

<b>Meeting Title</b>	<b>Primary Care Commissioning Committees meetings (meetings in common) – held in Public</b>	<b>Date</b>	<b>Tuesday 7 September 2021</b>
<b>Meeting no.</b>	<b>10.</b>	<b>Time</b>	<b>9.30 am – 10.30am</b>
<b>Chair</b>	<b>Mr Nick Carter</b> Independent Lay Member (LC CCG)	<b>Venue / Location</b>	<b>Via MS Teams</b>

REF	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
PCCCs/21/70	Welcome and Introductions		Nick Carter		9.30am
PCCCs/21/71	Apologies for Absence: <b>LLR CCGs:</b> <ul style="list-style-type: none"> <li>• Dr Caroline Trevithick</li> <li>• Nicci Briggs (Sarah Shuttlewood deputising)</li> </ul> <b>East Leicestershire and Rutland CCG:</b> <ul style="list-style-type: none"> <li>•</li> </ul> <b>West Leicestershire CCG:</b> <ul style="list-style-type: none"> <li>•</li> </ul> <b>Leicester City CCG:</b> <ul style="list-style-type: none"> <li>• Dr Sulaxni Nainani</li> </ul>	To receive	Nick Carter	<b>verbal</b>	9.30am
PCCCs/21/72	Notification of Any Other Business	To receive	Nick Carter	<b>verbal</b>	9.30am
PCCCs/21/73	Declarations of Interest on Agenda Topics	To receive	Nick Carter	<b>verbal</b>	9.30am
PCCCs/21/74	To receive questions from the Public in relation to items on the agenda only	To receive	Nick Carter	<b>verbal</b>	9.30am
PCCCs/21/75	Minutes of the meetings held in common on 3 August 2021	To approve	Nick Carter	<b>A</b>	9.35am
PCCCs/21/76	Matters arising and actions for the meetings held on 3 August 2021	To receive	Nick Carter	<b>B</b>	9.40am
<b>ITEMS FOR DECISION, ACTION AND ESCALATION</b>					
PCCCs/21/77	General Practice Quality - High level report	To receive	Wendy Hope	<b>C</b>	9.45am
PCCCs/21/78	Investment to Support Primary Care Estates Strategy (PCES)	To approve	Sarah Prema	<b>D</b>	9.55am
<b>FOR INFORMATION ONLY</b>					
PCCCs/21/79	Items for escalation / information for the Governing Bodies.		Nick Carter		10.25am
<b>ANY OTHER BUSINESS</b>					
PCCCs/21/80	Items of any other business.	To receive	Nick Carter	<b>verbal</b>	10.30am
The next meeting of the LLR CCGs' Primary Care Commissioning Committee meetings in common will take place on <b>Tuesday, 5 October 2021, via MSTeams</b> to be chaired by Nick Carter.					

**A**

**Minutes of the LLR CCGs' Primary Care Commissioning Committees held in  
common on Tuesday 3 August 2021 at 9.30am  
Via MS Teams**

**Present:**

**Leicester, Leicestershire and Rutland CCGs**

Ms Nicci Briggs	Executive Director of Finance, Contracts and Corporate Governance
Ms Wendy Hope	Head of Quality and Safety (on behalf of Ms Caroline Trevithick)
Ms Sarah Prema	Executive Director of Strategy and Planning
Ms Rachna Vyas	Executive Director of Integration and Transformation

**East Leicestershire and Rutland CCG:**

Ms Fiona Barber	Deputy Chair and Independent Lay member
Mr Clive Wood	Independent Lay Member
Dr Nikhil Mahatma	Member Practice Representative
Dr Girish Purohit	Member Practice Representative
Dr Nick Glover	Member Practice Representative

**West Leicestershire CCG:**

Ms Wendy Kerr	Independent Lay Member
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**Leicester City CCG:**

Mr Nick Carter	Independent Lay Member (Chair of the meeting)
Mr Zuffar Haq	Independent Lay Member
Dr Tony Bentley	North and East Health Need Neighbourhood Chair
Dr Avi Prasad	Assistant Clinical Chair

**In attendance:**

Dr Fahreen Dhanji	Local Medical Committee
Dr Sumit Virmani	Local Medical Committee
Dr Rajiv Wadhwa	Local Medical Committee
Ms Harsha Kotecha	Chair, Healthwatch Leicester and Leicestershire
Ms Sarah Shuttlewood	Assistant Director of Contracts and Procurement
Ms Priya Pandya	Primary Care Contracts Manager
Ms Sapna Patel	Primary Care Contracts Manager
Ms Amy Walker	Primary Care Quality Manager
Ms Sarah Smith	Head of Information and Transformation (City)
Mrs Daljit Bains	Head of Corporate Governance
Mrs Clare Mair	Corporate Affairs Officer (Minutes)

**Public Gallery**

There were no members of the public at the meeting.

ITEM		LEAD RESPONSIBLE
PCCCs/21/59	<b>Welcome and Introductions</b>  Mr Nick Carter welcomed all attendees to the ninth meeting of the Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning	

	<p>Groups' (CCGs) Primary Care Commissioning Committee (PCCC) meetings in common, on behalf of the three PCCC Chairs, reminding members that this meeting was taking place in public and therefore the chat function should not be used and if members wished to make a comment they should use the "raise hand" function.</p>	
<p>PCCCs/21/60</p>	<p><b>Apologies for absence:</b></p> <p><b>LLR CCGs</b></p> <ul style="list-style-type: none"> <li>• Dr Caroline Trevithick, Executive Director of Nursing, Quality and Performance</li> </ul> <p><b>East Leicestershire and Rutland CCG</b></p> <ul style="list-style-type: none"> <li>• Dr Janet Underwood, Rutland Healthwatch Chair</li> </ul> <p><b>Leicester City CCG</b></p> <ul style="list-style-type: none"> <li>• Professor Azhar Farooqi, Clinical Chair</li> <li>• Dr Sulaxni Nainani, South Health Need Neighbourhood Chair</li> <li>• Dr Gopi Boora, North and West Health Need Neighbourhood Chair</li> <li>• Dr Raj Than, Left Shift/Integration Lead</li> </ul> <p><b>West Leicestershire CCG</b></p> <ul style="list-style-type: none"> <li>• Ms Gillian Adams, Independent Lay Member</li> <li>• Dr Nil Sanganee, Locality Lead North West Leicestershire</li> <li>• Dr Geoff Hanlon, Locality Lead Charnwood</li> <li>• Dr Ash Kothari, Locality Lead</li> </ul> <p>The meeting was confirmed to be quorate for East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) Leicester City CCG (LC CCG) and West Leicestershire CCG (WL CCG).</p>	
<p>PCCCs/21/61</p>	<p><b>Notification of Any Other Business</b></p> <p>Ms Adams confirmed there were no items of other business.</p>	
<p>PCCCs/21/62</p>	<p><b>Declarations of Interest</b></p> <p>GP members present declared an interest in items relating to commissioning of primary care where a potential conflict may arise, noting the register of interest contains the current declarations and this is published on the CCGs websites. It was noted that the Local Medical Committee (LMC) representatives may also be conflicted in such matters and as such this will be noted and actioned accordingly.</p> <p>Mr Carter noted the following specific declarations:</p> <p><b>Paper A – minutes</b></p> <ul style="list-style-type: none"> <li>• Members conflicted with the relevant sections of the minutes were asked to refrain from commenting on the content of the minutes unless there was a point of accuracy.</li> </ul>	

	<p><b>Paper C – Practice Boundary Change: LLR Standard Operating Procedure</b></p> <ul style="list-style-type: none"> <li>• The report was being received to approve the process.</li> <li>• Although all GP members, with the exception of Dr Tony Bentley, are directly conflicted in respect of this report, the report outlines the procedure for a policy document which has previously been approved. Therefore it was agreed it would be helpful to gain the views of the GP members in the discussion and for them to remain in the meeting for the decision on the basis that the policy has already been approved.</li> </ul> <p><b>Paper D - General Practice Quality - High level report</b></p> <ul style="list-style-type: none"> <li>• Potentially GP members could be conflicted if their Practice is identified within the report, however no specific conflicts had been identified on this occasion.</li> </ul> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the conflicts of interest declared and the actions to be taken.</li> </ul>	
PCCCs/21/63	<p><b>To receive questions from the Public in relation to items on the agenda</b></p> <p>It was confirmed that no questions had been received from members of the public in advance of the meeting.</p>	
PCCCs/21/64	<p><b>Minutes of the previous meeting held on 6 July 2021 (Paper A)</b></p> <p>Minutes of the LLR CCGs PCCCs in Common meeting held on 6 July 2021 were received and approved as an accurate record.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>APPROVE</b> the minutes of the LLR CCGs PCCC meeting held on 6 July 2021.</li> </ul>	
PCCCs/21/65	<p><b>To Receive Matters Arising and actions for the meeting held on 6 July 2021 (Paper B)</b></p> <p>The matters arising following the LLR CCGs meetings in common held on 6 July 2021 were received and updates received:</p> <p><u>PCCCs/21/39 – Primary Care Estates Review</u> Availability of staff to support expanded services would be picked up by the workforce task and finish group. It was agreed the action could be closed.</p> <p><b>Matters Arising;</b> There were no matters arising.</p>	

	<p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the matters arising and the update provided.</li> </ul>	
<p>PCCCs/21/66</p>	<p><b>Practice Boundary Change – LLR Standard Operating Procedure (SOP) (Paper C)</b></p> <p>Priya Pandya reported the Boundary Change SOP had come out of a Primary Medical Care Services of Contract Oversight and Management Functions audit in March 2021. This identified current primary care policies aligned to the delegated co commissioning functions did not reflect current working arrangements across LLR.</p> <p>Audit recommendations were taken on board and a programme of policy review, in order of priority was commenced to ensure consistency in decision making and processes going forward across LLR fully reflected the delegated commissioning arrangements of primary care services.</p> <p>All other processes for practice boundary changes would be superseded by this SOP.</p> <p>Dr Purohit felt timescales were not defined and asked if there was an upper limit on conferring an outcome. Ms Pandya agreed stage 4 of the process needed to clarify timescales.</p> <p>Mr Haq asked if process would take on board local intelligence on key issues, pressures in the system and patient demographics. Ms Prema further asked for some parameters and principles around what applications would or would not be accepted. Furthermore, she asked if consultation and engagement would be part of the process at stage 4. If so, that would require sufficient time to carry out.</p> <p>Ms Pandya responded regarding consultation and engagement that the practice would be expected to speak to the PPG as a first step and those principles needed to be included in the SOP. In addition to working with the PPG, Ms Kotecha asked that the practice worked with the whole patient population as not all registered patients would be part of the PPG.</p> <p>Dr Wadhwa felt it was important to consider that practices would only usually seek to reduce their boundary and patient list size due to operational difficulties on that entirety.</p> <p>Ms Shuttlewood and Ms Pandya agreed to undertake further work on the SOP including adding a framework to the process, defining timescales, practice sustainability and strengthening patient consultation and engagement expectations. <b>A revised SOP would be brought to the September PCCC.</b></p> <p>It was <b>RESOLVED</b> to:</p>	<p style="text-align: right;">Priya Pandya Sarah Shuttlewood</p>

	<ul style="list-style-type: none"> <li>• <b>DEFER</b> approval of the Practice Boundary Change – Standard Operating Procedure (SOP) pending further work around a framework for the process, defining timescales, practice sustainability and strengthening patient engagement expectations.</li> </ul>	
PCCCs/21/67	<p><b>General Practice Quality – High Level report (Paper D)</b></p> <p>Ms Wendy Hope provided a high-level report on newly published CQC reports for LLR general practices.</p> <p>Two CQC reports had been issued since the last meeting:</p> <ul style="list-style-type: none"> <li>• Rushey Mead Health Centre had met all regulations and received an overall rating of Good.</li> <li>• Maples Family Medical Practice was inspected in 2019 and received an overall rating of Requires Improvement. The practice is now rated Good for providing safe, effective, caring, responsive and well-led services.</li> </ul> <p>The majority of general practices in LLR have been rated Good by the CQC.</p> <p>At the last meeting of the Risk Sharing Group two practices were closed from the risk log and no new practices were added. Five practices are now on the risk log.</p> <p>Ms Smith reported a two-part resilience and access questionnaire was being completed to understand how open practices are, what number of appointments are pre-bookable, their backlogs and challenges. This will be triangulated with the quality and contracts information to provide a wider picture.</p> <p>It was <b>RESOLVED</b> to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> and note the report for information.</li> </ul>	
PCCCs/21/68	<p><b>Items for escalation / information for the Governing Bodies</b></p> <p>There were no specific items for escalation to the Governing Body and the summary report would provide a brief sentence on each of the items discussed today.</p>	
PCCCs/21/69	<p><b>Any other business</b></p> <p>There were no other items to be discussed.</p> <p>The meeting concluded at 9.50am</p>	

	<p><b>Date of next meeting</b></p> <p>The date of the next LLR Primary Care Commissioning Committee meetings will be held on <b>Tuesday 7 September 2021 at 9:30am, via MS Teams</b>. Meeting to be chaired by Nick Carter.</p>	
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**B**

**LEICESTER, LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUPS  
 PRIMARY CARE COMMISSIONING COMMITTEE MEETING**

**ACTION NOTES**

Key

Completed	On-Track	No progress made
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Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at September 2021	Status
PCCCs/ 21/39	1 June 2021	Primary Care Estates Review	Lou Young	<ul style="list-style-type: none"> <li>Managing the risk of having available staff to support expanded services</li> </ul>		<p>A number of primary care estates risks had been captured and as they were in hand, could be removed from the log. It was also agreed the action on workforce could also be closed, acknowledging work was happening.</p> <p><b>ACTION COMPLETE</b></p>	<b>GREEN</b>
PCCCs/ 21/54	July 2021	Primary Care Networks Configuration Process	Jamie Barrett	<p>The paper was not approved and would be revised to take into account comments made on timescales and geography. Wider issues around PCN membership and risk would be addressed prior to the process coming back to the PCCC.</p>	<p><del>September 2021</del> November 2021</p>	<p>In progress and update expected for November 2021 linked to potential PCN reconfiguration.</p>	<b>AMBER</b>

Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at September 2021	Status
PCCCs/ 21/66	August 2021	Practice Boundary Change – LLR Standard Operating Procedure	Sarah Shuttlewood Priya Pandya	A paper was received at the August PCCC but it was agreed further would be done to include a framework for the process, defining timescales, practice sustainability and strengthening patient consultation and engagement expectations.	September 2021	Paper on agenda. <b>ACTION COMPLETE</b>	<b>GREEN</b>

**C**

**Leicester City Clinical Commissioning Group**  
**West Leicestershire Clinical Commissioning Group**  
**East Leicestershire and Rutland Clinical Commissioning Group**

<b>Name of meeting:</b>	Primary Care Commissioning Committee in Common		<b>Date:</b>	7 September 2021	<b>Paper:</b>	<b>C</b>
	Public ✓	Confidential				
<b>Report title:</b>	<b>General Practice Quality - High level report</b>					
<b>Presented by:</b>	Wendy Hope, Head of Quality & Safety					
<b>Report author:</b>	Wendy Hope, Head of Quality & Safety Amy Walker, Primary Care Quality Manager					
<b>Executive lead(s):</b>	Caroline Trevithick, Executive Director of Nursing, Quality and Performance					
<b>Action required:</b>	<b>Receive for information only:</b>	✓	<b>Progress update:</b>			
	<b>For assurance:</b>		<b>For approval / decision:</b>			
<b>Executive summary:</b>	<p>This report aims to provide the Primary Care Commissioning Committee with a high-level report informing the committee of:</p> <ul style="list-style-type: none"> <li>• Overview information on newly published CQC reports for LLR general practices. <ul style="list-style-type: none"> <li>○ No new CQC reports have been published since the last meeting</li> </ul> </li> <li>• The number of practices who are receiving increased support and monitoring and/or additional monitoring and oversight from CCG teams is four.</li> </ul>					
<b>Appendices:</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>					
<b>Recommendations:</b>	<p>The LLR CCGs' PCCC are asked to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> and note the information contained in the report.</li> </ul>					
<b>Report history and prior review:</b>	<ul style="list-style-type: none"> <li>• n/a</li> </ul>					

Aligned to Strategic Objectives		
Leicester City CCG	West Leicestershire CCG	East Leicestershire and Rutland CCG
✓	✓	✓

Implications	
<b>a) Conflicts of interest:</b>	General Practitioners could be conflicted if their General Practice or Primary Care Network is mentioned within the report.

<b>b) Alignment to Board Assurance Framework</b>	Yes
<b>c) Resource and financial implications</b>	None
<b>d) Quality and patient safety implications</b>	As indicated within the report
<b>e) Patient and public involvement</b>	N/A for purpose of the report
<b>f) Equality analysis and due regard</b>	None

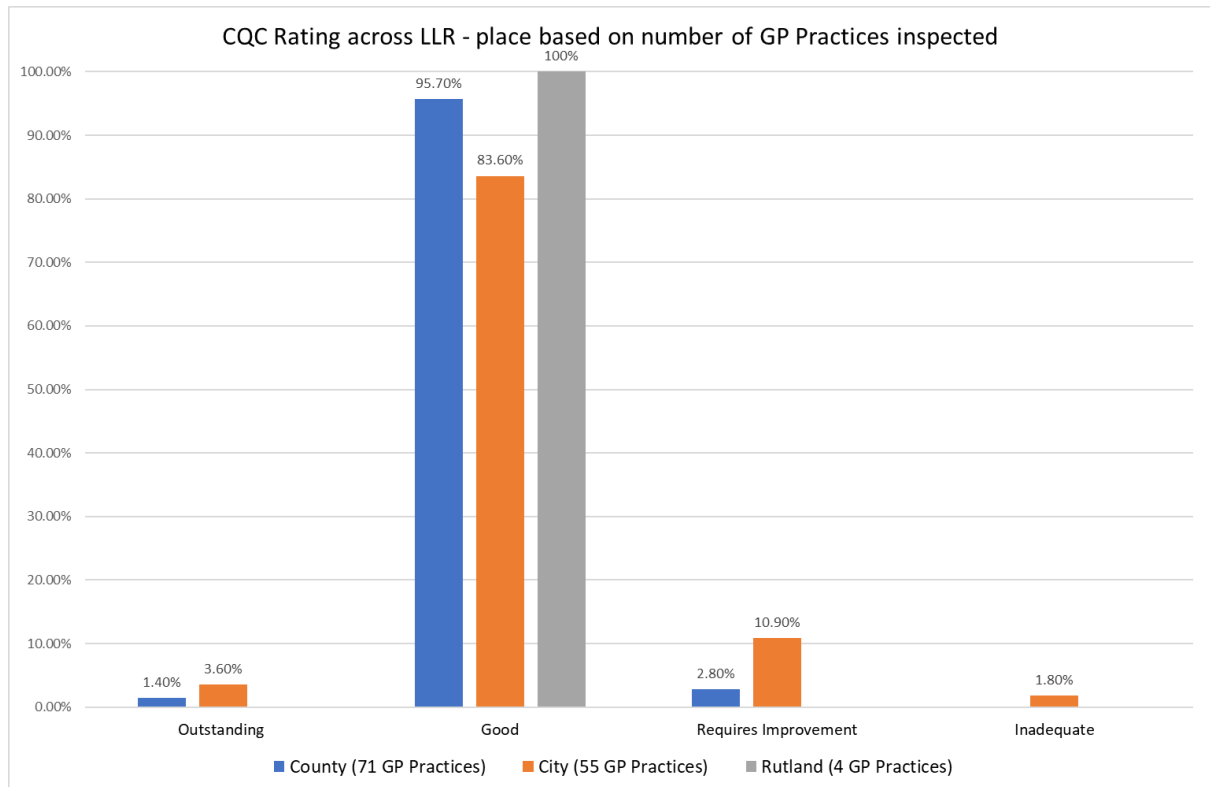
## **General Practice Quality Highlight Report August 2021**

### **Introduction**

1. This report aims to provide the Primary Care Commissioning Committee (PCCC) with information on newly published Care Quality Commission (CQC) reports and high-level aggregated information of general practice quality concerns as discussed at the CCGs Risk Sharing Groups.
2. The report represents a point in time as there may be changes in circumstances between the writing of the report and the PCCC meeting.
3. General practices receiving additional or enhanced support or where intelligence suggests there may be a concern, are discussed at the Risk Sharing Groups and other forums. From a quality perspective the Risk Sharing Group will monitor and follow up on agreed actions for practices it discusses.
4. Whilst this report is high level, specific practice information is discussed within confidential sections of Primary Care Commissioning Committee as required.

### **Care Quality Commission**

5. At the time of writing no new CQC inspection report have been published since the last Primary Care Commissioning Committee.
6. A total of 130 LLR General Practices have received a CQC inspection. This number represents the latest reports that are available on the CQC website. The number, which includes any changes to practice locations, is not static and does fluctuate as practices are re-inspected and/or reports are archived. The overall CQC rating, at place level is indicated below.



7. The CCG teams will work with practices that require additional support to enable them to make the required improvements.

### Aggregated General Practice Information

8. The tables below summarise the numbers of practices who are receiving additional / enhanced support and/or increased monitoring from the LLR Risk Share Group. This support can be long term as it covers a period of time to ensure any changes have been embedded into the practice.
9. There are currently 4 General Practices on the LLR GP Risk Log receiving enhanced monitoring and/or support or increased monitoring:

2020/21	July 2021
<b>New</b> this month	0
<b>Closed</b> this month	1
<b>Total</b> number of practices on LLR Risk Log	4

10. Key areas in which support, and monitoring are taking place are around:
  - a. Service delivery including quality
  - b. Patient experience
  - c. Workforce
  - d. CQC improvements



11. The CCG continues to support and monitor practices with actions arising from: CQC inspection reports and known intelligence, escalation of concerns from LLR General Practice Quality Operational Group and any other quality concerns or risks identified.
12. Any high risk concerns reported to the LLR Risk Sharing Group and where required, are escalated to the Primary Care Commissioning Committee.

### **Recommendations**

The Primary Care Commissioning Committee is asked to:

**RECEIVE** and **NOTE** the information contained in the paper.

**D**

<b>Name of meeting:</b>	LLR CCGs' Primary Care Commissioning Committee meetings in common		<b>Date:</b>	7 September 2021	<b>Paper:</b>	<b>D</b>
	Public ✓	Confidential ✓				
<b>Report title:</b>	<b>Investment to Support Primary Care Estate Strategy (PCES)</b>					
<b>Presented by:</b>	Sarah Prema Executive Director of Strategy and Planning, LLR CCGs					
<b>Report author:</b>	Amit Sammi Head of Strategy and Planning, LLR CCGs					
<b>Executive lead:</b>	Sarah Prema Executive Director of Strategy and Planning, LLR CCGs					
<b>Action required:</b>	<b>Receive for information only:</b>			<b>Progress update:</b>	✓	
	<b>For assurance:</b>			<b>For approval / decision:</b>	✓	
<b>Executive summary:</b>	<ol style="list-style-type: none"> <li>1. A comprehensive review of LLR primary care estates was undertaken to prioritise GP Practices in terms of their potential premises improvement/development needs. This commenced with a collection of data on premises and housing growth at practice and PCN level.</li> <li>2. The Baseline Information was used alongside demographic data to develop a prioritisation criteria based on the following four main categories following agreement of the principles with the CCG Chairs and the joint PCCC: <ul style="list-style-type: none"> <li>• Demographic, health, and socio-economic factors which impact on GMS/ APMS/ PMS services</li> <li>• Housing and Population growth</li> <li>• Suitability of Current Premises</li> <li>• Impact of Service changes (new models of care).</li> </ul> </li> <li>3. The Baseline Information and the Prioritisation Process has identified the following key issues affecting primary care estate across LLR: <ul style="list-style-type: none"> <li>• Housing Growth – circa 200,000 new homes in LLR between 2011 to 2050</li> <li>• Population Growth – in addition to the housing growth</li> <li>• Estate that is too small to manage current patient numbers</li> <li>• Estate that is of poor quality or unsuitable for delivering modern health care</li> <li>• Growth in primary care and PCN workforce</li> <li>• Growth in services delivered locally either at practice or PCN</li> </ul> </li> <li>4. The Prioritisation Process has identified three areas where practices could potentially need investment into their premises: <ol style="list-style-type: none"> <li>i) Practices affected by housing growth</li> <li>ii) Practices that have insufficient space</li> <li>iii) Practices that have poor quality or unsuitable premises</li> </ol> </li> <li>5. The process and outcome was supported by the PCCC in June 2021 with agreement to establish a development plan and establish an investment plan.</li> </ol>					

	<p>6. There is currently no national capital available for primary care estates; the purpose of this paper is to seek support for a recurrent revenue investment plan to support the PCES development programme.</p> <p>7. The purpose of this paper is to seek support for a recurrent revenue investment plan to support the PCES development programme. These monies will be to offset self-funded solutions by practices/PCNs i.e., DV revaluing and subsequent uplift in rental reimbursement.</p> <p>8. The proposal is based on a 5-year premises development programme from April 2022, with a year-on-year revenue investment plan from 2022 to 2026/27 with an added assumption that some additional spend will be incurred within the current financial year. The total ask is for a cumulative recurrent budget increase of £2.35m by 2026/27 to support primary care premises costs.</p> <p>9. This proposal is based on a combination of capital and revenue cost projections used to calculate the costs of four different types of scheme: internal reconfiguration/small extension, medium extension, large extension, or new build.</p> <p>10. Important to note that costs quoted are indicative costs, detailed programme has yet to be worked up and that focus will be on prioritised practices but with some flexibility as and when opportunities arise.</p> <p>11. A recurrent revenue investment plan proposal of circa £250-300k per year was supported by EMT on the 9<sup>th</sup> Aug 2021. These financial requirements will be factored into the financial planning process.</p>
<b>Appendices:</b>	<ul style="list-style-type: none"> <li>Appendix 1 –Proposal for funding the LLR CCGs Primary Care Estate Strategy Development Programme (Slide deck)</li> </ul>
<b>Recommendations:</b>	<p>The LLR CCGs' Primary Care Commissioning Committees are asked to:</p> <ul style="list-style-type: none"> <li><b>APPROVE</b> the 5-year premises development programme investment plan.</li> </ul>
<b>Report history and prior review:</b>	<ul style="list-style-type: none"> <li>EMT 9<sup>th</sup> Aug 2021</li> </ul>

Aligned to Strategic Objectives		
Leicester City CCG	West Leicestershire CCG	East Leicestershire and Rutland CCG
✓	✓	✓

Implications	
a) Conflicts of interest:	PCCC GP Board Members as relates to Primary Care Estates
b) Alignment to	N/A

<b>Board Assurance Framework</b>	
<b>c) Resource and financial implications</b>	£2.35m investment proposal over a 5-year period.
<b>d) Quality and patient safety implications</b>	N/A
<b>e) Patient and public involvement</b>	N/A
<b>f) Equality analysis and due regard</b>	N/A

# Investment to Support Primary Care Estate Strategy (PCES)

LLR CCGs Joint Primary Care  
Commissioning Committee

7th Sept 2021

**A partnership of:**

East Leicestershire and Rutland CCG | West Leicestershire CCG | Leicester City CCG

# Background: Key Issues Affecting Primary Care Estate

Key issues affecting primary care estate across LLR:

- Housing Growth – circa 200,000 new homes in LLR between 2011 to 2050
- Population Growth – in addition to the housing growth
- Estate that is too small to manage current patient numbers
- Estate that is of poor quality or unsuitable for delivering modern health care
- Growth in primary care and PCN workforce
- Growth in services delivered locally either at practice or PCN level

# Prioritisation

The Prioritisation Process has identified three areas where practices could potentially need investment into their premises:

- i) Practices affected by housing growth
- ii) Practices that have insufficient space
- iii) Practices that have poor quality or unsuitable premises



# Top 20 Practices – Housing Growth

The table shows the top 20 highest scoring GP practices from the prioritisation process. The final two columns show the score and where practices appear in more than one of the three top 20 categories. Please note that there are more than 20 practices included in the list as more than 20 achieved the threshold score.

CCG	NHS Contract Code	Practice Name	PCN Area	Housing and Population Growth	Notes (where the Practice appears in more than one of the three priority categories)
ELR	C82066	Forest House Medical Centre	North Blaby	165	
ELR	C82001	South Leicestershire Medical Group (The Old School Surgery)	Cross Counties	165	
ELR	C82044	Empingham Medical Centre	Rutland	155	
City	C82624	The Practice - Beaumont Leys	City Care Alliance	150	
City	C82094	Beaumont Lodge Medical Practice (The Surgery)	Millenium	150	Also in the top 20 for unsuitability of premises excluding GIA
WL	C82014	Castle Medical Group	North West Leicestershire (Hub 1)	145	
City	C82623	Heatherbrook Surgery (Dr F Rizvi & Partner)	Aegis Healthcare	140	Also in the top 20 for unsuitability of premises including GIA
ELR	C82009	Market Harborough Medical Centre	Market Harborough & Bosworth	140	
ELR	C82038	Latham House Medical Practice	Syston, Vale and Melton	135	
WL	C82007	Castle Donnington Surgery	North West Leicestershire (Hub 3)	120	
WL	C82111	Student Medical Centre	Carillon	115	Appears as a top 20 in all three categories
WL	C82064	Forest House Surgery	Beacon	115	
WL	C82070	Woodbrook Medical Centre	Carillon	115	
WL	C82035	Park View Surgery	Carillon	115	Also in the top 20 for unsuitability of premises excluding GIA
City	C82030	Downing Drive Surgery	Salutem	115	
WL	C82026	Bridge Street Medical Practice	Carillon	115	
WL	C82011	Pinfold Medical Practice	Carillon	115	
City	C82676	St Elizabeth's Medical Centre (Dr J A Wood)	Salutem	115	
WL	C82003	Greengate Medical Centre	Watermead	115	Also in the top 20 for unsuitability of premises including GIA
City	Y00137	Dr Roshan	Aegis Healthcare	115	
WL	C82628	Groby Surgery	Bosworth	115	Also in the top 20 for unsuitability of premises including GIA
WL	C82627	Silverdale Medical Centre	Watermead	115	
WL	C82656	Field Street Surgery	Beacon	115	Also in the top 20 for unsuitability of premises excluding GIA
WL	C82678	Thurmaston Health Centre	Watermead	115	
WL	C82091	Birstall Medical Centre	Watermead	115	
ELR	C82022	Billesdon Surgery	Cross Counties	115	Also in the top 20 for unsuitability of premises excluding GIA
ELR	C82056	Glenfield Surgery	North Blaby	115	

# Top 20 Practices – Insufficient Space

This category is based on a combination of the proportion of m2 space per registered patient and the findings of the six facet surveys including the utilisation assessment.

CCG	NHS Contract Code	Practice Name	PCN Area	(Un)Suitability of Current Premises Inc. GIA Score	Notes (where the Practice appears in more than one of the three priority categories)
WL	C82111	Student Medical Centre	Carillon	165	Appears as a top 20 in all three categories
ELR	C82021	The Central Surgery	Oadby & Wigston	158	Also in the top 20 for unsuitability of premises excluding GIA
City	C82651	Dr KS Morjaria & Partner	Belgrave & Spinney Hill	155	Also in the top 20 for unsuitability of premises excluding GIA
WL	C82034	Quorn Medical Centre	Soar Valley	151	Also in the top 20 for unsuitability of premises excluding GIA
City	C82614	Spirit Asquith Surgery	City Care Alliance	151	Also in the top 20 for unsuitability of premises excluding GIA
ELR	C82066	Forest House Medical Centre	North Blaby	146	
WL	C82644	Highgate Medical Centre	Soar Valley	144	
City	C82623	Heatherbrook Surgery (Dr F Rizvi & Partner)	Aegis Healthcare	143	Also in the top 20 for housing and population growth
ELR	C82098	Hazelmere Medical Centre	South Blaby & Lutterworth	143	
WL	C82017	Measham Medical Unit	North West Leicestershire (Hub 1)	142	Also in the top 20 for unsuitability of premises excluding GIA
City	C82024	Spinney Hill Medical Centre (Dr Pancholi & Partners)	Belgrave & Spinney Hill	140	
WL	Y00252	Cottage Surgery	Soar Valley	140	
ELR	C82055	The Limes Medical Centre	North Blaby	138	
City	C82116	Highfields Surgery	Leicester Central	137	Also in the top 20 for unsuitability of premises excluding GIA
WL	C82045	The Whitwick Road Surgery	North West Leicestershire (Hub 3)	135	
WL	C82628	Grobby Surgery	Bosworth	132	Also in the top 20 for housing and population growth
City	C82046	Saffron Health	Leicester City South	132	
City	C82662	Walnut Street Surgery	Leicester City South	130	
WL	C82003	Greengate Medical Centre	Watermead	130	Also in the top 20 for housing and population growth
WL	C82082	The Centre Surgery	Hinckley Central	130	
City	C82086	Fosse Medical Centre	Leicester Health Focus	130	
City	C82084	Dr B Modi	Belgrave & Spinney Hill	130	

# Top 20 Practices – Poor Quality or Unsuitable Premises

This category is based on the findings of the six facet surveys.

Please note that there are more than 20 practices included in the list as more than 20 achieved the threshold score.

CCG	NHS Contract Code	Practice Name	PCN Area	(Un)Suitability of Current Premises Exc. GIA Score	Notes (where the Practice appears in more than one of the three priority categories)
City	C82116	Highfields Surgery	Leicester Central	92	Also in the top 20 for unsuitability of premises including GIA
WL	C82111	Student Medical Centre	Carillon	90	Appears as a top 20 in all three categories
ELR	C82066	Forest House Medical Centre	North Blaby	86	
City	C82094	Beaumont Lodge Medical Practice (The Surgery)	Millenium	84	Also in the top 20 for housing and population growth
ELR	C82021	The Central Surgery	Oadby & Wigston	83	Also in the top 20 for unsuitability of premises including GIA
WL	C82017	Measham Medical Unit	North West Leicestershire (Hub 1)	82	Also in the top 20 for unsuitability of premises including GIA
WL	C82035	Park View Surgery	Carillon	80	Also in the top 20 for unsuitability of premises including GIA
City	C82651	Dr KS Morjaria & Partner	Belgrave & Spinney Hill	80	Also in the top 20 for unsuitability of premises including GIA
ELR	C82022	Billesdon Surgery	Cross Counties	79	Also in the top 20 for housing and population growth
WL	C82061	Barwell & Hollycroft Medical Centre (Barwell)	Fosseway	78	
City	C82088	Evington Medical Centre (Halsbury street)	The Fox's	78	Likely to be removed as an ETTF scheme was completed post six facet survey. Checking branch status
City	C82099	Al-Waqas Medical Centre (Dr KA Choudhry)	The Fox's	78	
City	C82653	Dr S Shafi (Westcotes GP Surgery- 2)	Millenium	78	
City	C82114	Dr UK Roy	City Care Alliance	77	
WL	C82656	Field Street Surgery	Beacon	76	Also in the top 20 for housing and population growth
WL	C82034	Quorn Medical Centre	Soar Valley	76	Also in the top 20 for unsuitability of premises including GIA
City	C82122	Clarendon Park Surgery	Aegis Healthcare	76	
City	C82119	Narborough Road Surgery	The Fox's	76	
City	C82614	Spirit Asquith Surgery	City Care Alliance	76	Also in the top 20 for unsuitability of premises including GIA
City	C82063	East Leicester Medical Practice	Aegis Healthcare	76	

# What are the potential solutions

Area	Potential Solutions
Housing Growth	Developer Contributions
Poor Quality or Unsuitable Premises	Practice Development: <ul style="list-style-type: none"><li data-bbox="987 546 1267 589">➤ Self funded</li><li data-bbox="987 604 1537 646">➤ Third Party Development</li><li data-bbox="987 661 1630 704">➤ Use of underutilised premises</li><li data-bbox="987 718 1611 761">➤ Combining estate across PCN</li><li data-bbox="987 775 1740 818">➤ Place based solutions with partners</li></ul>
Insufficient size for patient numbers	Practice Development: <ul style="list-style-type: none"><li data-bbox="987 932 1267 975">➤ Self funded</li><li data-bbox="987 989 1537 1032">➤ Third Party Development</li><li data-bbox="987 1046 1630 1089">➤ Use of underutilised premises</li><li data-bbox="987 1103 1611 1146">➤ Combining estate across PCN</li><li data-bbox="987 1160 1740 1203">➤ Place based solutions with partners</li></ul>

**The process and outcome  
(prioritisation) was supported  
at the LLR CCGs Joint Primary  
Care Commissioning Committee  
1<sup>st</sup> June 2021**

# Proposal for funding the LLR CCGs Primary Care Estate Strategy Development Programme

## Three areas of need:

Housing and population growth

Insufficient space/unsuitability of premises

Poor quality or unsuitable premises

- Currently no national capital available for primary care unless these are housed in NHS-owned premises (e.g. NHSPS buildings through the potential allocation of system capital).
- Any future national capital scheme will likely result in rent abatement periods similar to those already in place for ETTF and s106 funded schemes (5,10 or 15 years depending on the scheme cost), but the longer term solution will need to be a combination of revenue and capital schemes, with all schemes having revenue implications.
- The purpose of this paper is to seek support for a recurrent revenue investment plan to support the PCES development programme.
- These monies will be to offset self-funded solutions by practices/PCNs i.e. DV revaluing and subsequent uplift in rental reimbursement.

# Proposed revenue investment plan

- The plan is to develop a 5-year premises development programme from April 2022, therefore the proposal below is for a year-on-year revenue investment plan from 2022 to 2026/27 with an added assumption that some additional spend will be incurred within the current financial year. The total ask is for a cumulative recurrent budget increase of £2.35m by 2026/27 to support primary care premises costs.

	Year	2021/22*	2022/23	2023/24	2024/25	2025/26	2026/27	Cumulative £000's
<b>Recurrent Revenue Investment (£000's)</b>	Current	250						<b>250</b>
	1	250	300					<b>550</b>
	2	250	300	300				<b>850</b>
	3	250	300	300	500			<b>1350</b>
	4	250	300	300	500	500		<b>1850</b>
	5	250	300	300	500	500	500	<b>2350</b>

- This proposal is based on a combination of capital and revenue cost projections used to calculate the costs of four different types of scheme: internal reconfiguration/small extension, medium extension, large extension or new build. The proposal for £2.35m recurrent revenue over the 5 years takes into account identification of circa. 50 priority premises (excluding current live schemes plus some other schemes where s106 funding is available).
- A recurrent revenue investment plan proposal of circa £250-300k per year was supported by EMT on the 9<sup>th</sup> Aug 2021. These financial requirements will be factored into the financial planning process.

# Revenue costs

Based on the £2.35m investment proposal, the table below shows the scale of development that can achieve based on an average £220/m<sup>2</sup> revenue reimbursement cost for new or replacement accommodation. Important to caveat that these are **examples only** as the detailed programme has yet to be worked up.

Scale	Example	Average Recurrent revenue Impact £000's	Annual Investment £000's over Five Years						
			2021/22*	2022/23	2023/24	2024/25	2025/26	2026/27	Cumulative £000's
			£250	£300	£300	£500	£500	£500	£2,350
Number of Schemes by Type (Example)								Cumulative Schemes	
Small Extension/Internal Reconfiguration	E.g. one consulting room, change of admin room into clinical room	4.95	4	4	4	3	1	2	18
Medium Extension	Circa. two consulting rooms and some reconfiguration/support accommodation	8.25	1	4	4	1	2	1	13
Large Extension	Circa. four or 5 consulting rooms and some reconfiguration/support accommodation/car parking	24.75	2	3	3	5	5	5	23
New Build	Based on a 10k Registered Population and 0.08 M2 per patient	88	2	2	2	4	4	4	18
			9	13	13	13	12	12	72

Whereas the prioritisation process identified circa. 50 premises, the table above shows a potential 72 schemes as there are currently approx. 9 existing 'live' schemes, other priorities are bound to emerge during the 5-year period and the combination of schemes is illustrative and will change as the plan develops. Important to note that focus will be on prioritised practices but with some flexibility as and when opportunities arise.



# Recommendations

The Leicester, Leicestershire and Rutland Clinical Commissioning Groups  
Primary Care Commissioning Committee members are asked to:

- **APPROVE** the 5-year premises development programme investment plan