

Report To:	Primary Care Commissioning Committee
Report Title:	General Practice Estates Planning and Delivery – Position Update
Report From:	Anna Hargrave – Chief Population Health Officer
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Date:	8 September 2021
Previously Considered by:	<ul style="list-style-type: none"> Primary Care Committees of NHS South Warwickshire, Warwickshire North and Coventry & Rugby Clinical Commissioning Groups – various dates (for key investment decisions relating to specific schemes and position updates). Clinical Executive Group of NHS Coventry and Warwickshire Clinical Commissioning Group – 19 August 2021.

Action Required (<i>delete as appropriate</i>)							
Decision:		Assurance:		Information:	✓	Confidential	

Purpose of the Report:
To update the Primary Care Commissioning Committee regarding the progress made in relation to general practice estates planning and infrastructure delivery from 2016 onwards and to highlight a 'guidance and advisory approach' being developed to support local Primary Care Networks with estates planning moving forward.
Key Points:
<ul style="list-style-type: none"> During the summer of 2016, and in response to the announcement of the NHS England Estates and Technology Transformation Fund ('ETTF'), NHS South Warwickshire, Coventry and Rugby and Warwickshire North Clinical Commissioning Groups ('CCGs') developed General Practice Estates Strategies. These strategies established the general practice estates work programme for each CCG. The process of developing the strategies included a baseline review of the general practice estate across each CCG and an analysis of current and future capacity for delivery of core general practice services, informed by the housing trajectories set out in the respective District and Borough Council Local Plans. The analysis was initially undertaken on the basis of defined geographic sub-localities within each CCG footprint. In July 2019 it was refreshed on Primary Care Network ('PCN') footprints. Since 2019 a significant volume of work has been undertaken in relation to estates planning and infrastructure delivery. The breadth of this work (as reflected in Appendix 1) incorporates targeted work in individual localities to develop option appraisal studies, input to projects that have secured Primary Care Committee approval via the submission of business cases, engagement with Member Practices at both individual practice, PCN, and locality level and on-going engagement with local District and Borough Councils. The work described in Appendix 1 has enabled the CCG to establish priorities for each PCN area and recommendations for action. Within the emerging architecture of an Integrated Care System, it is recognised that going forward estates planning will increasingly be driven at Place level, with PCNs having a key role to play alongside other Provider organisations and wider partners.

- The CCG is a partner in both the system-level Coventry and Warwickshire Health and Care Partnership Estates Strategy Group and Place-level Estates Groups. Provider organisations and District and Borough Councils are also represented on the Place Groups. The CCG Primary Care Team have been instrumental in developing and delivering Place-level estates planning workshops to identify priority projects to respond to population health and wellbeing needs and drive integrated care delivery models.
- Moving forward, a priority for the CCG will be to work with PCNs to provide advice and guidance for their estates planning process. A number of actions are underway to develop localised PCN standard planning assumptions and a step-by-step guide for PCNs, so that, working with key partners, they can assess how best to utilise local estate as a key enabler for service delivery and meeting local population health and wellbeing needs.
- This position paper was presented to the CCG Clinical Executive Group on 19 August 2021. The paper was positively received, with associated discussion focusing largely on the issue of PCN planning.

Recommendation:

The Primary Care Commissioning Committee is asked to note the content of the report.

Implications						
Objective(s) / Plans supported by this report:	Creating Value Building Capacity Delivering at Place ✓					
Conflicts of Interest:	None relevant to the current report.					
Financial:	Non-Recurrent Expenditure:	The progression of any general practice estates scheme (new development or improvement) entails the development of a business case, which incorporates a full assessment of the financial and commercial case, including the capital requirement and revenue consequences. Section 106 and Community Infrastructure Levy ('CIL') funding are the only capital estates funding routes available to the CCG currently – application processes are determined by local District and Borough Councils and are competitive in that they are open to all providers of infrastructure.				
	Recurrent Expenditure:	Affordability is the key consideration. All estates schemes (new development and improvement) create a revenue impact as a result of an increased rent reimbursement being payable by the CCG to the GP practice. Any injection of Section 106 or CIL funding can be treated as a grant and offset by way of abatement of the rent reimbursement. At the point that the abatement period ends the full revenue impact is incurred by the CCG. Water and rates reimbursements will also be subject to increase.				
	Is this expenditure included within the CCG's Financial Plan? (Delete as appropriate)	Yes		No	N/A	✓
Performance:	Investment in GP premises improvements/developments will support improved access to effective care and provide opportunities for service integration.					

Quality and Safety:	It is expected that investment in GP premises improvements/developments will support an enhanced patient experience of general practice services.		
Equality and Diversity:	General Statement: The CCG is committed to fulfilling its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. Policies/decisions may need to be adjusted in line with any equality analysis or due regard. Any decision that is finalised without being influenced by appropriate due regard could be deemed unlawful.		
	Has an equality impact assessment been undertaken? <i>(Delete as appropriate)</i>	No	NB. equality impact assessments are completed as part of the business case development process for schemes.
Patient and Public Engagement:	The main body of the report reflects the broad engagement that has been undertaken with Member Practices at both individual practice and locality level. Business cases for schemes detail the stakeholder engagement undertaken, including engagement with relevant Patient Participation Groups.		
Clinical Engagement:	See above.		
Risk and Assurance:	Affordability is the greatest risk. The availability of capital funding sources is also a key consideration. Section 2 of the main report highlights the progress that has been made in relation to securing capital funding via developer contributions (through both Section 106 Planning Obligations and CIL).		

Background

- 1.1. The process of developing the General Practice Estates Strategies of the predecessor Coventry and Warwickshire CCGs in 2016 included a baseline review of the general practice estate across the three CCG geographies, in line with the following methodology:
 - **Stocktake** – to establish baseline data (including functional suitability, condition and utilisation) for the existing estate. Member Practices were fully engaged in this process with individual practices being invited to validate and comment on a standard format data set for their practice.
 - **Current Capacity Analysis** – utilising the data gathered at the stocktake stage, to establish the current capacity of the existing estate for delivery of core general practice services in line with the methodology outlined in *Health Building Note 11-01: Facilities for Primary and Community Care Services* ('the HBN guidance').
 - **Demand Projection** – taking account of Local Plan housing trajectories and assumptions around natural demographic growth, to produce future demand projections at both individual practice and locality levels.
 - **Future (2030) Capacity Analysis** – by comparing future demand projections at locality level versus current capacity, to identify 'hotspot' areas (i.e. priority localities where a capacity gap will emerge over time) and to define the future capacity requirement for delivery of core general practice services at both individual practice and locality levels.
- 1.2. In July 2019 the baseline was refreshed using the same methodology on PCN footprints. The 2019 baseline position continues to be used for all early planning work, alongside direct engagement with Member GP Practices and health and care system partners to ensure that the most up to date position is used for estates planning. Through this approach, planning undertaken reflects the latest national guidance, local changes in GP Practice delivery sites, new ways of working, and changes in planning projections from Borough and District Councils.
- 1.3. A significant volume of work has been undertaken in relation to estates planning. The breadth of this work (as reflected in **Appendix 1**) incorporates targeted work in individual localities, input to projects that have secured support from the Primary Care Committee via the submission of business cases, engagement with Member Practices at both individual practice, PCN and locality level, and on-going engagement with the District and Borough Councils.
- 1.4. The landscape of the general practice estate locally has evolved significantly since 2016 with:
 - A small number of practice closures – for example, Arden Medical Centre, Studley Health Centre, various branch surgery closures, Leicester Road Surgery.
 - Completion of multiple major expansion/improvement projects – for example, Atherstone, Henley Green, Broomfield Park, Warwick Gates.
 - New practice developments – for example, Hastings House, Priory Medical Centre, Brownsover and Foleshill (the first net carbon zero GP Practice in England).

All of the above have required extensive support and input from the CCG, via both CCG officers working on the estates planning/delivery agenda and Primary Care Contract Managers.
- 1.5. The table below provides a summary of key progress since 2016 outlining scheme approvals, and completions. The work completed represents capital investment of £14.3m, a £1.14m revenue investment and an increase of 106 clinical rooms across the Coventry and Warwickshire footprint.

Approved Schemes (mix of new development and improvement)	Capital Investment via Planning obligations or ETTF (£)	Revenue Investment – abated position where capital grant funding has been applied (£)	Completed Schemes	Clinical Room Delivery (on basis of approved schemes)
South				
Abbey Medical Centre Castle Medical Centre Hastings House Warwick Gates Family Health Centre Priory Medical Centre Shipston Medical Centre Waterside Medical Centre Croft Medical Centre	1,331,383	732,036	Hastings House Abbey Medical Centre Castle Medical Centre Warwick Gates Family Health Centre Priory Medical Centre	45
Warwickshire North				
Atherstone Hartshill Arbury Medical Centre Rugby Road Woodlands Surgery Red Roofs Surgery Riversley Road Surgery	1,624,957	123,790	Atherstone Arbury Medical Centre Rugby Road Woodlands Surgery Red Roofs Surgery Riversley Road Surgery	18
Coventry				
Foleshill Henley Green Medical Centre Woodside Medical Centre Engleton House Surgery Broomfield Park Medical Centre George Eliot Medical Centre The Forum Health Centre Mansfield Medical Centre Henley Green Medical Centre Copsewood Medical Centre	8,613,748	202,706	Foleshill Henley Green Medical Centre Woodside Medical Centre Engleton House Surgery Broomfield Park Medical Centre George Eliot Medical Centre The Forum Health Centre Mansfield Medical Centre Henley Green Medical Centre Copsewood Medical Centre	31
Rugby				
Brownsover Whitehall Medical Centre Westside Medical Centre Woolston Surgery Brookside Surgery	2,724,838	80,408	Brownsover Whitehall Medical Centre Westside Medical Centre Woolston Surgery Brookside Surgery	12
Total	14,294,926	1,138,940		106

1.6. Other key progress is noted below:

- Significant housing delivery has continued in a number of areas – most notably within strategic urban extension areas;
- The CCG, through its General Practice Information and Communications Technology (ICT) Strategy, and the deployment of £5m of funding secured from the ETTF, continues its work to mainstream digitally-enabled general practice. Latterly Covid-19 has accelerated implementation significantly; however, further capital funding (requested from

system capital funding and CIL) will be required to deliver the strategy and ambitions detailed in the NHS Long Term Plan.

- ETTF funding has also been used for several smaller estates schemes to enable improvements in premises and reconfiguration to deliver new digital ways of working through physical adaptation of space – for example, changing a meeting room to a digital consultation hot desk area.
- PCN development continues at pace. PCNs are able to achieve improved resilience; by for example, sharing buildings, staff and other resources, helping to smooth out fluctuations in demand and capacity and making the most efficient use of resource available across the network of practices. Commitments within the national Network contract relating to workforce development (with funding available to every PCN to build an expanded general practice team, including clinical pharmacists, social prescribers and community paramedics) will mean that future estates planning must increasingly focus on the flexibility required to accommodate multi-disciplinary teams. The CCG is working closely with NHS England and NHS Improvement ('NHSE/I') on this matter, and further guidance is expected shortly.
- The impact of the Covid-19 pandemic in terms of accelerating the scaling up of technology-enabled access routes is noted above. The broader impact of Covid as it relates to general practice estates planning is significant and will be better understood over time – revised infection prevention and control guidance, the implementation of social distancing measures and the need to restore services and address backlogs of care are all factors which will require consideration.

- 1.7. The developments highlighted in **paragraph 1.6.** all have implications for the capacity and demand analysis completed in 2019 and introduce a significant degree of complexity to the task of forward estates planning. Historically the starting point for the CCG's analysis has been the methodology the HBN guidance. With no alternative national methodology in place, this guidance remains an important reference point. However, there is now a recognised need to factor in the implications of the different changes highlighted above as they relate to the analysis produced via a 'pure' HBN assessment, recognising that the impact of some factors will be to reduce the future capacity/clinical rooms requirement produced, while the impact of others will be to increase the requirement.

Progress Update

- 2.1. The position statements set out in **Appendix 1** capture the position of general practice estates planning work and infrastructure delivery by PCN. Even with a period of 'pause' during the Covid-19 incident period, the statements reflect a significant volume of investment and capacity delivery over the last 5 years.
- 2.2. Throughout this period, the predecessor CCGs maintained engagement with local District and Borough Councils, with the overall aim of ensuring that general practice infrastructure needs are fully understood and considered within planning processes. Extensive engagement has been undertaken with Officers and Elected Members in relation to both the development of the respective Local Plans and the impact of planned housing delivery on general practice at locality and sub-locality levels.
- 2.3. As a result of the above work, each predecessor CCG had a systematic and well-developed approach to responding to planning applications in place and demonstrated success in securing developer contributions. The CCGs worked particularly closely with the District and Borough Councils to ensure that the contribution requirements relating to the larger strategic sites, shown in the table below by Place area, are clearly articulated. The delivery trajectories for these sites extend beyond the Local Plan periods i.e. beyond 2030 – consequently, and

with future proofing in mind, CCG responses were developed to ‘place hold’ a number of different potential scenarios.

- 2.4. In relation to Section 106 funding, funding requests are made against all planning applications of 50 dwellings or more. The current position by Place area is summarised in the table below – reflecting a current total of £27m (with £12.3m relating to granted planning applications and £14.7m relating to pending planning applications).

Section 106 Requests by Place Area	Granted Applications (£)	Pending Applications (£)
South	6,062,941	2,577,795
Warwickshire North	2,376,856	4,965,035
Coventry	3,572,278	4,671,264
Rugby	285,245	2,454,672
Total	12,297,320	14,688,766

- 2.5. Stratford-on-Avon and Warwick District Councils have both now adopted CIL. As part of the CIL process, every Local Authority must prepare an Infrastructure Funding Statement (‘IFS’) – a published list of infrastructure projects or types of infrastructure that the District Council intends will be, or may be, wholly or partly funded by CIL.
- 2.6. During the last 12 months the CCG has submitted CIL bids/applications to both District Councils. All bids have successfully progressed on to the IFS, with a new development scheme in North Leamington securing approval for £2.8m investment by Warwick District Council Cabinet. It should be noted that inclusion in the IFS is not equivalent to a guarantee of funding; but it is an important first step. Progression, as per the North Leamington bid through close working with the Council and system partners, provides a key delivery route for future funding and delivery of infrastructure. Current schemes and CIL funding requests are shown below:

Stratford-on-Avon District Council Schemes	Value (£)
Southam (Southam Surgery and St Wulfstan Surgery)	925,000
Studley (Pool Medical Centre)	425,000

Warwick District Council Schemes	Value (£)
North Leamington (Cubbington Surgery)	2,800,000
Leamington Town Centre (Clarendon Lodge and Sherbourne Medical Centre)	6,500,000

Next Steps

- 3.1. Within the emerging architecture of an Integrated Care System, it is recognised that going forward estates planning and infrastructure delivery will increasingly be driven at Place level, with PCNs having a key role to play alongside other Provider organisations and wider partners.
- 3.2. In each Place area engagement with partners in relation to potential future approaches and resourcing has commenced. A Place Level Estates Group has been established in each of the four Places, engaging key partners, including local Provider organisations and District and Borough Councils. Over recent weeks Place-level estates planning workshops have been held for partners to collectively plan to work together on estates projects moving forwards.
- 3.3. As signalled in **paragraph 1.6.** it is clear that the establishment and development of PCNs has implications in terms of future estates planning. The most up to date NHSE/I guidance on this issue dates to June 2020 and describes a PCN-led approach to planning, with clear steps

identified to address any identified need for additional space/capacity. Across these steps, there is a strong emphasis on maximising the use of existing general practice and wider estate. The approach described recognises the fact that CCGs nationally have no revenue provision for PCN space requirements.

3.4. Over recent weeks the CCG has been developing its thinking in terms of the support that can be offered to PCNs in relation to estates planning. In the context of a PCN-led approach, a 'guidance and advisory' role is being scoped, with the CCG currently focusing on the following activities:

- Refreshing the demand and capacity position for each PCN based on national planning assumptions and factoring in the growth that is being delivered across PCN footprints;
- Preparing to engage with PCN Clinical Directors to ensure that they are fully sighted on national guidance materials relating to estates planning and advisory support available;
- Commissioning external estates experts to work with Dene and Stour Valleys and Warwickshire East PCNs to develop and test local PCN planning assumptions, as part of broader planning work relating to the strategic growth site at Gaydon Lighthorne Heath;
- Working with system partners in each Place area through a series of Place Estates Workshops, which engage a range of key health, care and voluntary sector partners. The overarching aim of the workshops being to understand current estates challenges and opportunities, and to identify key areas where partnership working will be critical to both addressing challenges and realising opportunities. The output from these Workshops will inform both local Place estates plans and the development of an estates strategy for the Integrated Care System;
- Working closely with NHSE/I and other geographical areas to ensure learning and best practice is shared locally, in terms of both utilisation and thinking differently about how to get best value from current estate assets. Examples from elsewhere demonstrate that distributed models of additional roles and changes to ways of working are key, alongside increased clinical space utilisation.

3.5. Alongside this CCG officers continue to:

- Provide input to multiple general practice new development and improvement schemes at both development and delivery phases;
- Work closely with local District and Borough Councils to ensure local population health needs are considered through the Local Plan development processes and contributions for general practice infrastructure are secured to ensure new residents have access to core primary medical care services.

Recommendation

4.1. The Primary Care Commissioning Committee is asked to note the content of the report.

END OF REPORT

APPENDIX 1

This appendix provides position statements by PCN footprint. It should be noted that the position statements have been developed building on the 2019 position statements, and factor in the additional clinical space delivered since 2016 through ETTF and other capital funding routes.

Methodology

- The NHS PID Estimator (HBN 11-01) is the tool which continues to be used as a first step in identifying the space requirements. This is used routinely by the CCG, in line with national good practice.
- Each PCN capacity has been RAG (Red, Amber, Green) rated against a 2021 and 2031 demand position based on the modelling assumptions below and factoring in all population growth (ONS & additional population growth from housing development to 2031)

Parameters	Assumption	Standard for CW CCG	Notes
Estimated average annual contacts per patient per year	6	6	<ul style="list-style-type: none"> Eight contacts per annum can be applied where there is an older population or a population where increased contact rates are likely. Justification for use of 8 contacts needs to be evidenced through the business case if applied. 52 hours assumes M-F 8:00-18:30. NHSE/I advice indicates that a 60% utilisation rate used for capacity planning should provide enough capacity to enable accommodation of training practice and PCN role requirements, noting roles will be allocated based on a PCN footprint estates analysis completed by the PCN.
Estimated ratio of patients using C&E rooms	80%	80%	
Estimated ratio of patients using treatment rooms	20%	20%	
Building open (weeks per year)	50	50	
Appointment duration (C&E room)	15 mins	15 mins	
Appointment duration (treatment room)	20 mins	20 mins	
Operational hours per week	52	varies 52-64	
Utilisation	60%	60%	

Red	The PCN total clinical rooms is LESS than the PIDE estimated requirement and there is no plan to address the shortfall	Amber	The PCN total clinical rooms is LESS than the PIDE estimated requirement and there is planning underway to address the shortfall	Green	The PCN total clinical rooms is MORE than the PIDE estimated requirement, although there may still be capacity issues at an individual practice level
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- Locally practices that were 'early adopters' of new ways of working forecast an ability to operate on 80% of HBN 11-01 space requirements, and the latest national view is that circa 60-65% of patients will need a face to face consult moving forwards – neither of these adjustments are factored into the current position.
- The CCG has commissioned external estates experts to work with Dene and Stour Valleys and Warwickshire East PCNs to develop and test local PCN planning assumptions, as part of broader planning work relating to the strategic growth site at Gaydon Lighthorne Heath.

South Warwickshire

Dene & Stour Valleys (Stratford Surrounds)		
Hastings House, Meon Medical Centre, Shipston Medical Centre.		
Capacity		Position Update
2021	2031	<ul style="list-style-type: none"> Significant housing growth planned: S106 Long Marston Airfield and Gaydon Lighthorne Heath ('GLH') secured for new build/improvement works capital & land Shipston Medical Centre new practice build - forecast delivery in early 2023
Warwickshire East		
Kineton Surgery, Tysoe Surgery (branch surgery), Harbury Surgery, Bishop's Itchington Surgery (branch surgery), Fenny Compton Surgery, Shennington Surgery (branch surgery) Southam Surgery, St Wulfstan Surgery.		
Capacity		Position Update
2021	2031	<ul style="list-style-type: none"> Significant housing growth planned: S106 Gaydon Lighthorne Heath ('GLH') requested for new build/improvement works capital & land; Southam Community Infrastructure Bid of £950,000 to deliver additional capacity
Leamington North		
Clarendon Lodge, Cubbington Road Surgery, Sherbourne Medical Centre, Waterside Medical Centre		
Capacity		Position Update
2021	2031	<ul style="list-style-type: none"> North Leamington Spa new practice build – coming forwards to primary care committee autumn '21; CIL funding £2.8M allocated via the IFS - £1.4M for the GP Practice component Leamington Town Centre: development of a new primary care hub in Leamington Town Centre CIL funding £6.5M allocated via the IFS. Waterside Medical Centre – in delivery major expansion project for South Leamington Spa
Leamington South		
Croft Medical Centre, Bishop's Tachbrook Surgery (branch surgery), Spa Medical Centre, Warwick Gates Family Health Centre, Whitnash Medical Centre.		
Capacity		Position Update
2021	2031	<ul style="list-style-type: none"> Warwick Gates Family Health Centre major expansion scheme delivered Croft Medical Centre scheme, in delivery, with issue re liquidation of contractor in resolution
Kenilworth and Warwick		
Abbey Medical Centre, Castle Medical Centre, Priory Medical Centre, Cape Road Surgery (branch surgery), The Surgery/Woodloes Park (branch surgery) Avonside Medical Centre, Chase Meadow Health Centre		
Capacity		Position Update
2021	2031	<ul style="list-style-type: none"> Abbey and Castle Medical Centres expansion projects through ETTF Delivery of new Priory GP Practice June 21 Kings Hill major growth site – S106 capital and land secured for new build or offsite improvement work
Stratford Central		

Arden Medical Centre, Bridge House Medical Centre, Rother House Medical Centre, Rother House Medical Centre branch surgery, Trinity Court Surgery, Claverdon Surgery (branch surgery), Bidford on Avon Health Centre		
Capacity		Position Update
2021	2031	<ul style="list-style-type: none"> Stratford Central practices absorbed the list dispersal of the closure of Arden Medical Centre; multiple provider town centre delivery arrangement – opportunity for the PCN working with partners to review health estate and requirements
Arden		
Alcester Health Centre, Budbrooke Medical Centre, Henley-in-Arden Medical Centre, Lapworth Surgery, Tanworth-in-Arden Medical Centre, Arrow Surgery, Pool Medical Centre		
Capacity		Position Update
2021	2031	<ul style="list-style-type: none"> Pool Medical Centre absorbed Studley Health Centre list and at capacity. A CIL bid of £425,000 has been progressed to the IFS for expansion project. Budbrooke Medical Centre: Expansion project – internal reconfiguration and development of digital space through new build leased space

Warwickshire North

Nuneaton North		
Arbury Medical Centre, Chapel End Surgery, Manor Court Surgery, The Grange Medical Centre, Stockingford Medical Centre, Camp Hill GP Led Health Centre		
Capacity		Position Update
2021	2031	<ul style="list-style-type: none"> Significant housing growth planned: S106 Top Farm/Church Fields sites and new GP Practice opening April 2022 in temporary site
Warwickshire Rural		
Pear Tree Surgery (and branch), Dordon and Polesworth Group, Hazelwood Group Practice, Satis House Medical Practice		
Capacity		Position Update
2021	2031	<ul style="list-style-type: none"> Area of future housing growth; potential opportunity through One Public Estate project at Coleshill
North Arden		
Atherstone Surgery, Station Street Surgery, Chancery Lane Surgery		
Capacity		Position Update
2021	2031	<ul style="list-style-type: none"> Additional capacity planned through new Hartshill development and potential opportunity with Atherstone developments
Bedworth and Bulkington		
Bedworth Health Centre, Whitestone Surgery, Bulkington Surgery, Woodlands Surgery, Rugby Road Surgery, The Old Cole House		
Capacity		Position Update
2021	2031	<ul style="list-style-type: none"> Housing growth across the PCN, early planning work in progress with S106 and land safeguarded to respond to future growth
Nuneaton South		
Red Roofs Surgery, Riversley Road Surgery, Old Mill Surgery, Queens Road Surgery, The Chaucers Surgery		
Capacity		Position Update

2021	2031	<ul style="list-style-type: none"> Noting the capacity position, there is potential opportunity to improve use of space and quality of estate, with potential opportunity through Transforming Nuneaton
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Coventry

Coventry North		
Park Leys, The Gables Medicentre, Moseley Avenue Surgery, Springfield Medical Practice., Allesley Village Surgery, Govind Health Centre		
Capacity		Position Update
2021	2031	<ul style="list-style-type: none"> Some practices in this PCN are in close proximity to major population growth area of Keresley – S106 requests made and recent options appraisal completed as part of the planning response to address future capacity issues
Go West		
Limbrick Wood, Jubilee Healthcare, Forrest Medical Centre, Westwood Medical Centre, Woodside Medical Centre, Kensington Road Surgery		
Capacity		Position Update
2021	2031	<ul style="list-style-type: none"> Some practices in this PCN are in close proximity to major population growth area of Eastern Green – S106 requests made with land safeguarded to respond to this growth
Unity		
Engleton House Surgery, Allesley Park Medical Centre, Broomfield Park Medical Centre		
Capacity		Position Update
2021	2031	<ul style="list-style-type: none"> Major expansion programme delivered under ETTF at Broomfield Park; S106 requested for population growth and planning underway factoring in population growth from student populations and new ways of working
Central		
Coventry GP Group, Sky Blue Medical Group, Bredon Avenue Surgery, Quinton Park Medical Centre		
Capacity		Position Update
2021	2031	<ul style="list-style-type: none"> One of the practices is very close to a major growth area, and review of estate will be factored into responding to the population growth area
Coventry Navigation		
Hillfields - Dr Sani, Priory Gate Practice, Hillfields– Dr Bano, Godiva Group of Practices, Paradise Medical Centre, Clay Lane Medical Practice, Anchor Centre, Meridian, GPA at Coventry NHS Healthcare Centre, GPA at Foleshill, GPA at Stoke Aldermoor, GPA at Broad Lane Surgery, Central Medical Centre		
Capacity		Position Update
2021	2031	<ul style="list-style-type: none"> Major investment in new practice development in Foleshill and potential opportunity with delivery from a major Liftco building (CoCHC)
GP Connect		
Windmill Surgery, Longford Primary Care Centre, George Eliot Medical Centre, Phoenix Family Care, Park House Surgery, Stoke Aldermoor Medical Centre, Woodway Medical Centre, Dr Lyall (Bell Green)		
Capacity		Position Update

2021	2031	<ul style="list-style-type: none"> Woodway ETTF scheme unable to progress due to planning issues – currently in further revision and business case development. Potential opportunity to review space in NHS owned premises.
Sowe Valley		
Wood End Health Centre, Henley Green Medical Centre, Walsgrave Health Centre, Torcross Medical Centre Kenyon Medical Centres, Dr Kenyon (Brandon Road), Willenhall Primary Care Centre 1, Willenhall Oak Surgery, Copsewood Medical Centre, The Forum Health Centre, Mansfield Medical Centre		
Capacity		Position Update
2021	2031	<ul style="list-style-type: none"> Significant investment through ETTF funding which has delivered increased capacity to respond to population growth and improved quality of estate. Further opportunity to address slight shortfall at 2031 through further planning work and new ways of working
Skyward		
Cheylesmore Surgery, Holbrooks Health Team, St Georges Road Surgery (Dr Dadhania), Edgwick Medical Centre		
Capacity		Position Update
2021	2031	<ul style="list-style-type: none"> S106 requests in place to address small shortfall forecast to be experienced from population growth

Rugby

Rugby		
Beech Tree Medical Practice, Bennfield Medical Centre, Brookside Surgery, Central Surgery, Clifton Road Surgery, Dunchurch Surgery, Market Quarter Medical Practice, Revel Surgery, Westside Medical Centre, Whitehall Medical Practice, Wolston Surgery, Brownsover Surgery		
Capacity		Position Update
2021	2031	<ul style="list-style-type: none"> Major population growth in Houlton and SW Rugby. SW Rugby Supplementary planning document approved at cabinet and includes land and capital funding to provide primary care infrastructure for the new population. Houlton has only land provision – additional capacity approved for delivery through Whitehall Practice expansion and opportunities for relocation/additional capacity on Houlton site.