

## PROOF OF EVIDENCE/ CIL COMPLIANCE STATEMENT

### OF NICK ARMSTRONG, CHIEF OF INFORMATION TECHNOLOGY & ESTATES, WARRINGTON CLINICAL COMMISSIONING GROUP

I am Nick Armstrong, Chief of Information, Technology & Estates, at Warrington Clinical Commissioning Group (CCG) and have been in post at the CCG since it became a statutory body in April 2013. I have responsibility for Strategic Estates development working in partnership with local providers and stakeholders.

This proof of evidence provides an updated position in relation to the development of primary healthcare capacity to meet the demand created by the proposed development of land at Peel Hall.

#### **1. Estates Feasibility & Options Appraisal**

- 1.1. NHS Warrington CCG commissioned a Feasibility and Estates Options Appraisal<sup>1</sup> for Fearnhead Cross Medical Centre and Padgate Medical Centre in September 2019. This work was then undertaken by GB Partnerships via Renova Developments through to March 2020.
- 1.2. The purpose of the work and subsequent report was to establish the options available to both practices for the delivery of a new primary care facilities for Padgate Medical Centre and Fearnhead Cross Medical Centre.
- 1.3. The Feasibility & Options Appraisal Report was completed at the end of March and sent to the GP Practices for their consideration on the 8<sup>th</sup> April 2020 by GB Partnerships. Following this work the two practices have agreed to expand capacity at each of their respective sites individually rather than forming a new joint development. The practices are now in the process of developing plans that are specific to their sites and circumstances.

#### **2. Padgate Medical Centre**

- 2.1. Following receipt of the Feasibility & Options Appraisal Report in April 2020, the practice has explored and made contact with a number of third-party developers to discuss the options available for a new development of the Padgate Medical Centre practice.
- 2.2. The practice met with a team from Red Tree property developments on 16<sup>th</sup> June 2020. The basis of the meeting was to scope what their aspirations for their patients and the practice were for a new build and for the developer to present to the practice how they felt they could support the practice in achieving this.
- 2.3. The practice then engaged BWH surveyors, who carried out an external inspection and search on the land registry in mid July 2020. The practice met with BWH on 5<sup>th</sup> August 2020; and also, representatives from One Medical Group. The meeting covered the same content and followed the same format as with Red Tree.

---

<sup>1</sup> Appendix 1 - Estates Feasibility & Options Appraisal Report (March 2020)

- 2.4. The practice has also contacted Warrington Borough council to explore if there was any appetite within the council to look at joint building scheme, given that Warrington Borough Council owns land adjacent to the current practice building. Further discussions with the Council are to be arranged regarding this.
- 2.5. A catch-up meeting was held between the practice and the CCG on 16<sup>th</sup> November 2020. The CCG suggested some further third-party developers that the practice may wish to approach before formally appointing a provider to work on the outline and full business cases for the development.

### **3. Fearnhead Medical Centre**

- 3.1. The practice approached their landlord, Assura, in November 2020 to discuss an extension to provide additional capacity on the existing site. A previous option to deliver this was produced in 2015.<sup>2</sup> Although there may be some changes to the proposed 2015 plans in terms of lay out of the building it essentially indicates the capacity required by the practice should proposed housing developments be approved.
- 3.2. The practice as of February 2021 are waiting for Assura to contact them with dates for a meeting with the partners to look at the next steps to take these plans forward.

### **4. Timing of development decision**

- 4.1. Whilst both practices, as detailed above, continue to develop plans to create additional capacity they also require the outcome of planning for the proposed development before formally completing their outline and full business cases.
- 4.2. Firstly, should the proposed development not be delivered as proposed the practices could be at risk of developing facilities that are larger than required, which they would not then receive reimbursement for. Secondly, any section 106 healthcare contribution from the proposed development needs to be known ahead of submission and approval of the full business case for the financial modelling of the schemes.

### **5. Impact of Coronavirus Pandemic on Primary Care**

- 5.1. The impact of the coronavirus pandemic on primary care and both practices capacity to maintain progress on their respective building developments should not be underestimated. All GP practices were placed under national directions and have been working to a national standard operating procedure since 19<sup>th</sup> March 2020. As such all non-essential work such as business development, which this would fall under, is not deemed a priority. Additionally, since December 2020 the GP practices have been involved in the organisation and delivery of the Covid-19 vaccination programme, which will continue until shall continue until 31 August 2021 unless ended early through a national direction.
- 5.2. Despite the pressures on primary care over the past 12 months both practices have continued to make progress and remain committed to developing both practice sites to meet the expected demand on primary care of this development.

---

<sup>2</sup> Appendix 2 - Options for Fearnhead Cross Medical Centre Extension

Appendix 1 - Estates Feasibility & Options Appraisal Report (March 2020)  
Appendix 2 – Options for Fearnhead Cross Medical Centre Extension



Padgate Medical Centre



Woolston Surgery



Fearnhead Cross Medical Centre



Longford Street Medical Practice

**Estates Feasibility & Options Appraisal Report**  
**Delivery of a New Primary Care Facility for Padgate Medical Centre**  
**& Fearnhead Cross Medical Centre**

in

**East Warrington**

**March 2020**

**<<Final Version>>**

## Contents

<b>1. Introduction.....</b>	<b>2</b>
<b>2. Key Messages .....</b>	<b>3</b>
<b>3. Local Area Analysis.....</b>	<b>6</b>
<b>4. Current GP Estate .....</b>	<b>14</b>
<b>5. Current Capacity and Schedule of Accommodation .....</b>	<b>27</b>
<b>6. Strategic Context.....</b>	<b>31</b>
<b>7. Land Search and Availability .....</b>	<b>34</b>
<b>8. Non-Financial Benefit Options Table .....</b>	<b>36</b>
<b>9. Procurement Options.....</b>	<b>38</b>
<b>10. Conclusion and Next Steps .....</b>	<b>41</b>

## 1. Introduction

Gbpartnerships have been commissioned by Renova Developments (Liftco) to undertake an estates feasibility and option appraisal study to support the delivery of a new primary care centre for Padgate Medical Centre and Fearnhead Cross Medical Centre, on behalf of Warrington CCG and GPs. The aspiration of both the practices is to dispose of the not fit for purpose estate they currently occupy and to co-locate in one location, in one health centre. The new centre will be sufficient in size to allow for the occupation of the Padgate Medical Centre, the Woolston Surgery (this is a branch practice) which is currently leased from NHS Property Services and the Fearnhead Cross Medical Centre main surgery. Fearnhead Cross Medical Centre will retain its branch surgery to meet the demand of the local population in that area.

### 1.1 Background

Fearnhead Cross Medical Centre and Padgate Medical Centre aspire to co-locate in a new primary care health centre. Both practices are comfortable co-locating and sharing occupation in a single building in order to realise cost efficiencies, by disposing of their current not fit for purpose premises which are worn and tired and restricted in their ability to create the extra clinical space needed to meet demand.

The Practices are located approximately 1 mile apart and have identified a preferred geographical area but have not yet identified their estates requirements or a preferred location for the new build.

In the past Padgate Medical Practice have completed IG1 documentation (Improvement Grant Expressions of Interest form) for Warrington CCG, based on discussions with NHS Property Services and the estates department of Warrington Borough Council, regarding the use of land to the rear of the health centre and possible use of the community centre. At the time of the application the practice informed Warrington CCG that Warrington Borough Council were very enthusiastic about the Improvement Grant Proposal and that they had agreed in principle to a co- location development.

## 1.2 Project Scope Key Objectives

Key objectives of this report are:

To support both Practices to determine their estates requirements and the preferred location option for the scheme.

- Engage with key stakeholders including both Practices, Warrington CCG, the local community services provider Trust, the local Council and the Public Health team.
- Determine the estates requirements of the new build, i.e. size and scope of the new build; car parking allocations; and high-level key design requirements; including the production of a schedule of accommodation. This will include growth from Peel Hall development.
- Conduct a local site / vacant property search to identify any potential sites / properties that could be suitable for the new facility.
- Determine the best location for the new facility, i.e. identify a preferred location / service option / plan through an option appraisal process, including benefits, timescales; high level capital and revenue costs; and high level risks, constraints and mitigations.
- Produce a draft and then final report on behalf of GPs, that will be submitted to the CCG for final approval.

## 2. Key Messages

Padgate Medical Centre and Fearnhead Cross Medical Centre aspire to dispose of their current poor-quality estate and relocate their practices in one health centre.

Both Practices have expressed concerns about their current premises and the pressures felt around trying to work effectively in premises which are poorly configured and restrictive in their ability to adapt in order to accommodate the growing population and growing demands of change required by the new Primary Care Networks (PCN's).

The practices are struggling for clinical space and have limited support space such as group rooms and confidential space for patients and staff. The current configuration and building conditions may not be able to meet the demands of the new services (and workforce) required by the newly formed PCN.

Whilst population forecast for the practices for the next 5 years is estimated at an increase of 417 for both practices, this forecast will significantly increase once the Peel Hall Housing Development is

approved. The development is for an estimated 1,200 new homes in the area surrounding the practices which could result in an estimated forecast increase of 2,880 (1,200 new homes multiplied by 2.4 new residents occupying each dwelling). Upon approval of this application both practices will require investment to accommodate the additional registrations. The section 106 document requires the developer to make a *“healthcare contribution” means the sum of £925,000 (to be paid in instalments applicable to each Residential Phase in accordance with Paragraph 7 of the Fourth Schedule) for the purpose of providing or contributing towards a Health Centre or its future expansion or services.”*

Currently the Practices have 21 clinical rooms available over the four sites. Utilising the Health Building Notes HBN 11-01 facilities for primary and community care services room calculator and talking to both practices has identified that they are currently struggling to meet demand.

The Peel Hall development of 1,100 new homes resulting in a further 2,880 population increase will result in the practices requiring additional clinical space to meet demand, based on current working practices e.g. a low percentage of work utilising digital technology. With the Covid-19 pandemic forcing health services to significantly shift from “face to face” interventions to telephone and digital interventions this assumption may be incorrect, i.e. it maybe that following the pandemic both Practices continue to offer significantly more digital interventions and so need less or different types of rooms.

Based on the forecasted growth anticipated and from interviews with the practices a schedule of accommodation drafted estimated that a new build Primary Care Health Centre will be approximately 1182m<sup>2</sup>. This figure is made up of a net total is 714m<sup>2</sup> and additional space for circulation and other allowances. As the project is at an early, strategic stage, these allowances are generous and once detailed design work is completed at outline business case stage the size of the building may well reduce.

A desk top appraisal undertaken estimates that 0.5 acres or 0.2 ha or 2023m<sup>2</sup> would be required. This would allow for a building and approximately 25 parking spaces.

There would be an estimated £200k to spend on land, which is based on estimates for the local area of approximately £400k per acre.



Other key assumptions that local stakeholders can use as a basis to move the project forward are:-

- Rent of approximately £210/m<sup>2</sup> based on 1064m<sup>2</sup> NIA.
- Build cost of approximately - £2400/m<sup>2</sup>, which would equal £2,836,800 based upon a new build.
- Plus, Net Initial Yield assumed of 5%.
- The overall capital costs, including construction, fees, finance and land (excluding loose FF&E and IT equipment) will be in the order of £3,800,000.
- Profit of approximately 8-9%.
- Ideally, the District Valuer (DV) assessment would conclude with a rent of £215-£220/m<sup>2</sup> as this would offer greater flexibility to find and acquire a deliverable site.
- Total rent reimbursement for Warrington CCG consideration is approximately £232k per annum on a Tenants Internal Repairing Lease basis.

A local land availability search produced a limited short list of options, which were discussed at a workshop with both Practices and the CCG on the February 2020.

1. Lease space at the Bewsey Park Community Centre.
2. Build a new GP Primary Care facility utilising the footprint of land currently occupied by the Padgate Medical Centre and/or utilising the land to the rear of the premises and/or the land currently occupied by the Padgate Community Centre.

At the workshop, Option 2 was determined to be the preferred option. Workshop attendees also discussed potential procurement options and next steps.

It is felt that due to the lack of central NHS Capital funding, the most appropriate two procurement routes are GP Self-Funded Development or Third Party development (3PD). However, the GP's appetite for development / financial risk and access to available funding may rule out the GP self-funded development option. 3PD offers the benefit that all financial and development risks are transferred to and taken by the 3PD developer. The 3PD developer will also have the requisite expertise to progress and manage the development. The project is in itself too small to be viable under a PPP/LIFT procurement route.

Once the GP's have determined whether they still want to move the project forward or not and the preferred procurement route, the next steps would be to:

- Engage with Warrington Council regarding the viability of utilising the land to the rear of the Padgate Medical Centre and also the possibility of incorporating service elements of the current Community Centre in to a new centre.
- Produce an Outline Business Case (OBC) which will go into the next level of detail and confirm the preferred option, (the economic case), the commercial / procurement case and the financial case (including the Section 106 contribution). The OBC should also include more stakeholder engagement, a review of the assumptions about digital technology, architectural design work that will determine the exact size of the centre and the best site solution and the operational issues relating to the solution e.g. decant or not, timescales, etc.

### 3. Local Area Analysis

#### 3.1 Warrington GP's Clusters and Primary Care Networks

At the centre of the NHS Long Term Plan are Primary Care Networks (PCNs) consisting of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations.

Networks will be based around natural local communities typically serving populations of at least 30,000 and not tending to exceed 50,000. They should be small enough to maintain the traditional strengths of general practice but at the same time large enough to provide resilience and support the development of integrated teams

PCNs will provide proactive, coordinated care to their local populations, in different ways to match different people's needs, with a strong focus on prevention and personalised care. Staffing the PCNs will be challenging and to deliver effective integrated care, teams will need other healthcare professionals working alongside GPs, such as pharmacists, district nurses, community geriatricians, dementia workers and allied health professionals, in addition to staff working in social care and the voluntary sector.

There are 26 GP practices in Warrington. The maps below highlight the clusters that these practices belonged to in 2015.

Map of Warrington GP Practice and Cluster Locations

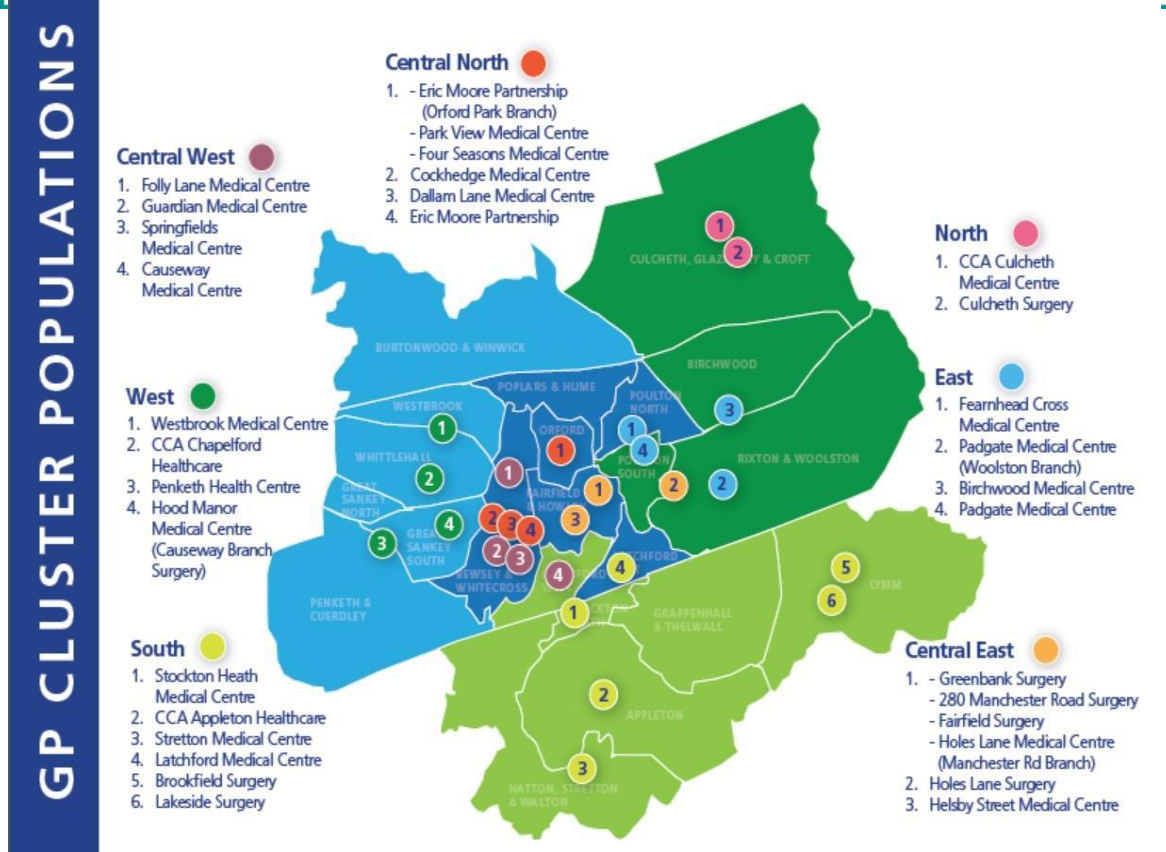
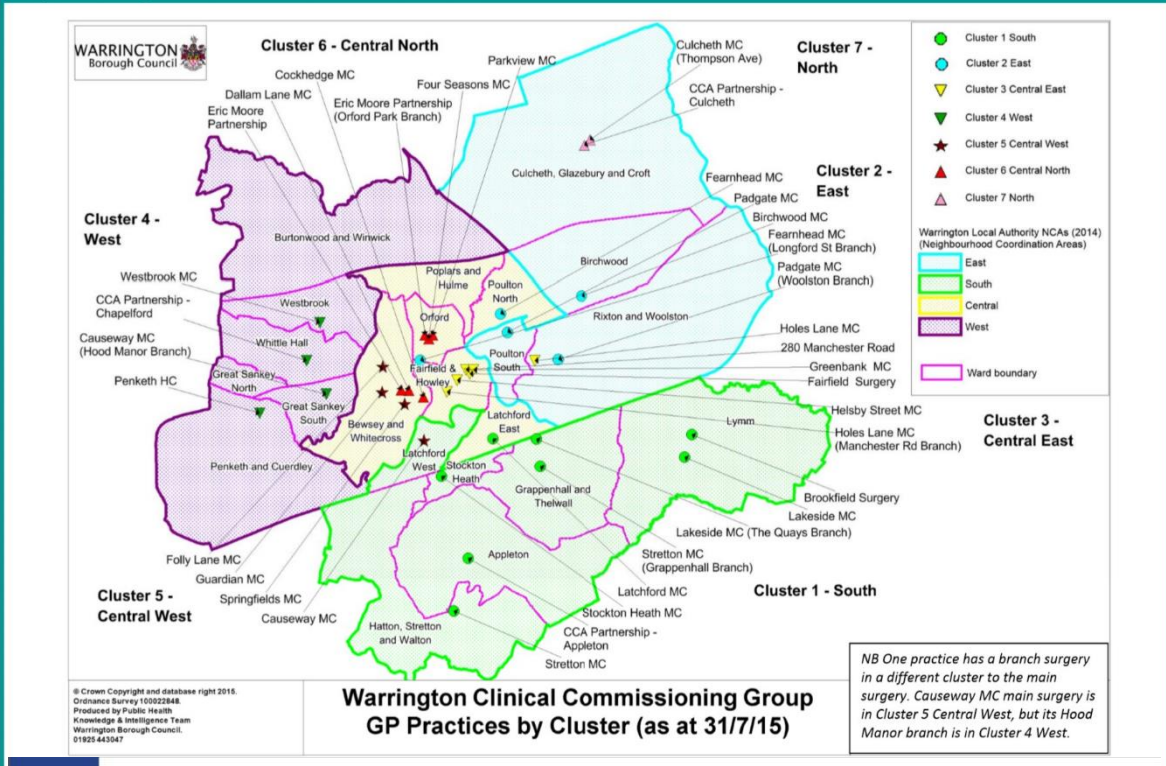


Figure 1- Warrington GP Clusters 2015

Since 2015, the practices have now formed 5 Primary Care Networks. These practices have begun working together and with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in these new PCN's (primary care networks)

Primary Care networks build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. Clinicians describe this as a change from reactively providing appointments to proactively care for the people and communities they serve. Where emerging primary care networks are in place in parts of the country, there are clear benefits for patients and clinicians.

The table below illustrates the PCN that each of the 26 practices above are now part of.

<b>CENTRAL &amp; WEST WARRINGTON HEALTHCARE NETWORK</b> Clinical Director: Dr Julian Poulter	CAUSEWAY MEDICAL CENTRE	The name and address of the entity that the Core Network Practices within this Network nominate to receive funding under the Network Contract DES from the commissioner is Causeway Medical Centre, 166-170 Wilderspool Causeway, Warrington, WA4 6QA
	DALLAM LANE MEDICAL CENTRE	
	ERIC MOORE PARTNERSHIP	
	FOLLY LANE MEDICAL CENTRE	
	PENKETH MEDICAL CENTRE	
<b>EAST WARRINGTON NETWORK</b> Clinical Director: Dr Rakhi Raj	BIRCHWOOD MEDICAL CENTRE	The name and address of the entity that the Core Network Practices within this Network nominate to receive funding under the Network Contract DES from the commissioner is Padgate Medical Centre, 12 Station Road, Padgate, Warrington, WA2 0RX
	FEARNHEAD CROSS MEDICAL CENTRE	
	PADGATE MEDICAL CENTRE	
<b>WARRINGTON CENTRAL EAST NETWORK</b> Clinical Director: Dr Mike Northey	COCKHEDGE MEDICAL CENTRE	The name and address of the entity that the Core Network Practices within this Network nominate to receive funding under the Network Contract DES from the commissioner is Greenbank Surgery, 274 Manchester Road, Warrington WA1 3RB
	FAIRFIELD SURGERY	
	GREENBANK SURGERY	
	HELSBY STREET MEDICAL CENTRE	
	MANCHESTER ROAD MEDICAL CENTRE	
<b>WARRINGTON INNOVATION NETWORK</b> Clinical Director: Dr Dan Bunstone	4 SEASONS MEDICAL CENTRE	The name and address of the entity that the Core Network Practices within this Network nominate to receive funding under the Network Contract DES from the commissioner is Springfields Medical Centre, Bath St Health & Wellbeing Centre, Legh Street, Warrington WA1 1UG
	CHAPELFORD MEDICAL CENTRE	
	CULCHETH MEDICAL CENTRE	
	PARKVIEW MEDICAL PRACTICE	
	WESTBROOK MEDICAL CENTRE	
<b>SOUTH WARRINGTON NETWORK</b> Clinical Director: Dr Ash Ahluwalia	BROOKFIELD SURGERY	The name and address of the entity that the Core Network Practices within this Network nominate to receive funding under the Network Contract DES from the commissioner is Latchford Medical Centre, 5 Thelwall Lane, Warrington, WA4 1LJ
	LAKESIDE SURGERY	
	LATCHFORD MEDICAL CENTRE	
	STRETTON MEDICAL CENTRE	

Figure 2 - Warrington Primary Care Networks

East Warrington Primary Care Network consists of the practice that form this study and the Birchwood Medical Centre.

### 3.2 JSNA East Cluster

The 2016<sup>1</sup> JSNA reported that the East Cluster had approximately 32,000 patients.

Most of East Cluster patients live in the electoral wards of Birchwood (31%), Poulton North (19%), Poulton & Hulme (10%), and Orford.

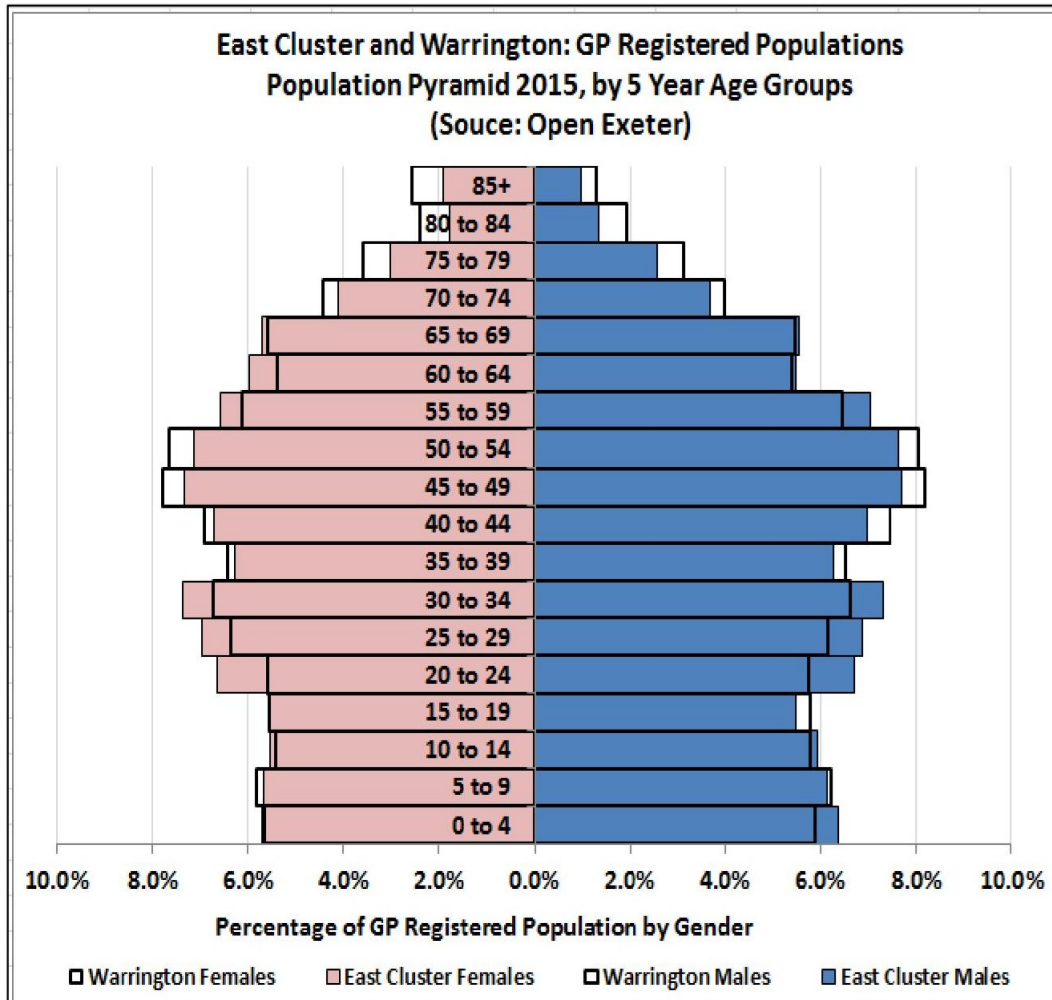


Figure 3 - Population Demographics East Cluster

In 2015 (June) the population of the East Cluster was 32,000. The smallest practice in the East Cluster is the Padgate Medical Centre. Fearnhead Cross Medical Centre is the largest in the cluster.

All 3 East Cluster practices have a fairly similar population structure to each other, apart from Birchwood MC having a higher proportion of 40-64 yearolds. The cluster as a whole is fairly similar to Warrington.

<sup>1</sup> <https://www.warrington.gov.uk/jsna>

East Cluster has a much higher proportion of patients in Quintile 1 (most deprived 5th in England) and a much lower proportion in Quintile 5 (least deprived 5th in England);

Fearnhead Cross MC in particular has a high proportion of patients living in Quintile 1 (42%).

In terms of health-related behaviour, the East Cluster and all 3 practices were not significantly different to Warrington overall for smoking prevalence, unsafe levels of alcohol consumption, and very low levels of physical activity, but obesity prevalence was significantly worse. Fearnhead Cross Medical Centre had a significantly higher proportion with 3 or more lifestyle risk factors.

East Cluster had substantially lower recorded prevalence of palliative care, dementia and osteoporosis than

Warrington overall, and substantially higher prevalence of depression, epilepsy, learning disabilities and mental

health. At cluster level, accessibility of a GP practice was similar to Warrington overall.

Although the majority of the practice population currently consists of 40- 64 year olds, in the next 10 15 years the practice population will have aged. More than two-fifths of national health spending in the UK is devoted to people over 65, according to estimates produced for the Guardian by the Nuffield Trust – a figure that is only likely to increase with the nation's ageing demographic.

The data shows that an 85-year-old man costs the NHS about seven times more on average than a man in his late 30s.

### 3.3 Housing Developments

Both Padgate MC and Fearnhead Cross MC are also in close proximity to an area where housing is to be developed known as Peel Hall. The development will consist of 1,200 homes over a 10 year build out programme with a local centre and food store up to 2,000m<sup>2</sup>, financial and professional services, restaurants and cafes, bars, takeaways. It also includes non-residential uses up to 600m<sup>2</sup>, restaurant and pub up to 800m<sup>2</sup>, research, assembly and light manufacturing uses, a primary school, open space including sports facilities, access roads and supporting infrastructure.

Both practices will require investment to accommodate the additional patient population growth and new registrations. The section 106 document requires the developer to make a "healthcare

*contribution” means the sum of £925,000 (to be paid in instalments applicable to each Residential Phase in accordance with Paragraph 7 of the Fourth Schedule) for the purpose of providing or contributing towards a Health Centre or its future expansion or services.”*

## 4. Current GP Estate

### 4.1 Current GP Estate – Padgate Medical Centre



*Figure 4 - Padgate Medical Centre*



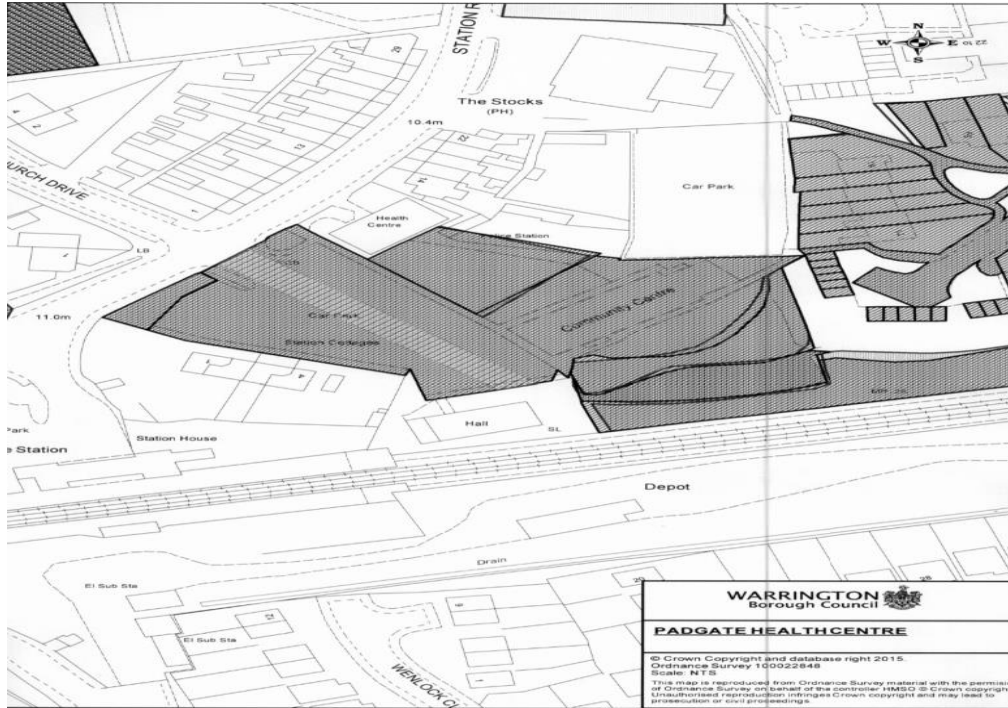


Figure 5 - Location of Padgate Medical Centre & Padgate Community Centre

The above plan details the location of the Padgate Medical Centre and the Padgate Community Centre. To the rear of the Health Centre there is disused land. This leads on to the Community Centre to the rear.



Figure 6 - Padgate Youth & Community Centre

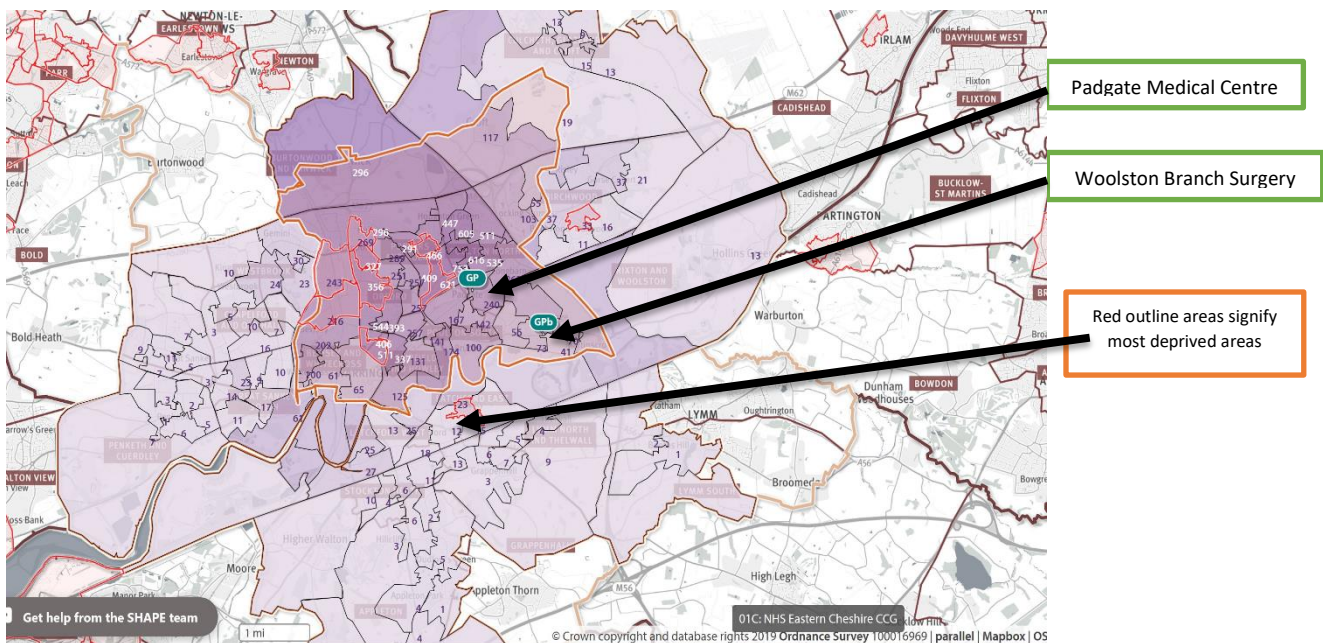


Figure 7 - Practice Boundary location, location of registered patients, most deprived areas.

**Premises Description**

The practice is located in Warrington, Cheshire. The Practice is located in a double storey purpose-built premises. To the rear of the premises there is disused land which leads onto a very worn and tired appearing local Community Centre. To the side of the premises there is a large Council carpark which is shared by the practice and the Community Centre. Internally the practice interior is tired and requires updating.

**Practice Tenure**

The premises are GP owned and leased to the practice on a short term lease.

**Premises Issues**

No flexibility to reconfigure internally to create further clinical space. There are privacy issues due to lack of meeting / other private room space. No dedicated patients’ records storage. Records are located in various offices and rooms around the premise.

**Internal Configuration**

The table below details the number of rooms in the premises:

Type of Room	No of Rooms
<b>Clinical Rooms</b>	
GP Clinical Room	3
Treatment Room	1
	<b>4</b>
<b>Staff Area</b>	
First Floor - Admin Room	1
First Floor - Kitchen	1
Ground Floor - Practice Managers Office	1
Ground Floor - Reception	1
	<b>4</b>
<b>Other Rooms</b>	
Patient Toilet DDA compliant	1

Figure 8 - No of rooms in Padgate MC

## 4.2 Current GP Estate – Woolston Surgery



Figure 9 - Woolston Surgery

### **Premises Description**

The surgery is located within the purpose built Woolston Neighbourhood Health Centre. The premises are fairly modern.

### **Practice Tenure**

The premises are leased from the City Council to the practice.

### **Premises Issues**

There are privacy issues due to lack of meeting / other private room space. Patients are seen over two locations. The ideal would be to be seen at one site.

### **Internal Configuration**

The table below details the number of rooms in the premises:

Type of Room	No of Rooms
<b>Clinical Rooms</b>	
GP Clinical Room	2
Treatment Room / Minor Ops	1
	<b>3</b>
<b>Staff Area</b>	
Ground Floor - Reception / Kitchen to rear	1
Staff Toilet	1
	<b>2</b>
<b>Other Rooms</b>	
Patient Toilet DDA compliant	1

Figure 10 - No of rooms at Woolston Surgery

### 4.3 Other Practice Information

The below tables detail the practice premises payments and practice staff information.

Average Payment per registered patient	£127.38
Average Payment per weighted patient	£129.06
GP contract type	PMS
Dispensing Practice	No
Premises payments	£46,636.39

Figure 11 - Other Premises Information<sup>2</sup>

Clinical Staff Details	No of Staff
GP Partners	3
Practice Nurse 1 = 30hr, 1 = 18 hr, 1 = 12 hrs	3
ANP, 1=FT, 1=3dyas a week	2
1 GP Trainee Going full time from Sept 2020	1
Practice Manager	1
Practice Secretary Full Time	1
Admin Staff	2
Reception Staff	8
Meds Management Pharmacist	1
Meds Management Technician	1
<b>Total</b>	<b>23</b>

Figure 12 - Total Padgate Practice staff across both sites

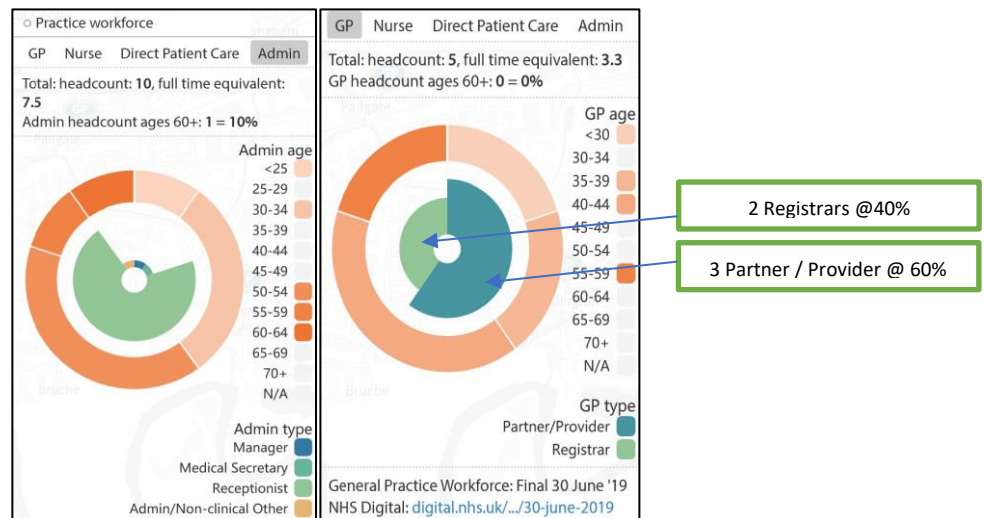


Figure 13 - Total Admin Staff across both sites

<sup>2</sup> Payment information obtained from SHAPE.org

#### 4.4 Registered Patient Profile and List Size Historic and Future Predictions.

The graph below illustrates the age of the patients registered at the practice. The largest registered age group is of working age between 35 – 55. The practice has a smaller percentage of patients over the age of 65.

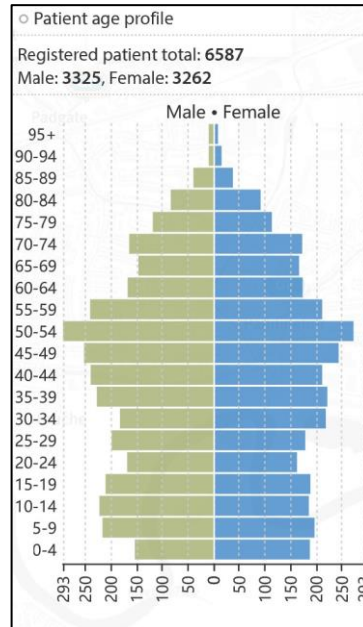
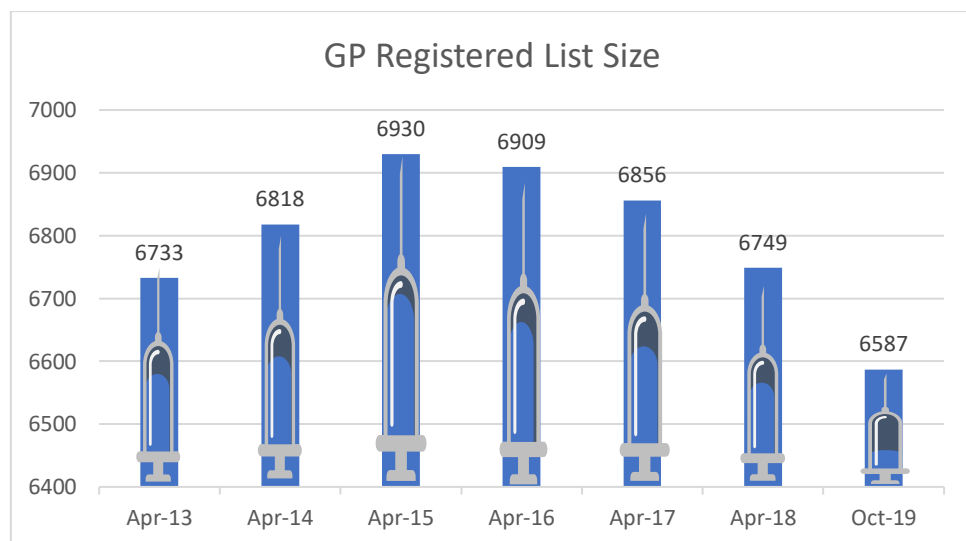


Figure 14 - Patient Age Profile

The bar chart below illustrates the changes in the patient registered numbers since April 2013. To date there has been a decrease of -146 patients registering with the practice.



Apr-13	Apr-14	+ / -	Apr-15	+ / -	Apr-16	+ / -	Apr-17	+ / -	Apr-18	+ / -	Oct-19	+ / -	Overall +/-
6,733	6,818	85	6,930	112	6,909	-21	6,856	-53	6,749	-107	6,587	-162	-146

Figure 15 - Historic patient list size growth

At the end of 2018, Warrington Public Health Team completed a comprehensive analysis that takes the Strategic Housing Land Availability Assessment (SHLAA) information and current Practice patient distribution to provide an estimate of potential impact on GP Practice populations over coming years. These estimates exclude the Peel Hall development and are shown in the following table;

Practice Code	Practice	No Registered Patients at Oct 2018	No Registered Patients at Oct 2019	Projections: Estimated no extra patients for each practice								
				Single Years for next 5 Yrs					5 -year Period			
				2018/19	2019/20	2020/21	2021/22	2022/23	2018/19-2022/23	2023/24-2027/28	2028/29-2032/33	
N81109	Padgate Medical Centre	6,680	6,587	21	4	26	99	15		164	134	101

Figure 16 - Practice Patient Population Forecast

The SHLAA predicts a growth in population in the next five of 164 patients, with the addition of the growth anticipated from the Peel Hall Development (split over the both practices) of 1,440 this gives a total increase expected of 1,604 new patients.

A site visit of the Padgate Medical Centre highlighted further the pressures currently facing the practice.

There were no staff/ patient support areas in the premises such as meeting rooms or any patient confidential rooms which could be used in order to conduct discussions of a private or sensitive nature. Due to this on occasions informal staff meetings have had to be undertaken in staff member cars in the car park, and discussions with patients are undertaken in the open plan waiting room. The Practice Managers office is currently used as a hot desk / patient records storage / informal meeting room.

By 2020 the practice will be required to provide for its patient population the services of:

- 1 x First contact physician
- 1 x Social Prescriber
- 1 x Paramedic

Although the practice list size has not seen a significant increase in size, we are informed by the practice that the demands of change around the practice service contract and now new ways of working resulting as being part of the PCN are adding pressure on an already heavily utilised practice premises. The practice is a training practice and have GP's who can provide training but the lack of available clinical room space is restricting this. Other services utilising the practice premises are:

- IAPT Team,

- Lifestyle Advisors,
- CAB,
- Respiratory Physician.

The practice informs as part of its GMS contract the requirements are to provide 422 GP Clinician appointments per month and 104 non-GP prescribing appointments, it struggles to provide this due to the lack of clinical space available and is concerned that if further changes to service delivery will require the use of space either in the form of admin or clinical room space, the practice does not have this space available. The practice is concerned due to this it may result in the practice failing performance targets set.

#### 4.5 eConsult

From the 7<sup>th</sup> October 2019 the practice began to offer a new eConsult service to its registered patients. Over the period of 7<sup>th</sup> October to 27<sup>th</sup> October the below tables illustrate the number of patients that used the eConsult site in order to access GP Primary Medical Services:



Figure 17 - Number of patients using eConsult

The practice informs that the eConsult service has had a good uptake. Although the management of patients via this service has allowed for a smoother processing of patient appointments, this has not seen a reduction in the footfall of patients still receiving one to one consultation with the clinicians as any saved appointments resulting from the E-consult process were still being allocated to patient.

#### 4.6 Fearnhead Cross Medical Centre



Figure 18- Fearnhead Cross Medical Centre

##### Premises Description

The practice is located in Warrington, Cheshire, and is in close proximity to a Community Centre, Library and shopping facilities. The building is a single storey purpose-built health centre, built circa 1984 with a small car park to the rear of the premises. On street car parking is available.

##### Practice Tenure

The premises are leased from Assura. The current lease has expired, and the practice are in occupation on a periodic tenancy. Currently new lease negotiations are in discussion.

##### Premises Issues

The practice premises are tired and worn, there is no scope to create any further clinical space on the current footprint and the practice are currently struggling to meet demand.

##### Internal Configuration

The table below details the number of rooms in the premises:

Type of room	No of rooms
<b>Clinical Rooms</b>	
GP Clinical Room	5
Treatment Room	1
Practice Nurse Room	1
	7
<b>Staff area</b>	
General Office	1
Practice Managers Office	1
Reception / Patient Records	1
Staff Toilet	2
Meeting Room / Library / Staff Room	1
	6
<b>Other Rooms</b>	
Waiting Room	1
Patient Toilet DDA	1
Kitchen	1
Dirty sluice / Nurse Store	1
Cleaners Room / Sluice	1
Server Room	1
	6
<b>Total number of Rooms</b>	<b>19</b>

Figure 19 - No of rooms in Fearnhead Cross Medical Practice Premises



#### 4.7 Longford Street Surgery



Figure 20 - Longford Street Surgery

#### Premises Description

The practice is double storey premises with a small car park to the rear. On street parking is available

#### Practice Tenure

The premises are owned by the GP Partners who are currently looking to sell and lease back.

#### Premises Issues

The premises are restrictive in scope to create any further clinical space on the current footprint. The practice is seeking to keep this premises in order to service the patient in this area.

#### Internal Configuration

The table below details the number of rooms in the premises:

Type of room	No of rooms
<b>Clinical Rooms</b>	
GP Clinical Room	4
Treatment Room	1
Practice Nurse Room	1
Counselling Room	1
	7
<b>Staff area</b>	
First Floor Admin Room	2
First Floor Managers Office	1
First Floor Kitchen	1
First Floor Staff Toilet	2
Ground Floor Staff Toilet	1
	7
<b>Other Rooms</b>	
Waiting Room	1
Patient Toilet DDA	1
Reception / Patient Records	1
	3
<b>Total number of Rooms</b>	<b>17</b>

Figure 21 - No of rooms at Longford Lane Premise

#### 4.8 Other Practice Information

The below map shows the location and distance between both practices, and the location in purple of their registered patients.

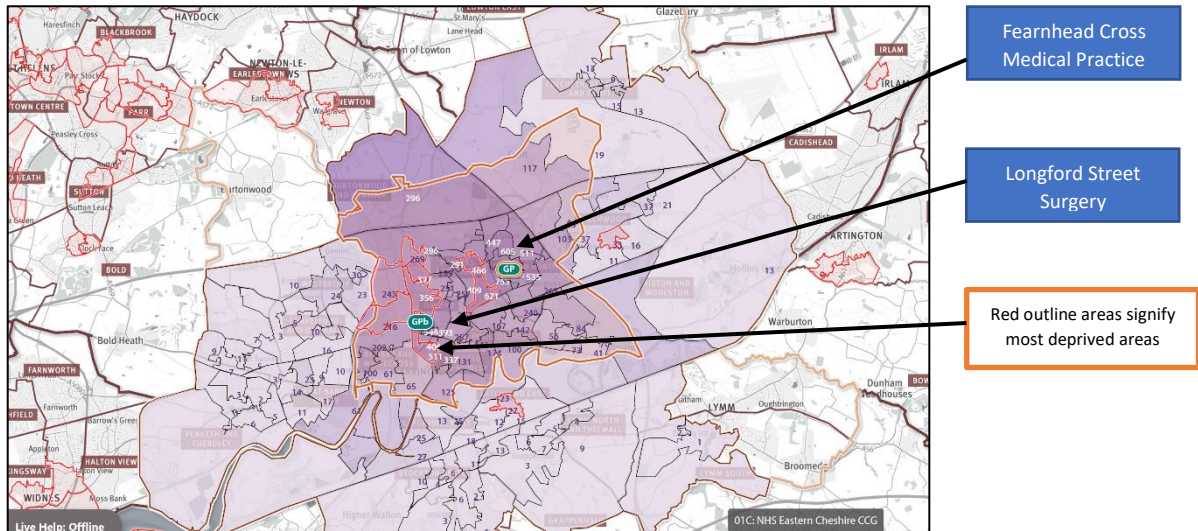


Figure 22 - Practice Boundary Location, location of registered patients, most deprived areas of Warrington

The below tables detail the practice premises payments and practice staff information.

Average Payment per registered patient	£130.01
Average Payment per weighted patient	£123.70
GP contract type	PMS
Dispensing Practice	No
Premises payments	£97,877.64

Figure 23 - Other Premises Information<sup>3</sup>

Clinical Staff Details	No of Staff
GP Partners	7
Medical Student (4 <sup>th</sup> year med Students 3.5 days per week	1
Salaried GP (part time) 1 = 1day per week, 1= 2 days per week	2
Full time Advanced Nurse Practitioner	3
Practice Nurse (1 x fulltime, 1 x 30hours, 1 x 22.5hours	3
Clinical Pharmacist (full time) can be located in admin room	1
HCA (1 x full time, 1 x part time)	2
Clinical Pharmacist through HCN	1
<b>Total</b>	<b>20</b>

Figure 24 - Total number of Practice Staff across both sites

<sup>3</sup> Payment information obtained from SHAPE.org

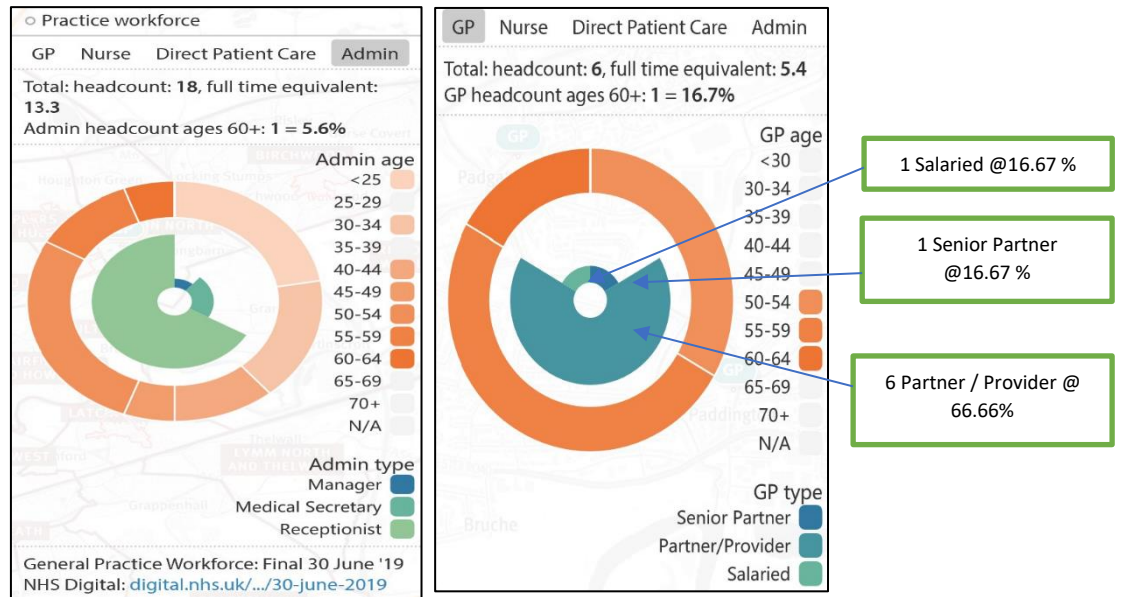


Figure 25 – Admin and GP Staff across both sites

#### 4.9 Registered Patient Profile and List Size Historic and Future Predictions.

The graph below illustrates the age of the patients registered at the practice. The largest registered age group is of working age between 30 – 34. The practice has a smaller percentage of patients over the age of 65.

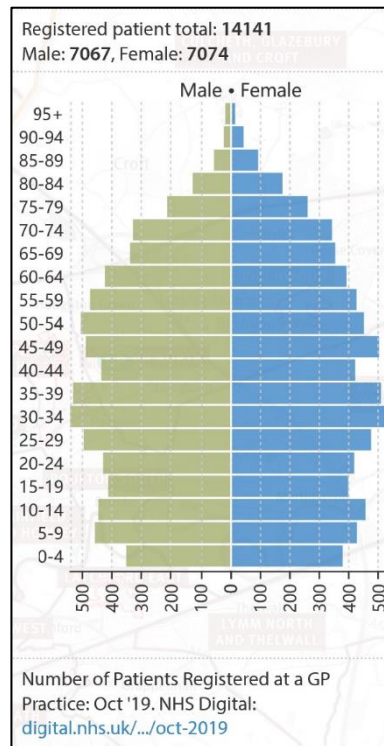
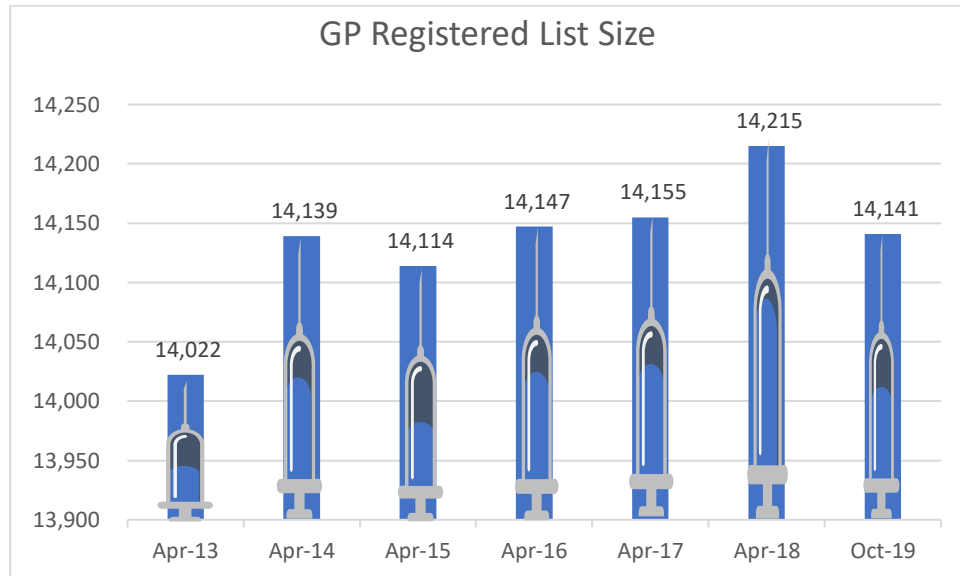


Figure 26 - Patient Age Profile

The bar chart below illustrates the changes in the patient registered numbers since April 2013. To date there has been an increase of 119 patients registering with the practice.



April 2013	April 2014	+ / -	April 2015	+ / -	April 2016	+ / -	April 2017	+ / -	April 2018	+ / -	Oct 2019	+ / -	Overall +/-
14,022	14,139	117	14,114	- 25	14,147	33	14,155	8	14,215	60	14,141	- 74	119

Figure 27 – Fearnhead Cross MC Historic patient list size growth

At the end of 2018, Warrington Public Health Team completed a comprehensive analysis that takes the Strategic Housing Land Availability Assessment (SHLAA) information and current Practice patient distribution to provide an estimate of potential impact on GP Practice populations over coming years. These estimates are shown in the following table;

Practice Code	Practice	No Registered Patients at Oct 2018	No Registered Patients at Oct 2019	Projections: Estimated no extra patients for each practice								
				Single Years for next 5 Yrs					5-year Period			
				2018/19	2019/20	2020/21	2021/22	2022/23		2018/19-2022/23	2023/24-2027/28	2028/29-2032/33
N81048	Fearnhead Cross Medical Practice	14,193	14,141	30	13	83	87	41		253	459	367

Figure 28 - Practice Population Forecast

In the next five years the practice population is forecasted to increase by 253 patients, with the addition of the growth anticipated from the Peel Hall Development (split over the both practices) of 1,440 this gives a total increase expected of 1,693 new patients.

#### 4.10 eConsult

From the 14<sup>th</sup> October 2019 the practice began to offer a new eConsult service to its registered patients.

Over the period of 14<sup>th</sup> October to 31<sup>st</sup> October the below tables illustrate the number of patients that used the eConsult site in order to access GP Primary Medical Services:

Visits 323	Unique Visitors 229	Self Help Visits 9
Pharmacy Self Help Visits 7	Call Back Provider Visits 0	eConsults Submitted 142
eConsults diverted to other services 10	Attempts to save appointment 94	Estimated appointments saved 85.2

*Figure 29 - Number of patients using eConsults*

The practice informs that the eConsult service has had a good uptake. Although the management of patients via this service has allowed for a smoother processing of patient appointments, this has not seen a reduction in the footfall of patients still receiving one to one consultation with the clinicians as any saved appointments resulting from the E-consult process were still being allocated to patients.

A site visit of the premises highlighted further the pressures currently facing the practice. A lack of staff meeting room space, or private rooms where private matters may require discussion is not available and this continues to cause difficulty for the practice.

Although the practice list size has not seen significant increase, we are informed by the practice that the demands of change around the practice service contract and now new ways of working being part of the PCN are adding pressure on an already heavily utilised practice premises.

The practice are a training practice and they have GP's who can provide training but the lack of available space is restricting this.

The practice informs as part of their GMS contract the requirements are to provide 910 GP Clinician appointments per month and 210 non-GP prescribing appointments, they struggle to provide this due to the lack of clinical space available and are concerned that further changes to service delivery requirements may result in them not meeting these targets.

By 2020 the practice will be required to provide for their patient population the services of:

- 1 x First contact physician
- 1 x Social Prescriber
- 1 x Paramedic

## 5. Current Capacity and Schedule of Accommodation

In order to ascertain the optimum number of rooms required for each practice, the practice list size is used and applied to Department of Health Building Notes HBN 11-01 facilities for primary and community care services calculator. This is the standard tool used across England to determine future primary and community care estate requirements. The table below identifies the inputs used to obtain the optimum rooms required. The outputs can be seen on the below.

Primary Care Assumptions	For Consulting / Exam / Treatment Rooms
Patient access rate	Average of 8 visits per year
Percentage patients accessing rooms	100% of registered patients seeing range of clinicians, e.g. GP's, nurses, pharmacists, etc.
Practice hours open	<b>Fearnhead Cross</b> 08:00 – 18:30 Mon – Fri <b>Padgate</b> 08:00- 18:30 Mon - Fri
Appointment duration	Average 12 minutes
Room utilisation	80%
Working Weeks	50-weeks per year

Figure 30 - HBN Calculations

Once the above calculations are applied the table below highlights that currently the practices are just about meeting demand.

	Current List Size	Current Rooms	HBN Guidance Rooms Required assuming 80% utilisation
Padgate	6587	7	7
Fearnhead	14215	14	14

Figure 31 - Current Clinical Capacity

The Peel Hall development of 1,100 new homes will result in forecast increase to the population of 2,880. Using the HBN calculations as a guide and splitting the number of expected patients between both practices, the table below highlights the number of clinical rooms required.

	Current List Size	Current Rooms	HBN Guidance Rooms Required assuming 80% utilisation
Padgate	8027	7	7
Fearnhead	15655	14	15

Figure 32 - Future Clinical Capacity

The above calculations, however, do not consider the following important factors which will continue to restrict the current practices:

- The practices are unable to service future, integrated ways of working due to an ageing, poor quality estate.
- Poor physical environment, unable to meet the requirements of modern healthcare in terms of:
  - access
  - safety
  - dignity
  - privacy and effectiveness
- A requirement of the new Primary Care Networks is to provide on-site clinical pharmacists, social prescribers and paramedics, this will put pressure on current clinical capacity as more space will be required for multi-disciplinary teams.
- If the practices aspire to become training practices or offer community services from their current buildings this would not be possible due to poor quality and configuration of their current estate.

Based on the forecasted population growth the schedule of accommodation in the figure below highlights the space requirements required in order to meet demand.



PADGATE DEVELOPMENT(STAND ALONE ACCOMMODATION)					
Ref	Room	HBN 11-01			Comment
		Area	Qty	Total	
	<b>Entrance/Wait/Receive</b>				
	Entrance Lobby	12.0	1	12.0	
	Reception/Office	5.5	4	22.0	assume 4 receptionist
	Waiting Area	63.0	1	63.0	Assumes 2 people waiting per clinical room @ 1.5sqm
	WC: Male: Semi-Ambulant	5.0	1	5.0	1 male and 1 female WC for every 25 waiting room spaces (ref. HBN 11-01)
	WC: Female: Semi-Ambulant	5.0	1	5.0	
	WC: Independent Wheelchair	4.5	1	4.5	
	Nappy Change	5.0	1	5.0	
	Interview Room	8.0	1	8.0	for private conversations, social prescribing, pharmacist, counselling / mental health appointments or emergency situations
	<b>Clinical Accommodation Padgate</b>				<b>LIST SIZE: assume 8,027</b>
	Consultation/Examination	16.0	9	144.0	practice currently has approx, 6,587 patients and 7 clinical rooms, across both sites. Practice plans to increase its list size, become a training practice and provide some community services and new roles as per Long Term Plan
	Treatment Room	16.0	2	32.0	
	<b>Clinical Accommodation Fearnhead</b>				<b>LIST SIZE: assume 7,828</b>
	Consultation/Examination	16.0	9	144.0	practice currently has approx 14,215 patients and 14 clinical rooms over two sites Practice plans to increase its list size, become a training practice and provide some community services and new roles as per Long Term Plan
	Treatment Room	16.0	2	32.0	
	<b>Clinical Support Accommodation</b>				
	Clean Utility	8.0	1	8.0	
	Dirty Utility	8.0	1	8.0	
	Store: General	8.0	2	16.0	
	<b>Office Accommodation</b>				
	Office: Practice Manager	8.0	2	16.0	
	Office: Administration Plus Hot Desks	5.5	12	66.0	12 desks
	Medical Records	16.0	2	32.0	2sqm per 1,000 records, assumes all new records will be electronic
	Meeting / Group Room	32.0	1	32.0	space for 15 people for group therapy, staff meetings, wellbeing sessions, etc
	Photocopier Room	8.0	1	8.0	plus storage
	<b>Staff Accommodation</b>				
	Staff Rest	16.0	1	16.0	assume 10 to 15 staff at any one time
	Staff Shower/Change	6.0	1	6.0	
	WC: Staff	2.5	2	5.0	
	WC: Staff: Accessible	4.5	1	4.5	
	<b>FM</b>				
	Switch	2.0	2	4.0	
	Cleaner's Room	8.0	1	8.0	
	IT Hub	8.0	1	8.0	
	<b>Net Total</b>			<b>714</b>	
	<b>Planning Allowance (25%)</b>			179	
	<b>Engineering Allowance (12.5%)</b>			89	
	<b>Circulation (28%)</b>			200	
	<b>TOTAL</b>			<b>1182</b>	For SOC stage only as allowances are generous

Figure 33 - Schedule of Accommodation

A desk top appraisal undertaken estimates that 0.5 acres or 0.2 ha or 2023m<sup>2</sup> would be required. This would allow for a building and about 25 parking spaces.

There would be an estimated £200k to spend on land, which is based on estimates for this area of approximately £400k per acre.

Other key assumptions that local stakeholders could use as a basis to move the project forward are: -

- Rent of approximately - £210/m<sup>2</sup> based on 1064m<sup>2</sup> NIA
- Build cost of approximately - £2400/m<sup>2</sup>, which would equal £2,836,800 based upon a new build.
- Net Initial Yield assumed at 5%
- Profit of approximately 8-9%
- Note figures above do not include contingency. The assumption being used at this stage is the project would find a fairly “clean” site (no contamination, no difficult ground/topography etc) and build a fairly economic building.
- Ideally, DV assessment would conclude with a rent of £215-£220/m<sup>2</sup> as this would offer greater flexibility to find and acquire a deliverable site.
- Total rent reimbursement for Warrington CCG consideration is approximately – £232k per annum on a Tenants Internal Repairing Lease basis.

## 6. Strategic Context

### 6.1 National Drivers

The visual below highlights the influencing drivers within the Health & Care Sector.



Figure 34 - Influencing Drivers

The following key policy documents emphasise the National priority to transform primary and community care, along with the necessity to improve the efficiency and effectiveness of the NHS estate:

- NHS Long Term Plan (January 2019).
- Five year Forward View (October 2014).
- General Practice Forward View (April 2016). The document sets out NHS England's proposals to relieve pressures

- in general practice and maximize the opportunities from practices working together at scale. It contains specific, practical and funded steps – on investment, workforce, workload, infrastructure and care redesign.
- Next Steps on the NHS Five Year Forward View (March 2017).
- NHS Property and Estates: Why the estate matters for patients; An independent report by Sir Robert Naylor for the Secretary of State for Health (March 2017).
- Health and Care Partnerships (STPs).
- NHS England and the British Medical Association very recently agreed a new GP contract for 2018/19, the announcement of a review of primary care premises, which will look to “ensure that premises used for primary medical care are fit for purpose into the future bearing in mind likely service and other developments, and that they promote the recruitment and retention of GP contractors as well as representing value for money.” (March 2018).

## 6.2 Local Drivers - NHS Local Estates Strategies

In June 2015 the Department for Health (DH) published Local Estates Strategies, A Framework for Commissioners.

The document set out a requirement for Commissioners (CCGs) to establish a Local Estates Forum and to develop a local estates strategy.

NHS Warrington CCG developed its Strategic Estates Plan 2015-2020 in partnership with the local authority, local service providers and Community Health Partnerships. The CCGs approach to strategic estate planning aims to deliver;

- Increased efficiencies; through the better utilisation of high-quality community and central property assets;
- Better service integration; driving improvements in service efficiency and better outcomes for residents;
- New service models; supporting the drive to move services into the community, replacing outmoded and inadequate premises and releasing capital through a structured programme of disposals;
- Flexibility in Service provision; making enhanced use of new technology and modern working practices.

In May 2018 each place within the Cheshire and Merseyside Health and Care Partnership was required to produce an updated high-level summary of their Strategic Estates Plans. These included prioritised projects, provider capital positions, surplus land and any planned disposals.

The Warrington Borough Council Local Plan will set out the legal planning framework for Warrington's development for the next 20 years. The Local Plan aims to meet government guidelines by delivering 18,900 new homes (or 945 a year, up to 2037) and will also support Warrington's ongoing economic growth by providing 362 hectares of employment land.

The headline figures of the Local Plan are;

- a. 18,900 new homes by 2037
- b. Almost 90% of Warrington's green belt will remain preserved
- c. 363 hectares of employment land
- d. 20% affordable housing stock to be developed in Inner Warrington
- e. 30% affordable housing stock developed elsewhere in the borough
- f. 1/5 homes will be built for elderly residents

The Proposed Submission Version Local Plan (draft Local Plan) is available to view in full on at <https://www.warrington.gov.uk/info/201073/local-plan>

## 7. Land Search and Availability

Site visits were undertaken of all the practices premises as well as a desk top appraisal and a drive around the local surrounding areas in order to ascertain land availability. Our findings were that there is limited land available in the that could meet the requirements for this project. The following two options could help support the practices in the short term and longer term.

### 7.1 Bewsey Park Pavilion/Community Centre, Troutbeck Avenue Warrington, Cheshire, WA5 0BA



Figure 35 - Bewsey Park Community Centre

We are informed that the above Community Centre building is currently let to the Regional Adoption Agency who will be looking to move in April 2020 leaving behind vacant space, which could be occupied by one of the practices.

Currently the only space available is **2,200 sq. ft.** This is insufficient in size to accommodate all the practices into one location. It may however in the short term provide space which may be required by the practices in order to meet demand.

## 7.2 Land to the rear of Padgate Medical Centre including the Community Centre

We are informed by the Council that a full Community Asset Transfer didn't happen as the community group felt it could not afford the site. The Council are just in the process of putting the Community Group into a rolling annual tenancy. The Council are open to suggestions around the site and its use as a Primary Care Centre with the use of some space for Council Services. The Car Park is not a managed car park and the Council are happy to discuss ways of including the car park and its management into any new build project.

## 8. Non-Financial Benefit Options Table

The non-financial benefits criteria table below looks to review and score at a high level, (this will require further discussions with the practices in a workshop) the five non-financial benefits which could be delivered based on each location option.

Option	Title	Description	Non-Financial Benefit Criteria					Pros, Cons & Comments
			1	2	3	4	5	
			Delivery of Health Facility	Increased Capacity	Optimum Use of Space	Accessible Facilities	Achievability and Timeliness	
1.	Do Nothing	All practices continue to offer their services from current estate.	X	X	X	X	X	Although there would be no initial disruption to service, over a longer period of time doing nothing would result in the practices struggling to provide the services required by the new PCN's and new ways of working. The Peel Hall Development will see an increase in patient population increasing additional pressure on both practices. This option will not improve service effectiveness, nor meet NHS strategic aims
2.	Do Minimum	Provide bookable staff meeting room facilities at Birchwood Medical Centre. This will address staff privacy issues. This solution is not however ideal as staff time will be taken travelling to have meetings which may only be of a short duration. This does not address the fact that patients still have no private room to be taken to from reception to speak to staff about personal issues that do not require a clinician.	X	X	✓	✓	✓	Although there would be no disruption to service this option will not improve service effectiveness and efficiency.  There will be a cost to GP & NHSE
3.	Extend Current Practice Premises – Fearngate Cross Medical Centre <b>Only</b>	Create clinical space by extending on the current footprint	X	X	X	X	X	There is insufficient space available to extend on the current footprint.
4.	Extend Current Practice Premises – Padgate Medical Centre <b>Only</b>	Create clinical space by extending on the current footprint	✓	✓	X	✓	?	The Padgate practice could create space on the current footprint by way of creating another floor to its current premises. However, this would only service the current practice and does not meet the vision the practices share of co-locating in order to rationalise the estate and dispose of not fit for purpose premises.



5.	Support expansion of surgeries via new build.	New build on current Community Centre site utilise land to the rear of the Padgate Practice and demolish the old Community Centre to the rear and incorporate this into a new build Health facility	✓	✓	✓	✓	?	<p>Site owned by GPs. and Council This will address capacity issues and will allow practices to meet the increase in demand due to future population increases.</p> <p>This provides an opportunity for the Council to re-provide facilities currently in the old worn out Community Centre to the rear of the Practice Premise. There will be a cost to GP. Local Council &amp; NHSE</p>
6.	Support expansion of surgeries via extension on the current Padgate Surgery premises, and possible use of land to the rear of the Padgate premises	Possible creation of multi-level floors allowing for a premise with possible 2 to 3 stories to the existing Padgate premises	✓	✓	✓	✓	?	<p>Site owned by GPs. This will address capacity issues and will allow practices to meet the increase in demand due to future population increases.</p> <p>This will address current capacity issues and future population increase local to surgeries providing there is space available on current footprint.</p> <p>There will be a cost to GP &amp; NHSE</p>

Figure 36 - Options Table

Both Option 5 and 6 score high marks, and both options support the vision of the practices to co-locate in one premises in order to rationalise their current not fit for purpose estate and benefit from cost savings.

Both options can be delivered on a combined site foot print and from a high-level perspective there is a deliverable option on this site. The next step business case will seek to further identify which of these options is the best deliverable option. It will further analyse costs relating to the build, land costs, decants costs and impact on business as usual in order to then determine the best option and way forward.

## 9. Procurement Options

CCGs are not permitted to incur significant capital expenditure, so the procurement options are set out below. All options are ultimately underpinned by GP rent reimbursement, in-line with the District Valuer value for money test.

The options, advantages and disadvantages of each Procurement Option are set out below:

Option	Advantages	Disadvantages
<p><b>1. NHS Capital through NHS PS/ CHP</b></p> <p>NHS PS/CHP procuring construction and owning the building. Leased to GPs and community providers</p> <p><b>Capital scheme</b></p>	<ul style="list-style-type: none"> <li>Cheaper borrowing costs</li> <li>Access to Frameworks such as P22 which simplifies the procurement process</li> <li>Length of tenure issues are easier to manage, as these are negotiated between NHS bodies</li> </ul>	<ul style="list-style-type: none"> <li>Lack of capital availability, particularly if the scheme is not currently identified as an NHS PS/CHP project</li> <li>Potential timing difficulties re approval of capital expenditure</li> <li>Occupancy risk lies with the NHS</li> <li>NHS takes all development risks</li> <li>NHS capital has a requirement to make commercial returns</li> </ul>
<p><b>2. NHS Capital via an NHS Trust</b></p> <p>A local Trust could lead on the development and sub-let to GPs and other providers. Furthermore, they may wish to take space themselves</p> <p><b>Capital scheme</b></p>	<ul style="list-style-type: none"> <li>Cheaper borrowing costs</li> <li>Faster route if within Trust's delegated limit for capital expenditure (i.e. this avoids the need for approval from the Central NHS)</li> <li>Access to Frameworks such as P22 which simplifies the procurement process</li> </ul>	<ul style="list-style-type: none"> <li>Lack of capital availability</li> <li>NHS capital has a requirement to make commercial returns</li> <li>Balance Sheet Treatment for the Trust which can incur capital charges</li> <li>Occupancy risk lies with the Trust and NHS</li> <li>Trust takes all development risks</li> </ul>
<p><b>3. Public Sector Capital via a Local Authority</b></p> <p>The Local Authority (LA) could lead on the development and lease to GPs and other providers. Furthermore, they may wish to take space themselves</p> <p><b>Capital scheme</b></p>	<ul style="list-style-type: none"> <li>Cheaper borrowing costs</li> <li>Faster approvals route for capital expenditure</li> <li>Access to Frameworks which can simplify the procurement process</li> <li>A way of turning capital into revenue for the LA, helping them to become more sustainable</li> </ul>	<ul style="list-style-type: none"> <li>Capital availability</li> <li>Requirement for commercial return</li> <li>Occupancy risk lies with the LA</li> <li>The LA takes all development risks</li> </ul>

Option	Advantages	Disadvantages
<p><b>4. GP Self - Funded Development</b></p> <p>The GP Practices would fund and own the development with the CCG reimbursing the GMS rental element. Any Trust could also potentially take space under separate lease arrangements, and would pay rent/service charges to the GP, as landlord</p> <p><b>Revenue scheme</b></p>	<ul style="list-style-type: none"> <li>• Potential profit opportunity for GP Practices</li> <li>• Opportunities to introduce public capital such as ETTF or CIL/s.106 can reduce costs/ improve affordability (for example, 100% of the development can be funded by ETTF, subject to certain restrictions/ timescales)</li> </ul>	<ul style="list-style-type: none"> <li>• Possible difficulties in financing</li> <li>• Would require a considerable time commitment and GP would need to enlist specialist design and development expertise at their own cost and risk</li> <li>• GPs would have to take development risk. This includes early development cost risk which is not fundable via banks and could end up as abortive. Indicatively this could be up to £200k.</li> <li>• Less influence for the CCG in terms of design and models of service</li> <li>• GP's do not always want to own premises, as it can make GP staffing more complicated if partners are tied to premises ownership</li> <li>• Premises Costs Directions can hinder/ restrict the introduction of NHS capital</li> </ul>
<p><b>5. Private Sector Third Party Development</b></p> <p>A Third Party designs, builds and finances the new building with the tenants (e.g. GPs and other providers) taking tenants-repairing leases</p> <p><b>Revenue scheme</b></p>	<ul style="list-style-type: none"> <li>• Programme and "Price" risks can be transferred to Third Party</li> <li>• Opportunities to introduce public capital such as ETTF or CIL/s.106 can reduce costs/ improve affordability (for example, 100% of the development can be funded by ETTF subject to certain restrictions/ timescales)</li> <li>• Could be delivered by local specialist health development partner e.g. AEP or GBP</li> <li>• Specialist developers will generally progress developments faster due to experience/ resource, as well as being in their interest to complete in the shortest possible timescales</li> </ul>	<ul style="list-style-type: none"> <li>• Borrowing costs marginally higher than public sector borrowing</li> <li>• GP Practices and other providers have to sign up for long term leases (i.e. only appropriate for long term GMS contract, not short-term APMS type contracts)</li> </ul>
<p><b>6. Public Private Partnership (PPP) Development (e.g. LIFT)</b></p> <p>PPP designs, builds, finances and operates the building</p> <p><b>Revenue scheme</b></p>	<ul style="list-style-type: none"> <li>• If the scheme is in a LIFT area, or is adjacent to a LIFT area, no procurement process is required, given LIFT is pre-procured.</li> <li>• Programme and "Price" risks can be transferred to PPP</li> <li>• VAT concessions through operation of "Unitary Payment" - the CCG can recover the VAT charged on the unitary payment (rentals and service charges) by the LIFT company</li> <li>• Opportunities to introduce public capital such as ETTF or CIL/S106 can reduce costs/ improve affordability</li> <li>• Various lease models are available under LIFT, such as LPAs, LRAs, FRI and TIR which provides flexibility</li> </ul>	<ul style="list-style-type: none"> <li>• Development may be too small for a traditional LPA or LRA LIFT model, but an FRI or TIR lease may still be viable</li> <li>• Higher cost of borrowing</li> <li>• Possible higher cost of Unitary Payment if all risks included (for example, Vandalism risk, Facilities Management and Lifecycle costs are priced into a LIFT model, but the transfer of these risks to LIFT typically means this is not on the Balance Sheet for the NHS organisation)</li> <li>• Long term commitment required by CHP and the CCG</li> </ul>

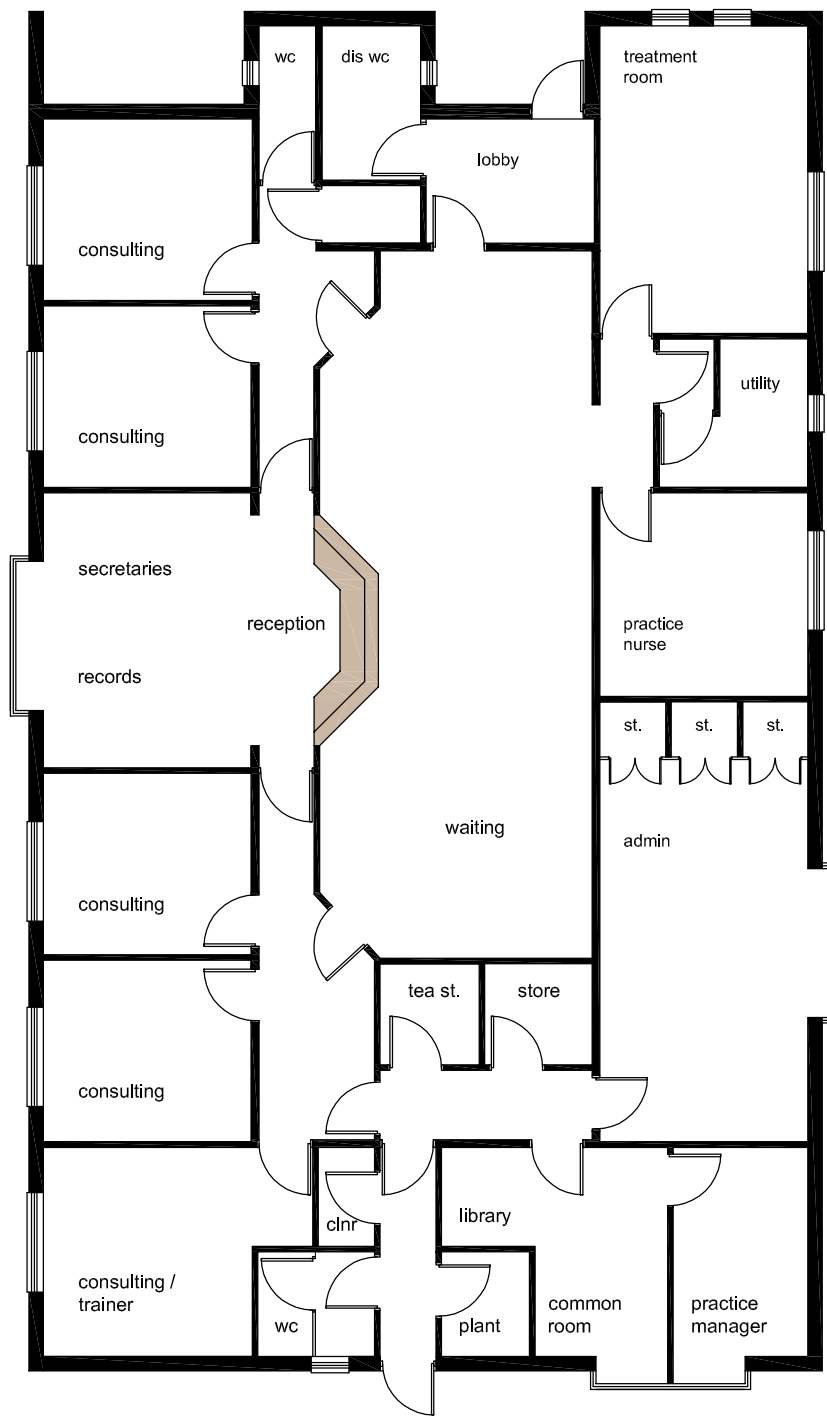
It is felt that due to the lack of central NHS Capital funding, the most appropriate two procurement routes are GP Self-Funded Development or Third Party development (3PD). The GP's appetite for development/financial risk and access to available funding may rule out the former though. 3PD offers the benefit that all financial and development risks are transferred to and taken by the 3PD Developer. The 3PD developer will also have the requisite expertise to progress and manage the development.

The project is in itself too small to be viable under a PPP/LIFT procurement route

## 10. Conclusion and Next Steps

Once the GP's have determined whether they still want to move the project forward or not and the preferred procurement route, the next steps would be to:

- Engage with Warrington Council regarding the viability of utilising the land to the rear of the Padgate Medical Centre and the possibility of incorporating service elements of the current Community Centre in to a new centre.
- Produce an Outline Business Case (OBC) which will go into the next level of detail and confirm the preferred option, (the economic case), the commercial / procurement case and the financial case (including the Section 106 contribution). The OBC should also include more stakeholder engagement, a review of the assumptions about digital technology, architectural design work that will determine the exact size of the centre and the best site solution and the operational issues relating to the solution e.g. decant or not, timescales, etc.



EXISTING FLOOR PLAN



PROPOSED FLOOR PLAN

GMS EXTENSION  
166 sqm

Rev Date Note

Status:  
PRELIMINARY



West Hart Partnership Ltd.  
Chartered Architects  
5 Aldergate,  
Tamworth,  
Staffs.  
B79 7DJ  
01827 67123  
post@westhart.com  
www.westhart.com

Client:  
ASSURA

Project:  
FEARNHEAD CROSS  
MEDICAL CENTRE

Drawing title:  
EXISTING and PROPOSED  
FLOOR PLANS

Drawing number: 922-210  
Date of first issue: 13-07-15  
Scale / Paper size: 100 @ / A2  
Revision: -  
Drawn by / checked by: SJW / JEH

This drawing and the building works depicted are the copyright of West Hart Partnership Ltd and may not be reproduced except by written permission. This drawing must be read and checked against any specialist drawings and information provided. Do not scale from this drawing when using this for construction purposes. Use figured dimensions only.  
© West Hart Partnership Ltd 2014