

Primary Care Estates Strategy 2020-25



Key points

This document is a review of where Oxfordshire Clinical Commissioning Group (OCCG) is in relation to the buildings currently in use for Primary Care (GP services) across the county, and where we need to be to cope with our expanding population, the ageing population and the changes in the way that our future healthcare will be provided.

It is also a guide for planning teams to co-ordinate the changes which are happening in medicine and in technology. It will form the basis of justification of our requests for funding and prove that plans have been thought out logically and pragmatically.

It aims to make members of the public aware of what the next few years will bring for primary care estates across Oxfordshire.

What it represents?

The five-year Oxfordshire Primary Care Estates Strategy 2020-2025 incorporates a county-wide review of the existing primary care estate and identifies both key and critical investment priorities, using a prioritisation scoring system. The full version of the document can be found at:

www.oxfordshireccg.nhs.uk/about-us/primary-care-estates-strategy-2020-25.htm

OCCG does not have estates capital money and needs funds to invest in the short to medium term so that convenient access to primary care services can be maintained and extended for the growing population.

By April 2022 OCCG will have moved into an Integrated Care Board and be working with Buckinghamshire and parts of Berkshire West. It is anticipated that we will need a system-wide estates strategy for all health and care services. This strategy is now evolving and so far has tended to focus on acute and secondary care (hospital and community services). This Primary Care Estates Strategy is a vital piece of the jigsaw to provide a complete picture of the overall strategy for the longer term.

OCCG is collaborating with the six local authorities in Oxfordshire (the County Council, Oxford City Council and four District Councils) which are currently working on a local plan known as the Oxfordshire Plan 2050 (www.oxfordshireplan.org). This plan includes housing / economic developments and the infrastructure required to support this growth. The plan will also look at health and wellbeing needs of the population. OCCG therefore inputs where needed to Neighbourhood and Community plans to ensure health interests are included.

In addition, OCCG is working within the NHS Long Term Plan (www.longtermplan.nhs.uk/publication/nhs-long-term-plan) which includes the prevention of hospital admission, where at all possible. This will clearly rely on community resources.



In April 2020 there were **774,860 patients**



Who were registered with **67 GP practices** in Oxfordshire



By 2028 we expect to have a further **112,264 people** living in Oxfordshire

The largest population growth will be of people aged 70+, with the lowest growth in working age population. This will have a significant effect on the county's economic potential and will bring extra demand for support services, both health and social care (page 9 of the Primary Care Estates Strategy).

Primary care, which sees around 90% of NHS patients, will need to work even more closely with other providers and professionals to meet demand for these services.

As new housing estates are built, and business expands in the county, a larger population is expected which will need primary care services. Although online consultations will continue, and development of digital technology advances, it is expected that other services will be developed requiring face-to-face appointments and more physical space for additional staff.

Around a quarter of GP practices are located in converted houses, while 40% are in purpose-built premises which are more than 20 years old. Full details of all our GP practice buildings are in appendix E of the strategy.

What will we need to do

Reconfigure, extend or replace some of existing healthcare premises which are not suitable for purpose, because:

- They are older converted houses with high maintenance costs and insufficient space
- They do not have space for additional clinics, face-to-face appointments and other treatments.

Provide better facilities, closer to home where possible - and value for money;

Avoid duplication and conflict;

Provide clear and excellent cases for changed facilities to the funding bodies. These may include internal reconfigurations, extensions, or in some cases new builds. It will also involve PCNs (Primary Care Networks - groups of GPs working together to provide a wider range of services as a group than they could do as individual practices). These PCNs may decide to pool resources to ensure patient access is maintained.

Collaborate with national and community organisations to work with us and bring their own expertise into healthcare.

Ensure that you are informed of the plans, and aware of the progress we are making as a county in keeping your healthcare needs at the forefront of our work.

What differences could we see?

New buildings

In their entirety – to replace GP practice buildings which are no longer fit for purpose and not suitable for conversion.

New locations for services

As technology allows acute hospital clinics to be held in the community. OCCG is working actively with many organisations to meet these needs.

New ways of working

As our GPs offer us virtual consultations and the ability to measure our vital signs in our own homes.

What will we need for the plan to succeed?

Funding

Although OCCG is responsible for primary care in the county, it does not hold any funds for improving or building new primary care premises. This is why seeking developer contributions and Council support is so important to us.

However, there are avenues which we can go down: NHS England and Improvement (NHSEI), local funding sources etc. Applications can be made for money for these projects, but those funds are in short supply.

We receive routine notification of all major planning developments via our portal occg.planning@nhs.net.

You may know that we can then ask the developers to pay an appropriate amount towards health infrastructure – but this is a contribution and does not cover the full cost of the facilities needed.

However, given the scale of the developments around the county, we aim to work closely with our Local Authority colleagues in planning to ensure primary care infrastructure funding is available to support the GP services for that area.

Collaboration

- With existing PCNs
- With patients as they learn the benefits of the new ways of working
- With local authority colleagues and partner organisations.

Full details on our Primary Care Estates Strategy can be found here:

www.oxfordshireccg.nhs.uk/about-us/primary-care-estates-strategy-2020-25.htm
