



Overview to PCPF, May 2023

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- The opportunities
- The challenges
- The evolution of the ICS
- Partner expectations
- Key messages

Baseline – some progress, much still to do



£13m Invested in Primary & Community Estate



8 Large Scale Capital Projects



£1.6m of s106/CIL Invested across 6 Assets



£30m Invested in Community Diagnostic Centres



c.£500k of Void Savings



£2.4m Invested in Patient Records Programme



Multiple Award Finalists



Estate Webpages & 5 Case Studies



£0.9m of capital recycled from NHS PS disposals



15 Collaboration Projects with NHS PS, CHP & Councils

The opportunities: Record Rooms Conversions

Our programme repurposed primary care spaces used to store patient records into clinical, virtual and clinical support by converting spaces at 20 Primary Care sites across NCL. It was an innovative approach to achieve progress quickly: the conversion works were managed centrally by a programme management office, appointing one storage supplier and a single construction contractor. Capacity for 369,000 additional face-to-face or virtual appointments was created for c. £2.4m capital (provided by National ETTTF programme). There was no additional revenue impact.



Illustration – savings on cost and time

Estimated cost to build a health centre with 29 consultation rooms: **£12m+**

- £3,000/m² for new build shell
- £3,000/m² for fit-out
- 1,800 sqm (with ancillary & support space)

Estimated programme:

- Scoping & business case 24 months
- Construction 12 -18 months

Our programme:

- 800 sqm clinical / clinical support
- £2.4m total capital investment by NHS
- 7 months construction

The opportunities: Community Diagnostic Centres (CDCs)



Secretary of State for Health Therese Coffey opens Wood Green CDC



Installing Finchley CT scanner, and in use



Community Diagnostic Centres allow patients to access planned diagnostic care nearer to home without the need to attend acute hospital sites. This helps people to get answers sooner and takes pressure off urgent services.

NCL proposed two 'Early Adopter' schemes, and expanded them in response to successful delivery. These were system projects, involving clinical leads from the ICS and Providers, Estates leads from the ICS and CDC sites, technical and design teams and programme management support.

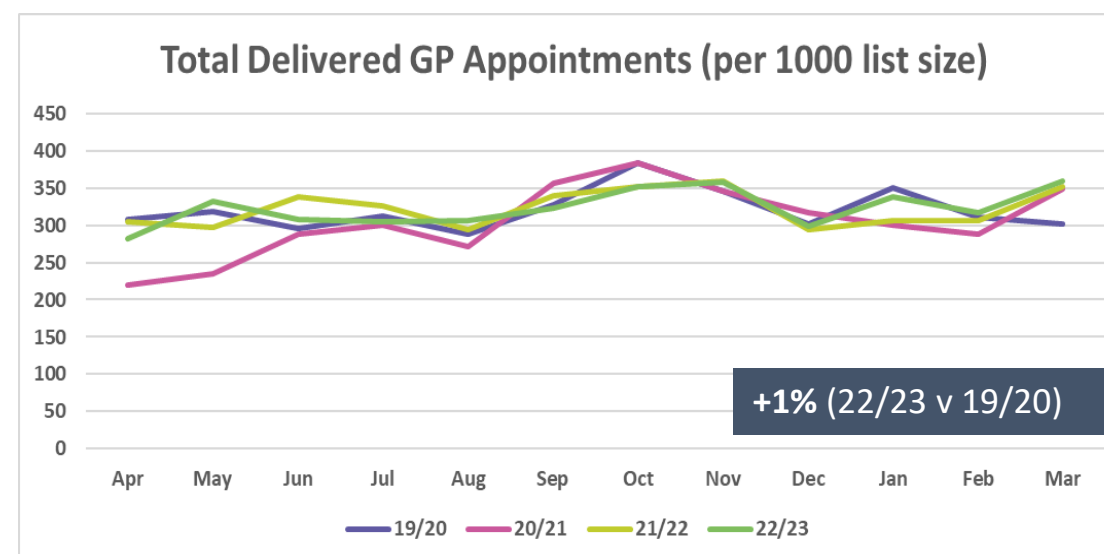
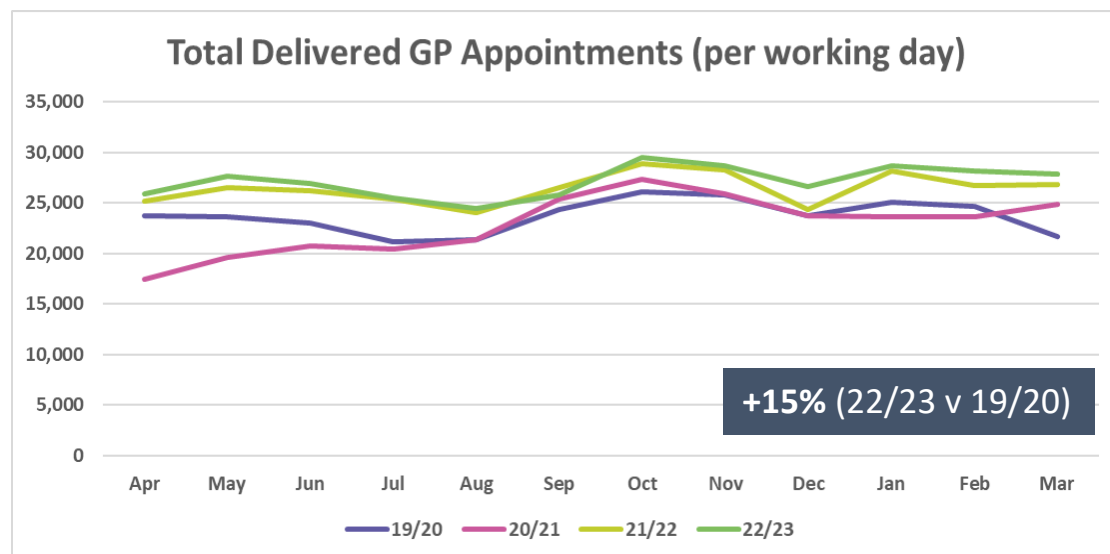
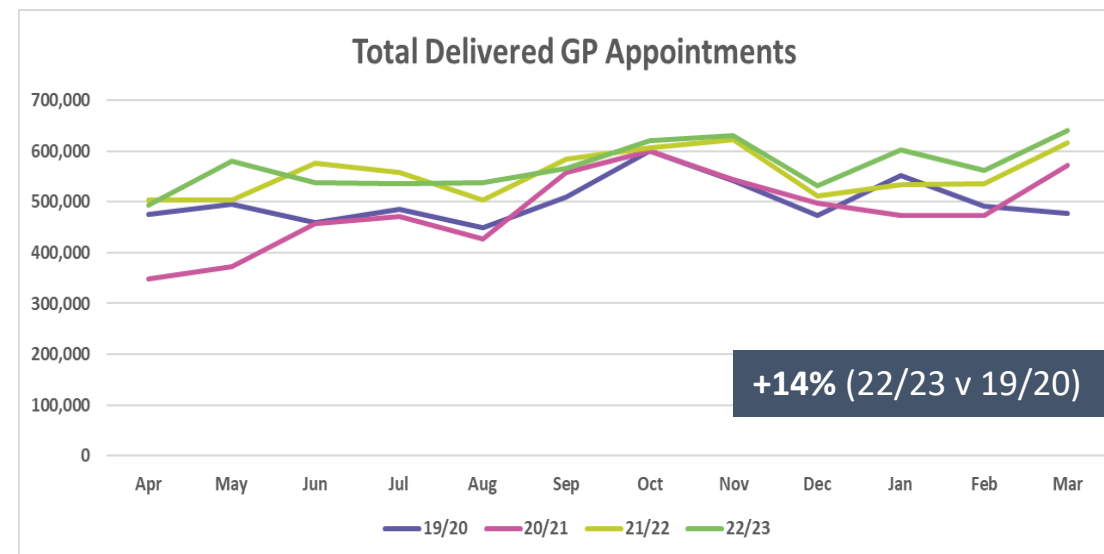
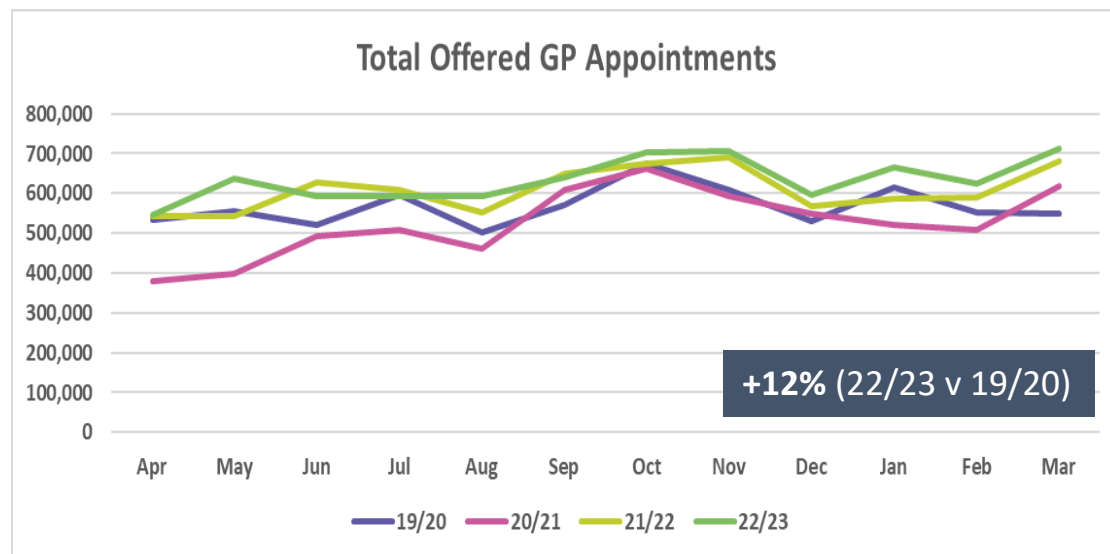
Wood Green Shopping City (Haringey):

- Health on the High Street: converted two shop units in a popular community shopping centre. The CDC is closer than the neighbouring acute sites for 30 out of 40 GP practices in the borough
- Ophthalmology, X-ray, Phlebotomy and Ultrasound services
- The project was on time and on budget, with the first patient seen only eight months after start on site. Over 10,000 patients have been seen in the first six months
- Winner of 2023 HSJ award *Best Consultancy Partnership*.

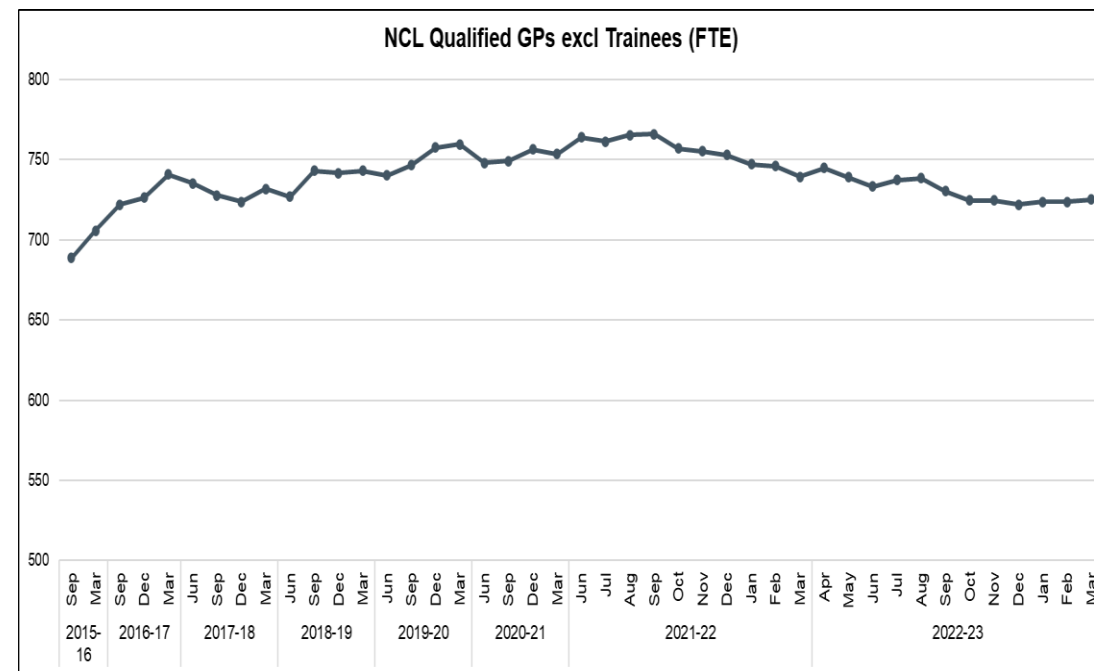
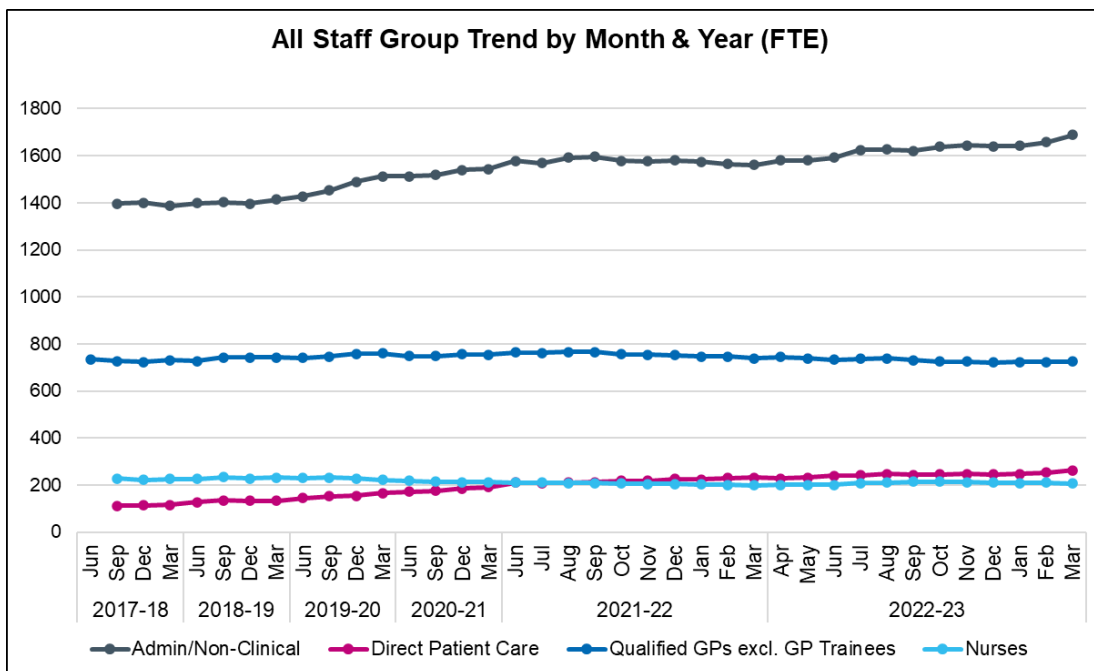
Finchley Memorial Hospital (Barnet):

- The first patient was seen only three months after start on site; 50,000 additional patients were seen in the first year
- MRI, CT, Ophthalmology, Phlebotomy, Ultrasound services
- Used existing core estate provided by Community Health Partnerships
- Increased utilisation in the hospital, which means more services for little extra cost

The Challenges – growth in primary care attendance



The Challenges – growth in primary care workforce



Staff Group	Mar-19 FTE	Mar-23 FTE	Change	% Change
Qualified GPs	760	725	-34	-5%
Nurses	222	207	-15	-7%
Direct Patient Care	165	262	97	59%
Admin/Non-Clinical	1,513	1,689	175	12%
Total	2,660	2,882	223	8%

Success indicators

Our challenge is to oversee development and then effective delivery of supporting plans. Metrics can be used to assess progress, moving from immediate outcomes to long-term reductions in health inequalities.

Our health delivery

Population Health: i) Borough Plans in place ii) Initiatives to address health inequalities in place iii) Responses to planned population growth in place iv) Development of neighbourhood estate plans v) Delivery of effective schemes vi) Facilities in place to support primary care at scale

Quality of estate: i) Reduction of reliance on tail estate in all settings; acute, mental, community and primary health care ii) Delivery of schemes to increase quality of care

Efficiency: i) Reduction of void spaces ii) Identified opportunities to divest from poor estate iii) optimisation of core estate

Metrics to see progress

Estate metrics

- £ reduction in provider backlog maintenance
- Investment in local care estate from i) investment of NCL allocation ii) local authority investment iii) landlord investment iv) GP investment
- % of practices (and % patients served) from 'tail' estates- mapping assessments against patient lists
- Utilisation of 'core' estate, including bookable
- Financial savings from divestment from estate
- % reduction and £ savings from release of void estate

Health outcome metrics

- Primary Care workforce indicator- HEE
- Satisfaction with General Practice- Ipsos- Mori
- Satisfaction in managing long-term condition- Ipsos-Mori
- Improved confidence in NHS; i.e. increased vaccine take-up
- Non-Elective Admissions- SUS
- Reduced Health Inequalities in terms of outcomes- Public Health
- Progress towards Net Zero targets- as calculated by Greener NHS

The ICS will evolve further

Moving to an *Integrated Care System* is a change in mindset that will be achieved over time. For example, a balance will need to be struck between continued allocation of recurring infrastructure budgets to providers and the prioritisation of particular schemes. The commitment to allocate % of overall capital investment to primary care is an important first step. Beyond this, the ICB and providers need to establish the most effective ways to make those strategic decisions. Prioritisation decisions include:

- Identifying critical estate schemes;
- Prioritisation of backlog maintenance:
- Diagnostic equipment;
- Integrated decision-making:
- Reducing back office space;
- How will health needs change?
- How can we work most effectively with our partners, particularly local authorities?

What are we looking for in partners :

- Given capital/revenue constraints, partners who can “support the NHS £”, noting pressure on DV rents
- Potential around shell & core options + fit out using NCL capital
- Accelerating GP’s new ways of working with digital
- NCL has an emerging capital pipeline, requires early due diligence, incl testing of options, other sources of revenue etc
- Partners/advisors that can join the dots between what we are doing + what others are doing
- Simplifying leasing structures, esp with shared funding sources
- Partners with experience of the process and requirements of deals with the NHS

Key messages

- Progress in taking place, limited capital is being invested with a 3 – 5 year NCL primary & community pipeline emerging
- But significant capital and revenue constraints exist
- Schemes must be transformational to be supported, provide efficiency and be prioritised
- Partnership & collaboration sits at the core of what we do, with both internal and external partners
- We are looking at ways of simplifying leasing structures + with risk being held by the partner most able to manage it
- Not all ICBs are the same & these are my own views!

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