NHS General Practice (GP) Services Infrastructure Delivery Plan 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 (see Figure 1):

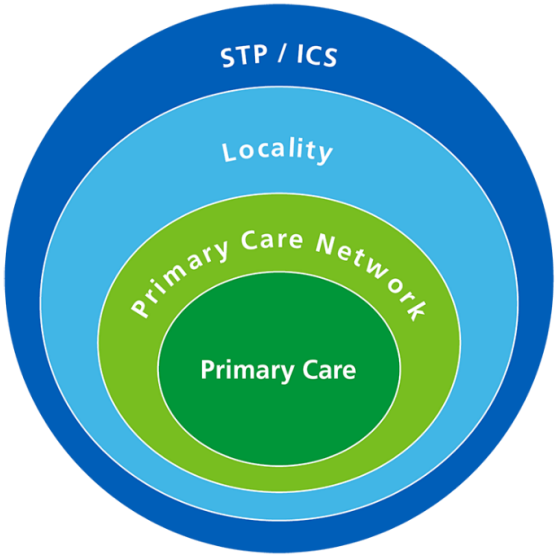
- *Primary care* is often the first point of contact for patients accessing the NHS. This includes services such as General Practice, pharmacy, optometry, and dentistry.
- *Secondary care* includes planned/elective care (typically in a hospital setting), and also includes urgent & emergency care.
- *Tertiary 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 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

1.4 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.

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



Long Term Plan	Function/s
Integrated Care System (ICS) ***System***	• Strategy • Governance • Vision • Overall accountability
Integrated Care Partnerships (ICP) Provider Alliance ***Place***	• Planning and co-ordination across providers
Primary Care Network (PCN) ***Neighbourhood***	• Practices working together • Resilience • Local delivery • Shared resources
General practice IUC Community Pharmacy Dental Optometry	• Personalised • Community based • 24/7 care

1.5 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.

1.6 This Infrastructure Position Statement (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. Health facilities include the physical infrastructure (estate) required to provide these services.

1.7 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.

1.8 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.

2.0 NHS England Funding for Capital Projects

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 significant 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). NHSE published the 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 Overview of Existing GP Practices in South Gloucestershire

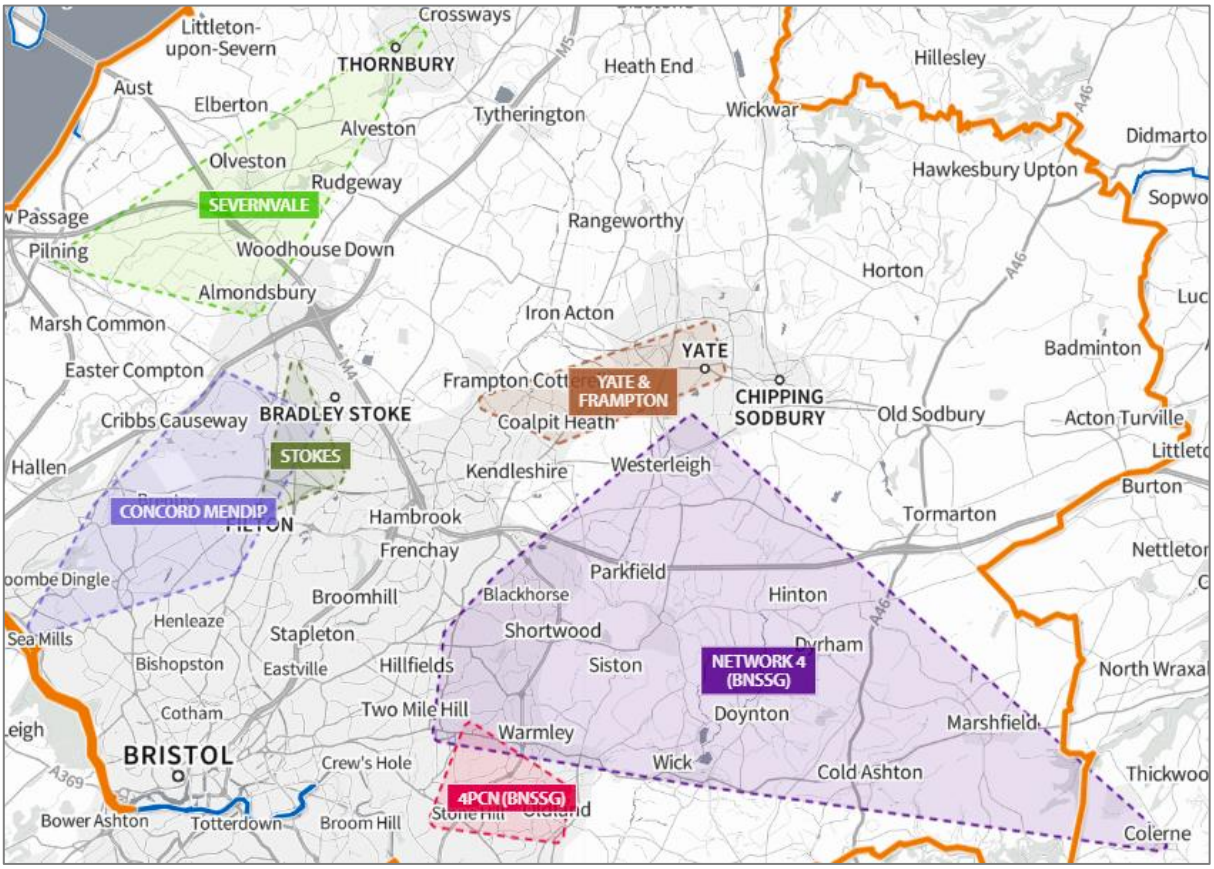
3.1 There are 24 main GP practices and 7 GP branch surgeries located in South Gloucestershire, serving a total of 314,804 registered patients as of June 2024. GP premises within South Gloucestershire vary widely in size, age, condition, and quality. In many cases, premises that were fit for purpose when they were originally built, bought, or leased may no longer be suitable for providing modern primary care.

3.2 Outdated facilities constrain the range of services offered and can fail to support the technology need in a modern practice. Ownership of GP estates varies significantly, with majority of the estate being owned by GPs themselves. South Gloucestershire's percentage of households with access to GPs within 15mins by public transport or walking is 65 percent, compared to the England-wide mean value of 70 percent.

3.3 These GP practices form six Primary Care Networks (PCNs), shown in Figure 2. PCNs are groups of GPs that work in partnership to support the development of more integrated health and care services within their local communities. PCNs provide care to a defined, registered population of between 30,000 and 50,000 people. Most PCNs are geographically based and between them will cover all GP practices within an ICB. Two PCNs in South Gloucestershire have practices within neighbouring local authority areas - three of the five practices in Concord and Mendip PCN are located within Bristol, and a branch surgery of the Network4 PCN is located in Wiltshire.

3.4 In terms of future planning, the ICB typically looks at the requirements for each PCN rather than individual GP practices. This aligns with the transformation of primary care to focus on providing integrated services locally and making the most efficient use of the existing estate.

Figure 2 – Primary Care Networks in South Gloucestershire



3.3 Each GP within a PCN has its own geographical catchment area, with catchment areas sized to ensure that practices do not take on too many patients.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 Department of Health best practice guidance for primary care facilities is provided in *Health Building Note 11:01: Facilities for Primary and Community Care (HBN 11-01).* Health Building Notes provide guidance on the design and planning of new healthcare buildings, as well as refurbishment and extension of existing facilities. HBN11-01 describes the way to quantify the types of spaces needed for primary and community care facilities to support briefing and design processes for individual projects in the NHS building programme.

3.5 For planning purposes, BNSSG ICB uses a standard floorspace requirement of 120sqm Net Internal Area (NIA) per 1,750 patients to assess the capacity of existing premises, aligned to HBN11-01. Weighted patient list size is used for the assessment. This results in a more accurate understanding of current infrastructure capacity because weighting for patient demographics reflects that certain types of patients place a higher demand on practices than others (e.g. older patients, very young patients).

3.6 Any practices under 100% capacity are considered by the ICB as having insufficient premises to accommodate their registered patients. As of June 2024, five PCNs are below 100% capacity and one is close to 100% (Table 1). This means there is not surplus capacity to accommodate the additional primary care needs arising from planned housing growth.

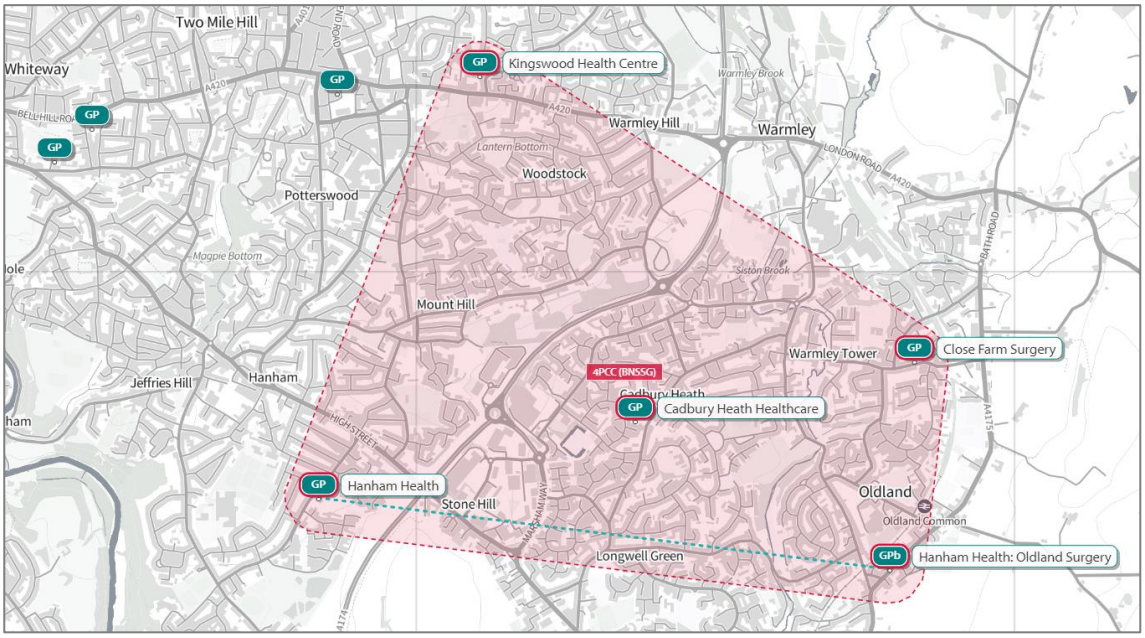
Table 1 GP Surgeries by PCN and Total Capacity

PCN	GPs	PCN Capacity (% of required floorspace)
4PCN	• Cadbury Heath Healthcare • Close Farm Surgery • Hanham Health and Oldfield Branch • Kingswood Health Centre	77%
Concord & Mendip PCN	• Concord Medical Centre • Coniston Medical Practice • Monks Park Surgery • Southmead & Henbury Family Practice and Willow Tree Branch • Sea Mills Surgery	97%
Network4 PCN	• Downend Health Group (Christchurch Family Medical and The Willow Surgery) • Emersons Green Medical Centre • Leap Valley Medical Practice (Beaufort Surgery and Abbotswood Surgery) • Orchard Medical Centre • Three Shires Medical Practice (Pucklechurch Surgery, Colerne Surgery, Marshfield Surgery, and Wick Surgery)	104%
Severnvale PCN	• Almondsbury Surgery • Pilning Surgery • Severn Vale Family Practice • St Mary Street Surgery • Streamside Surgery	57%
Stokes PCN	• Bradley Stoke Surgery • Stoke Gifford Medical Centre and Conygre Branch	90%
Yate & Frampton PCN	• Courtside Surgery • Frome Valley Medical Centre • Kennedy Way Surgery • Wellington Road Surgery • West Walk Surgery and Coalpit Branch	77%

4PCN

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

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

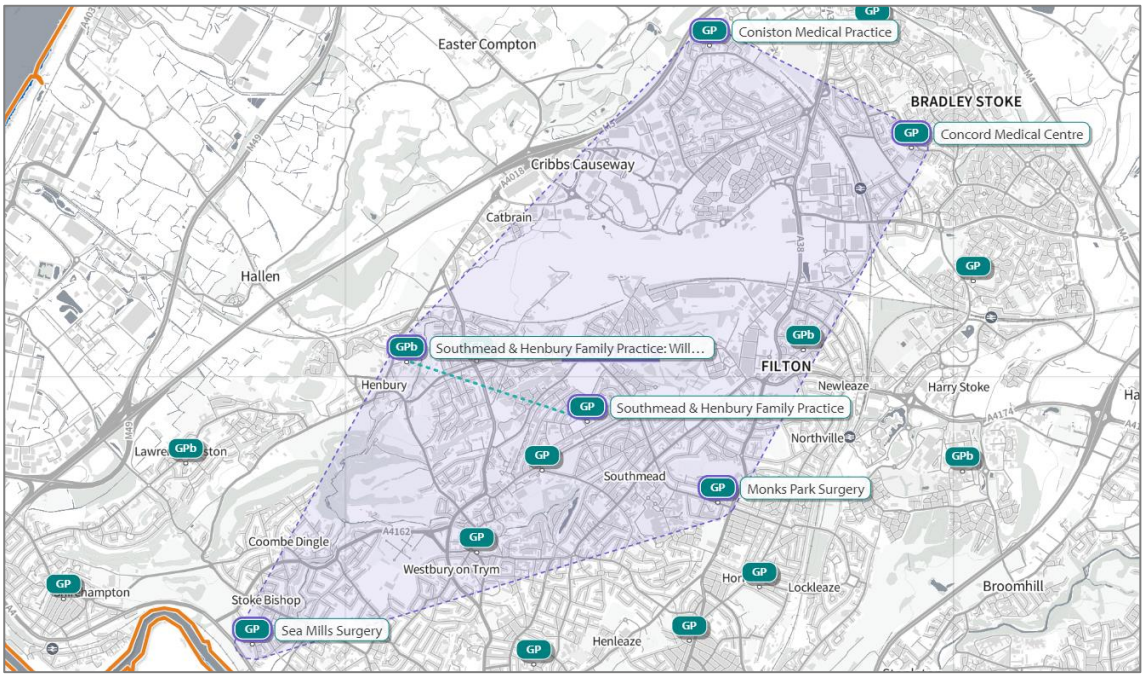


3.8 There are 4 practices in this PCN and 1 branch surgery. As of June 2024, the PCN is experiencing capacity pressures, and there are a number of local housing developments that already have planning permission which will exacerbate these existing capacity issues.

Concord & Mendip PCN

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

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



3.10 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 June 2024, the PCN experiencing capacity pressures, and there are a number of local housing developments that already have planning permission which will exacerbate these existing capacity issues.

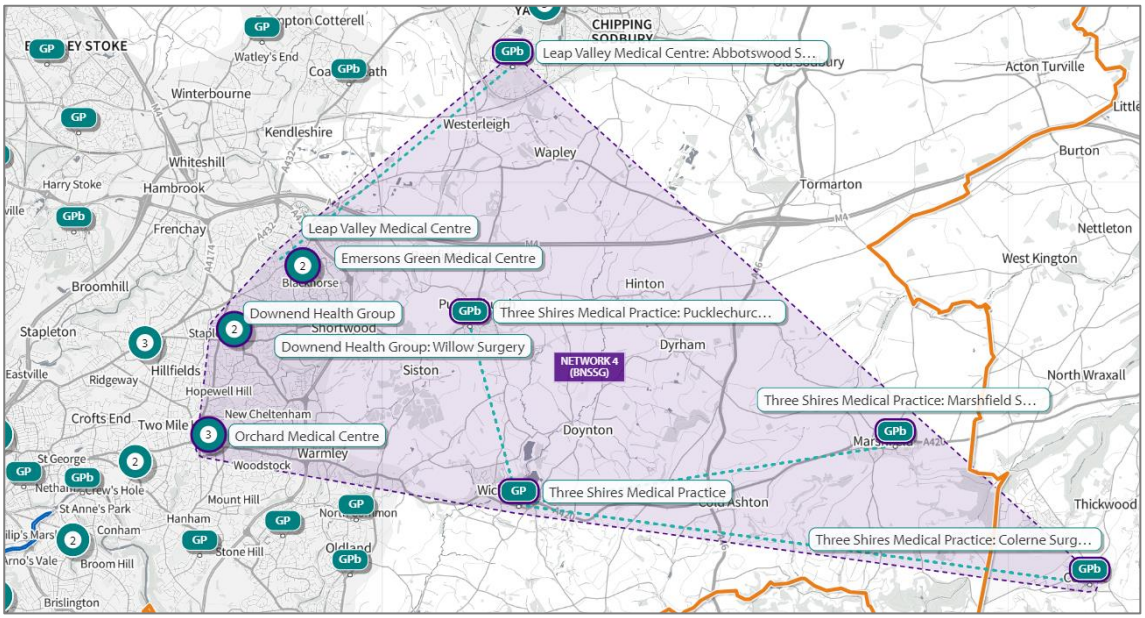
3.11 In 2018, YTL Development secured consent to build up to 2,675 new homes on the former Filton Airfield site. As part of the Cribbs Patchway New Neighbourhood permission, the S106 agreement, made with the former CCG, requires a new GP building (858sqm) to be constructed on the former Filton Airfield 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.

3.12 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 proposed updates to the S106 associated with the new permission that ensure the additional health

Network4 PCN

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

- Boyd Valley
- Dodington
- Kingswood
- Staple Hill & Mangotsfield
- Emersons Green
- Box & Colerne



3.14 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 June 2024, the PCN is close to capacity, and there are a number of local housing developments that already have planning permission which will result in the PCN starting to experience capacity pressures in the short term.

3.15 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.

Severnvale PCN

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

- Severn Vale
- Pilning & Severn Beach
- Thornbury



3.17 There are 5 practices in this PCN. Two practices (Severn View Family Practice and Streamside Surgery) are co-located in Thornbury Health Centre. As of June 2024, the PCN is experiencing capacity pressures, and there are a number of local housing developments that already have planning permission which will exacerbate these existing capacity issues.

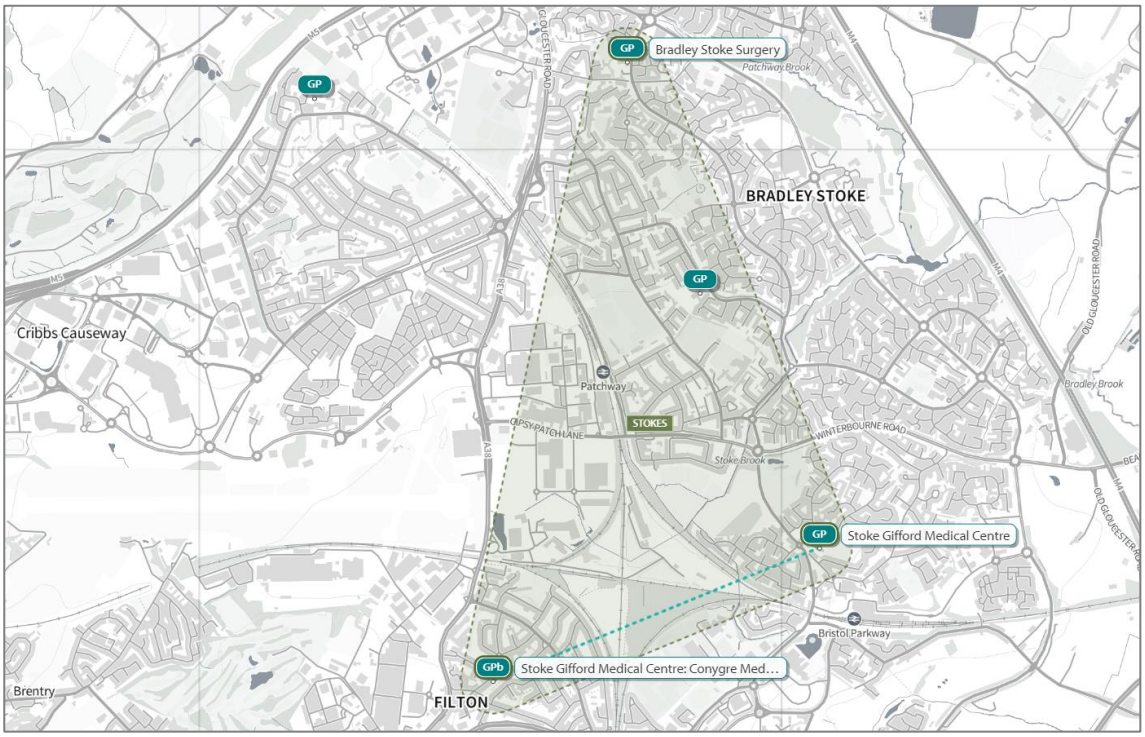
3.18 Current data-led analysis undertaken by the ICB ranks Severnvale as the highest priority PCN in South Gloucestershire for investment in their estate, and one of the highest priority PCNs in BNSSG. This is due to multiple factors, such as the current Thornbury Health Centre being of poor condition and two of the practices in Thornbury being in the top 10% of practices in BNSSG in need of more space.

3.19 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 & Streamside) Health Centre. 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.Subsequently, NHSE and DHSE confirmed that this budget would be available in financial year 2024/25 and a business case is currently underway.

Stokes PCN

3.20 Stokes PCN spans across the following wards in South Gloucestershire:

- Bradley Stoke North & South
- Stoke Gifford
- Filton



3.21 There are 2 practices in this PCN and 1 branch surgery. As of June 2024, the PCN is experiencing capacity pressures, and there are a number of local housing developments that already have planning permission which will exacerbate these existing capacity issues.

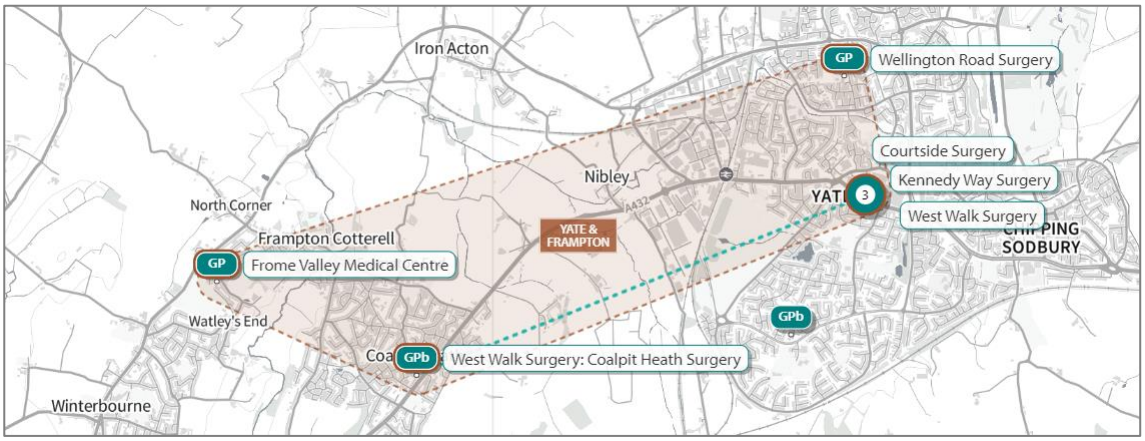
3.22 A number of developments are underway in the 'Bristol Northern Fringe' area, and multiple outstanding S106 agreements have been secured to support the surrounding GP practices. Some of this funding has been ring-fenced specifically for the construction of a building extension at Stoke Gifford Medical 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.

3.23 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

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

- North Yate & Yate Central
- Frampton Cotterell
- Winterbourne



3.25 There are 4 practices in this PCN and 1 branch surgery. As of June 2024, the PCN is experiencing capacity pressures, and there are a number of local housing developments that already have planning permission which will exacerbate these existing capacity issues.

3.26 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.

3.27 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 728sqm floorspace. However, no additional capital or revenue funds have been obtained to support the construction of a new GP building on this site. The use of these funds is under review.

4.0 Future Demand and Identified Priority Projects

4.1 Successfully transforming the way services are delivered, and redesigning patient care requires making more efficient use of the existing estate alongside ensuring that any new health infrastructure provided supports this new model of primary care provision. From an estates perspective, delivering the NHS Long Term Plan means a shift away from smaller GP premises to larger scale, modernised integrated primary and community care hubs that accommodate a wider range of healthcare services been built around the needs of the local population.

4.2 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. Any new developments for new GP estate will need to ensure that space is fit-for-purpose and sustainable for future needs. 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.

4.3 The new Local Plan seeks to deliver around 24,000 new homes over the plan period, of which approximately half already have planning permission. GP services are stretched and likely to remain so in the foreseeable future, with limited capital available to provide new accommodation. Given that all PCNs in South Gloucestershire currently operate with an overall space deficit, significant investment in primary healthcare facilities will be required to support the level of housing growth in the plan. Growth will therefore necessarily need to

support GP services via proportionate developer contributions towards the capital cost of additional primary care health infrastructure.

4.4 BNSSG ICB has reviewed the existing estate and development across South Gloucestershire to identify how the NHS can effectively manage the ongoing population growth from housing development. Options for consolidation, reconfiguration and development of existing premises are generally considered as a priority, however due to the condition, location, and/or constraints on existing premises, it is also necessary to consider provision of larger, centralised new primary care facilities to support the level of planned growth. In addition to the identified projects within each PCN listed above, Appendix X identifies the likely primary care infrastructure requirements and estimated costs for the strategic sites proposed in the new Local Plan.

4.5 When assessing the additional primary care floorspace requirement from new housing, the ICB uses a standard requirement of 150sqm gross internal area (GIA) per 1,750 patients. This has been derived from Health Building Note 11:01: Facilities for Primary and Community Care (HBN 11-01) to identify the scale of additional infrastructure required to provide primary care services to a modern standard of care for residents of new housing in efficient, flexible, and user-friendly environments. This floorspace standard is kept under review by the ICB to ensure it reflects the most up-to-date best practice guidance and may be revised accordingly.

4.6 The cost of additional primary care provision is determined in accordance with ICB build cost benchmarks for primary care facilities. The capital costs of additional health provision, whether for upgrades to existing facilities or construction of new facilities, are based on providing spaces that specified to be ready for occupation, as opposed to shell and core condition. This reflects the full costs of delivering health infrastructure projects. Where facilities are delivered on-site, measures to ensure that they are fit for purpose and affordable will be applied including consideration of input from the District Valuer.

4.7 Early and on-going engagement with the ICB and other relevant health stakeholders is particularly important during the preparation of proposals within Strategic Urban Extensions (SUEs). Should it be concluded that on-site health provision is needed, this will need to take the form of either in-kind provision by the developer in the form of a turnkey facility transferred to the NHS at no cost, or the provision of a serviced plot of land at no cost with a financial contribution to equivalent to the full capital cost of a new build facility of the required size.

4.8 BNSSG ICB will continue to work closely with South Gloucestershire Council to determine the specific nature of health provision required from new development In doing so, consideration will be given to alignment with the ICB's Infrastructure Strategy, investment plans, and specific priorities for the South Gloucestershire Locality to ensure that healthcare services for new communities are available and delivered in a way that promotes NHS objectives related to the delivery of population-based healthcare.