

## Oxfordshire Primary Care Commissioning Committee

**Date of Meeting:** 5 November 2019

**Paper No:** 4.1

**Title of Paper:** Oxfordshire Primary Care Estates - an update

**Paper is for:**

(please delete tick as appropriate)

**Discussion**

**Decision**

**Information**

**Purpose and Executive Summary:**

This paper provides the Committee with an update on primary care estate across Oxfordshire. It focuses on the CCG responsibilities and provides an update on the projects previously identified as part of the work done for each Locality Place Based plan.

The paper proposes terms of a reference for a Primary Care estates subgroup.

**Financial Implications of Paper:**

GP premises budget = £11,511k (this is part of the CCG primary care delegated budget)

**Action Required:**

**OPCCC is asked to**

- Note the progress made on many of the priority estate areas;
- Note the revenue implications of any new estate which has not been funded through NHS capital;
- Approve the terms of reference of the primary care estate subgroup

**OCCG Priorities Supported** (please delete tick as appropriate)

✓	Operational Delivery
✓	Transforming Health and Care
	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

**Equality Analysis Outcome:**

An equality analysis will be completed for each project at the most appropriate

time,

**Link to Risk:**  
789 Primary Care Estate

**Author:**  
Julie Dandridge, Deputy Director, Head of Primary Care

**Clinical / Executive Lead:** Gareth Kenworthy, Director of Finance

**Date of Paper:** 28 October 2019

## **Oxfordshire Primary Care Estates – an update**

### **1. Introduction**

1.1 When Oxfordshire CCG took on delegated authority for primary care commissioning in April 2016 the CCG became responsible for routine day-to-day management and decision making regarding the primary care estate across the county, as well as for determining new primary care priorities and ensuring that sufficient primary care provision is commissioned to meet the needs of the local population.

1.2 The CCG's responsibilities, with regard to premises, are mostly set out in the National Health Service (General Medical Services Premises Costs) Directions 2013, and include:-

- Managing the rents reimbursed to practices for the provision of general medical services in buildings owned by Practices or another body, where the Practice is a tenant and is charged a lease;
- Managing the reimbursement of business rates for the provision of general medical services in buildings owned by Practices or another body, where the Practice is a tenant and is charged a lease;
- Determining improvement grant priorities- the NHS is able to provide some funding to help surgeries improve, or extend their building in line with the directions;
- Determining new primary care premises priorities;
- Consideration of funding new premises annual revenue requirements as a result of additional/ new rent reimbursement requirements of new premises, subject to funding being available (although note that capital funding requirements are not delegated to the CCG and NHS England approval is still required).

1.3 This paper sets out to provide assurance to the committee to meet these responsibilities.

### **2. Background**

2.1 In 2018 each of our 6 geographies (North, North East, Oxford City, South East, South West and West) developed locality place based plans which all identified estates requirements to achieve a sustainable primary care position and to support the system wide strategy to move care out of hospital.

2.2 Oxfordshire Primary Care estates was identified as needing key investment because;

- Unprecedented levels of housing development and population growth across many areas of Oxfordshire over the next 10-15 years (and longer), much of which is either underway or in detailed planning and commitment stages;

- The intrinsic need to determine and provide health care infrastructure (and services) to support the existing and expanded local communities as sustainable developments;
- To reflect and accommodate the direction outlined in the NHS Long Term Plan including to develop and implement new models of care linking to the integration of primary and community services and the development of Primary Care Networks;
- A six facet survey undertaken in 2017 identified substandard premises although some of this has been rectified through minor improvement grants;
- The CCG was unsuccessful in its bid for national investments both as part of the National Wave 4 STP funding in 2018 and for estates and technology transformation funding (ETTF);
- Only one new build was funded as part of ETTF but this relied on part funding by a local practice who were unable to commit as the investment required from partners became more certain.

### **3. Rent and rate reimbursements**

3.1 OCCG pays business rates direct to District Councils in April each year. For 19/20 the sum paid was £1,355k.

3.2 OCCG funds rent reimbursements for leasehold and owner-occupied GP premises. The type of reimbursement is dependent on who owns the building. For 19/20 the budget is £11.5m.

3.3 OCCG is responsible for taking forward the programme of rent reviews for all owned and leased practice premises (except those leased from NHS Property Services) and a process is in place whereby these are conducted on a 3 yearly basis or in the case of leased premises as per the review timetable set out in the lease.

3.4 The CCG took over new rent reviews on 1 April 2017. Prior to this NHS England commissioned South, Central and West Commissioning Support Unit (SCWCSU) to conduct legacy rent reviews. However, this ended in July 2019 and all outstanding reviews (12 in total) were handed back to OCCG for completion.

3.5 The level of leasehold rent that may be granted is determined by the current market rental (CMR) value of the premises, or the actual lease rent, whichever is lower. The CMR value of the premises is as assessed by independent valuation conducted by the District Valuer, who must determine what might be reasonably expected to be paid by a tenant for the premises at the date of valuation.

3.6 Thirty -two reviews have been completed since April 2017 and there are currently 6 instructions to commence a review with the District Valuer and 2 valuations going through the appeals process.

### **4. Minor Improvement Financial Implications**

4.1 For 2018/19 OCCG was awarded a minor improvement grant of £575k. After requesting expressions of interest from practices and reviewing

previous bids, OCCG awarded the grant to 18 estates projects across 16 practices.

4.2 Projects include upgrades to meet Care Quality Commission and Disability Discrimination Act standards and re-configuration of space to produce at least 10 more consulting as well as additional training rooms. Practices were prioritised based on need. For all projects the grant was used to fund up to 66% of the overall project cost, with the practice funding the remainder.

Category	Practices
Additional Clinical Rooms, training space	<ul style="list-style-type: none"> <li>• Abingdon Surgery</li> <li>• Eynsham Medical centre</li> <li>• Hollow Way Medical Centre</li> <li>• Windrush Medical Centre</li> <li>• Sonning Common Health Centre</li> <li>• Hedena Health</li> <li>• Bloxham Surgery</li> </ul>
CQC Compliance	<ul style="list-style-type: none"> <li>• 19 Beaumont Street</li> <li>• Hedena Health</li> <li>• Marcham Road medical Centre</li> <li>• Millstream Surgery</li> </ul>
DDA Compliance	<ul style="list-style-type: none"> <li>• St Clements Surgery</li> <li>• Temple Cowley Health Centre</li> </ul>
Improved security	<ul style="list-style-type: none"> <li>• West Bar Surgery</li> <li>• Long Furlong Medical Centre</li> </ul>
Other	<ul style="list-style-type: none"> <li>• Wallingford Medical Centre</li> </ul>

4.3 OCCG has just been informed by NHS England of projected regional capital slippage that gives room to fund some of the contingent schemes (CCG IT and CCG minor improvement grants). An expression of interest has been submitted for CCG Minor Improvement Grants as prior to this no fund was available for 19/20.

## 5. New primary care premises priorities

5.1 OPCCC received papers on Primary Care estate in March and May 2018 highlighting the OCCG primary care estates priorities.

5.2 An update is provided in Appendix 1.

5.3 Work is now focusing on mapping premises infrastructure and community assets at Primary care Network level. This will then inform the OCCG and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System Estate strategy.

### 5.4 Bicester Primary Care

- As previously reported all three GP practices in Bicester have been talking together over the past year to find a way forward to meet the challenge of a growing population. Their proposal is to relocate Alchester Medical Group's three sites into a new purpose built premises with Montgomery-House Surgery – this should be on a site in Bicester in 2022.

- The Bicester Health Centre has the space to expand at its current site. The practice GP partners did consider moving into the new building shared with Montgomery House Surgery but the practice partners have agreed the best option is to remain in their building and develop plans for expansion on site as their patient list expands.
- A project initiation document has been presented to the CCG Finance committee and the District Valuer has undertaken an initial value for money report. Currently a number of options are being considered in order to reduce the exit costs for the partners of the existing leases. The next steps are to consider an outline business case which is expected in the autumn.

### **5.5 Wantage Health Centre**

- OCCG has been working with the two practices (Church Street and Newbury Street Medical practice) in Wantage Health Centre and the landlords to design a reconfigured space with improved joint working and additional space for the housing growth projections around Wantage.
- A number of designs have been proposed which have not demonstrated value for money as determined by the District Valuer. More recently the District Valuer has met with the landlords and recommendations made for a further redesign. An update design is awaited.
- Next steps will be for an outline business case to be presented to the CCG.

### **5.6 Didcot**

- The CCG has been working with Oxford Health Foundation Trust and South Oxfordshire District Council to ensure that the new population of Didcot also have access to primary care services.
- The CCG has submitted a revised reserved matters application for the site at Great Western Park following feedback and the outcomes are awaited.

## **6. New premises annual revenue requirements**

6.1 Investment in primary care estate may either be through capital investment (from NHSE) or revenue. Revenue increases must be value for money and affordable and OCCG shall ensure this by agreeing revenue in line with:

- NHS (General Medical Services – Premises Costs) Directions 2013– an update is currently awaited;
- District Valuer recommendations.

6.2 Initial modelling in 2018 based on the forecast for 85,000 additional homes by 2031 estimated that around 200 additional clinical rooms will be required in community settings across Oxfordshire to support this growth, of which about 170 will be needed for GMS / Primary care with the remainder for additional community services.

6.3 Work was also done to estimate, using the same growth forecast and timescale, the annual revenue consequences for primary care premises (NHSE reimbursable costs only) will increase by approximately £3.45m.

6.4 The three Primary Care estates priorities (in Bicester, Wantage and Didcot) could have an impact on revenue funding of up to £500k over the next 4 years. This would need to be funded from within the primary care delegated budget.

6.5 Revenue implications can be reduced by Community Levy Fund (CIL)<sup>1</sup> or section 106 funding<sup>2</sup>. Most District councils are currently working under section 106 funding but South Oxfordshire District Council (SODC) CIL has identified health for some of its allocated funding.<sup>3</sup> OCCG is currently working with SODC to determine appropriate spending of this fund.

## 7. One Public Estate (OPE)

7.1 The One Public Estate programme is an established national programme delivered in partnership by the Local Government Association and the Cabinet Office Government Property Unit (GPU). It provides practical and technical support and funding to councils to deliver ambitious property-focused programmes in collaboration with central government and other public sector partners.

7.2 Oxfordshire, through Oxfordshire County Council as the accountable body, joined the programme in 2018 when we were awarded the first set of funding to explore opportunities for joint working across organisations to optimise the use of land assets to maximise the delivery of affordable housing so supporting the Oxfordshire Growth Deal.

7.3 Health has been part of some of the key projects with OCCG having a particular interest in the following projects;

- Witney Welch Way
- Bicester Queens Avenue
- Abingdon Guild Hall
- Kidlington Exeter Close

## 8. Primary care estates strategy

8.1 In July 2018, the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Sustainability and Transformation partnership (STP) submitted a Strategic Estates Strategy to NHS England. This contained details of Primary Care estates projects currently planned and in the pipeline. This was important as any future capital funding was likely to be directed through the STP. The strategy was assessed as “Good” by NHS England and NHS Improvement.

8.2 The Integrated Care System (formally STP), through their BOB Estates delivery group, recognised the importance of primary care estates and a BOB wide strategy was being developed led by the Strategic Estates Adviser for the ICS. However, with the advent of Primary Care Networks this has been placed on hold as the full impact of the Long Term Plan and

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<sup>1</sup> a charge which can be levied by local authorities on new development in their area

<sup>2</sup> a mechanism which make a development proposal acceptable in planning terms, that would not otherwise be acceptable. They are focused on site specific mitigation of the impact of development. S106 agreements are often referred to as 'developer contributions' along with highway contributions and the Community Infrastructure Levy.

<sup>3</sup> [http://www.southoxon.gov.uk/sites/default/files/20181109\\_CIL%20Spending%20Strategy.pdf](http://www.southoxon.gov.uk/sites/default/files/20181109_CIL%20Spending%20Strategy.pdf)

primary and community services integration on estates requirement is considered.

8.3 Work continues on a local Oxfordshire primary care estates strategy which should be available in the New Year.

## 9. Primary Care estates governance

9.1 Recognising the importance of primary care estate, an OCCG primary care estate sub group has been set up to provide oversight of all primary care estates issues. Its objectives will be to:

- Prepare an Oxfordshire Primary Care Estate Strategy to link with the wider ICS approach to estates planning;
- Ensure primary care premises are developed in Oxfordshire to support the implementation of OCCG commissioning plans and in particular the ICS Primary Care Strategy and aligned to One Public Estate;
- Ensure primary care premises are developed to provide the capacity and quality of premises required to meet needs associated with population growth and new housing;
- Ensure that any developments deliver value for money for the public purse and is affordable;
- Make best use of the external funding such as ICS funding, CIL funding and s106 funding;
- Oversee operational risk to the Primary Care Estate

9.2 Membership will include Director of Finance, Director of Governance, GP deputy lead for quality, Estates Development Manager and Head of Primary Care and the subgroup will meet monthly.

9.3 **OPCCC is asked** to approve the terms of reference which can be found in Appendix 2 for this subgroup noting that it will report into the Primary care Commissioning committee.

## 10. Next steps

10.1 The Estates Development Manager working across Oxfordshire and Buckinghamshire has brought significant expertise to the teams and continues to support practices and OCCG in driving forward many of the estates improvements required.

10.2 OCCG should maintain a focus on improving the primary care estates so that it can provide the necessary infrastructure for the delivering of the Long Term Plan and in particular the integration of primary and community services and delivering care closer to the patient's home. Working closer with Oxford Health will be important.

10.3 Next steps for OCCG include:

- Update the primary care estates dashboard so that it can be used by Primary Care Networks to help inform mapping of their future estates needs together with community partners;
- Produce, in line with the Long Term Plan, an Oxfordshire Primary Care Estate Strategy;
- Submit bids for minor improvement grant money for 19/20 and 20/21;



- Work across the ICS to get a clear and coherent vision for primary care estate across the footprint;
- Develop pipeline bids for NHS E capital funding;
- Continue to work with the councils to maximise infrastructure funding through new developments.

**11. OPCCC is asked to:**

- Note the progress made on many of the priority estate areas;
- Note the revenue implications of any new estate which has not been funded through NHS capital;
- Approve the terms of reference of the primary care estate subgroup.

**Appendix 1**

Updated from that presented in March 18 to include the PCN and a November 19 update

<b>Locality</b>	<b>Scheme</b>	<b>Practices and PCN</b>	<b>Requirement / Opportunity / Project ( as identified March 18)</b>	<b>Update November 19</b>
<b>NORTH</b>	<b>Hightown new build / relocation</b>	HIGHTOWN SURGERY ( <i>Banbury</i> )	Current premises is too small and is unable to expand. Hightown Surgery has received funding to move to more appropriate accommodation and plans to move to the new Longford Park development. The proposed new facility will be able to accept several thousand additional patients in the fastest growing part of Banbury.	In January 2019 the CCG were informed that the partners had decided that they are no longer able to proceed with the planned move to a new surgery at Longford Park. The main reason was the increasing financial risk to the partners as the costs of the new build and other project costs have escalated over time. This was no longer manageable for the partnership.  An options appraisal for primary and community estate in Banbury is now being undertaken to consider the impact.
	<b>Chipping Norton growth</b>	CHIPPING NORTON HEALTH CENTRE ( <i>Rural North</i> )	Future estates requirements will depend on growth	On hold
	<b>Upper Heyford provision</b>	DEDDINGTON HEALTH CENTRE ( <i>Rural North</i> )	This is a new development which overlaps both North and NE locality. Additional primary care estates will be required to accommodate the population growth although it is not yet agreed whether this can be provided from existing practices or new estate. A full options appraisal needs to be considered.	Currently considering the impact of the new development in Bicester before considering what may need to be done in Upper Heyford.  Bicester outline business case awaited. Expected Autumn 2019
		MONTGOMERY HOUSE SURGERY ( <i>Bicester</i> )		
THE HEALTH CENTRE ( <i>Bicester</i> )				
ALCHESTER MEDICAL GROUP ( <i>Bicester cluster</i> )				

	<b>Deddington reconfiguration</b>	DEDDINGTON HEALTH CENTRE <i>(Rural North)</i>	Constrained existing premises. Additional capacity required in light of increasing list size due to housing growth. ETTF funding secured and building work has now commenced	Complete – provided more consulting rooms and improved patient waiting space and admin space.
<b>SOUTH WEST</b>	<b>Didcot new build/practice</b>		As one of the largest areas of housing growth in Oxfordshire, the CCG is looking to the future provision of primary care services to the 20,000 new population. This will require building work.	See update in paper
	<b>Wantage Health Centre expansion</b>	CHURCH STREET PRACTICE <i>(Wantage &amp; Far cluster)</i>	Both practices are currently at capacity in terms of space. Work has started to look at utilisation of existing space, reconfiguration and extension of the health centre	See update in paper
		NEWBURY STREET PRACTICE <i>(Wantage &amp; Far cluster)</i>		
	<b>Berinsfield regeneration</b>	BERINSFIELD HEALTH CENTRE <i>(Abingdon)</i>	The Berinsfield regeneration scheme will have a direct impact on the delivery of primary care in the area.	Awaiting further progression with the Berinsfield Community Investment scheme. The Berinsfield masterplan outlines the need for a new health centre building. <sup>4</sup>
<b>Abingdon population growth</b>	LONG FURLONG MEDICAL CENTRE <i>(Abingdon)</i>	Additional capacity will be required to accommodate population growth.		Abingdon Surgery have received some minor improvement grant funding to create 3 new consulting rooms and a small waiting area.
	ABINGDON SURGERY <i>(Abingdon)</i>			
	MARCHAM ROAD SURGERY <i>(Abingdon)</i>			
	MALTHOUSE SURGERY <i>(Abingdon)</i>			

<sup>4</sup> [http://www.southoxon.gov.uk/sites/default/files/Berinsfield%20Map%20Final%20LOW%20RES\\_0.pdf](http://www.southoxon.gov.uk/sites/default/files/Berinsfield%20Map%20Final%20LOW%20RES_0.pdf)

	<b>Culham Science Park</b>	CLIFTON HAMPDEN SURGERY (Abingdon)	Culham Science Village has plans for 4000 units subject to adoption by the Council. Primary care services will need to be considered for this site which is equidistance from Didcot and Abingdon with Clifton Hampden and Berinsfield being the two closest practices.	No progress made
	<b>White Horse Medical Practice reconfiguration</b>	WHITE HORSE MEDICAL PRACTICE ( <i>Wantage &amp; Far</i> )	ETTF slippage funding has been secured for the practice to reconfigure and improve / expand existing building. The building was initially built for two practices which have now merged and there is some growth in the area. Building work is due to commence in March 2018	Complete
<b>CITY</b>	<b>City Centre premises development</b>	affects 3-4 practices in and around Beaumont Street	Critical need for premises development was identified in the locality plans. Project development grant has been provided through ETTF	Currently 3 practices are working together to explore options for collocating in the city centre. Project is currently being scoped
	<b>Summertown development</b>	affects 2 practices	Critical need for premises development was identified in the locality plans.	The practices are currently reviewing their need and will be meeting again with the City Council to take forward <sup>5</sup>
<b>WEST</b>	<b>Eynsham expansion</b>	EYNSHAM MEDICAL GROUP ( <i>Witney &amp; East cluster</i> )	Potential extension and/or new facility associated with WODC Oxfordshire Cotswold Garden Village scheme NB an alternative garden village application may require a different primary care response.	Some Minor Improvement grant funding was allocated in 18/19 and provided 3 more consulting rooms, Discussions continue on the Costwold Garden Village <sup>6</sup> scheme and infrastructure needs.

<sup>5</sup> [https://www.oxford.gov.uk/downloads/file/1466/diamond\\_place\\_spd](https://www.oxford.gov.uk/downloads/file/1466/diamond_place_spd)

<sup>6</sup> <https://www.westoxon.gov.uk/gardenvillage>

	<b>Carterton expansion</b>	BROADSHIRES HEALTH CENTRE <i>(Rural West)</i>	Additional capacity required to accommodate population growth in Carterton area	Practices are currently looking at their footprint to understand how it can be maximised
		BAMPTON SURGERY <i>(Rural West cluster)</i>		
		BURFORD SURGERY <i>(Rural West)</i>		
	<b>Windrush Medical Practice/Witney Community Hospital</b>	WINDRUSH MEDICAL PRACTICE <i>(Witney &amp; East)</i>	Review use of space to boost joint working and maximise use as a health campus.	Funding has been provided as part of the Minor Improvement grant for 19/20. This has produced an additional three consulting rooms
<b>Expansion and relocation of Nuffield Health Centre and / or Cogges Surgery</b>	NUFFIELD HEALTH CENTRE <i>(Witney &amp; East)</i> COGGES SURGERY <i>(Witney &amp; East)</i>	Significant population growth in and around Witney will mean that the current site is constrained - Nuffield Health Centre has indicated its intention to relocate and expand its capacity	Currently being considered as part of the Oxfordshire One Public estate initiative for Welch Way Witney	
<b>SOUTH EAST</b>	<b>Wallingford reconfiguration</b>	WALLINGFORD MEDICAL PRACTICE <i>(N2 cluster)</i>	housing growth in local area has provided contributions towards premises reconfiguration scheme	Plans currently being developed with possible section 106 and Community Levy Funding
	<b>Chalgrove airfield redevelopment</b>	CHALGROVE & WATLINGTON SURGERIES <i>(N3 cluster)</i>	Considerable local housing proposals - the capital contributions are expected to be met by developer contributions	On hold
	<b>Thame expansion</b>	RYCOTE <i>(N3 cluster)</i>	Some capital funding has been secured from developers for practice expansion. Plans are awaited	No progress made
<b>NORTH EAST</b>	<b>Alchester expansion</b>	ALCHESTER MEDICAL GROUP <i>(Bicester cluster)</i>	Additional capacity will be required to meet projected growth demands and consolidate premises.	See update in paper
	<b>Gosford/KEY relocation</b>	GOSFORD HILL MEDICAL CENTRE <i>(Kidlington cluster)</i>	The practices in Kidlington wish to relocate to new central premises to allow the delivery of services at scale and ensure sustainability of primary care services	Ongoing discussion with the District Council.
		KEY MEDICAL		

		PRACTICE <i>(Kidlington)</i>	within Kidlington	
<b>Montgomery House/Bicester Health Centre expansion</b>		MONTGOMERY HOUSE SURGERY <i>(Bicester)</i>	Additional capacity will be required to meet projected growth demands and consolidate premises.	See update in paper
		THE HEALTH CENTRE <i>(Bicester)</i>		
<b>Woodstock refurbishment</b>		WOODSTOCK <i>(Kidlington)</i>	Current premises are old and constrained	Working with Cherwell and West Oxfordshire District Council with respect to new housing developments surrounding Woodstock

## **Primary Care Estates Sub Group** Terms of Reference

### **1. Background**

Oxfordshire CCG has a challenge to ensure that its Primary Care estate is fit for purpose and sufficient to deliver the *5 Year Forward View*, the *GP Forward View* and the NHS Long Term Plan as well as provide premises for services to the unprecedented population growth. An ICS primary care strategy has been developed and this underpins delivery plans across the wider Buckinghamshire, Oxfordshire and Berkshire (BOB) Integrated Care System (ICS) footprint.

In order to deliver the primary care strategy, a number of key enablers need to be recognised and built into local delivery plans:

- Premises development and in particular the development of primary and community hubs IT development and infrastructure
- Workforce development
- Development of Primary Care Networks
- System wide integration.

With the advent of delegated responsibilities for primary care commissioning, decision-making regarding premises development that are regulated by the Premises Cost Directions, now rests with CCGs.

So that the CCG can discharge its duties in an informed way, a Primary Care Estates Sub Group of the Primary Care Commissioning Committee has been established with the following objectives and responsibilities.

### **2. Objectives**

The objectives of the Primary Care Estates Sub Group are to:

- Prepare an Oxfordshire Primary Care Estate Strategy to link with the wider ICS approach to estates planning.
- Ensure primary care premises are developed in Oxfordshire to support the implementation of CCG commissioning plans and in particular the ICS Primary Care Strategy and aligned to One Public Estate.
- Ensure primary care premises are developed to provide the capacity and quality of premises required to meet needs associated with population growth and new housing.
- Ensure that any developments delivery value for money for the public purse and is affordable
- Make best use of the external funding such as ICS funding, CIL funding and s106 funding
- Oversee operational risk to the Primary Care Estate

### **3. Responsibilities**

The responsibilities of the Primary Care Estates Sub Group are:

#### **Transformational**

- Review plans for Estates, Technology Transformation Funding (ETTF)/Minor Improvement Grant (MIG) funded developments as well as improvements funded through other sources.
- Assess capacity requirements for delivering the CCGs' Primary Care Strategy and develop appropriate premises plans based on emerging Primary Care Networks.
- Oversee responses to local district and county councils regarding the development of Local Housing Plans, Infrastructure Delivery Plans, Neighbourhood Plans and major planning applications.
- Make recommendations on the application of S106 and Community Infrastructure Levy (CIL) funding.

#### **Transactional**

- Review all premises matters and where required, make recommendations to the Primary Care Commissioning and Finance Committees based on informed opinion.
- Review rent review management service reports and approve CSU to instigate the local dispute resolution process with practices that appeal their rental assessment. Where this happens the Sub Group will approve increased costs per case up to £5,000.
- Ensure appropriate communication and alignment with other key enabler work streams (e.g. GP IT).
- Provide regular progress and update reports to the Primary Care Commissioning and Finance Committees (and any other committee or board as required).

#### **Risk**

Oversee operational risks and provide possible mitigations to the Estate by:

- Providing a quarterly update on Practices in Practice Buildings where either leases are coming to an end (and consequently the Landlord may either try to obtain vacant possession or seek to ask for a large dilapidations bill) or where Practices are about to enter into a new lease (to include situations where owning-retiring partners are entering negotiations for a lease with the encumbant partners)
- Providing quarterly updates (on a different quarter date) of rent review/reimbursement valuations and negotiations that GPs/their Agents are having with the District Valuer
- Identify where funding gaps for proposed new GP developments are and seek to minimise those gaps through Developer contributions (Section 106 and CIL contributions) as much as possible.

### **5. Membership**

Chair – Director of Finance. Deputising duties will be undertaken by the Deputy Director. Head of Primary Care as and when required.

Director of Governance



GP Lead  
 Estates Development Advisor  
 Deputy Director. Head of Primary Care  
 Lead Primary Care Manager  
 Planned Care representative  
 Locality Coordinator

Other ad hoc members may join the Sub Group as non-voting members as and when required. Ad hoc members will not count towards quoracy.

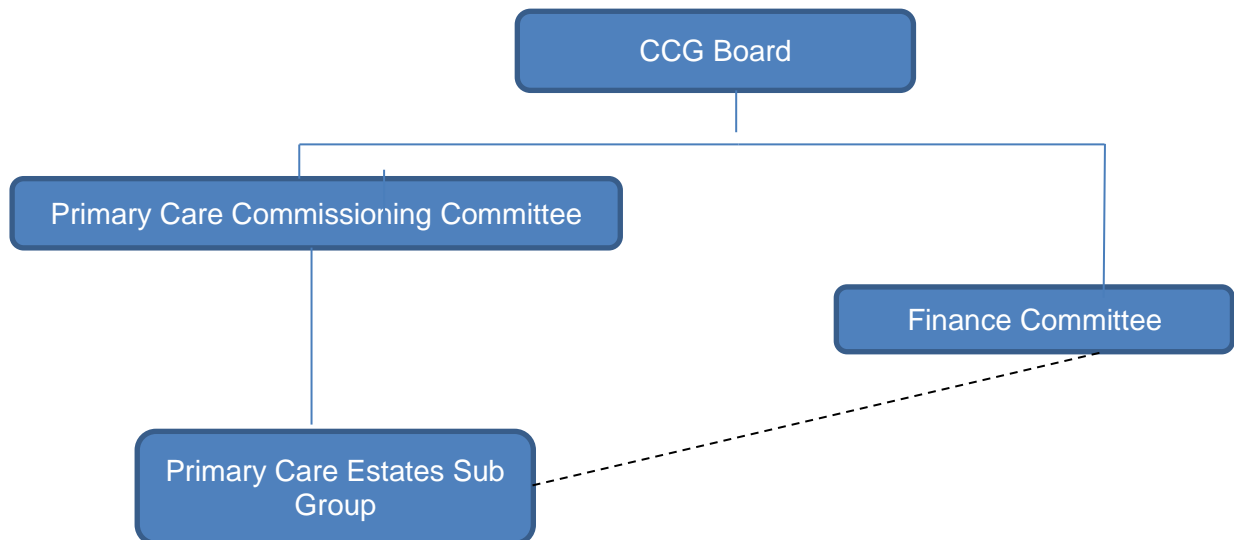
**6. Quoracy**

A quorum will be the Chair (or their deputy), Estates Development Advisor, at least one Director and at least one member of the primary care team. Deputies will absolutely be required to cover absences.

**7. Frequency of Meetings**

The sub group will meet on an ad hoc basis to ensure the responsibilities of the group are fulfilled. The sub group will initially meet monthly but this will be reviewed.

**8. Governance**



<b>Document Control</b>	These terms of reference will be reviewed annually.			
	Version (	Author	Review date	Reason for amendments
	V 0.3	PR	15/10/19	First draft, reviewed at Primary Care Estates Sub Group
	V0.4	JD	30/11/19	Updated post primary care estates subgroup to take to OPCCC

To be reviewed November 2019