

Primary Care Commissioning Committee (PCCC)

Date: 26th June 2018

Time: 9.30-12.00

Location: Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda item: 10

Report title: Minor Improvement Grants Scheme 18/19

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Report Sponsor: Justine Rawlings, Area Director (Bristol)

1. Purpose

To update the Committee on the BNSSG approach to managing GP premises Minor Improvement Grants (MIGs) for 18/19 and seek PCCC approval in principle of a prioritised list of applications received as part of the process, prior to submission to PCCC and then NHSE for final compliance checks and due diligence.

2. Recommendations

The PCCC is asked to support the identified priorities.

3. Background

The Minor Improvement Grants scheme offers part-funding towards relatively small modifications to existing GP premises, consistent with the requirements outlined in the NHS General Medical Services - Premises Costs Directions 2013. Discretionary funding is made available each year by NHSE for practices to apply for via the CCG who determine strategic fit. Applications can be made by single practices or groups of practices using an application process which offers them the opportunity to outline the proposed development including potential benefits and associated costs.

Submissions are then initially assessed by the CCG(s) to ensure:

- Initial compliance with the Premises Directions

- Consistency with CCG estates and service development strategy
- Deliverability within the available cash envelope

Following this a group of CCG Area representatives from across BNSSG meets with the CCG's Estates lead to decide which projects to support in principle using a list of criteria shared with practices prior to the submission of their application. Those that are supported are then prioritised into high, medium and low priorities using the same principles. For 18/19 practices were informed those proposals that meet one or more of the following criteria would be supported/prioritised:

1. Addressing shortcomings in infection control or other failings identified by CQC inspection
2. Increasing clinical space to improve resilience or deliver new services, particularly for practices where list size exceeds space available according to NHSE guidance
3. Improvement of accessibility
4. Delivery of a new pan-practice, cluster or locality approach to service delivery
5. Consistency with CCG estates and service development strategy
6. Supports practices that have not recently benefited from investment of this kind

A list of CCG supported applications is then submitted to NHSE for a final compliance check, to inform applicants of the outcome and carry out due diligence.

Capital for MIG projects is reimbursed on a part-funded basis with the practice(s) themselves usually funding 34% of the approved project with the commissioner picking up the remaining 66%. In the event that a development incurs additional revenue costs that the CCG would be liable for, this cost is abated for a period of 5 years.

4. Context

Having been advised by NHSE that £246k of funding for Minor Improvement Grants would be made available in 18/19 a paper was taken to the CCG's Executive Team in February 2018 seeking approval for the following proposed process. The Executive Team supported the approach used in previous years with the following amendments:

- Only applications with a total minimum value of £5,000 would be considered
- While approvals should be determined at CCG/NHSE level, the Locality Leadership groups should be asked to consider the bids for their locality to ensure consistency with the developing thinking around locality plans. This would support LLGs to begin to think about the issues in their area, taking responsibility for resource-based decisions related to their member practices

Practices were invited to submit MIG applications by 20th April in accordance with the criteria outlined above. Submissions were received from 21 practices across BNSSG ranging from minor works such as new lighting to fairly major developments such as multi-story extensions to current property. The total value of the applications received across BNSSG was £867,950 (£572,847 at the usual reimbursement rate of 66%), meaning the value of bids was more than double the available funds.

Each LLG discussed the applications for their locality at their May meeting. All bids were judged to be consistent with locality priorities and therefore supported in principle.



Following this a group consisting of Area Team managers and the Interim Head of Strategic Estates met to ensure the bids could be “supported in principle” from the perspective of compliance with the Directions but also with the agreed criteria. The same criteria were then used to categorise the supported bids in to high, medium and low priorities.

This process resulted in the following table of supported proposals which fell into the category of high or medium priorities and that, at 66%, fell within budget:

No #	Practice	Total Amount	66%	Description	Revenue implications?	Landlord	Comments	Support?	Priority
5	Pembroke Road	£43,103	£28,448	Creation of 2 new consulting rooms via internal reconfiguration	No	Owner occupied	Within the existing demise	Support	High
6	Southmead and Henbury	£20,000	£13,200	Creation of an extra treatment room via internal reconfiguration	No	NHSPS	Supported subject to a cross-check with NHSE regarding their responsibilities.	Support	High
8	Hillview	£7,500	£4,950	Partition wall in the treatment room area this will give a large clinical room, an office for the PM and a store room	No	NHSPS	Creates an additional clinical space	Support	High
9	Crest Practice	£37,000	£24,420	1. Creation of new clinical space by moving midwives	Yes	NHSPS	We would support this as it creates additional clinical capacity and potentially reused an existing meeting space currently paid for by the CCG. Check revenue implications of moving midwives linked to tariff funding.	Support	High
10	Winscombe & Banwell	£12,700	£8,382	Automated doors to improve access	No	Owner occupied	Support that as it would improve patient access and DDA improvements	Support	High
12	Sunnyside	£21,050	£13,893	1. Telephone Hub to manage across 6 sites; 2. Create staff room from stockroom; 3. Reconfiguration of	No	Owner occupied	Proposal appears to support the direction of travel relating to the GPFV about	Support	High

				a records storage space into general storage space and call duty team.			creating capacity by grouping back office functions		
13	Tyntesfield	£8,672	£5,724	Creation of a new consulting rooms via internal reconfiguration	No	Owner occupied	Provides additional capacity within the existing demise, which would support patient growth and future needs for relatively little investment. Should have no additional revenue implications, as this is created within the existing demise.	Support	High
16	Cadbury Health	£12,320	£8,131	Internal reconfiguration to create an additional treatment room	No	NHSPS	Provides additional capacity within the practice. We would support	Support	High
20	West Walk	£25,000	£16,500	Internal reconfiguration to create an additional consultation rooms	No	NHSPS	Would provide increase capacity and should be within the existing demise and therefore not increase revenue costs.	Support	High
21	Wellington Road	£10,524	£6,946	1. Automated doors to improve access; 2. Car park barrier	No	Owner occupied	Support DDA improvements to doors in principle, but not supporting the addition of car barrier and therefore too small to qualify.	Support	High
17	Downend Health	£75,693	£49,957	1. Creation of secure records room and stock area from existing space will leave room for delivery of services; 2 New lighting to support clinical services	No	Owner occupied	Within the existing practice demise so should have no additional revenue implication. Need more accurate breakdown of	Support	Medium

							costs and also links to assertions relating to use by other providers and what discussions and agreements have been made.		
18	Coniston Medical	£16,000	£10,560	Replace flooring with infection control compliant equivalent to comply with CQC recommendations	No	Owner occupied	Improve quality and safety for patients. CQC. - Need to understand what the 10% is to cover in these types of schemes.	Support in principle if not a duplicate payment	Medium
	Total	£289562	£191,111						

The following bids were supported in principle but were regarded as low priorities and currently not affordable within the allocation:

No #	Practice	Total Amount	66%	Description	Revenue implications	Landlord	Comments	Support / Not Support	Priority
3	Family Practice	£30,000	£19,800	Reconfiguration of the treatment room to create better access, improve infection control and enhanced staff working conditions	No	Owner occupied	Within existing demise.	Support	Low
7	Birchwood/ Nightingale	£57,850	£38,181	Conversion of 2 admin areas into formal storage areas to meet fire safety requirements	No	NHSPS	Ask for copy of fire risk assessment. Question the level of investment.	Support	Low
	Total	£87,850	57,981						

It is therefore recommended that these applications are held in reserve in the event that funding becomes available through underspends or bidders withdrawing later in the year.

5. Financial resource implications

NHSE has allocated £246k for Minor Improvement Grants across BNSSG in 18/19. The use of the funding for this purpose and the process being undertaken were approved by the CCG's Executive Team at their meeting on 21st February 2018.

There are potential revenue implications for the CCG associated with some Minor Improvement Grant projects. Practices are reimbursed the rental cost of the premises they have agreed with the commissioner for NHS use. Changes to the rentable value of a GP practice are determined by the district value and any increase in the practice footprint will result in a rise in the rental value and therefore an ongoing revenue cost for which the CCG will be liable. Rental increases resulting from MIGs are partially abated (offset against the CCGs portion of the investment) for a period of 5 years.

Of the applications that have been put forward to PCCC for approval in principle two are proposals that would result in an increased practice footprint – Crest and Wellspring Practices. Crest are proposing to occupy space within the health centre which is already funded by the CCG for the delivery of other services so this would be a cost neutral development from a revenue perspective.

In addition we have received a proposal from Wellspring Surgery proposing the occupation of additional space within the Healthy Living Centre which is currently occupied by a private company. The application meets the criteria for clinical space to improve resilience but approval would result in a rental increase for which the CCG would ultimately be liable. This would be in addition to the £33k capital investment requested via the MIG process. Further work needs to be done to establish the affordability of this scheme and it is proposed that it comes back to PCCC once this has been undertaken.

6. Legal implications

The process being undertaken adheres to the national directions around the management of Minor Improvement Grants – The NHS General Medical Services - Premises Costs Directions 2013.

The team at NHSE are experienced in ensuring that approved projects undergo robust due diligence.

7. Risk implications

Risk	Mitigation
CCG currently lacks the resource and expertise to manage the due diligence stage of the process	NHSE team will continue to fulfil this function for 18/19 as part of the staggered transfer of responsibilities under delegated commissioning
Historical precedent suggests some projects may struggle to complete in year leading to late withdrawal and pressure to reallocate funding	Progress approval and due diligence processes at pace to give successful applicants the best chance of completing in-year. Once approved, work with NHSE colleagues to

	<p>support Practices to fulfil the requirements necessary to deliver their projects on time.</p> <p>Strengthen progress reporting processes to ensure projects at risk are identified at an earlier stage and underspends more rapidly reallocated.</p>
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8. Implications for health inequalities

Primary care services are universal so the strategic direction will affect the whole population served and will benefit all people including those with protected characteristics.

9. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

Primary care services are universal so the strategic direction will affect the whole population served. Equality and Quality impact assessments will be done if/when service provision changes are considered.

10. Consultation and Communication including Public Involvement

The NHS has a duty to engage with members of the public before making decisions on changes to health services. The proposed developments would not change the nature of the services offered.

11. Appendices

None.