Report

South East Outer GP Provision Initial Agreement

Edinburgh Integration Joint Board

22 October 2019

Executive Summary

1. The purpose of this report is to present the Initial Agreement for Edinburgh South East (Outer Area) GP capacity provision.

2. Since the proposal seeks capital funding from NHS Lothian, the Initial Agreement has been prepared in line with the guidance contained in the Scottish Capital Investment Manual.

Recommendations

3. The Edinburgh Integration Joint Board is asked to:

   i. Note that the four GP practices immediately affected by housing developments in the area (Ferniehill, Southern, Gracemount and Liberton medical practices) do not have sufficient physical capacity to ensure that all the new population from the extensive local planned housing developments will be able to access General Medical Services (GMS).

   ii. Note that the options under consideration in the Initial Agreement will enable the practice lists in the area to expand from 14,000 to 21,000 if sufficient GMS premises capacity is provided.

   iii. Note that NHS Lothian invited Edinburgh Health & Social Care Partnership (EHSCP) to submit an Initial Agreement for this proposal following the conclusion of the 2018-19 Capital Prioritisation Process.

   iv. Note the Initial Agreement was supported by EHSCP Senior Management Team on 26th September 2019. Strategic Planning Group members have been able to comment prior to the EIJB meeting.

   v. Agree to the submission of the Initial Agreement to the NHS Lothian Capital Investment Group in accordance with the capital prioritisation process.

Background

4. The population of Edinburgh has increased by some 65,000 people over the last 10 years and will continue to grow at a rate c5,000 per annum until at least 2026. This trend is expected to continue further in the next Local Development Plan known as City Plan 2030; the South East area will potentially be subject to further green belt release in that plan though this will not be confirmed for some time.

5. The Housing Land Audit and Completions Programme (HLA) 2019 indicates that housing developments are reaching completion at an earlier date than previously estimated in the 2016 Delivery Programme and that the number of houses being developed is increasing at some locations. In the Gilmerton area, c200 houses are programmed for completion annually.

6. The South East Locality serves a population of c126k in two GP clusters. The Initial Agreement (IA) relates to the outer area of the South Cluster and the implications of the extensive housing developments in the area which directly impact on Ferniehill, Southern, Gracemount and Liberton Medical Practices. There is further effect on another three medical practices whose catchment areas overlap the above practices.

7. Ferniehill and Southern Medical Practices are located in practice owned premises which are functionally unsuitable for the sustainable delivery of primary care. Although it may be possible to improve and marginally expand the premises, the benefits are likely to be modest and cost prohibitive. Liberton Medical Group is also in practice owned premises and has recently benefitted from an extension with three consulting rooms.

8. Gracemount Medical Practice is located in NHS Leased purpose built premises and has agreed to expansion within its current footprint. It may be possible to further increase the internal clinical space.

9. Between 33% and 54% of the patient population of the above practices are within the most deprived quintile, and some of the practices have restricted lists.

10. As an interim measure to address the growth impact from the development sites, both Ferniehill and Southern practices have agreed to increase their list sizes by 500 each through ‘LEGUP’ investment and, at Ferniehill, a small capital scheme to create an additional consulting room. Braefoot Medical Practice, which is directly managed, has altered its practice boundary to include some of the Gilmerton development sites.

11. Additionally, the introduction of the new GMS Contract (Scotland) 2018 required the provision of alternative delivery of certain services to enable implementation of the contract. Changes such as Mental Health Hubs and Community Treatment and

Care Services (CTACs) will impact on the accommodation requirements to support the current and future population of the area.

12. EHSCP has identified the provision of GP Services in the South East Outer area as its joint top priority in the most recent round of capital investment prioritisation which was approved in NHS Lothian's Property and Asset Management Plan.

13. Edinburgh Integration Joint Board (EIJB) has already approved the report "Population Growth and Primary Care Premises Assessment 2016 – 2026" which states that additional capacity in General Practice is necessary in order to meet the rising demands from a population that is increasing both in numbers and in age. The Strategic Assessment (SA) for South East Outer identified the need for change since existing practices are unable to provide GMS to the current population, let alone the significant additional population to be generated by the new housing.

14. The need for development in the South East area was first raised in the Edinburgh Health and Social Care Partnership Population and Premises report 2014. This reported on the Housing and Land Audit 2014 which showed significant housing development in the South East area and has regularly been highlighted as an area of concern.

15. Whilst these measures are welcomed and provide some relief in the short term, the rate of population growth requires the major scheme proposed in the Initial Agreement to address longer term needs and offer sustainable delivery of primary care.

16. The project scope is limited to the provision of sufficient high quality clinical accommodation with adequate ancillary space to provide General Medical Services (GMS) to a population of 21,000 in order to meet the growth in the South East Outer area. Housing developments are expected to generate a minimum of an additional 6,000 people in the Gilmerton area.

17. The schedule of accommodation, which equates to 1743sqm, also includes provision of space for Community Treatment and Care Services (CTAC) or a Mental Health Hub and some clinical space for Locality community services.An assessment of the long list of options suggests that the only two options that are practical to take forward are to develop a new building to accommodate a new practice and / or re-provide two existing practices, or to refurbish existing available public or private sector properties to accommodate both a new practice and existing practices.

18. Developing a new building will provide a sustainable facility with sufficient and appropriate space which will improve the functional suitability of the healthcare estate. The challenge will be finding an appropriate site in a location to meet the requirements of all practices with suitable public transport routes.

19. A commercial site search in the area has not identified any suitable sites in the practice catchment areas. However, there may be opportunities in the wider area which will be explored through business case development, including the Liberton Hospital site. Additionally, other options will be assessed through the CEC Service Design process to review assets in Gilmerton.

20. Refurbishing and changing available premises, as yet to be identified, will be restricted by the current footprint of the buildings and is unlikely to result in a significant increase in patient capacity.

21. Developments and accommodation requirements within the South East Locality are such that resilience is severely restricted should there be an urgent need for temporary or permanent accommodation. The provision of CTAC space will allow potential resilience capacity to be developed which will provide stability for services within this area.

22. At this stage both options remain under active consideration. A final choice between the two options cannot be made without obtaining more detailed information on the site opportunities and constraints, design solutions, delivery timescales and the capital and revenue costs. Only when this information becomes available will it be possible to conduct a robust option appraisal.

23. As a result the Initial Agreement recommends that both options are carried forward for further investigation in a future business case which will require NHS Lothian to commit some enabling funding for this purpose.

Key risks

24. The constraints of inadequate GP premises are an identified list in EHSCP's section of NHS Lothian's Risk Register.

25. The earlier completion date and increase in housing units on nearby sites adds significant pressure to existing practices which are already unable to manage the increasing population within their current premises.

26. Additional local population unable to register with a GP resulting in increased assignments and greater presentations through emergency provision.

Financial implications

27. The project will require a capital investment of between c£7million - £10.1million (including VAT) at 2019 prices from NHS Lothian, depending on the option that is selected for delivery. Note that NHS Lothian's delegated limit is £10million; should final costs exceed this, the proposal will require submission to the Scottish Government.

28. Provisions have been made in capital costs to provide accommodation for EHSCP staff in line with the new GP contract; however no revenue associated costs have been identified and included at this time. Additional EHSCP staffing will be funded by the Primary Care Improvement fund.

29. Funding has been identified for the additional revenue costs from the existing NHSL depreciation budget. There remains a funding gap in relation to facilities costs of £113k per annum. Further work is required as part of the Standard Business Case to identify a funding source.

30. Practice related revenue costs have not been included in revenue costs as these will be funded via GMS income. However, it is acknowledged that there will be an increase in these revenue costs due to the creation of a new practice. Further work will be done at SBC stage to look to assess these costs.

Implications for Directions

31. The Integration Joint Board is due to consider an initial set of directions, which includes the following:

    Work with EHSCP to produce business cases to support priorities for capital investment beyond the current year taking account of the anticipated population expansion in each locality.

Equalities implications

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

Sustainability implications

33. Provision of a new surgery most likely situated in a property leased or owned by NHS Lothian, will support the sustainability of general practice in the area.

Involving people

34. Whilst there has been initial engagement through the Neighbourhood Partnership, meaningful engagement with the general public, patients and service users is envisaged at the stage when there are a range of potential options offering realistic solutions. The location and accessibility of any design solution will be key to addressing local need and developing this engagement. The EHSCP Patient Involvement Worker will support engagement with patients.

Impact on plans of other parties

35. The proposal includes accommodation for some accommodation for community teams from the South East Locality which will ease pressure on existing premises.

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Appendices

Appendix 1	South East Outer GP Provision Initial Agreement

South East Outer GP Provision

NHS Lothian

Initial Agreement

Project Owner: Fiona Cowan

Project Sponsor: David White

Date: 03/10/19

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Version History

Version	Date	Author(s)	Comments
1	09/05/2019	Maggie Gray	First Draft
1.1	21/05/2019	Laura Smith	Update template
1.2	20/06/2019	Maggie Gray Fiona Cowan	Update template
1.3	04/07/2019	Maggie Gray Fiona Cowan	Update template
1.4	26/07/2019	Fiona Cowan	Strategic and Economic Case update
1.5	06/08/2019	Laura Smith	IA update for review, addition of Appendices
1.6	16/08/2019	Fiona Cowan	IA update for review
2	29/08/2019	Fiona Cowan	IA update for review by Project Group
2.1	03/09/2019	Fiona Cowan	IA update for review
2.2	06/09/2019	Fiona Cowan	IA update for review
2.3	13/09/2019	Laura Smith	Updated Economic and Financial Case
3	19/09/2019	Maggie Gray	Final review
3.1	26/09/2019	Laura Smith	Updated for EIJB submission
3.2	30/09/2019	Fiona Cowan	Final review for EIJB submission
3.3	03/10/2019	Maggie Gray	Updated appendices for EIJB submission

Contents

1 Executive Summary

1.1 Purpose

1.1.1 The purpose of the Initial Agreement is to seek approval for the proposal to address GP capacity planning in the South East Outer area of the South East Locality. The extensive housing developments under construction in the area will generate at least an additional 6,000 people who will require provision of General Medical Services (GMS) which existing practices will be unable to provide from their current premises.

1.1.2 The proposal is to develop sufficient accommodation to deliver the additional capacity required together with re-provision of premises for the two existing practices most impacted by these new developments.

1.1.3 At this stage, as there are no definitive sites to consider, it has been difficult to assess all the options fully and further work will be required through development of the outline business case to explore site opportunities.

1.2 Background and Strategic Context

1.2.1 The South East Locality serves a population of c126k and has two GP clusters. The Initial Agreement (IA) relates to the outer area of the South Cluster within the locality and the implications of the extensive housing developments in the area which directly impact on Ferniehill, Southern, Gracemount and Liberton Medical Practices. There is further effect on another three medical practices whose catchment areas overlap those of the above practices.

1.2.2 Ferniehill and Southern Medical Practices are located in practice owned premises which are functionally unsuitable for sustainable delivery of primary care and although it may be possible to extend the premises, the benefits are likely to be modest and cost prohibitive. Liberton Medical Group is also in practice owned premises and has recently benefitted from an extension of three clinical rooms.

1.2.3 Gracemount Medical Practice is located in NHS Leased purpose built premises and has agreed to expansion within its current footprint. It may also be possible to further increase the internal physical space if required.

1.2.4 Between 33% and 54% of the patient population of the above practices are within the most deprived quintile.

1.2.5 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).

1.2.6 Additionally, the introduction of the new GMS Contract (Scotland) 2018 required the provision of alternative delivery of certain services to enable implementation of the contract. The changes such as Mental Health Hubs and Community Treatment and

Care Services (CTACs) will impact on the accommodation requirements to support the current and future population of the area.

1.3 Need for Change

1.3.1 The population of Edinburgh has increased by some 65,000 people over the last 10 years and will continue to grow at a rate of c5,000 per annum till at least 2026.This trend is expected to continue further in the next Local Development Plan. Much of the additional population has been absorbed by existing primary care provision.

1.3.2 The South East Outer Area comprises a significant area of green belt release where extensive housing is programmed and already underway with a considerable number of houses already occupied.

1.3.3 The Integration Joint Board previously approved the Edinburgh Health and Social Care Partnership (EHSCP)Population Growth and Primary Care Premises Assessment 2016 – 2026 and the subsequent high prioritisation of this area need through the NHS Lothian Capital Prioritisation Programme. The Strategic Assessment (SA) identified the need for change since existing practices are unable to provide GMS to the current population let alone the significant additional population to be generated by the new housing.

1.3.4 Two practices are accommodated in functionally unsuitable premises which are practice owned and therefore a risk for long term provision given their restrained functionality and potential uncertainty over tenure.

1.3.5 The need to address the population growth and the re-provision of existing practices offers an opportunity for co-location in a joint development which will also account for the accommodation required to support delivery of the new contract, such as Community Care and Treatment Services or a Mental Health Hub.

1.3.6 South East Locality has limited resilience where premises are required in the event of an emergency due to existing pressure on accommodation. Space within a CTAC would provide an option should such a situation arise.

1.4 Investment Objectives

1.4.1 The investment objectives the project seeks to achieve are

- To improve service capacity
- To improve service access and provide sufficient accommodation
- To improve service performance and configuration
- To enable delivery of the Primary Care Improvement Plan
- To improve functional suitability for the healthcare estate

1.5 The Preferred Option(s)

1.5.2 At this stage given that there are no sites to compare it is difficult to differentiate between Options 4 and 7 as possible solutions.

1.6 Readiness to proceed

1.6.1 The project will be delivered in accordance with NHS Scotland construction procurement policy and it is anticipated that HubCo will be the likeliest option.

1.6.2 The total indicative costs for the preferred option at this stage range from £7.1m to £10.2m including VAT. It is anticipated that the procurement of the project will be led by NHS Lothian supported by Edinburgh Health and Social Care Partnership where required.

1.6.3 A benefits register has been included in Appendix 3 with a high level risk register to be completed and included when submitted to the Lothian Capital Investment Group (LCIG).

1.6.4 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.

1.6.5 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.

1.6.6 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 need for development in the South East area was first raised in the Edinburgh Health and Social Care Partnership Population and Premises report 2014. This reported on the Housing and Land Audit 2014 which showed significant planned housing development in the South East area, and has long been an area of concern.

1.7.2 The strategic assessment for this proposal (included in Appendix 1) scored 17.25 out of a possible maximum score of 25. However this was re-scored by NHS LCIG Moderation Group to 18.55 matching that to similar proposals throughout NHS Lothian.

1.7.2 The proposal has been prioritised by the relevant governance groups and the Prioritisation Projects Update from LCIG in May 2019 identified it as one of the number one priorities for NHS Lothian and Edinburgh Health and Social Care Partnership.

2 The Strategic Case

2.1 Existing Arrangements

2.1.1 The South East Locality serves a population of circa 126,000 and has two GP Clusters. The Initial Agreement (IA) relates to the outer area of the South Cluster within the locality and the implications of the extensive housing developments in the area, much of it on green belt land which directly impacts on the following practices:

-Ferniehill
-Southern
-Gracemount
-Liberton

The practice catchment areas are attached as **Appendix 2a**

2.1.2 Additionally there is an impact on three other practices whose catchment areas partially overlap or about those of the above practices:

Inchpark
Braefoot
Dr Ferguson & Partners } Based in Conan Doyle Medical Centre

The practice catchment areas are attached as **Appendix 2b**

2.1.3 **Ferniehill Surgery** (list size 6,500)
Independent contractor located in practice owned premises which are functionally unsuitable for sustainable delivery of primary care. The premises comprise a converted and extended c1930s building in a residential area with limited opportunity for further conversion and increased capacity; although a further extension may be possible, the investment required would outweigh the potential benefits and would not address the other constraints of the present accommodation. A small scheme has been delivered in 2019, together with a Legup grant, to create additional consulting space and enable some modest growth of 500 patients to mitigate the early impacts from the housing developments.
The practice is in closest proximity to the areas of intensive housing developments at Gilmerton described in detail later in the IA, most of which fall within its catchment area. The practice list is managing registrations at c25 per week and 46% of the practice population is in the most deprived quintile.

2.1.4 **Southern Medical Group** (list size 7,306)
Independent contractor located in practice owned premises which are functionally unsuitable for sustainable delivery of primary care. The premises comprise a detached house which has had a couple of extensions. Whilst it may be possible to further extend the building into the back garden, the costs associated with this option make it prohibitive and it would not address patient flow within the building. The practice has

agreed to increase its list size by 500 supported by a Legup grant. The practice is within a mile and a half of the most extensive development sites at Gilmerton, located on the main road. 37% of the practice population is in the most deprived quintile.

2.1.5 **Gracemount Medical Practice** (list size 7,700)
Independent contractor located in NHS leased purpose built premises, Gracemount Medical Centre, which also accommodates community services teams. The practice has agreed to further expansion of c1,000 which would be possible within its current footprint. There is also the opportunity to review services located in the centre and further increase internal physical space if required. 54% of the practice population is in the most deprived quintile. The practice is located within half a mile of the development sites at Broomhills and Burdiehouse, and is restricting its list.

2.1.6 **Liberton Medical Group (list size 7,128)**
Independent contractor located in practice owned purpose built accommodation. The practice benefitted in 2016 from an extension of three clinical rooms, funded by a capital grant from NHS Lothian, to address population growth pressures from a new housing development of 300 houses directly across the road from the practice. The practice is within a mile of the Broomhills and Burdiehouse developments, as well as adjacent to the development referenced above. The practice has recently received a Legup grant to support the increased growth. A third of the patients are in the most deprived quintile, with the majority of patients in the age range 25-64

2.1.7 Whilst the other three practices referenced in 2.1.2 are not in immediate proximity to the housing developments, their practice list sizes are pressurised by the knock-on effect of the population from the new housing and, in some cases, overlap of catchment areas. Inchpark is currently restricted to registering 10 patients per week.

2.1.8 Braefoot Surgery (formerly Southside) was moved from practice owned premises in 2017 to NHS Lothian leased premises in Conan Doyle Medical Centre, co-locating with the Dr Ferguson and Partners practice in this purpose built building. Braefoot Surgery has capacity to grow, and the practice boundary is being extended further south to include the housing development sites which will support the practices most under pressure from the new housing.

2.1.9 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).

2.1.10 Additionally, the introduction of the new GMS Contract (Scotland) April 2018 requires boards to provide alternative delivery of certain services to enable implementation of the contract. These changes, such as Mental Health Hubs and Community Treatment and Care Services (CTACs), will impact on the accommodation requirements to support the current and future population of the area.

2.2 Drivers for Change

2.2.1 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 till 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.

2.2.2 City of Edinburgh (CEC) Local Development Plan 2016-2026 details the planned housing developments across the city. The South East Outer Area comprises a significant area of green belt release within the plan where extensive housing is programmed and already underway, with a considerable number of houses already occupied.

2.2.3 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 Gilmerton area. If developers are confident of house sales, that rate can be increased.

The known planned developments are illustrated in **Table 1** below:

Table 1: Planned Developments

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.

Area	Number of housing units	Population*
Anticipated increase in population which cannot be accommodated within existing GMS facilities and which therefore requires additional provision		
Gilmerton	1047	2199
Lasswade Road	636	1336
Moredunvale	200	420
Edmonstone	806	1693
	2689	**5648**
Increase in population anticipated to be absorbed between Gracemount Medical Practice and Liberton Medical Group		
Broomhills	549	1153
Burdiehouse	210	441
Liberton	298	626
	1057	**2220**

* 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**.

The planned development sites, HLA 2019, with indicative **minimum** population numbers and housing completion dates are illustrated on the map at **Appendix 7**

2.2.4 In addition to the above, there are a number of other sites which will be developed for housing in due course, including the Liberton Hospital site (quantity of houses unknown) and Ellen's Glen site (240 dwelling places), when their current use comes to an end.

2.2.5 City Plan 2030 may release more sites within the South East boundaries enabling further expansion of housing developments however details of the content of the plan will not be available until Autumn 2022.

2.2.5 The Integration Joint Board previously approved the EHSCP Population Growth and Primary Care Premises Assessment 2016-2026, and the subsequent high prioritisation of this area need through the NHS Lothian Capital Prioritisation Programme which invited the submission of the Initial Agreement.

2.2.6 The Strategic Assessment (SA) identified the need for change that existing practices, due to a mixture of limitations of workforce and physical capacity, are unable to provide GMS to the current population let alone the significant additional population generated by the new housing.

2.2.7 The Ferniehill and Southern practices are in accommodation which is functionally unsuitable for sustainable delivery of primary care. These premises are practice owned and are a risk for long term provision given their constrained functionality and potential uncertainty over tenure.

2.2.8 Primary care workforce provision nationally has been challenging of late, and the ability of practices to recruit is often impacted by their premises ownership and condition. Whilst much of this is addressed through the terms of the new GMS Contract 2018, difficulties remain for practices with premises implications.

2.2.9 The need to address the population growth and the re-provision of existing practices offers an opportunity for co-location in a joint development which will also account for the accommodation required to support delivery of the new contract, such as Community Treatment and Care Services (CTACs) or a Mental Health Hub.

2.2.10 CTACs, which form part of the Primary Care Improvement Plan, are being developed within Edinburgh according to the needs of the locality. Whilst these are primarily comprised of clinical space, it is likely that administrative accommodation will be required as investment progresses and there is a significant increase in staffing within localities.

2.2.10 Developments and accommodation requirements within the South East Locality are such that all conceivable administrative and clinical space has been utilised, leaving no resilience should there be an urgent need for temporary or permanent

accommodation. The provision of CTAC space will allow resilience capacity to be developed providing stability for services within this area

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

Table 2: Summary of the Need for Change

Cause of the need for change	Effect is it having, or likely to have, on the organisation	Why action now
Current service demand exceeds available capacity	Existing practices are unable to provide GMS to current population and future population	Service is under strain as evidenced by restricted lists and inability of practices to increase capacity to address this
Some practices are operating from premises which prevent them responding to changing service needs	Existing premises restrict the ability of practices to increase capacity and meet the needs for service provision	Practices are unable to respond to demand and increase capacity due to the limitations of their premises
Known future service demand will increase significantly with planned house building on green belt and windfall sites	Existing service arrangements unable to cope with future projected levels of population growth and address current high levels of deprivation	City of Edinburgh Council Local Development Plan details the housing developments programmed for the area with 4,000 additional population expected over the next 5 years and a further c3,000 thereafter
Implementation of the new GMS Contract Scotland	Transformation of primary care services to meet the requirements of the new GMS contract with the development of Community Treatment and Care Services (CTACs) and Mental Health Hubs for existing and new population	New GMS contract came into effect on 1st April 2018, with time limited implementation for delivery of the Primary Care Improvement Plan to deliver the contract requirements
Accommodation with high levels of unsatisfactory physical condition	Practices are operating from premises which are neither functionally suitable nor sustainable	Building condition, performance and associated risks will continue to deteriorate if action isn't taken now
Long term tenure of GP	GPs could sell premises creating instability for	Opportunity to create long term sustainable premises for service

owned premises	provision of GMS	delivery

2.3 Investment Objectives

2.3.1 The assessments 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)
1	Existing practices are unable to provide GMS to current population and future population	Improve service capacity to enable everyone to access GMS
2	Existing GP premises restrict the ability of the practices to increase capacity and meet the demands of service provision	Improve service access and provide sufficient clinical accommodation to meet service needs
3	Existing service arrangements unable to cope with future projected levels of population growth and address current high levels of need in an area of significant deprivation	Improve service performance and configuration to respond to increased demands of known significant population growth and existing deprivation needs, and ensure easy accessibility
4	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
5	Practices are operating from premises which are neither functionally suitable nor sustainable	Improve functional suitability of the healthcare estate and address long term future needs and tenure

2.4 Benefits

2.4.1 A Strategic Assessment (SA) was completed identifying the need for change, benefits of addressing these needs and their link to the Scottish Government (SG) five Strategic Investment Priorities below:

- Safe
- Person-Centred
- Effective Quality of Care
- Health of Population
- Value and Sustainability

2.4.2 The above investment objectives and the Strategic Assessment, Appendix 1 have informed the development of a draft Benefits Register, Appendix 3. As per the draft Scottish Capital Investment Manual guidance on `Benefits Realisation`, this initial register is intended to record all the main benefits of the proposal. A full Benefits Realisation Plan will be developed at OBC stage.

2.4.3 A summary of the key benefits to be gained from the proposal are described below:

- Ensure everyone is able to register with a GP by increasing capacity
- Increase in the services and clinical accommodation provided within the community
- Ensure that people who use health and social care services have positive experiences and their dignity respected
- Reduce the rate of attendance at A&E
- Provide safe and easy access to GP services; premises are DDA compliant
- Improve the functional suitability of the healthcare estate
- Improve sustainability and efficient use of resources

2.5 Strategic Risks

2.5.1 The table below highlights key strategic risks that may undermine the realisation of benefits and the achievement of the investment objectives. These are described thematically and potential safeguards and actions in place to prevent these:

Table 4: Strategic Risks

Theme	Risk	Safeguard
Business	Failure to acquire suitable site or premises for development	Site search in progress Work with partners to identify opportunities
	Premises costs are unacceptable to the practices	Provide high level indicative costs to practices prior to business case submission

	Proposed development not well received by patients and public	Clear communication and engagement plan
Scope	Scope of the project exceeds deliverability	Clarity on scope and reduction of scope
Funding	Capital or revenue funding to deliver the project is unaffordable	Optimise resource usage Value engineering Cost certainty for business case
Workforce	Insufficient workforce to meet the required capacity provision	Joint working by EHSCP and practices to facilitate required recruitment
External	Earlier impact and timing than projected of population growth	Monitor growth and work with practices to address interim measures

A register of strategic risks will be included in the submission to the Lothian Capital Investment Group. A full risk register will be developed for the project at the business case stage.

2.6 Constraints and Dependencies

2.6.1 The key constraints to be considered are:

- Availability of either capital or revenue funding may limit the ability to deliver the preferred solution

2.6.2 The key dependencies to be considered are:

- Availability of suitable sites or alternative premises to deliver a timely solution
- Agreement with practices to terms of re-provision;
- Agreement with practices to capacity increase to address growth.

3 Economic Case

3.1 Do nothing/baseline

3.1.1 It is not feasible to continue with the existing arrangements ('Do Nothing') 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 Scottish Capital Investment Manual guidelines) against which other options are assessed, however this will only address the strategic drivers in part and will result in capacity constraints which fail to provide for the population growth. The table below defines the 'Do Minimum' option including the requirements to implement this option.

Table 5: Do Minimum

Strategic Scope of Option 2 - Do Minimum	
Service provision	Continue with existing
Service arrangements	Existing GP practices with support for some capacity increase if possible
Service provider and workforce arrangements	Existing GMS provision – will require 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 Engagement with Stakeholders

3.2.1 The table below summarises the stakeholders impacted by this proposal and the details of the engagement that has taken place with them to date and notes their support for this proposal.

Table 6: Engagement with Stakeholders

Stakeholder Group	Engagement that has taken place	Confirmed support for the proposal
General public	Initial engagement has been through the Liberton Gilmerton Neighbourhood Partnership	Presentation to Neighbourhood Partnership. Further engagement will be developed as project progresses
Key stakeholders and partners : Fernhiell Surgery Southern Medical Group Gracemount Medical Practice Liberton Medical Group	Discussions have taken place with each of the practices to ascertain their intentions.	Support confirmed

3.2.1 Whilst there has been initial engagement through the Neighbourhood Partnership, meaningful engagement with the general public, patients and service users can only occur once there are a range of potential options offering realistic solutions. The location and accessibility of any design solution will be key to addressing local need and developing this engagement. The EHSCP Patient Involvement Worker will support engagement with patients.

3.2.3 Staff who are affected are primarily those of the practices identified above and those practices will engage with their own staff as the project progresses.

3.3 Long-listed Options

3.3.1 The strategic scope of each option – that is the service provision, arrangements, provider and workforce – is the same for each option, namely GMS provision delivered by the independent contractor model.

3.3.2 It should be noted that the key outcome that this project seeks to achieve is to ensure that sufficient capacity is provided to accommodate the planned growth. Consideration has been given to the development of a new GP practice, meaning a new partnership or managed service to deliver the additional GMS required. This will be dependent on whether additional capacity to address the local growth can be accommodated by existing practices if they are in new premises, or not.

3.3.3 The need to provide additional capacity must also recognise the business models of existing practices who may not wish to increase their practice population by the quantity generated by the housing developments. In short whilst it may be relatively straightforward to address the physical capacity to meet demand, how the GMS is delivered by existing practices will dictate whether new practice provision is also required within the same physical footprint.

3.3.4 The eight options identified are detailed in **Appendix 5**, and are outlined below:

Option 2: Do Minimum
Minor refurbishment in existing practices to increase capacity to accommodate some of the increased population due to the housing expansion

Option 3: New build for a new practice
Identify a new site within the catchment area of Ferniehill and Southern Medical Practice to create a new practice with the capacity to accommodate only the increased population from the housing expansion

Option 4: New build for a new practice and re-provision
As option 3 but with the opportunity to provide accommodation for a new practice and Ferniehill and Southern Medical practices which will also accommodate increased GMS demand from the housing expansion.

Option 5: New build re-provision only
Identify a new site within the catchment area to re-provide premises for the existing practices but without providing any additional capacity for demand from the housing expansion.

Option 6 Refurbish available property for a new practice
Source and upgrade available premises to accommodate a new practice to provide capacity for the increased population

Option 7: Refurbish available property for a new practice and re-provision
Source and upgrade available premises to accommodate the current practices in combination with space for a further practice to provide capacity for the additional demand.

Option 8: Refurbish available property re-provision only
Source and upgrade available property to provide more functionally suitable premises for the delivery of primary care services.

3.3.5 The following options were not taken forward for assessment as detailed below:

Option 1: Do nothing - has not been given further consideration due to the significant population growth from the housing developments as it does not address the requirement to enable everyone to access a GP

3.4 Initial Assessment of Options

3.4.1 Each of the long- listed options have been assessed for their advantages and disadvantages, and the extent to which they meet the investment objectives (as outlined in the Strategic Case) to identify the preferred solution(s).

Table 7: Assessment of options against investment objectives

	Option 2: Do Minimum	**Option 3: New build for a new practice only**	**Option 4: New build for a new practice and re-provide existing practices**	**Option 5 : New build for re-provision only**
Advantages (Strengths & Opportunities)	Invest in existing practices and premises to increase capacity	Potentially addresses capacity and access needs Complements existing practice provision Functionally suitable premises	Addresses capacity and access needs Functionally suitable premises Long term provision /sustainability of existing practices	Functionally suitable premises Sustainable, long term needs of existing practices
Disadvantages (Weaknesses & Threats)	Will not address all strategic drivers; part solution only with limited impact Capacity constrained	Challenges /time implications of setting up new practice/management support onerous Significant revenue implications until practice stable High risk of failure Does not address re-provision of existing practices Site availability	Challenges /time implications of setting up new practice/management support onerous Significant revenue implications until practice stable High risk of failure Site availability	Practices willingness to re-locate Insufficient capacity to address population growth Site availability
Does it meet the Investment Objectives (Fully, Partially, No, n/a):				
Investment Objective 1	No	Fully	Fully	No
Investment Objective 2	No	Partially	Fully	No
Investment Objective 3	No	Fully	Fully	No
Investment Objective 4	Partly	Partially	Fully	No
Investment Objective 5	Partly	No	Fully	Fully
Are the indicative costs likely to be affordable? (Yes, maybe/ unknown, no)				
Affordability	Yes	Unknown	Unknown	Unknown

	Option 2: Do Minimum	Option 3: New build for a new practice only	Option 4: New build for a new practice and re-provide existing practices	Option 5 : New build for re-provision only
Preferred/Possible/ Rejected	Possible	Rejected	Possible	Rejected

	Option 6 Refurbish available property for a new practice	Option 7 Refurbish available property for a new practice and re-provision of existing practices	Option 8 Refurbish available property, re-provision of existing practices only
Advantages (Strengths & Opportunities)	Potentially addresses capacity and access needs Complements existing practice provision Functionally suitable premises	Addresses capacity and access needs Functionally suitable premises Long term provision /sustainability of existing practices	Functionally suitable premises Sustainable, long term needs of existing practices
Disadvantages (Weaknesses & Threats)	Practices willingness to re-locate Does not address re-provision of existing practices Property availability and tenure	Practices willingness to re-locate Property availability and tenure	Practices willingness to re-locate Insufficient capacity to address population growth Property availability and tenure
Does it meet the Investment Objectives (Fully, Partially, No, n/a):			
Investment Objective 1	No	Fully	No
Investment Objective 2	No	Fully	No
Investment Objective 3	No	Fully	No
Investment Objective 4	No	Fully	No
Investment Objective 5	Fully	Fully	Fully
Are the indicative costs likely to be affordable? (Yes, maybe/ unknown, no)			
Affordability	Unknown	Unknown	Unknown

	Option 6 Refurbish available property for a new practice	Option 7 Refurbish available property for a new practice and re-provision of existing practices	Option 8 Refurbish available property, re-provision of existing practices only
Preferred/Possible/ Rejected	Rejected	Possible	Rejected

Those options that have been rejected above have been done so on their inability to deliver the identified benefits and investment criteria.

3.5 Short-listed Options and Preferred Way Forward

The table below identifies the short-listed options for this project

Table 8: Short Listed Options

Option	Description
Option 2	Do Minimum
Option 4	New build for new practice and re-provision of existing practices
Option 7	Refurbish available property for new practice/re-provision of existing practices

3.6 Non financial benefits assessment

3.6.1 Each of the identified benefits was weighted and the shortlisted options were scored against its ability to deliver the required benefits. The results of the benefits assessment are summarised below:

Table 9: Results of Non-Financial Benefits Assessment

#	Benefit	Weight (%)	Option 2 Do minimum	Option 4 New build for new practice and re-provision of existing practice	Option 7 Refurbishment of available property for new practice and re-provision of existing practice
1	Everyone can register with a GP	20%	1	10	10
2	Increase in services and clinical accommodation provided in the community	10%	0	10	10
3	Ensure that people who use health and social care services have positive experiences and their dignity respected	15%	5	10	10
4	Reduce the rate of attendance at A&E	15%	5	8	8
5	Provides safe and easy access to DDA compliant GP services,	15%	6	8	7
6	Improve the functional suitability of the healthcare estate	20%	4	10	10
7	Improve sustainability and efficient use of resources	5%	0	10	8
	Total Weighted Benefits Points		**340**	**940**	**915**

3.7 Indicative Costs

3.7.1 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 Section 5 – Financial Case.

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

- A discount rate of 1.5% has been used for the first 30 years, reducing to 1.286% for years 31 to 75 in line with Government guidelines.
- A useful life of 50 years has been determined for the projects.
- Phasing of the costs reflects the useful life and the programme of works as identified in Section 4.2 – Timetable.

Table 10: Indicative Costs of Shortlisted Options

Cost (£m)	Option 2 Do Minimum	Option 4 New build for new practice and re-provision of existing practice	Option 7 Refurbishment of available alternative property for new practice and re-provision of existing practice

Capital cost	0	10,129	7,112
Whole life capital costs	0	8,441	5,927
Whole life operating costs	0	5,249	9,402
Estimated Net Present Value (NPV) of Costs	0	13,690	15,329

3.8 Overall assessment and preferred way forward

3.8.1 The table below shows 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 11: Economic Assessment Summary

Option Appraisal	Option 2 Do minimum	Option 4 New build for new practice and re-provision of existing practice	Option 7 Refurbishment of available property for new practice and re-provision of existing practice
Weighted benefits points	340	940	915
NPV of Costs (£k)	0	13,690	15,329
Cost per benefits point (£k)	0	14.56	16.75
Rank	**3**	**1**	**2**

3.8.2 Option 2 has been ranked lowest due to its inability to meet the demands of growth in capacity, therefore to 'Do minimum' is not a viable option.

3.8.3 At this stage, given there are no sites to compare, it is difficult to truly differentiate between Options 4 and 7 as possible solutions and to recommend a preferred option.

3.8.4 Until a site or sites are identified, in broad terms the expectations are that Options 4 and 7 are equal in what they will offer, that is the physical accommodation will satisfy the capacity required. The differentiation will come when available sites and their opportunities are able to be compared, and a full non financial benefits appraisal can be carried out.

3.8.5 A commercial site search in the area has not identified any suitable sites available in either of the catchment areas of the two practices for re-provision. However, there may be opportunities in the wider area worth following up at business case stage once more detailed information is available. These include the potential of the current Liberton Hospital site and further work with CEC colleagues through the Council's Service Design process which will review assets in the Gilmerton area.

3.8.6 Compulsory purchase is an option which either NHS Lothian or CEC have recourse to, however, this will require robust presentation as to why any particular site would be subject to this route.

3.8.7 Given the above constraints, it is recommended that both Options 4 and 7 are carried forward to Outline Business Case stage where the implementation of the solution(s) shall be further developed and tested for value for money.

3.9 Design Quality Objectives

3.9.1 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.

3.9.2 An initial AEDET (Achieving Excellence Design Evaluation Toolkit) workshop will be undertaken as part of the OBC/SBC process.

4 The Commercial Case

4.1 Procurement Strategy

4.1.1 The total indicative costs for the two preferred options at this stage range from £7.1m (Option 7) to £10.1m (Option 4) including VAT. NHSL's delegated limit is £10m therefore if Option 4 is taken forward to Outline Business Case it is expected that it will require Scottish Government approval.

It is anticipated that the procurement of the project will be led by NHS Lothian supported by the Edinburgh HSCP.

4.1. 2. The project will be delivered in accordance with NHS Scotland construction procurement policy and it is anticipated that HubCo will be the likeliest option.

4.2 Timetable

4.2.1 A detailed Project Plan will be produced for the business case. In view of the decision to keep three options open for further investigation in the Business Case it is not possible to provide a project timetable at this stage. The time scales relating to the availability of suitable alternative premises are unclear at the present time and only when there is certainty that sites will become available can a credible programme be developed.

Table 12: Project Timetable

Key Milestone	Date
Initial Agreement approved	November 2019
Pre OBC Option Appraisal	May 2020
Outline Business Case approved	May 2021
Purchase of land completed (if required)	May 2022
Full Business Case approved	May 2022
Construction starts	July 2022
Construction complete and handover begins	December 2023
Service commences	January 2024

5 The Financial Case

5.1 Capital Affordability

5.1.1 The estimated capital cost associated with each of the short listed options is detailed in the table below. Construction costs were provided by independent quantity surveyors.

Table 13: Capital Costs

Capital Cost (£m)	Option 2 Do minimum	Option 4 New build for new practice and re-provision of existing practice	Option 7 Refurbishment of available property for new practice and re-provision of existing practice
Construction	0	6,786	4,663
Professional Fees	0	20	30
Equipment	0	157	157
IT & Telephony	0	131	131
Inflation	0	0	0
Optimism Bias	0	1,348	946
Total Cost (excl VAT)	**0**	**8,441**	**5,927**
VAT	0	1,688	1,185
Project Team Costs	0	0	0
Total Capital Cost	**0**	**10,129**	**7,112**

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

- New build and refurbishment construction costs are estimated on the basis of recent primary care projects however included as HubCo costs.
- A sqm rate of £3/900 has been used for a new build with a sqm rate of £2,680 used for refurbishment.
- Total sqm is based on the Schedule of Accommodation **Appendix 6**
- Professional fees have been estimated on the basis of prior primary care project submissions.
- Equipment costs are estimated at £90 per sqm on the basis of previous primary care projects.
- IT & Telephony are estimated at £75 per sqm on the basis of previous primary care projects.
- Optimism bias has been included at 19% of total costs including commissioning costs
- There has not been an allowance for inflation as yet, due to the uncertainty of the project timeline, draft project timeline has been detailed in **Section 6.2**

- No cost in relation to site purchase has been included at this time.
- VAT has been included at 20% on all costs. No VAT recovery has been assumed. VAT recovery will be further assessed in the SBC/OBC

5.2 Revenue Affordability

Incremental Revenue Cost/year (£k)	Option 2: Do minimum - ongoing maintenance only	Option 4: New Build for new practice and re-provision of existing practices	Option 7: Refurbish available property for new/re-provision of existing practices
HSCP Staffing	-	-	-
Facilities	-	113	113
Depreciation	-	203	142
Total Annual Incremental Revenue Cost	**-**	**316**	**255**

5.2.1 The estimated recurring incremental 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.

Table 14: Incremental Revenue Costs

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

- Depreciation is based on a useful life of 50 years and assumed to be funded from the existing NHS Lothian Depreciation funding allocation.
- It is expected that there will be additional HSCP staff due to the Schedule of Accommodation providing an allowance for this staff group. At this stage this staffing complement has not yet been specified. Any increase in this staffing group will be funded from the Primary Care Improvement Fund.
- No one off revenue costs (e.g. the cost of decant) have been identified for the project at this stage.
- Practice related costs have not been included in revenue costs as these will be funded via GMS income. It is noted that there will be an increase in these revenue costs which will have to be agreed with the practices involved.

5.2.2 Revenue funding will be available from various sources: The PCIF will be utilised for any additional HSCP staff identified relating to the new GP contract. Depreciation costs will be defined and sources will be agreed as part of the business case. Indicative revenue funding for the preferred options are shown in the table below.

Incremental Revenue Cost/ Funding	Option 2: Do minimum - ongoing maintenance only	Option 4: New Build for new practice and re-provision of existing practices	Option 7: Refurbish available property for new/re-provision of existing practices
Total Annual Incremental Cost	**-**	**316**	**255**
Funding – Existing NHSL depreciation budget	-	203	142
Total Annual Incremental Revenue Cost	**-**	**113**	**113**

Table 15: Summary of Revenue Funding

5.2.3 The funding gap above represents the increased facilities costs, further work will be required in order to identify a funding source.

5.2.4 Given that there are no sites identified at this stage, nor is there certainty about the future organisation of General Medical Services, e.g. the provision of a new practice or expanding the lists of existing practices, further work will be taken forward to fully capture all revenue costs in SBC/OBC stage.

5.3 Overall Affordability

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

5.3.2 Funding has been identified for the additional revenue costs from the existing NHSL depreciation budget. Any additional HSCP staff costs and anticipated to be cost neutral as this will be funded by the Primary Care Improvement fund. There remains a funding gap in relation to the facilities costs of £113k per annum.

5.3.3 At this time, due to the lack of sites for each of the preferred options it is expected that costs identified will be subject to change however these will be detailed through the SBC or OBC/FBC process.

6 The Management Case

6.1 Readiness to proceed

6.1.1 A benefits register is included in **Appendix 3.** A high level risk register will be included in **Appendix 4** for LCIG.

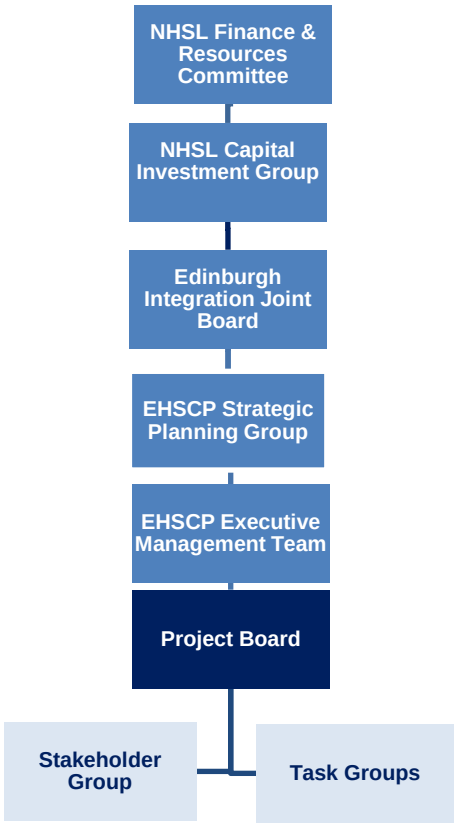
6.1.2 Detail of the proposed timeframe for development of the business case is included in the Commercial Case and any interdependencies with other projects are included in the Strategic Case.

6.1.3 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.

6.2 Governance support for the proposal

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

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



6.3 Project Management

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

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

Table 16: Project Management Structure

Role	Individual	Capability and Experience
Project Sponsor	David White, Strategy Planning & Quality Manager, 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
SE Locality Lead	Judith Mann	Locality Development Manager with experience of primary and community care provision
Practice Rep – Ferniehill	To be confirmed	Dependent on appointee
Practice Rep – Southern	To be confirmed	Dependent on appointee
Clinical Lead	Carl Bickler	Experience as GP and Clinical Lead for South East Locality
Communications Rep	To be appointed	Dependent on appointee

7 Conclusion

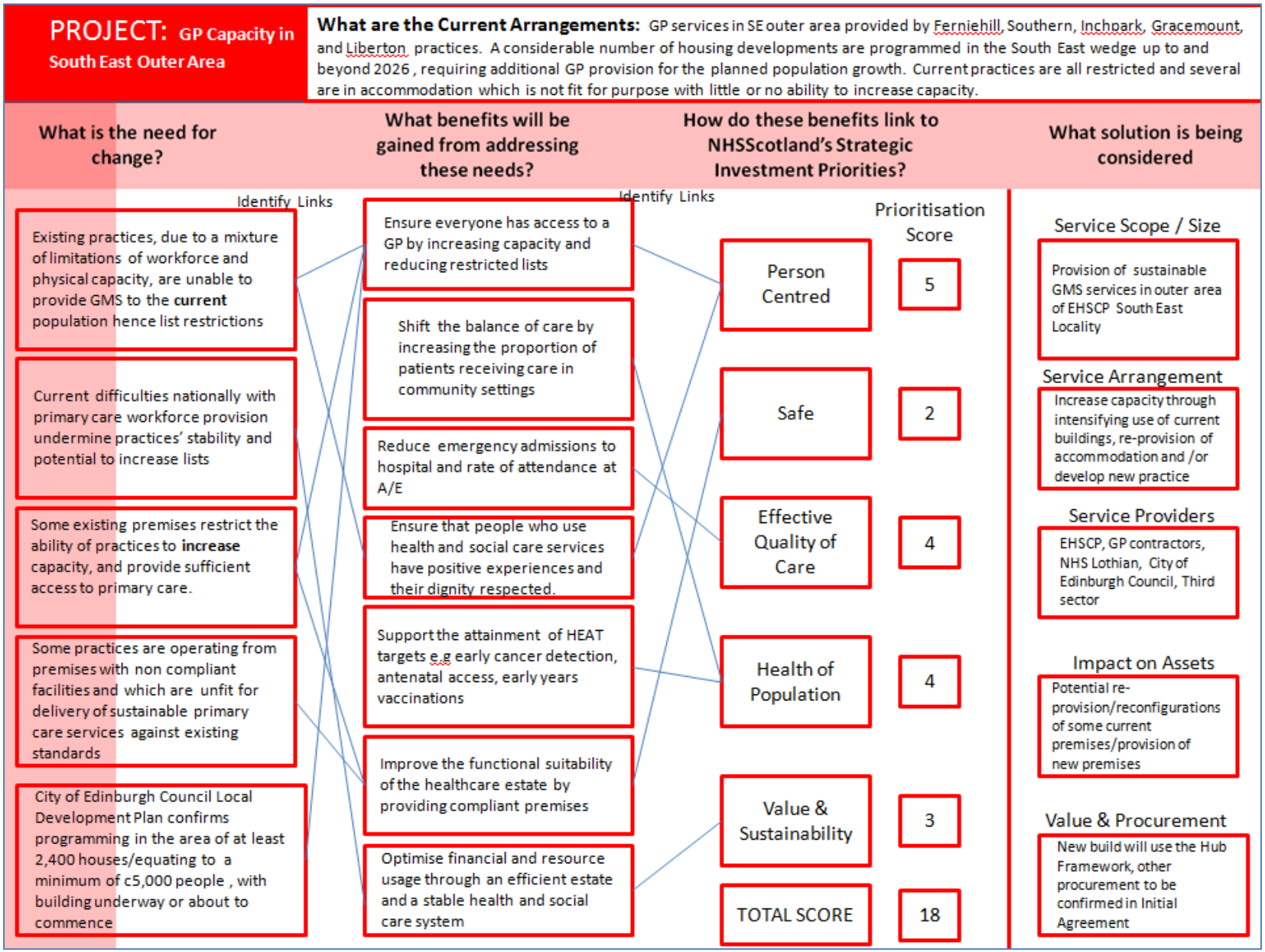
7.1.1 The need for development in the South East area was first raised in the Edinburgh Health and Social Care Partnership Population and Premises report 2014. This

reported on the Housing and Land Audit 2014 which showed significant planned housing development in the South East area, and has long been an area of concern.

7.1.2 The strategic assessment for this proposal (included in Appendix 1) scored 17.25 out of a possible maximum score of 28. However this was re-scored by NHS LCIG Moderation Group to 18.55 matching that to similar proposals throughout NHS Lothian.

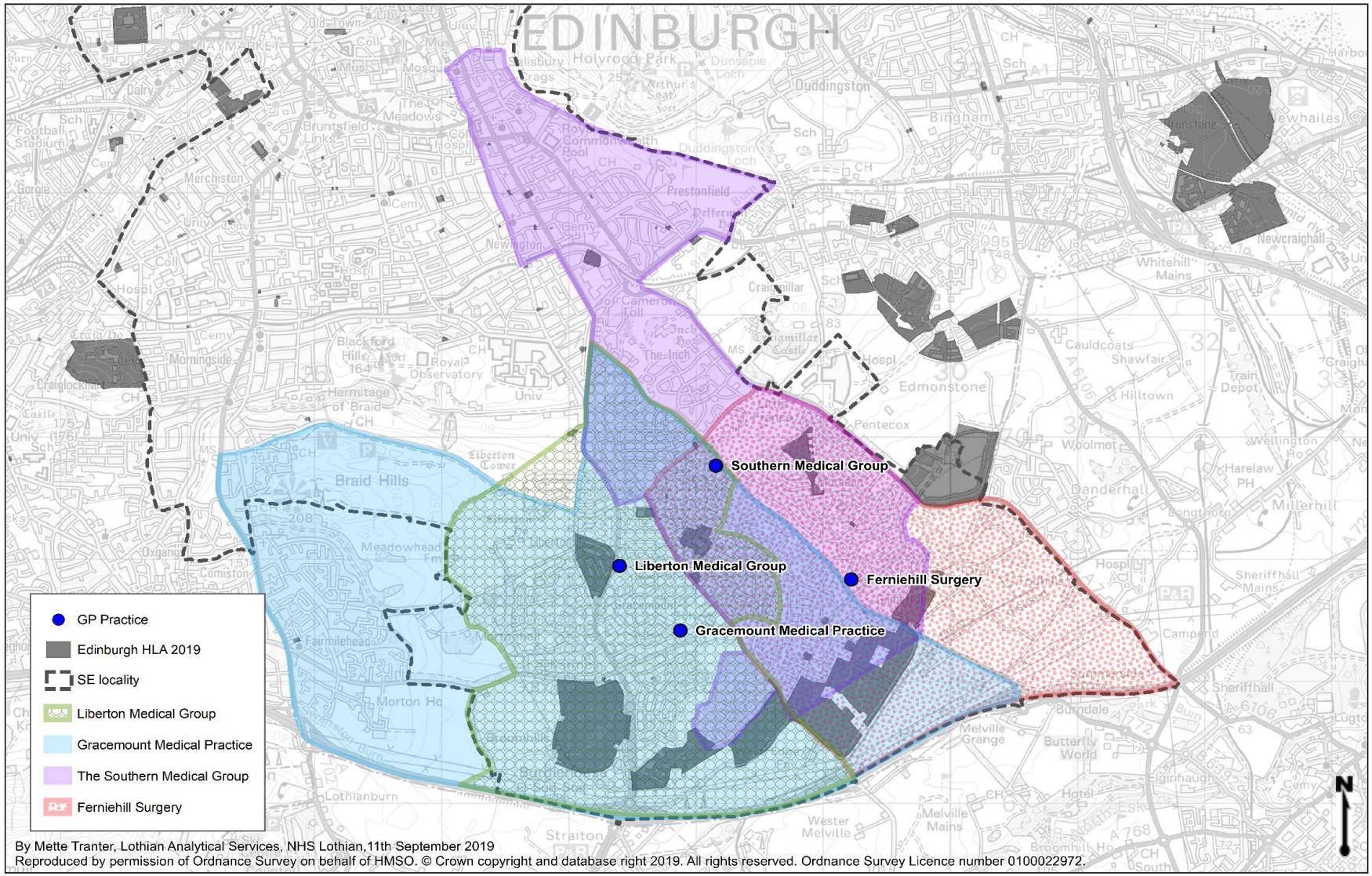
7.1.3 The proposal has been prioritised by the relevant governance groups and the Prioritisation Projects Update from LCIG in May 2019 identified it as one of the number one priorities for NHS Lothian and Edinburgh Health and Social Care Partnership.

Appendix 1: Strategic Assessment



Appendix 2a

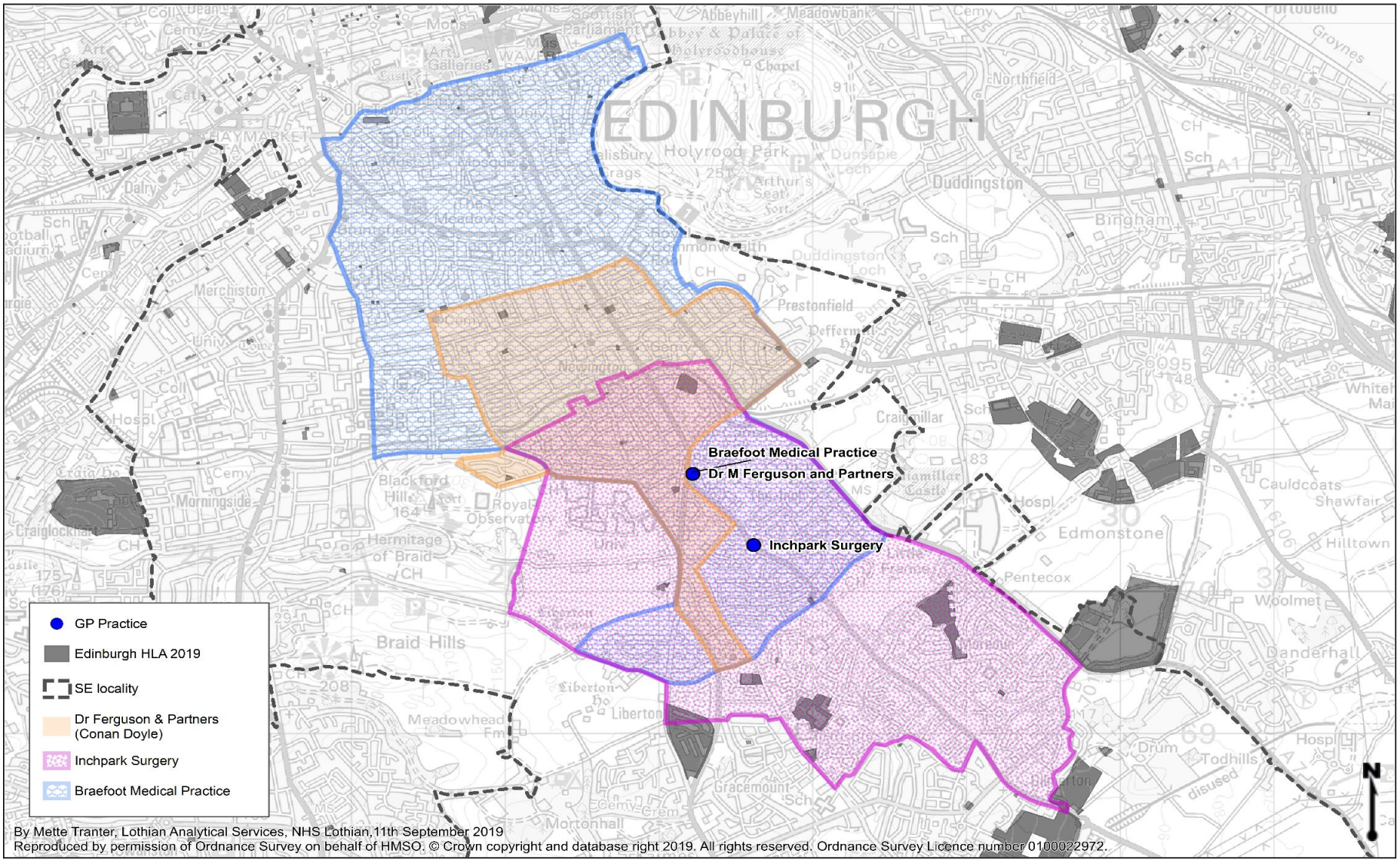
Map showing Liberton, Gracemount, Southern & Ferniehill GP Practice boundaries



By Mette Tranter, Lothian Analytical Services, NHS Lothian,11th September 2019

Appendix 2b

Map showing Dr Ferguson & Ptnrs, Braefoot, & Inchpark GP Practice boundaries



Appendix 3: Benefits Register

1. Benefits Register						*2. Prioritisation*	*3. Realisation*					
Ref No.	**Benefit**	**Assessment**	**As measured by**	**Baseline Value**	**Target Value**	**Relative Importance**	**Who Benefits?**	**Who is responsible?**	**Investment Objective**	**Dependencies**	**Support Needed**	**Date of Realisation**
1	Everyone can register with a GP	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 implementation of the new GMS contract			12 months post project
2	Increase in services and clinical accommodation provided in the community	Quantitatively	Proportion of services offered in the community	Current service provision	Increase in community services and clinical accommodation	3 - Moderately important	Population, EHSCP, NHSL	EHSCP	Improve service access and provide sufficient clinical accommodation to meet service needs. Improve service performance and configuration to respond to increased demands of known significant population growth and existing deprivation needs, and ensure easy accessibility			24 months post project
3	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	Results of HACE Patient Survey 2019/20	Improvement on previous results in post completion survey	4 - Important	Patients	EHSCP/ Practices	Improve service performance and configuration to respond to increased demands of known significant population growth and existing deprivation needs, and ensure easy accessibility			12 months post project

4	Reduce the rate of attendance at A&E	Quantitatively	RIE A&E activity reports	Current measurements by practice	Reduction in attendance rates	4 - Important	Patients	EHSCP/ Secondary Care/ Practices	Improve service performance and configuration to respond to increased demands of known significant population growth and existing deprivation needs, and ensure easy accessibility	Provision of corresponding services in secondary care/3rd sector		36 months post project
5	Provides safe and easy access to GP services. Premises are DDA compliant	Qualitatively	Patient experience of travel options questionnaire	Results of questionnaire to patients pre-move	Results of post completion questionnaire and full DDA compliance achieved	4 - Important	Patients	ESCP	Improve service access and provide sufficient clinical accommodation to meet service needs. Improve functional suitability of the healthcare estate and address long term future needs and tenure.			24 months post project
6	Improve the functional suitability of the healthcare estate	Quantitatively	Proportion of the estate categorised as either A or B for the functional suitability facet	B/C	A	5 - Vital	Patients/EHSCP/NHSL	EHSCP	Improve functional suitability of the healthcare estate and address long term future needs and tenure.			12 months post project (NB supporting figures may not be available until later date)
7	Improve sustainability and efficient use of resources	Quantitatively	Annual Statutory Appriasal	B/C	A	3 - Moderately important	Population/ EHSCP/NHSL	EHSCP	Improve functional suitability of the healthcare estate and address long term future needs and tenure.			24 months post project

Appendix 4: Risk Register

For development for LCIG

Appendix 5: Long Listed Options

Strategic Scope of Option	Service Provision	Service Arrangements	Service Provider and Workforce Arrangements	Supporting Assets	Public and service user expectations
Option 1: **Do Nothing**	As current arrangements	As current arrangements	As current arrangements	As current arrangements	As current arrangements
Option 2: Do Minimum	Continue with existing	Existing practices with support for some capacity increase if possible	Existing GMS provision – will require additional workforce to address any increase	Minor refurbishment in existing practices to accommodate the increase of some of the population due to housing expansion	Will expect full access to GMS and require the ability to register with a GP in the area
Option 3: New build for a new practice only	Increases GMS service provision	New practice with high risk of failure and significant revenue implications until practice stable. Existing practices continue with current arrangements	Will address recruitment difficulties impacted by premises conditions. Will require additional workforce to address the increase	Identify a new site within the catchment area of South East to create a new practice with capacity to accommodate only the increased population New premises will be designed to be functionally appropriate and fully compliant	Will be designed with sufficient space to partially accommodate increased population requirements
Option 4: New build for a new practice and re-provide existing practices	Existing arrangements with additional capacity in all practices	Addresses capacity and access needs. New practice with high risk of failure and significant revenue implications until practice stable. Time implications of setting up new practice / management may be challenging and onerous	Existing GMS provision – will require additional workforce to address any increase. Will address recruitment difficulties impacted by premise conditions	Identify a new site within the catchment area of South East to create a new practice with capacity to accommodate increased population and GMS demand as well as the re-provision of the existing Ferniehill and Southern Medical practices Purpose build premises designed with sufficient and appropriate space to accommodate increasing population and provide opportunities to respond to changing needs	Will provide full access to GMS and opportunity to register with GMS in the local area

Strategic Scope of Option	Service Provision	Service Arrangements	Service Provider and Workforce Arrangements	Supporting Assets	Public and service user expectations
Option 5: New build to re-provide existing serviced only	Existing arrangements	Existing practice with support for some capacity increase if possible	Existing GMS provision. Will address recruitment difficulties impacted by premise conditions	Identify a new site within the catchment area of South East to re-provide premises for the existing premises only. Purpose built premises designed with sufficient and appropriate space to accommodate only existing population.	Insufficient capacity for population growth
Option 6: Refurbish available property for a new practice only	Provision of reconfiguring accommodation to expand current provision	Opportunity to re-evaluate existing practice to expand services	Will require additional workforce to address the increase Will address recruitment difficulties impacted by premise conditions in refurbished premises but no effect on others	Source and upgrade an available premises to accommodate a new practice to have capacity for the increased population only Compliancy and suitability with be improved	Will provide limited access to GMS and opportunities to register with GMS locally
Option 7: Refurbish available property for a new practice and re-provision of existing practices	Existing arrangements with additional capacity in all practices. Long term provision and sustainability of existing practices	Addresses capacity and access needs New practice with high risk of failure and significant revenue implications until practice stable Time implications of setting up new practice / management support may be challenging and onerous	Existing GMS provision – will require additional workforce to address any increase Will address recruitment difficulties impacted by premises conditions	Source and upgrade existing premises to accommodate the current practices in combination with space for a further practice to provide capacity for the additional demand. Compliancy and suitability will be improved	Will provide full access to GMS and opportunity to register with a GP in the local area

Strategic Scope of Option	Service Provision	Service Arrangements	Service Provider and Workforce Arrangements	Supporting Assets	Public and service user expectations
Option 8: Refurbish available property, re-provision of existing practices only	Existing arrangements	Existing practice with support for some capacity increase if possible	Existing GMS provision Will address recruitment difficulties impacted by premises conditions.	Source and upgrade available property to provide more functionally suitable premises for the delivery of primary care services for existing practices only Compliancy and suitability will be improved	Will expect full access to GMS and require the ability to register with a GP in the area.

Appendix 6: Schedule of Accommodation

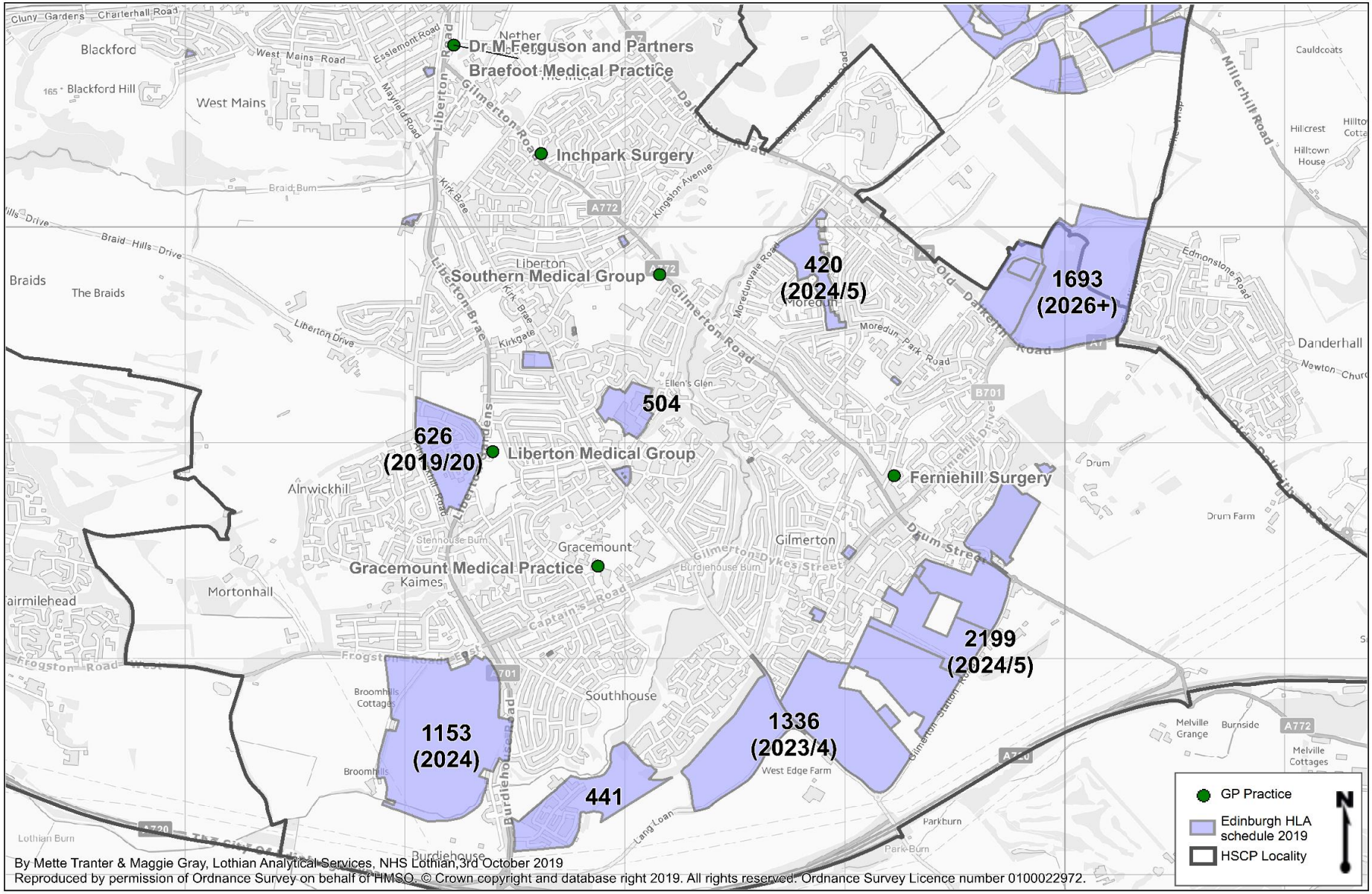
Edinburgh SE Outer
Schedule of Accommodation
30-Aug-19

Room	New Practice (6,000) Qty	Area m²	Total Area m²	Ferniehill (7,000) Qty	Area m²	Total Area m²	Southern (8,000) Qty	Area m²	Total Area m²	Joint (21,000) Qty	Area m²	Total Area m²
GP Clinical Area												
Consulting Room	5	15	75	6	15	90	7	15	105	19	15	285
Consulting Room (GP training)	1	18	18	1	18	18	1	18	18	3	18	54
Practice Nurse Consulting Room	2	15	30	2	15	30	3	15	45	6	15	90
Nurse Prep / Utility Room	1	10	10	1	10	10	1	10	10	1	15	15
HSCP Clinical Area												
Multi Purpose Room	1	30	30	1	40	40	1	40	40	1	45	45
Community Consulting Room		15	0		15	0		15	0		15	0
Community Treatment Room		18	0		18	0		18	0		18	0
Interview Room		12	0		12	0		12	0		12	0
Reception / Waiting Area												
Reception	1	14	14	1	14	14	1	14	14	1	18	18
Reception Office	1	11	11	1	17	17	1	22	22	1	55	55
Waiting Area	1	55	55	1	60	60	1	80	80	1	120	120
Administration Area												
Admin/Secretaries/Data Input	2	28	55	1	28	28	1	33	33	1	94	94
Practice Manager Office	2	12	24	1	12	12	1	12	12	3	12	36
HSCP Office	1		0			0	1		0			0
Meeting Room	1	25	25	1	30	30	1	30	30	2	30	60
General Storage	1	15	15	1	20	20	1	20	20	1	35	35
HSCP Area												
Consulting Room			0			0			0	4	15	60
Other			0			0			0	1	100	100
Other												
Patient WCs	1	11	11	1	11	11	1	16	16	2	11	22
Staff WCs	1	11	11	1	11	11	1	16	16	2	11	22
Staff Room	1	30	30	1	35	35	1	40	40	1	50	50
Staff Changing	2	10	20	2	10	20	2	10	20	2	20	40
Disposal (General & Clinical Waste)	0	10	0	0	10	0	0	10	0	0	10	0
DSR	2	10	20	2	10	20	2	10	20	3	10	30
Communications Room	1	15	15	1	15	15	1	15	15	1	15	15
Plant Room	1	25	25	1	30	30	1	30	30	1	45	45
Multi Service Store	1	10	10	1	15	15	1	15	15	1	20	20
			504			525			601			1,311
Circulation @ 33%			166			173			198			432
			670			698			799			1,743


Service Change Planning
Strategic Assessment
Initial Agreement
Standard Business Case
Implementation Phase
Project Monitoring and Service Benefits Evaluation

Appendix 7

Development sites - population projections/housing completion dates



By Mette Tranter & Maggie Gray, Lothian Analytical Services, NHS Lothian,3rd October 2019