

## **NHS General Practice (GP) Services**

### **Infrastructure Position Statement Topic Paper**

#### 1.0 Introduction

1.1 All UK residents have the statutory right to access NHS services. Ensuring that residents in South Gloucestershire have sufficient access to NHS services is key to enabling the improved health and wellbeing of the local population.

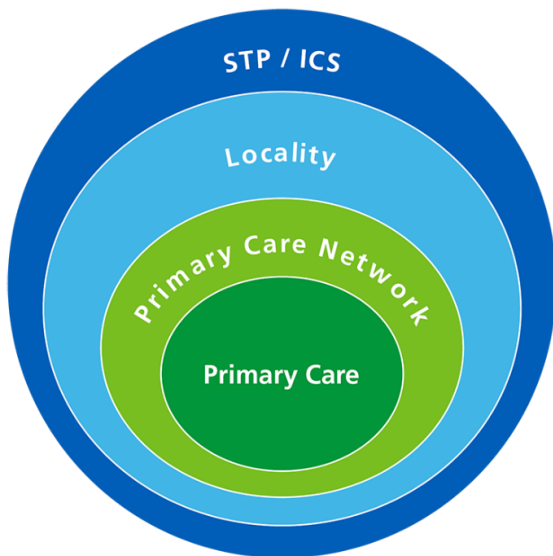
1.2 NHS provision is typically categorised into the following four sectors, which are intended to work together and act as a single, integrated care system:

- *Primary care* is often the first point of contact for patients accessing the NHS. This includes services such as General Practice, pharmacy, optometry, and dentistry.
- *Secondary care* includes planned/elective care (typically in a hospital setting), and also includes urgent & emergency care.
- *Tertiary care* refers to highly specialised treatment such as neurosurgery, transplants, and secure mental health services.
- *Community care* covers a wide range of services that support people to live independently and avoid unnecessary hospital stays, such as district nursing and child health services. These services can be delivered by the NHS or by other organisations such as local authorities and independent providers.

1.3 This IPS outlines the existing General Practice (GP) provision in South Gloucestershire. It does not outline the provision of the other NHS services listed above, however some of these services are often delivered within GP premises.

1.4 Pressure on GP estate is particularly intense in areas of rapid housing growth. Any new major sites of housing development in South Gloucestershire will result in an increased number of people moving into these locations, all of whom will require access to GP services.

*Figure 1 – Diagram of the Building Blocks of Integrated Care Systems*



Long Term Plan	Function/s
Integrated Care System (ICS) <i>System</i>	<ul style="list-style-type: none"> <li>• Strategy</li> <li>• Governance</li> <li>• Vision</li> <li>• Overall accountability</li> </ul>
Integrated Care Partnerships (ICP) Provider Alliance <i>Place</i>	<ul style="list-style-type: none"> <li>• Planning and co-ordination across providers</li> </ul>
Primary Care Network (PCN) <i>Neighbourhood</i>	<ul style="list-style-type: none"> <li>• Practices working together</li> <li>• Resilience</li> <li>• Local delivery</li> <li>• Shared resources</li> </ul>
General practice IUC Community Pharmacy Dental Optometry	<ul style="list-style-type: none"> <li>• Personalised</li> <li>• Community based</li> <li>• 24/7 care</li> </ul>

1.5 To add to these pressures, over the past decade there has been a shift in the NHS model of care to increase the provision of care closer to home, in order to prevent many patients from requiring care in hospital settings. This means that a wider range of staff roles are delivering services from GP buildings, such as physiotherapists, dieticians, mental health practitioners, and more. However, despite the increased requirement to use GP buildings, there has been limited capital funding available to enable the delivery of these changes.

1.6 The NHS comprises several organisations that commission and provide healthcare services. Integrated Care Systems (ICSs) are partnerships of health and care organisations that work together to plan and deliver services that will meet the needs of the local population. There are 42 ICSs in England. BNSSG ICS is responsible for services across Bristol, North Somerset, and South Gloucestershire.

BNSSG ICS comprises of 10 organisations:

- Avon and Wiltshire Mental Health Partnership NHS Trust (AWP)
- Bristol City Council (BCC)
- Bristol, North Somerset, South Gloucestershire Integrated Care Board (ICB)
- North Bristol NHS Trust (NBT)
- North Somerset Council (NSC)
- One Care
- Sirona Care & Health
- South Gloucestershire Council (SGC)
- South Western Ambulance Service NHS Foundation Trust (SWAST)
- University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

1.7 On 1 July 2022, Integrated Care Boards (ICBs) were established as statutory NHS organisations by the Health and Care Act 2022, taking over functions that were previously held by former Clinical Commissioning Groups (CCGs). ICBs are responsible

for managing the NHS budget for their local systems. Their role is to support the planning and delivery of local health services to ensure they are able to meet the needs of the current and future population.

- 1.8 BNSSG ICB is responsible for commissioning the majority of hospital and community NHS services in the local area. BNSSG ICB also has delegated commissioning responsibility from NHS England (NHSE) for commissioning primary care services.

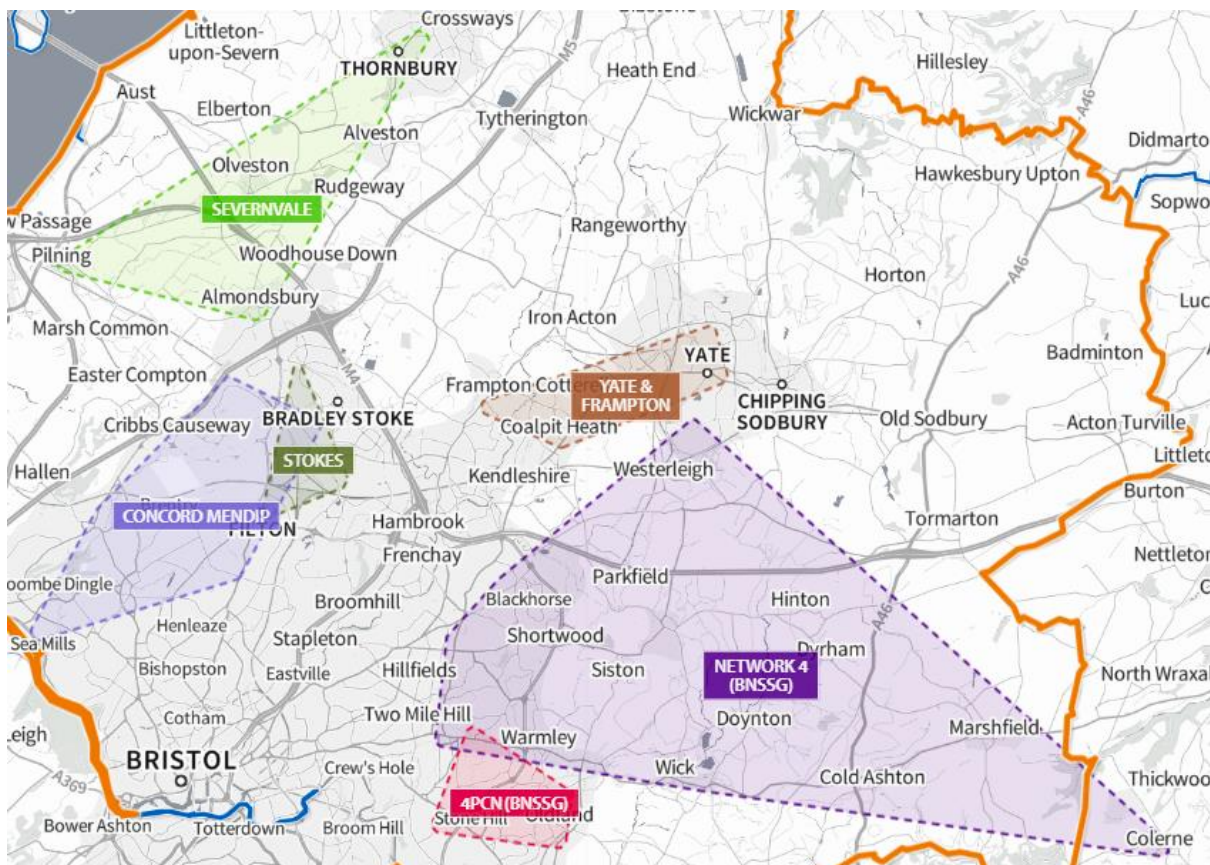
## 2.0 Funding

- 2.1 The UK Parliament and Treasury sets the Department of Health and Social Care (DHSC) a limit for how much capital funding it is able to spend each year. The DHSC and NHSE are legally obligated to not spend above this budget limit (Capital Departmental Expenditure Limit, or CDEL).
- 2.2 BNSSG ICB is reliant on the provision of capital funding from NHS England (NHSE) to support the construction or extension of GP buildings. A capital budget is allocated to all ICB areas annually and this must be split between the acute hospital trusts, primary care, and community care. These capital funds can be used to build new infrastructure; however the total budget is significantly oversubscribed and therefore the majority of funding is allocated to schemes that maintain existing estate, prevent deterioration, and address other critical infrastructure risks. Furthermore, most projects to build new NHS infrastructure will incur revenue costs in addition to capital funding costs which must also be sourced.
- 2.3 ICBs also have the opportunity to bid for additional capital funds from NHSE to support the delivery of national programmes, however primary care programmes have effectively not been allocated any source of capital funding for this current 3-year HMT Comprehensive Spending Review (CSR) period from 2022/23 – 2024/25. There is currently no certainty as to whether capital funding for primary care will become available in future CSR periods.
- 2.4 Alternative methods of securing funding in order to improve GP infrastructure exist via local authority planning. These methods are known as planning obligations (Section 106 Agreements) and Community Infrastructure Levy (CIL).
- 2.5 NHSE published a "[delivery plan for recovering access to primary care](#)" in May 2023, in which they stated that the government will be engaging with local planning authorities to ensure that primary care infrastructure is appropriately supported in sites of larger housing growth where additional primary care capacity is required.
- ## 3.0 GP Practices in South Gloucestershire
- 3.1 There are 24 main GP practices and 7 GP branch surgeries located in South Gloucestershire, serving a total of 311,155 registered patients as of July 2023.

Ownership of GP estates varies significantly, with majority of the estate being owned by GPs themselves.

- 3.2 Historically, GP practices in the UK have largely operated as individual practices. Primary Care Networks (PCNs) were established in 2019 to improve collaboration between GP practices and other health and care providers in local areas. PCNs are groups of neighbouring GPs that work in partnership to develop improved access to health services for patients in their communities. In terms of future planning and mitigation measures, the ICB typically looks at the requirements for each PCN rather than individual GP practices. There are 6 PCNs currently operating within South Gloucestershire.

Figure 1 – Map of 6 Primary Care Networks in South Gloucestershire



- 3.3 GP practices must accept all patients who register at their practices as long as their registered address is within the practice’s catchment area and the practice is accepting new patients. GP practices agree their practice catchment boundaries with the ICB. Practices can apply to the ICB to close their patient list if they have insufficient capacity to care for further patients. Currently no practices in South Gloucestershire have closed their practice lists.

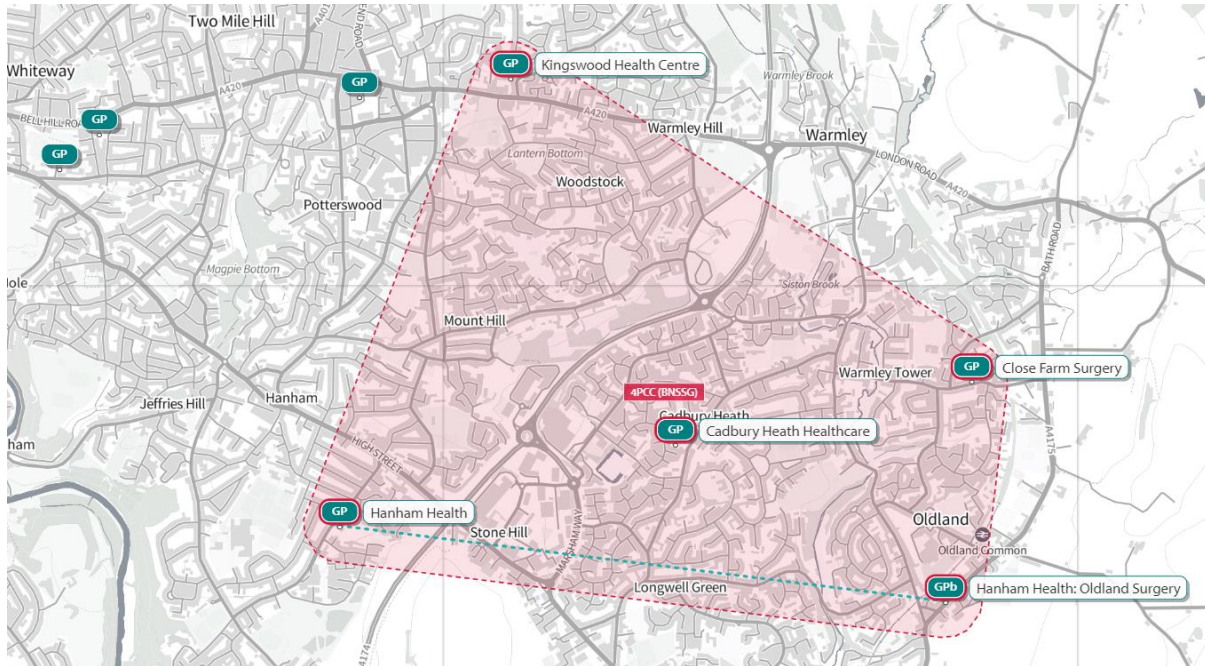
- 3.4 NHSE has published guidance to calculate the minimum amount of required space within GP premises needed in order to adequately deliver primary services to patients. This formula sets out the size within a GP premises (m<sup>2</sup> Gross Internal Area) in relation to the number of patients registered at the practice. Any practices under 100% capacity are considered by NHSE as having insufficient premises to accommodate their registered patients. As of January 2023, all PCNs are below 100% capacity in total. As a result, any future growth will have to be mitigated through CIL/S106 funding.
- 3.5 Some practices may have the ability to increase clinical capacity on their existing premises through internal refurbishments or building extensions, whilst other practices may require the replacement of their existing surgery with a newer and larger building. Therefore, any mitigations for healthcare resulting from the developments outlined in South Gloucestershire's Local Plan will need to be addressed on a case-by-case basis as required. The ICB would be the first point of contact for developers and the Council to engage with, and the ICB will engage with the relevant PCN to understand what requirements are needed.
- 3.6 Any new developments for new GP estate will need to ensure that space is fit-for-purpose and sustainable for future needs. The [Fuller Stocktake Report \(2022\)](#) outlines the ambition to move away from the construction of small, stand-alone GP buildings that can only be utilised by individual practices. The preference is now to construct larger buildings with sufficient space for future population growth, integration of services, and that can be shared by wider PCN staff.

#### **4PCN**

3.7 4PCN spans across the following wards in South Gloucestershire:

- Kingswood
- Hanham
- Longwell Green
- Woodstock
- Parkwell & Warmley



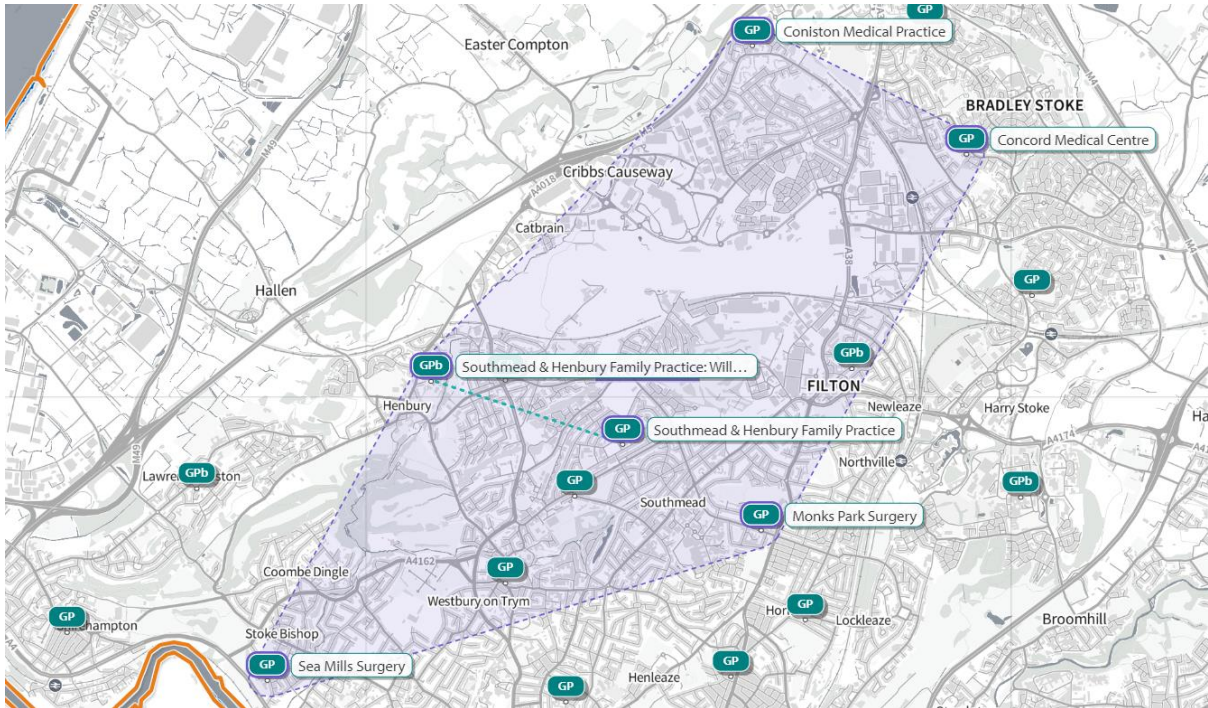


- 3.8 There are 4 practices in this PCN and 1 branch surgery. As of January 2023, the PCN is below the total space (m<sup>2</sup>) recommended by NHSE, and there are a number of local housing developments that already have planning permission which will exacerbate these existing capacity issues.
- 3.9 Hanham Health made a proposal in 2020 stating that the practice would be able to create additional capacity if they were to relocate their branch building (Oldland Surgery) to a new site, however this proposal was not supported by the ICB due to there being no capital or revenue funding to support this.
- 3.10 Cadbury Heath Healthcare have indicated that there is the possibility for their building to be extended due to being a large site, either through extending upwards or through their small courtyard.

**Concord & Mendip PCN**

3.11 Concord & Mendip PCN spans across the following wards in Bristol and South Gloucestershire:

- Henbury & Brentry
- Southmead
- Filton
- Stoke Bishop
- Charlton & Cribbs
- Patchway Coniston



- 3.12 There are 5 practices in this PCN and 1 branch surgery, however only 2 of these practices (Concord Medical Centre and Coniston Medical Practice) are located within South Gloucestershire’s locality boundaries. As of January 2023, the PCN is below the total space (m<sup>2</sup>) recommended by NHSE, and there are a number of local housing developments that already have planning permission which will exacerbate these existing capacity issues.
- 3.13 In 2018, YTL Development secured consent to build up to 2,675 new homes on the former Filton Airfield site. As part of the Cribbs Patchway New Neighbourhood permission, the S106 agreement, made with the former CCG, requires a new GP building (858m<sup>2</sup>) to be constructed on the former Filton Airfield site and for the provision of an additional £468,000 (index linked) to be used to support capacity for other existing practices in the surrounding area.
- 3.14 In 2022 YTL put forward plans to increase the total number of homes from 2,675 to 6,500. As a result of this the ICB has met with SGC and the developer and have agreed to pause plans to build the new GP surgery awaiting confirmation on the number of new houses, as this would result in the need for a GP surgery larger than the previously agreed 858m<sup>2</sup>.
- 3.15 The Concord and Coniston practices have also both indicated that there is the ability to extend their premises through building extensions if additional funding was secured to support this.

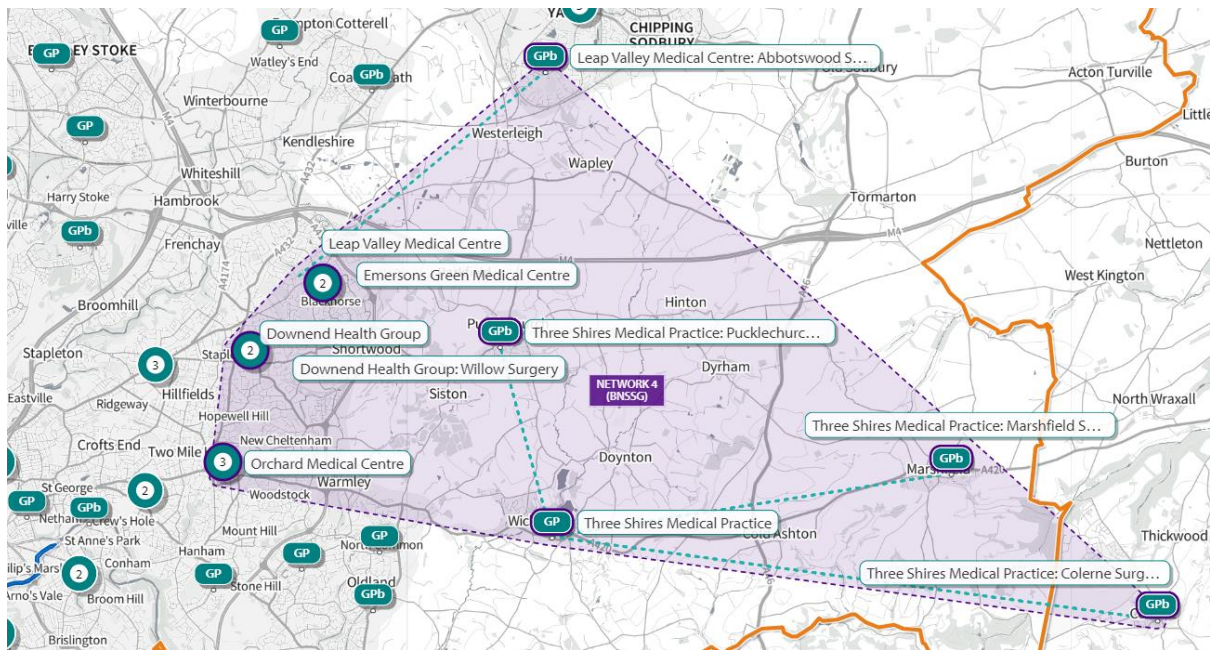
**Network4 PCN**

3.16 Network4 PCN spans across the following wards in South Gloucestershire:

- Boyd Valley
- Staple Hill & Mangotsfield



- Dodington
- Kingswood
- Emersons Green
- Box & Colerne



3.17 There are 5 practices in this PCN and 5 branch surgeries. One branch surgery (Colerne Surgery) is located outside of South Gloucestershire’s locality boundaries. As of January 2023, the PCN is below the total space (m<sup>2</sup>) recommended by NHSE, and there are a number of local housing developments that already have planning permission which will exacerbate these existing capacity issues.

3.18 In 2014/15, construction started on development in Lyde Green for the construction of 2,550 new homes resulting in a new population of circa 6,000. 2,139 of these dwellings now have detailed planning permission. The S106 agreement required £212,400 to be paid for the increased provision/extension of Emersons Green Medical Centre. The total funds were insufficient for a building extension and therefore the funding was used for internal reconfiguration to increase clinical capacity within the existing building footprint. These works were completed in 2022.

**Severn Vale PCN**

3.19 Severn Vale PCN spans across the following wards in South Gloucestershire:

- Severn Vale
- Pilning & Severn Beach
- Thornbury





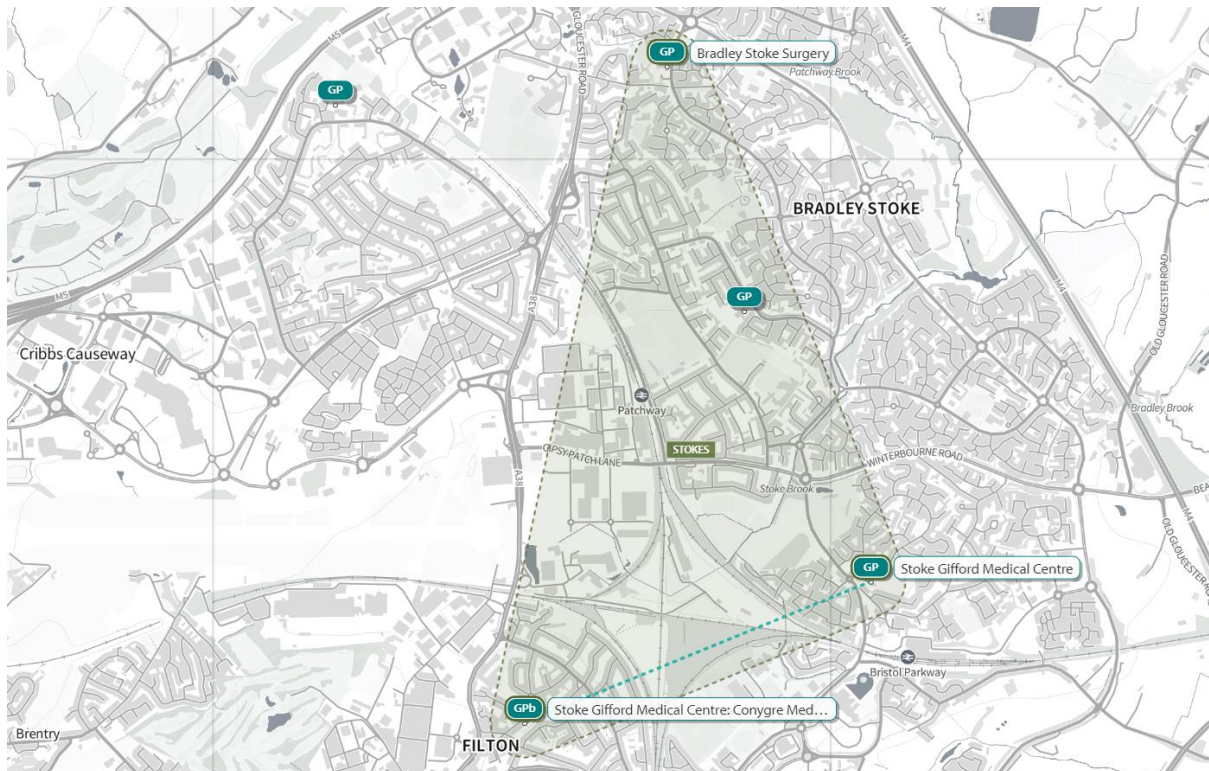
- 3.20 There are 5 practices in this PCN. Two practices (Severn View Family Practice and Streamsidge Surgery) are co-located in Thornbury Health Centre. As of January 2023, the PCN is below the total space (m<sup>2</sup>) recommended by NHSE, and there are a number of local housing developments that already have planning permission which will exacerbate these existing capacity issues.
- 3.21 Current data-led analysis undertaken by the ICB ranks Severn Vale as the highest priority PCN in South Gloucestershire for investment in their estate, and one of the highest priority PCNs in BNSSG. This is due to multiple factors, such as the current Thornbury Health Centre being of poor condition and 2 of the practices in Thornbury being in the top 10% of practices in BNSSG in need of more space.
- 3.22 A Strategic Outline Case (SOC) was developed in 2018, and a subsequent capital bid was made to NHSE for STP Wave 4 capital in 2020 for £14 million to deliver a new integrated health & wellbeing hub close to the town centre. The building of this new hub would enable the replacement of the existing inadequate 2 GP practice (Severn View & Streamsidge) Health Centre, and a third standalone practice (St. Mary Street) as well as providing space for community teams and outpatients.
- 3.23 The hub would be co-located with extra-care housing on the old Thornbury Hospital site, which is now owned by South Gloucestershire Council who would act as developer of the hub.
- 3.24 Due to inflation, the original ambition to build a new health centre for £14 million is no longer feasible. Another option would be to extend and refurbish the existing practices to create more capacity and better conditions. BNSSG ICB are awaiting confirmation from NHSE on whether or not funding can still be made available to support this project.

**Stokes PCN**

- 3.25 Stokes PCN spans across the following wards in South Gloucestershire:



- Bradley Stoke North & South
- Stoke Gifford
- Filton



3.26 There are 2 practices in this PCN and 1 branch surgery. As of January 2023, the PCN is below the total space (m<sup>2</sup>) recommended by NHSE, and there are a number of local housing developments that already have planning permission which will exacerbate these existing capacity issues.

3.27 A number of developments are underway in the 'Bristol Northern Fringe' area, and multiple outstanding S106 agreements have been secured to support the surrounding GP practices. Some of this funding has been ring-fenced specifically for the construction of a building extension at Stoke Gifford Medical Centre, whilst the rest of the agreements have no stipulations for use of funds other than provision of additional capacity for any practices within 8km of the developments.

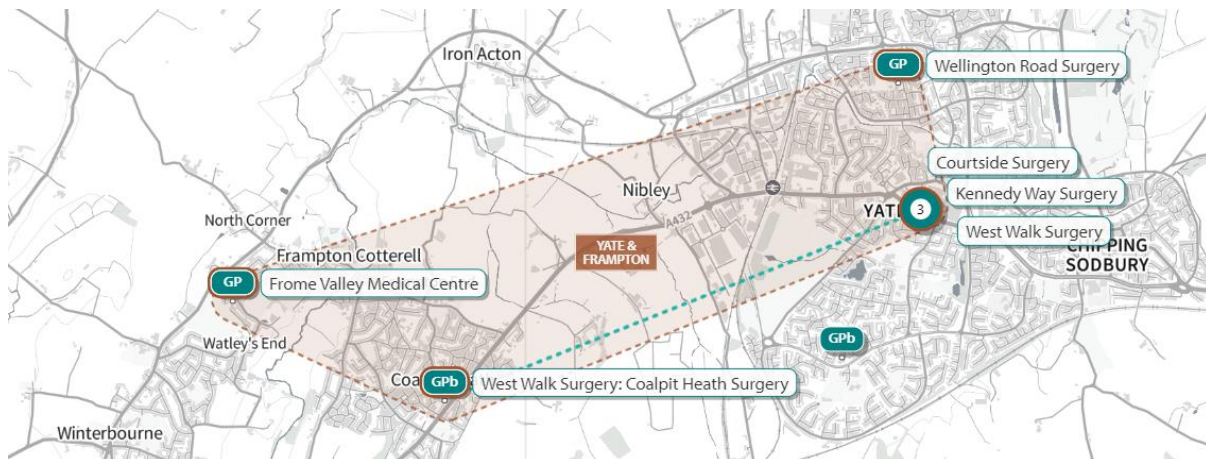
3.28 The total of these S106 agreements come up to approximately £1,750,000 however further clarification is needed from the developers to confirm final costings and when this funding will be made available. The ICB will be undertaking a Business Case to assess how this additional funding could best be used to increase capacity to Stokes PCN and the other impacted practices.

### **Yate & Frampton PCN**

3.29 Yate & Frampton PCN is located within the following wards in South Gloucestershire:

- North Yate & Yate Central
- Frampton Cotterell

- Winterbourne



- 3.30 There are 4 practices in this PCN and 1 branch surgery. As of January 2023, the PCN is below the total space (m<sup>2</sup>) recommended by NHSE, and there are a number of local housing developments that already have planning permission which will exacerbate these existing capacity issues.
- 3.31 In 2015, outline planning permission was granted for the construction of up to 2,450 dwellings at Ladden Garden Village in North Yate, with an estimated population increase of 5,760 new residents. The site is currently under construction and as of May 2023, approximately 50% of the planned houses have been built and are currently occupied.
- 3.32 A S106 agreement was agreed which required the developer to provide a capital contribution of £1,129,000 and for the provision of land within the new Local Centre sufficient for the construction of a health service building of 728m<sup>2</sup> floorspace. However, no additional capital or revenue funds have been obtained to support the construction of a new GP building on this site. There appears to be no stipulation that the capital needs to be used on-site. The use of these funds is under review.

#### 4.0 Conclusion

- 4.1 Given that GP practices in South Gloucestershire currently operate with an overall space deficit, to properly mitigate the impact of the proposed development a planning obligation will be required to create the full amount of additional GP floorspace needed to serve the new residents calculated to be generated.
- 4.2 The ICB would look to secure the capital cost as a financial contribution in the S106 linked to planning permission or secure CIL contribution to create new or refurbish existing health facilities within South Gloucestershire. It is important that the detailed drafting of any S106 provides appropriate flexibility to align with ICB commissioning processes and estates plans, and the ICB would welcome discussion regarding any applications.
- 4.3 The additional floorspace requirement (sqm) arising from the population increased from new residential dwellings is calculated based on 150m<sup>2</sup> GIA per 1,750 patients.



A build cost will then be applied to this total floorspace in order to calculate the cost required to quantify the contribution needed for mitigation. The build cost is based on NHS Property Services build cost benchmarks for refurbishment and extension, rebased to South Gloucestershire and adjusted for professional fees, fit out and contingency, but excluding land acquisition.

- 4.4 GP services are stretched and likely to remain so in the foreseeable future, with limited capital available to provide new accommodation. Further growth will therefore necessarily need to support GP services.