HEALTH AND WELLBEING BOARD

05 NOVEMBER 2013

Title:	**Commissioning GP Premises**
Report of NHS England	
Open Report	**For Decision**
Wards Affected: NONE	**Key Decision: NO**
Report Author: Neil Roberts, Head of Primary Care, NHS England (London Region, North, Central & East)	**Contact Details:** Tel: 020 7932 3888 E-mail: neilroberts@nhs.net
Sponsor: John Atherton, Head of Assurance, NHS England	
Summary: The purpose of this paper is intended to give an overview of how decisions are taken with regard to commissioning GP premises. It is intended for wide and different audiences and so is general in approach. The processes described herein are applied the same way across the London Region of NHS England.	
Recommendation(s) The Health and Wellbeing Board is asked to: • Note the current approach to premises investments and consider how this approach applies locally. • Note the position of NHS England in developing an overarching Premises Policy.	

1 Background

1.1 As part of the national re-organisation of the NHS, Primary Care Trusts were abolished and the PCT Clusters closed down on 31 March 2013. New organisations were created to assume the Clusters' commissioning functions and responsibilities have been divided between:

- Clinical Commissioning Groups
- NHS England
- NHS Property Services Ltd

1.2 Some functions have also gone to Public Health England and to Local Authorities.

1.3 One of the functions of NHS England is to commission primary care services i.e. GP, Dental, Community Pharmacy and Optical services directly. This function is

carried out through Local Area Teams. In London these cover North, Central and East London; North West London and South London. The area team funds GP practices to provide medical services and also reimburses certain overhead costs including rent, rates and clinical waste services.

1.4 NHS Property Services Ltd has been established to manage all the former Primary Care Trust estate (about two thirds) not transferred directly to NHS Trusts (about one third) and provides strategic and operational management of NHS owned or leased property. As such they are responsible for agreeing lease and service charge with the local GP practices.

1.5 Generally speaking, GPs are responsible under the terms of their national contracts, to provide appropriate accommodation from which they provide their services. There is a small number of time limited primary care contracts where the commissioner has the responsibility to provide the accommodation.

2 NHS England and Single Operating Model (SOM)

2.1 NHS England as a national body is expected to work from national single operating models, so that the way business is transacted and the interaction with stakeholders is done in a similar way across England. There is a significant range of work underway nationally to deliver this SOM for GP premises arrangements. Some outline of this work is set out below:

- **"Principles of Best Practice"**

2.2. A suite of documents have been developed by a Primary Care Premises Experts Advisory group to support Areas Teams with decisions which include:

i. Procurement & Development of Primary Care Premises
ii. Public consultation and engagement arrangements for premises development
iii. Facilities Required For Minor Surgery in Primary and Community Care Settings
iv. Code of Practice on the prevention and control of infections and related guidance
v. Prevention and control of infections risk
vi. Premises and Infection Control audit
vii. Resilience and Emergency Planning in Primary and Community Care
viii. A Guide to Town Planning for NHS Staff
ix A Guide to the NHS for Local Planning Authorities
x. S106 and CIL effective partnership arrangements between LATs and Local Planning Authorities
xi. Handling and management of clinical waste
xii. Business Case prioritisation and approval process

These are currently in the final stages of development and will hopefully go through the Gateway process for approval during the autumn of 2013, alongside the Premises Policy.

- **Single Operating Model for Rent Reimbursement**

2.3. Current Market Rent forms have been developed and shared with Area Teams for implementation in May 2013. Comments and snagging issues are being collected from ATs and the forms will be reissued with updates in October 2013.

- **Developing a Primary Care Premises policy**

2.4. NHS England has commissioned the development of an overarching Premises policy; the first draft is likely to be out to consultation during October.

- **Clarify NHS Property Services' role**

2.5. An SLA has been drafted and shared with NHSPS. It is likely that this SLA will not be nationally implemented until April 2014; however some elements can be implemented prior to April 2014. Further clarity will follow once formal agreement has been reached.

- **Premises Directions**

2.6. Further development of premises directions are being negotiated by NHS Employers. It is envisaged that updated Directions will be re-issued in January 2014. These form the basis of what NHS England might reimburse under the GP contracts for premises costs etc.

- **Trade Waste**

2.7. There are inconsistencies within Area Teams across the country around who reimburses trade waste. The Central team is currently considering ways to standardise this process and will be part of contract negotiations with the General Practitioners' Committee of the BMA.

- **District Valuer SLA**

2.8. Final comments and issues are being discussed with the District Valuer's Office to ensure national service and support from the DV. Planned sign off of the SLA is autumn 2013 (the DV is used by the NHS to provide opinion etc. on levels of reimbursement on individual premises).

- **Understand baseline of all national capital and revenue commitments and pipeline business cases**

2.9. A national picture of the premises commitments is being captured. Decisions will be taken at an NHS England senior level of what the financial implications are and how premises developments can be supported for 2014/15.

London Region has identified the various schemes "in the pipeline".

- **Determine and agree a process to deal with prioritisation and approval of primary care premises developments**

2.10. A Project Initiation Document PID and supporting documents have been developed which are part of the Principles of Best Practice and it is intended that all applications for premises developments, including extensions and requests for additional room usage will follow this same PID process.

- **Strategy**

2.11. As part of the National Strategic Framework for Commissioning Primary Care, a Strategy workstream is currently developing NHS England strategic direction around premises which is being supported by the Premises Operational Group.

3 Current Approach to Premises Investments

3.1 In the absence of the completion of national Single Operating Models, London Region of NHS England is using a standardised interim approach that we believe is likely to be consistent with the new national process. This is described in the following paragraphs.

3.2 A request for development can arise from a number of sources (The list is not exhaustive):

- Local Authority in relation to new planning/population developments in an area
- NHS Property Services or NHS Trust related to development or disposal of NHS Estate
- LIFTCo or Community Health Partnerships (CHP)
- 3rd party developer with/without GP identified
- NHS England, CCG or other Body in relation to development of service strategy
- GP or other primary care contractor

…… and may be for a variety of reasons:

- New and significant population developments via re-generation schemes e.g. Canning Town, White City, Nine Elms
- Statutory closure of premises
- Growth of a practice so that accommodation is no longer fit for purpose
- Termination of leases
- Implementing strategic change in an area, etc.

3.3 Requests should be directed to the appropriate Area Primary Care Commissioning (PCC) Team (NC&EL, South, NW) at NHS England in the first instance.

3.4 The PCC team takes responsibility to convene a meeting of local interested parties as a Task and Finish Group to:

- Discuss what type of development is being considered
- Draw local information together, from local strategies, JSNA etc
- Share criteria for development of GP premises
- Give a preliminary view of viability in principle (e.g. not viable if local suitable NHS estate exists with void space).

3.5 The Group will agree

- How/what agency/GP commitment to a project is given <u>before</u> significant costs are incurred

- Complete a Project Initiation Document (PID) for Finance, Investment, Procurement & Audit Committee (FIPA) - a copy of the current national draft is attached at Appendix 1; London currently uses a variant of this which is not dissimilar.

- Decide where a business case is to be developed and by whom if FIPA agrees the PID

- Determine if capital or revenue only is involved as a different approvals route would need to .be used (different for capital and revenue only projects). The rest of the paper describes the route for revenue only projects which comprise the significant majority of GP premises business cases.

3.6 The PID once developed will go to an NHS England internal Screening Group which will consider the matter and make a recommendation to approve or not. The PID will then go to the next available meeting of the FIPA at NHS England. This Committee will take the decision whether a proposal should move forward to business case production. NHS Property Services will provide advice and technical support to NHS England.

3.7 The business case is prepared and submitted to PCC at NHS England and addresses the various criteria. Clinical and service case for change, benefits to be achieved, schedules of accommodation, leasing proposals and costings showing the revenue consequence, etc. are included. Case will need to show the outcome of engagement with key stakeholders.

3.8 The CCG will be asked for a view as to whether it supports the development (at both PID and business case stages). The CCG may also be asked for a financial contribution to the development dependent upon scale and scope of services to be delivered from the development. Any NHS England contribution to a GP development is solely for the delivery of NHS general medical services.

3.9 Once completed, the business case will be considered at the Screening Committee by primary care and finance colleagues and then go to FIPA for formal consideration. This Committee will decide whether the case should be approved and to what extent recurrent expenditure will be committed to the scheme. It will apply the prioritisation criteria current at the time of the consideration of the case and will have regard to the financial resources available to the Region.

3.10 By way of example, the criteria NHS England is using to determine the c160 “legacy cases” inherited from the former PCTs are set out overleaf:

Prioritisation Key

Description	Sub Category	Type of scheme
MUST DO	1a	Prior NHSLondon and/or PCT Board approval with contractual commitment/overhang from 12/13
	1b	Prior commitments based on previous approval by PCT Board/NHSL
	1c	Clinical imperative that we have to do this because they are urgent - e.g. lease expiry, unsuitable premises etc.
	1d	Scheme needs to be done due to local considerations/pressure
	2	Important schemes that need to be done but details are not worked up or known
	3	Other known schemes that are "nice to do"
	4	Ideas

These criteria will doubtless change once NHS England has worked through the legacy cases to enable NHS England to consider new requests. We know that a national prioritisation matrix is being developed so that in future all schemes are assessed in the same way.

3.11 NHS England will move to use the national models once they are finally produced. Having had significant input to their development, we do not expect the new national process to be wildly different.

3.12 NHS England will always be mindful of its legal obligations to commission safe and effective primary care services that meets the needs of local people and of its statutory fiscal duties

4 Conclusion

4.1 There is an interim process in place designed to handle all types of premises developments including large regeneration schemes. The Primary Care Commissioning Team should be the first point of contact to provide advice and guidance to navigate through the processes put in place.

5. Implications

5.1. Financial Implications

Financial implications of each business case are considered by NHS England at the Finance, Investment, Procurement & Audit Committee.

5.2. Legal Implications

None.

(Finance and Legal Implications completed by NHS England)