cost (£k)	Preferred Option – Costs at IA	Preferred Option – Costs at SBC	Preferred Option – Change in Costs
Construction	2,115	2,133	(18)
Inflation	64	13	51
Professional Fees	378	378	-
Equipment	80	80	-
IT & Telephony	0	64	(64)
Contingency	89	0	89
Costed Risk Register	177	177	-
Optimism Bias (15%)	436	322	114
Total Cost (excl VAT)	3,339	3,167	172
VAT	668	633	35
Total Capital Cost	4,007	3,800	207

5.1.2 The assumptions made in the calculation of the capital costs are:

- Optimism bias has been calculated in line with SCIM guidance and is included at 15% of construction costs.
- Preliminaries are included within the total construction cost.
- An inflation allowance of 0.6% has been included using a base date of November 2021 and the construction timeline detailed in the Commercial Case
- VAT has been included at 20% on all costs. No VAT recovery has been assumed. VAT recovery will be further assessed in the SBC.
- Inflation and IT & Telephony were wrongly classified in the IA (classed as Contingency and Inflation respectively), this has been corrected above.
- Capital costs and programme will be reviewed as the project progresses

5.2 Revenue Affordability

5.2.1 The estimated recurring revenue costs associated with each of the short-listed options are detailed in the table below. These represent the additional revenue costs when compared to the 'Do



Nothing' option. There is no incremental increase for this project as there is no existing service provision.

Table 12: Incremental Revenue Costs

Incremental Revenue Cost/year (£k)	Preferred Option – Costs at IA	Preferred Option – Costs at OBC	Preferred Option – Change in Costs
Facilities	102	102	-
Premises Costs	18	18	-
Total Annual Revenue Cost	120	120	-

5.2.2 The assumptions made in the calculation of the revenue costs are:

- Premises related costs have been estimated using a square metre rate from a similar type project, and is inclusive of rates, water, and clinical waste.
- Facilities costs have been applied based on annual costs of maintenance domestic services, and energy. These have been calculated based on £39, £30 and £58 per sqm respectively, based on costs for similar type GP premises.

5.2.3 Staffing costs have not been included at this stage as they have not yet been fully assessed and it is anticipated these will be funded through GMS. There may also be a requirement for financial support in the establishment of a new practice. Both staffing and support requirements will be further assessed, as well as the funding sources for these costs, and updates provided as required.

5.2.4 Recurring revenue costs in relation to facilities will be funded directly by the practice, subject to discussion and adjustment for any short-term occupation considerations. Premises costs will be fully funded via GMS payments.

Table 13: Summary of revenue funding

Incremental Revenue Cost/ Funding	Preferred Option – Costs/ Funding (£k)
Total Annual Incremental Revenue Cost	120
Funding – new funding (GP Practice)	120
Total Funding	120
Funding Gap	-

5.3 Overall Affordability

5.3.1 The capital costs detailed above are expected to be funded through traditional capital funding. This project has been prioritised by NHS Lothian and Edinburgh Health and Social Care Partnership.



Availability of capital funding remains a key risk to the project. A high level of risk is included in the construction cost as the project is at a early stage in the development process.

5.3.2 It is proposed that NHSL will provide a Capital Grant to CEC for the construction cost and then lease the completed facility from CEC.

5.3.3 Funding has been assumed for additional revenue costs from GMS and the practice itself, only practice related costs have been noted in this SBC. This will be further refined and will then be reviewed and agreed by the relevant parties.

The table below summarises the total costs associated with the preferred options and the funding proposed to implement this option.

Table 14: Summary of costs and funding

Incremental Revenue Cost/ Funding	Preferred Option – Capital Costs/ Funding (£k)	Preferred Option – Revenue Costs/ Funding (£k)
Total Cost	3,800	120
Funding – GP Practice Revenue Funding		120
Funding – NHSL capital formula funding	3,800	
Total Funding	3,800	120
Funding Gap	-	-

The capital costs detailed above are predicted to be funded through traditional capital funding. This project has been prioritised by NHS Lothian and Edinburgh Health and Social Care Partnership and the estimated costs noted above are included in the NHS Lothian Property and Asset Five Year Investment Plan.

5.4 Confirmation of stakeholder support

5.4.1 Following the endorsement of the EHSCP Population Growth and Primary Care Assessment 2016 – 2026, which reflected the extensive housing developments set out by CEC Local Development Plan, by EIJB in September 2017 and LCIG in March 2018, a strategic assessment for general practice provision in the West Edinburgh area was completed and submitted by EHSCP as part of the NHS Capital Prioritisation Process 2019/2020.

5.4.2 The need to provide additional educational facilities within the same locality, has provided an opportunity for NHSL to collaborate with CEC to consider a joint development of new health premises and primary school with shared amenities.

5.4.3 Whilst there are significant advantages to a collaborative approach to this provision, the projected timescales of requirement vary. CEC is required to provide the new school when the first houses are completed in 2023. In other circumstances, EHSCP would normally aim for completion of



new medical premises when the potential population would reach a minimum list size of 2000. In this scenario, completion would be required around 2024/25.

- 5.4.4 Consequently an Initial Agreement for the provision of general medical services in West Edinburgh (Maybury) was developed and approved by EIJB and NHS Lothian Capital Investment Group in July 2020 and subsequently approved at NHS Lothian Finance and Resources Committee in August 2020.



6 The Management Case

6.1 Project Management

6.1.1 Governance arrangements

6.1.2 Engagement with Stakeholder is detailed in the Strategic Case and includes information on how members of the proposal’s governance arrangements have been involved in its development to date and will continue to support it.

6.1.3 The diagram below shows the organisational governance and reporting structure that will be in place to take forward the proposed solution.





6.1.4 Key roles and responsibilities

6.1.4.1 The table below notes the project board that will be responsible for taking the project forward including details of the capabilities and previous experience.

6.1.4.2 Legal advice for the project (if required) will be obtained from the Central Legal Office.

Table 15: Project Management Structure

Role	Individual	Capability and Experience
Project Sponsor	David White, Strategy Planning & Quality Manger, primary Care and Public Health	Previous experience as Project Sponsor in primary care capital projects
Project Owner	Fiona Cowan	Previous experience of NHS capital projects
Project Manager	Campbell Kerr	Senior Project Manager in NHSL Capital Planning with extensive experience and responsibility for primary care projects
Capital Finance Support	Laura Smith	Experience supporting capital investment projects including similar primary care provisions
EHSCP Chief Finance Officer	Moira Pringle	Previous experience at Senior Manager level in similar projects, formerly Head of Capital Finance NHSL
NW Locality Lead	To be confirmed	Dependant on appointee
Clinical Lead	To be confirmed	Dependant on appointee
Communication Rep	To be confirmed	Dependant on appointee



6.1.5 Project plan and milestones

The project plan is as set out in **Section 4.2**.

6.2 Benefits Register and Realisation Plan

The investment objectives and the Strategic Assessment (see [Appendix 1: Strategic Assessment](#)) have informed the development of a Benefits Register (see [Appendix 3; Benefits Register](#)).

Per the draft Scottish Capital Investment Manual guidance on `Benefits Realisation`, this register is intended to record all the main benefits of the proposal and also includes a full Benefits Realisation Plan detailing how the benefits will be realised and measured.

6.3 Change Management

- 6.2.1 In order to avoid scope creep and overspend and to ensure project success, change control mechanisms have been developed. The Project Owner and Director will be responsible for maintaining strict control of the project and managing changes as they arise.
- 6.2.2 In the delivery and commissioning stages of the project, the established design parameters will not be changed without the prior consent of NHS Lothian via the Project Owner, Project Manager and the Project Group.
- 6.2.3 Regular Project Group meetings have been established for the day to day project operations in order to respond to key escalated issues and proposed changes in a timely manner. Any changes to the project relating to the service delivery, programme, time or cost will be decided on by the Project Director and the Project Group.



7 Conclusion

- 7.1.1 The strategic assessment for this proposal (included in Appendix 1 Strategic Assessment) scored 21 (weighted score) out of a possible maximum score of 25.
- 7.1.2 The proposal has been prioritised by the relevant governance groups and identified as a priority for NHS Lothian as part of the NHS Capital Prioritisation Process 2020/21.

Appendix 1: Strategic Assessment

PROJECT: New practice West Edinburgh		What are the Current Arrangements: 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?	Prioritisation Score	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>Identify Links</p> <p>Person Centred</p> <p>Safe</p> <p>Effective Quality of Care</p> <p>Health of Population</p> <p>Value & Sustainability</p> <p>TOTAL SCORE</p>	<p>5</p> <p>4</p> <p>4</p> <p>4</p> <p>4</p> <p>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>

Appendix 2: Site Maps



Appendix 3: Benefits Register

Step 1: Identify desired benefits and include in the project benefits register

Project Name: West Edinburgh Primary Care Provision

1. Benefits Register												2. Prioritisation		3. Realisation			
Ref No.	Benefit <i>Describe Benefit</i>	Assessment <i>Select from dropdown</i>	As measured by <i>How are you going to measure this?</i>	Baseline Value <i>Where you are now on this (baseline)</i>	Target Value <i>Where you want to get to</i>	Relative Importance <i>Select from dropdown</i>	Who Benefits? <i>e.g. Public, patients, staff?</i>	Who is responsible? <i>e.g. service manager</i>	Investment Objective <i>Which investment objective does this link to?</i>	Dependencies <i>Does achieving this depend on anything else other than the project?</i>	Support Needed <i>Is there any other support (not this project) required to achieve this?</i>	Date of Realisation <i>When will you measure the realisation of this benefit (usually after 12 month of operation)</i>					
1	Ensure everyone has access to GMS through provision of adequate capacity	Quantitatively	Capacity increase, restricted lists, patient assignments	No of patients resident assigned	No restricted lists, patients assigned	5 - Vital	Patients, GP Practices	GP/EHSCP/ NHSL	Improve service capacity to enable everyone to access GMS. Enable delivery of the Primary Care Improvement Plan as required for the implementation of the new GMS contract			24 months post project					
2	Ensure that people who use health and social care services have positive experiences and their dignity respected	Qualitatively	Patient experience of GP practice, patient experience of Health and Social Care services	New practice - no current information	Results of post completion questionnaire	4 - Important	Patients	EHSCP/ NHSL	Improve service capacity to enable everyone to access GMS. Enable delivery of the Primary Care Improvement Plan as required for the implementation of the new GMS contract			24 months post project					
3	Provides safe and easy access to GP services. Premises are DDA compliant	Qualitatively	Patients experience of travel options questionnaire	New practice - no current information	Results of post completion questionnaire and full DDA compliance achieved	4 - Important	Patients	EHSCP	Improve service capacity to enable everyone to access GMS. Enable delivery of the Primary Care Improvement Plan as required for the implementation of the new GMS contract								
4	Improve the functional suitability and sustainability of the healthcare estate	Quantitatively	Proportion of the estate categorised as either A or B for the functional suitability facet	New practice - no current information	A	4 - Important	EHSCP		Development of additional General Medical Practice								
5	Optimise financial and resource usage through an efficient estate and a stable health and social care system	Quantitatively	Annual statutory appraisal	New practice - no current information	A	3 - Moderately important	Population / EHSCP / NHSL	EHSCP	Development of additional General Medical Practice			24 months post project					



Appendix 4: Risk Register

PROJECT TITLE West Edinburgh (Maybury) Development

Risk No.	Date Raised	Description of Project Risk	Potential Failure / Cause	Direct Consequence	Severity (1 - 5)	Probability (1 - 5)	Risk Factor	Risk Allowance £k	Comments	Trigger	Mitigation Response	Risk Controller	By when
1	07/07/2020	Delay in negotiations with CEC.	Failure to agree commercial terms (lease, construction, service charges) for the development with CEC.	Cost / Time	4	2	8	0.00	NHSL/HSCP sign off required on design, costs and operational agreements. These are still outstanding.	Amber	Capital Planning involvement with design to date including details of construction cost.	Capital Planning / Project Board	Ongoing
2	07/07/2020	NHSL Capital budget exceeded	NHS element of the costs exceed expectations due to higher than anticipated inflation/tender prices.	Cost	4	2	8	0.00	Costings included in the IA are based on the current information available from CEC.	Amber	Costs will be reviewed during the design process will be confirmed in the SBC.	Capital Planning	Ongoing
3	07/07/2020	Revenue costs exceeded and unaffordable	Revenue costs may exceed estimates in IA	Cost	4	2	8	0.00	Revenue costs (including those for setting up a new GP Practice) will be reviewed for the SBC.	Amber		Finance	Ongoing
4	07/07/2020	Passivhaus design not compatible with NHS design guidance	NHSL has yet to use the Passivhaus model, this will need to be checked throughout the design process.	Time	3	1	3	0.00		Green	Capital Planning involvement with design to date.	Capital Planning	Ongoing
5	07/07/2020	Revenue/Running Costs not agreed with new GP Practices	New Practice unable to sign up to recurring running costs	Time	3	3	9	0.00	Requirement for practice to agree revenue costs prior to SBC submission.	Amber	SLA cost to be shared with practice when they are selected.	Project Board	Ongoing
6	07/07/2020	IT / Telecom costs	Issues with E Health briefing and initial costing information	Cost	3	2	6	0.00		Amber	E - Health to be include in the early design stages.	Capital Planning	Ongoing
7	07/07/2020	Design changes /variations following design freeze	Final brief/design not agreed by all parties. Changes to user group or working practices during detailed design and/or construction stages.	Cost / Time	4	2	8	0.00		Amber	Final SOA and layouts etc to be signed off by users and Project Board.	Capital Planning	Ongoing
8	07/07/2020	Delays/Difficulties with Statutory Approvals	Planning Permission/Building Warrant difficult to obtain causing delays	Cost / Time	3	1	3	0.00		Green		Capital Planning / CEC	Ongoing
9	07/07/2020	Unforeseen building condition issues	Survey work incomplete or insufficient. Unknown issues discovered during construction stage.	Cost / Time	3	1	3	0.00		Green		CEC	Ongoing
10	07/07/2020	Exceptional weather during construction	Adverse weather may affect programme.	Time	2	2	4	0.00		Green		Capital Planning	Ongoing
11	07/07/2020	Communications/public engagement	Adverse publicity, failure to communicate with local community	Reputational	2	2	4	0.00		Green		Project Board	Ongoing
TOTAL RECOMMENDED CONTINGENCY ALLOWANCE													

Key
 Severity scored 1 Minor to 5 Severe.
 Probability scored 1 very unlikely to 5 very likely.

0 to 5 GREEN
 6 to 11 AMBER
 12 & over RED



Appendix 5: Non-Financial Benefits Assessment

#	Benefit	Weighting (%)	Option 1 Do Minimum	Option 2 CEC	Option 3 Refurbishment of available property
1	Everyone has access to a GP	25%	0	10	10
2	Ensure that people who use health and social care services have positive experiences and their dignity respected	15%	2	10	10
3	Support the attainment of HEAT targets *Reduces the rate of emergency inpatient bed days for people aged 75 *Reduces the rate of attendance at A&E *Supports early cancer detection	15%	2	8	8
5	Provides safe and easy access to GP services	20%	2	9	9
5	Ensure the functional suitability of the healthcare estate	15%	7	10	10
6	Optimise financial and resource usage through an efficient estate	10%	7	10	9
Total Weighted Benefits Points			275	950	940

Maximum possible benefits points -