Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Beighton Health Centre Proposal

Primary Care Commissioning Committee meeting

C

23 November 2017

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Purpose of Paper

To inform the Committee of the options available for the use of Beighton Health Centre and agree the most suitable to work up into a full business case.

Key Issues

Use of Beighton Health Centre

Is your report for Approval / Consideration / Noting

Approval

Recommendations / Action Required by the Primary Care Commissioning Committee

The Primary Care Commissioning Committee is asked to: work through the options for the use of Beighton Health Centre and agree in principle the best choice.

Governing Body Assurance Framework

Which of the CCG's objectives does this paper support?

To improve the quality and equality of healthcare in Sheffield.

To have an integrated primary and community-based health and social care services approach to long-term conditions management to support people living independently at home, reducing emergency hospital admissions by up to 20%.

Are there any Resource Implications (including Financial, Staffing etc)?

No implications in terms of resource increase. It is proposed that the CCG continues to meet the rental costs, which may reduce if partner organisations agree to pay rent in due course.

Have you carried out an Equality Impact Assessment and is it attached?
Please attach if completed. Please explain if not, why not (the template can be found at http://www.intranet.sheffieldccg.nhs.uk/equality-impact-assessments.htm (or contact Elaine Barnes elaine.barnes3@nhs.net / 0114 305 1581)
Have you involved patients, carers and the public in the preparation of the report?
Patients, Community Groups/Partnerships have been involved in discussions and are keen for the continued use of the Beighton facility as a site to support health provision in the area.

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1. Introduction / Background

1.1 Beighton Health Centre lies in the Hallam and South Locality in the Townships 1 neighbourhood. In July of this year, the premises became vacant due to the relocation of the practice to Sothall Medical Centre. The decision to close the surgery attracted both press and local councillors to question the closure and while patients were consulted there was a clear feeling that the centre should continue to be utilised for the health and benefit of patients in the area.

The facility is of modern design and is in good order. A pharmacy is housed in the centre, which will continue to operate and has also indicated a willingness to explore further services within the centre. The committee agreed to accept an options paper to determine the best use of this primary care asset. Whilst the most obvious idea is to use the centre as extra capacity, housing services such as IAPT, maternity services, dressing clinics and memory services we have an opportunity to start to develop some of the ideas discussed in the draft paper of the Primary Care Estates Strategy.

"The development of joined-up working within localities and neighbourhoods is a key enabler to the delivery of sustainable local plans, which NHS Sheffield has strongly signalled it is keen to support.

The model of Active Support and Recovery (AS&R) set out by NHS Sheffield and endorsed by stakeholders, will form the basis of shifting activity away from acute settings, to provide care closer to home."

The document goes on to discuss the use of the 7 Lift buildings across Sheffield recognising that utilisation of existing spare capacity needs to improve. It is important to recognise there are no Lift builds in this part of the City and that this building is the only 'void' space available locally.

2. Neighbourhoods

2.1. The two Townships neighbourhoods work closely in partnership and serve over 76,000 patients. There is a high percentage of patients aged over 65 and high numbers of people living with hypertension, coronary heart disease, depression and diabetes. Due to our older population, there is a tendency to see higher urgent hospital admissions.

Townships (I)	Sothall Medical Centre	10,207
Townships (I)	Mosborough Health Centre	6,572
Townships	Hackenthorpe Medical Centre	6,661

(I)		
Townships (I)	Owlthorpe Surgery	4,627
Townships (I)	Crystal Peaks Medical Centre	6,594
	Total list size	**34,661**
Townships (II)	Birley Health Centre	8,499
Townships (II)	Woodhouse Health Centre	12,158
Townships (II)	Richmond Medical Centre	8,611
Townships (II)	Stonecroft Medical Centre	4,087
Townships (II)	Charnock Health Primary Care Centre	5,286
Townships (II)	Jaunty Springs Health Centre	3,625
	Total list size	**42,266**

3. Strengthening Third Sector Relationships

3.1. The Townships have been forging relationships with the Woodhouse and District Community Forum (WDCF) Shipshape, Community Support Workers and other third sector communities. Beighton Health Centre could be an excellent base for the Neighbourhood and community to act as an integrated hub where primary care and social care and the third sector can engage in forging strengthening relationships, which is key to any successful culture change. Local GPs have already indicated a desire to explore group consultations at the centre.

3.2. **Urgent Care Review.** Sheffield is part way through the Urgent Care Review. One of the options discusses 16-19 sites (Neighbourhoods) across the city offering Urgent GP appointments 8am-6.30pm with up to 2 Urgent Treatment Centres. Whilst we are some way off completing the review, Beighton Health Centre has potential in that the building is of high standard and could be an ideal access hub.

4. Option 1: Utilising the Centre

4.1. Should WDCF be successful with procuring funding to deliver Social Prescribing, the centre would be an ideal place to house the staff with the potential for the Virtual Ward initiative, Sheffield Carers, Shelter, Beighton Villages Development Trust and a host of other community services to use the building. The building would not necessarily host everyone but could be used to forge links and act as hub of information for the people of the Townships Neighbourhood. We envisage that the centre would be used for clinics and training and drop-in support. Different services would use the building on different days.

4.2. **Shared Medical Appointments** The locality has supported practices with shared medical consultations as mentioned in the GP Forward View as an alternative consultation method that helps support workforce issues. when multiple patients have an appointment at the same time (typically about 90 minutes in length) with a team of healthcare professionals representing different professions.

For patients: Improved quality of care and access to care. One of the stumbling blocks is the lack of space within current GP premises in which to hold these consultations. The health centre could be a viable option.

4.3**. Expanding Care Out of Hospital** As we are nearer opportunities for Care out of Hospital many practices are struggling for space and the centre could be ideal to assist the neighbourhood in offering joint clinics and services. There are many people throughout this area who are classified as vulnerable. The hub can act as a central point within the community to help assist with the integration of the excellent services already out there, but which perhaps are not known about.

4.4. The West Locality, with the support of Hallam and South Locality, have been working on a business case which acknowledges the ever-growing number of dressings performed in each locality. It is not unusual for patients to have their dressing performed by several different healthcare professionals. Evidence is being pulled together which supports that by having the dressings done by the same Health Care Worker (HCW) with the advice of a more experienced clinician the wound generally heals quicker and the savings from the reduced time of the HCW and the reduced cost of dressings are not to be underestimated. Beighton Health Centre could be a dressing hub for the neighbourhood. The hub could also act as a training centre giving the opportunity for student nurses to train under supervision.

4.5**. Prescription Ordering Line (POL)** is a new easy prescription telephone ordering service run by the CCG. Medicines Management has recently discussed having a hub in each locality. The challenge has been to find accommodation fit for this purpose should investment continue to be rolled out. Costs can be reduced by allowing the POL to house the Hallam and South Locality hub in part of the Beighton Health Centre. There is adequate space, N3 Connection and the centre could be an ideal opportunity to roll out the POL for the locality.

Discussions have already taken place with the pharmacy situated in the premises that are keen to engage with services to patients and the population of the Neighbourhood. Chronic disease reviews, minor ailments, diabetic foot checks, Strep A&B testing and medication reviews are all services the pharmacy is keen to explore.

5. Financial Implications

5.1.The current rent is £81,213 which includes utilities. It is unlikely that enough rent-paying tenants could be found to bring in enough to cover the cost, however the opportunity to rent out the rooms to various rent-paying tenants is something that should be explored. Ideally, we would expect some return for whichever stakeholders' use part of the centre and charges may be tailored dependent on which sector the tenant is from.

The CCG is currently paying £81k in 2017/18 for the use of Beighton Health Centre. Recognising the financial position of the CCG, the proposal is not to ask for extra funding but to request that the £81k continues to be funded to allow a different use of the building.

6. Option 2: Disposing of the Premises

6.1 Under new guidance it may be possible for the health centre to be given back to NHS Property Services to dispose of the premises

As stated above the cost to the CCG in 17/18 is £81k. This is funded from the following budgets:

Charge	Cost	Budget
Previous Void & Subsidy	£8,098	Other Commissioning
Vacated Space:		
Rent & Rates	£40,420	Primary Care Delegated
Service Charge	£16,650	Primary Care Delegated
Facilities Management	£16,045	Primary Care Delegated
Total	**£81,213**	

Colleagues from Community Health Partnerships (CHP) have advised that it is feasible that the building could be handed back under the new policy. The first step would be for the CCG and CHP to jointly agree and submit the realisation list which categorises each building eg whether it will be disposed of, have a short-term hold, have a long-term hold etc. Property Services would then consider the request and respond. If it is confirmed that the building could be handed back then this would mean that there would be no charges after a certain date, and this would free up the £81k budget. The fact that the building is not vacant may hinder the CCG being able to hand the building back (there is a pharmacy in the building) but until the CCG goes through the process of submitting the list, it will not know what needs to be done to secure the disposal. It should be recognised that this is likely to take some time to understand and resolve, even if Committee determines that this is the preferred option and that this presents an opportunity for the neighbourhood to take forward some of the service plans outlined above in that intervening period.

Recommendations

The Primary Care Commissioning Committee is asked to:

- Consider the opportunities outlined and consider for the use of Beighton Health Centre;
- Determine the preferred option to be taken forward in the short and medium term, including the commitment to continue funding the rental costs during within that timeframe.

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