

NHS Sheffield CCG

Primary Care Estates Strategy

Primary Care Commissioning
Committee

27th July 2017

Sheffield Primary Care Estates Strategy:

Purpose:

The Sheffield Estates Strategy provides the framework to develop the necessary built environment to support and promote the aims of '*Fit for the Future*', the Primary Care Strategy for Sheffield and Delivering the GP Forward View Transformation Plan

Developed in 3 principal stages; Where are we now?
Where do we want to be?
How do we get there?

To provide a 'Route Map' to ensure the sustainable and effective development of the primary care estate, built on shared goals and collaborative aims.

The Estate is a key enabler to successful Primary Care delivery and must complement others – e.g; Workforce, IT, Capacity, Accessibility, Working with others

Where are we now?

Current Estate:

111 properties

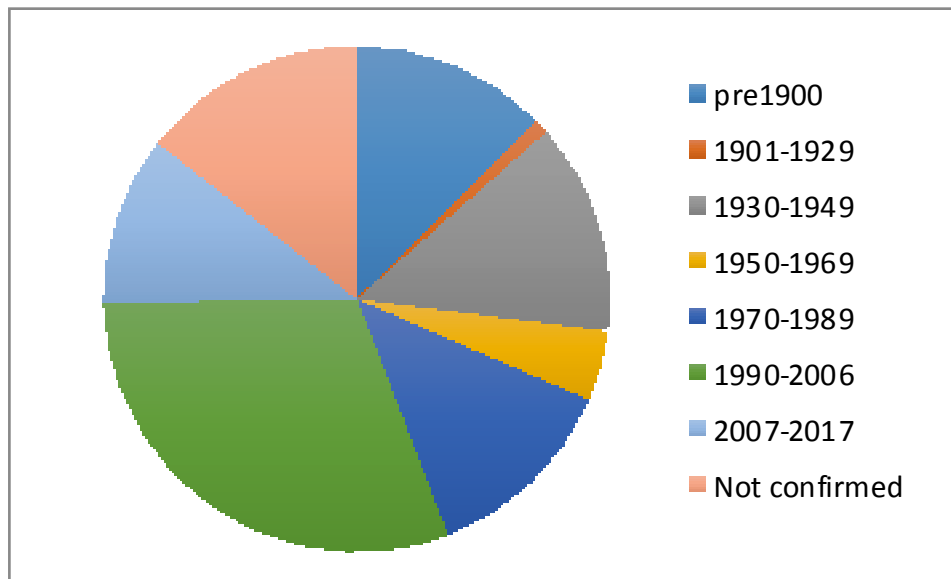
63,569m²

£5.6m p.a operating cost

729 consulting / treat rooms

219 treat /exam rooms

Property Type	Main Surgery	Branch Surgery	Total
Purpose Built	53	15	69
Converted Premises	34	8	42



Range from 1850 to 2011

Average age is 51 years old

Average size is 577m²

Backlog Maintenance £2.89m

£484k is Critical Risk (High & Sig.)

Average is £26k per practice

Assessed using 6 facet survey 2016

LIFT Assets – under-utilised
barriers to use
£3m opportunity

Where do we want to be?

Principles of the PCES:

- Divest of poor quality, poorly performing and surplus assets.
- Public and patient facing services prioritised for use of high quality assets.
- Develop assets for the delivery of new models of care and service delivery.
- Prioritise and positively enable greater use of high quality assets, such as LIFT.
- Co-locate services where possible, with shared and/or sessional use between providers.
- Increase utilisation of health and local authority assets, where appropriate.
- Develop agile working across each organisation – in practice.
- Co-locate support functions where possible, if not integration yet .
- Support the continued rationalisation of Sheffield City Council asset base, seeking opportunities for the development of Primary Care services where appropriate.
- Develop agreement on cost gain / pain share across organisations to promote shared use and productive estate.
- Plan for replacement of aging, poor quality and ineffective assets collaboratively.

Future Needs

Driver	2017 to 2022	2017 to 2032
Demographic Changes	2,058m2 (3.6)	7,292 m2 (12.6)
Care out of Hospital	2,512 m2 (4.4)	3,471m2 (6.0)
LTC Prevalence	2,021m2 (3.5)	4,347m2 (7.68)
Total	6,591m2 (11.5)	15,110m2 (26.5)

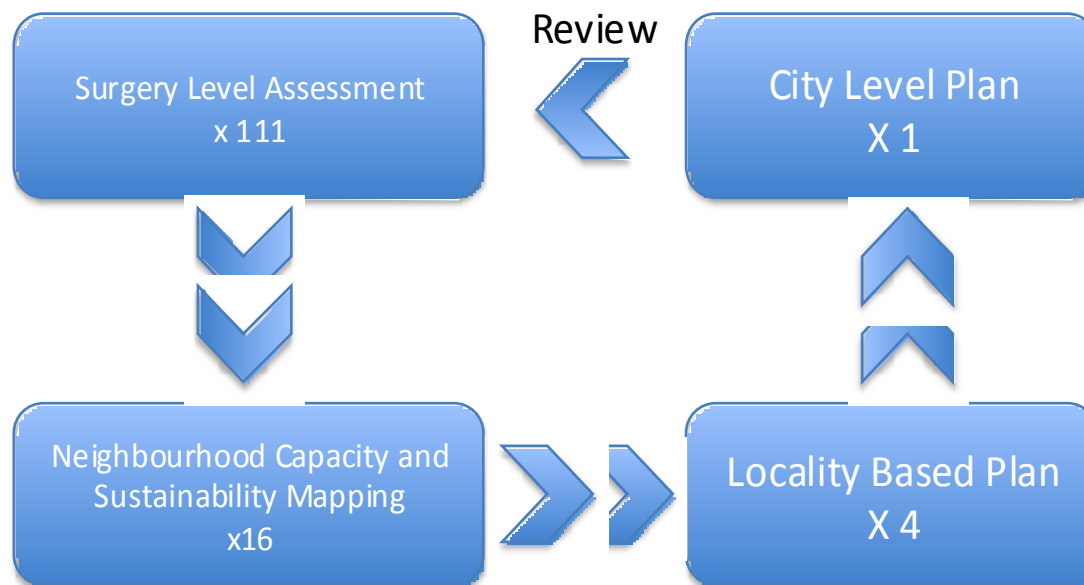
Capacity model to HBN-11 shows 'excess' capacity of 5,639m2

Improve 50% - 3,194m2 (5.5) by 2022

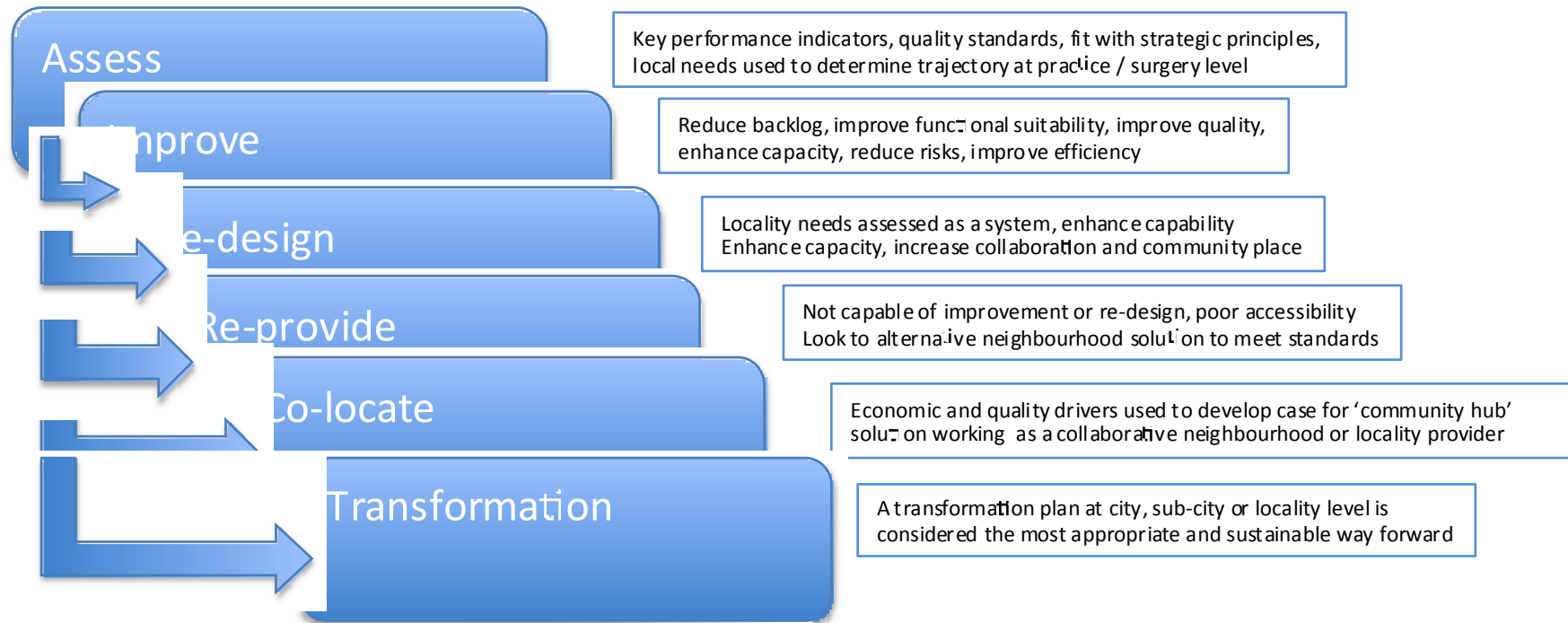
11,913m2 (20.6) by 2032

Developing Neighbourhood Plans

- Review cycle
- What is to be delivered on city wide or locality basis
- What can be delivered / resolved at practice level
- Current state → Future State
- Identify the gap



Resolving the gap – Practice level assessment



Aim is to support practices in meeting the needs of the neighbourhood, ensuring sustainability and to contribute to the Locality plan, working collaboratively

How do we get there?

- A set of deliverables to progressively but clearly bring about change, with engagement and involvement of stakeholders
 - **Short Term (3-6 months) p34**

Prepare the ground. Build support and involvement of providers and health community. Get the foundations right, and put corrective actions in place. Support the development of service models in line with GP Forward View response
 - **Medium Term (6-12 months) p35**

Develop the detailed plan at neighbourhood and locality levels. A plan for every asset. Put in place the infrastructure and processes to build capacity and engage providers in delivering sustainable change. Enable access to funding route. Business Cases coming forwards
 - **Longer Term (12-24 months) p36**

Delivery phase. Pipeline of developments and enablement. Sustainable system to bring about estates capacity to support evolving needs of Primary Care
- Consultation and review runs throughout all stages - make sure we're getting it right
- Recognise the need for Estates solutions to be led by service models, but also be an enabler for change
- Support Primary Care providers in addressing the challenges ahead, and ensuring sustainable solutions

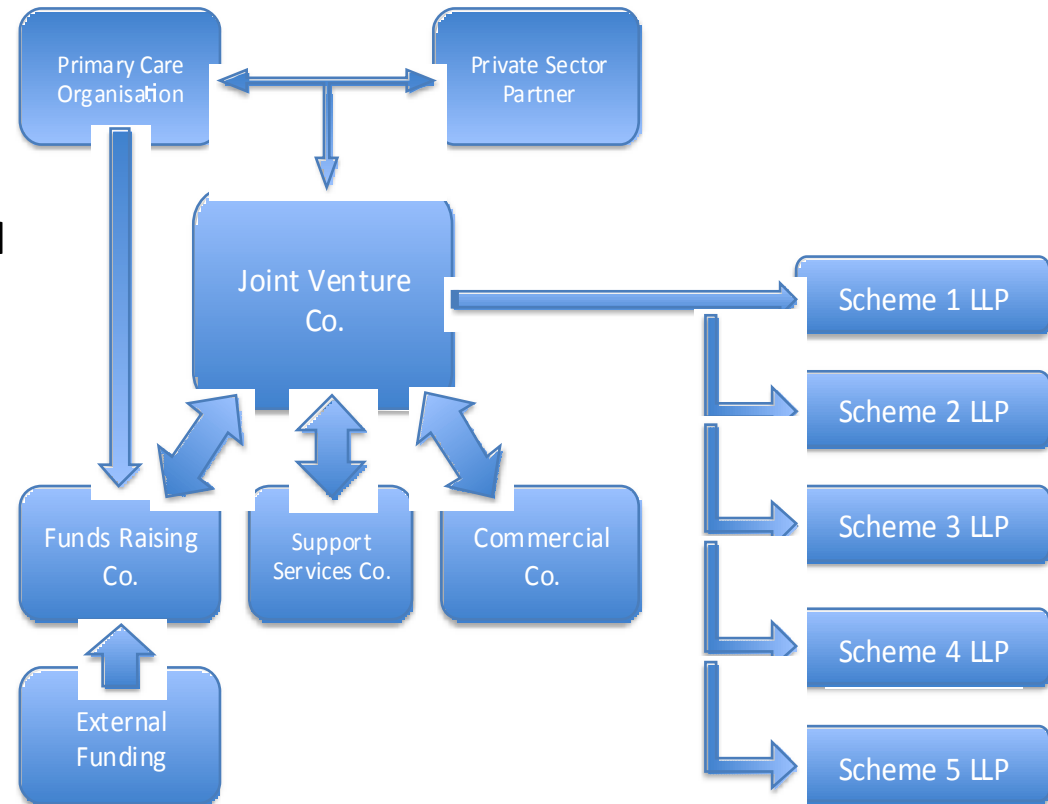
In Summary;

- Our Primary Care estate is at the heart of the communities we serve – we need to ensure it remains so.
- A mixed economy of ownership - requires differential approach, but a common goal of quality.
- We must recognise our GP providers need confidence and clarity to make longer term plans, that ensure sustainability.
- There will be difficult decisions ahead – engagement is key
- The estate is just one part of the transformation that is required
- We all aspire to a productive Primary Care estate that enables high quality, accessible care delivered locally.

How do we get there?

Funding Routes

Primary Care Transformation Fund
Social Investment Fund
Joint Venture Partnerships
Sale & Lease Back Arrangements



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Typical arrangement of a Joint Venture Partnership

LIFT - Agile Property Management:

- Aim: Flexible, agile, high utilisation of our best assets; welcoming spaces
- Remove common barriers to effective use - simplify
- Fit to deliver the models of care for 5YFV, including Extended Primary Care
- Increase utilisation to a target of 85%
- Facilitates and supports Community Hub approach, with multiple providers
- Promotes an integrated partnership between CCG, Providers and CHP
- Ensures best value for commissioners
- Ensures high utilisation and satisfaction from patients and providers

