

Outline project initiation document for procurement and development of primary medical care premises by GP contractors



Staffordshire & Stoke on Trent ICB

Outline project initiation document for procurement and development of primary medical care premises by GP contractors

This project initiation document (PID) should be used for GP contractors to apply for approval from NHS England to move to a business case stage for the procurement and development of primary medical care premises. Email to: Estates@staffsstoke.icb.nhs.uk

The purpose of the outline GP PID is to ensure that the ICB and other stakeholders are aware and can commit to support, in principle, the development of the proposed scheme.

This document does not replace, where required, the need for a full PID, an outline business case or a full business case. Regard should also be taken for the five case model ([Guide to developing the Project Business Case \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/guidance/developing-the-project-business-case)).

Project title:

(Please delete as appropriate)

- This is a new bid
- This is a bid which is known to the ICB but not completely developed

Lead Contact details – Although the PID may be produced by a third party it must be owned by the lead GP(s). Partnering stakeholders should be identified in the following sections

Proposal on behalf of:	[REDACTED]
Project Lead:	[REDACTED]
Job title:	[REDACTED]
GP practice/Organisation:	Mill View Surgery, Rocester
E-mail:	[REDACTED]

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Telephone:: [REDACTED]			
Practices involved	Provide details of the practice covered. If more than one practice is involved, please give further details		
Practice name	Practice code	Post code	List size
Mill View Surgery	[REDACTED]	ST14 5JX	[REDACTED]
Total population covered	8000 (according to 2011 census), this is most likely larger now.		
Other providers involved	Please give details of any other providers with whom you will be collaborating in the proposed development (e.g. community services, pharmacies, 111, etc.) N/A		
Existing Premises	Please describe ownership structure of the premises in which the development/investment is proposed e.g.GP freehold owned? Leased? If so, length of lease remaining and identity of landlord Currently in a property on Mill Street in Rocester. It is owned by [REDACTED] There is no Lease agreement in place. The GMS contract is in the name of [REDACTED]		

Brief scheme description

As a minimum, this should include:

- (a) Scope and sizing of (the assumed) preferred option. Include an estimated gross internal area (m²) tempered for extended opening hours and maximising flexibility and utilisation of space. **450 m² That will include the dispensary.**
- (b) Objectives and benefits – these may be financial and/or non-financial. **These are mainly to do with the extra space needed for the staff we have. We would like to have them inside the building rather than remote working. Face to face makes it easier for the team to work more efficiently. This will also accommodate the extra patients we will be getting in the coming months to years.**
- (c) Wider stakeholders and their interest e.g. potential occupants and services to be delivered. **We will continue to offer Minor operations, research hub for the area, teaching for GP retention scheme, ANP training including placing of students for the ANP course, Pharmacy and PA students. Other services include ECGs, Depo injections, steroid injections, MSK input, baby check, baby immunisations, other immunisations and travel vaccinations, Shared acre and so on. Space to accommodate and expand this is what is needed. The PCN also want us to do Minor operations and steroid injections for other surgeries in the area. This is because of my qualification MRCS (Plast). I am unable to accommodate this due to the lack of rooms at any given time.**
- (d) Indicative scheme value for approval purposes. (Total capital cost) **The property will cost [REDACTED] Renovation will cost approximately [REDACTED].**
- (e) How local people and practices have been involved to date. Outline the methods by which organisations and professionals involved will continue to be engaged. **This will remain the same as it currently is. This is working well. Larger premises are required for the practice currently and going forwards. We are one of the best performing practices in the area. This has happened since I took over in 2012, where we were one of the worst performing in the area. So the procedures and plans in place will remain the same. However, if we do not expand the size of the practice building then care may start to be effected.**
- (f) Project outputs/deliverables. **To have a practice that is fit for purpose and large enough to accommodate all of my staff and patients, situated where my patients and staff can easily access it.**

Please also complete below table:

Capacity Planning	Existing	Predicted	Difference
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
Workforce	[REDACTED] (inc remote worker)	[REDACTED]	[REDACTED]

<p>Strategic need</p>	<p>Provide justification for the scheme, including strategic drivers, local need, demographic information, premises issues, key priorities to be addressed, etc.</p> <p>The premises is not large enough currently for the number of staff we have. The premises need to be larger. The current building cannot be extended, without going into the carpark which already gets too full most days. There is a dispensary as well. There are a number of neighboring villages, which have housing developments. We are also next to the JCB headquarters and close to Alton Towers. Due to this the area is becoming larger population wise and more popular.</p> <p>The other nearby practices have already stated that they cannot take any other patients on. I suspect that these patients will join this practice. We will need extra staff to help with this surge in demand by new patients. As we are already struggling with space, this will only be compounded by new patients joining us.</p> <p>We have mainly elderly complex patient, the newer patients that are joining us tend to be younger with young families. We also need a dedicated space for minor operations. We currently juggle rooms to accommodate this. I believe that the GP surgery should be a one stop shop for patient needs. I want patients to go to hospital for as few things as possible. I would like to meet most of their needs in the community. I feel that moving to larger premises within our catchment area, with more parking for staff and patients would help immeasurably in accommodating our patient's needs.</p> <p>The dispensary is for most of our patients. This is invaluable as most of our patients do not travel into Uttoxeter, they stay near by to neighboring areas. The dispensary is too small, especially nowadays, there are so many shortages of medication. If we had a larger dispensary with adequate storage, we would be able to store more products, meaning less issues of medications going out, therefore it would cause less issues and harm to our patients.</p> <p>A lot of the Denstone population go to Alton for their GP services. The vast majority of the Patients in Denstone are elderly. They struggle to get to this surgery. By making the Surgery bigger we can accommodate these patient. Making it easier for them</p> <p>Lastly, The Nursing Home we cover in its entirety (██████████) is expanding significantly. This will also be covered by solely by the Surgery.</p>
<p>Impact on direct patient care</p>	<p>Please provide details of how the improvement will enhance capacity to deliver general practice services including:</p> <p>(a) access to primary care, and/or There will be more staff in the practice, less remote working (in situations where that staff member is better inhouse). This will help the team work more effectively for patients. Staff can discuss patients more effectively and quicker. The waiting area will be larger so the capacity for patients will be higher. The capacity for minor ops will be higher as we will have more room to accommodate the appointments. We could also offer appointments for other practices in the area. We have been approached to do so. We still offer Open access, unlike other surgeries. Expanding the premises will help us deliver this, even though we are not commissioned to do this. I would like to continue this. Currently it is getting harder and harder to keep on offering this service.</p> <p>The dispensary will also be larger, so patients picking up their medications will have to wait less and less items will be out of stock as we are able to store more stock. This will be a better experience for all our patients.</p>

	<p>In the future there may be more healthcare promotion, to help patients stay out of hospital and as well as possible. We would have more space on top of the 450 m² if we needed to expand even further than what we are currently proposing. The GIA of the whole property is 755 m². There is a lot of land also around the property, so we are future proofed and will not need to ever change sites again.</p> <p>(b) reducing emergency attendances or admissions to hospital for people over 75 If the premises are larger we can have more Clinical staff, either from ARRS funding or otherwise. This means the open access can continue and this in turn means we speak to all of our patients every day. There will continue to be no wait. As I have stated before if this expansion doesn't happen we would be forced to give appointments, hence a lot less appointments (in keeping with other UK surgeries).</p> <p>We can also see more patients for Chronic illnesses with this extra staffing. Compared with other practices in the area we have significantly more elderly patients with complex needs. This needs more staff to make sure all patients get the care they need. We are doing well with this, but struggling with space in the current Practice. We could do even better, but is the patient list increases then all that good work would be undone unless we act now.</p> <p>I feel that the GP should be a one stop shop for as many things as we can do. I believe we should try to keep patients out of hospital where ever possible and if it is safe to do so. This expansion would provide us the space for more staff and current staff to be in house. This would make it easier to undertake clinics for our patients. Making the whole process more efficient. By doing this our A&E attendances will improve even more and more complex elderly patients would have their healthcare needs taken care of as much as it is possible to do so.</p>
<p>Estimate of costs/ funding needed</p>	<p>Please include an estimate of the funding that you would need for the proposal and where those funding sources are planned from, including (please also use the tables to demonstrate):</p> <ul style="list-style-type: none"> • <p>a) Confirm the capital costs of the scheme and anticipated dates of capital deployment (and any associated disposals) split across financial years (as required). The property purchase will be funded by myself through [REDACTED]. [REDACTED] soon [REDACTED]</p> <p>b) If a lease is proposed, confirm the whole life cost of the lease (see note 6 on the BC Selector Introduction tab for more information). N/A. [REDACTED]</p> <p>c) Confirm the recurrent revenue costs of the scheme. Where these are anything other than revenue neutral or revenue saving, confirm the availability and source of additional revenue. [REDACTED] [REDACTED]</p> <p>d) Confirm and demonstrate that the recurrent revenue cost of the scheme is affordable. N/A</p>

e) Confirm and where necessary explain any non-recurrent (e.g. transitional costs) of the scheme. [REDACTED]
 [REDACTED]

f) Confirm the availability and source of non-recurrent funds to meet these costs. [REDACTED]
 [REDACTED]

g) Provide supporting income and expenditure analysis that sets out clearly the recurrent and non-recurrent costs of the scheme, the sources of funds to meet these costs, which must demonstrate clearly that the scheme is affordable. [REDACTED]
 [REDACTED]

h) Clarify where the assets will reside in terms of ownership. [REDACTED]
 [REDACTED]

j) Provide evidence of the proposed efficiency measures and projected outcomes and how they align with service improvements.

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Source of Capital For Preferred Option	£
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Totals (same as cap ex for preferred option)	[REDACTED]

Capital Expenditure Breakdown-Preferred Option	£ Excl VAT	£ VAT	£ Inc VAT
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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	(include breakdown)										For Difference	
		f Excl	f VAT	f Inc	f Excl	f VAT	f Inc	f Excl	f VAT	f Inc		
		[REDACTED]										

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Non Recurrent Revenue Expenditure (include breakdown)	Current Costs			Proposed Costs			Difference (Application of Funds)			Source of Funding For Difference	Source Agreed ? Y/N
	£ Excl VAT	£ VAT	£ Inc VAT	£ Excl VAT	£ VAT	£ Inc VAT	£ Excl VAT	£ VAT	£ Inc VAT		
	[Redacted]				[Redacted]	[Redacted]	[Redacted]				[Redacted]
[Redacted]				[Redacted]	[Redacted]	[Redacted]				[Redacted]	[Redacted]
[Redacted]				[Redacted]	[Redacted]	[Redacted]				[Redacted]	[Redacted]

Proposed procurement strategy

Before determining the procurement route GPs should commit to an initial option appraisal at which the value for money of all viable service delivery, site options and estates solutions options is established and a preferred procurement route is identified. However please indicate below how you intend to procure the proposed development/investment (e.g. third party developer, NHS PS, CHP/LIFTCo).

[Redacted text]

Project Plan

Please demonstrate your ability for rapid implementation - attach a project plan noting that, as a minimum, this should allow appropriate planning time for delivery and including the following:

- Option appraisal, including alternative site options (requires discussion/agreement with ICB primary care leads). [Redacted]
- [Redacted]
- Business Case /new project proposal (if required)
- Business Case approval (if required)
- Planned start of works [Redacted]
- Estimated completion date [Redacted]

Please also document the organisation's to be commissioned, (where applicable), and full credentials including:

- Business Case writer: [Redacted]

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- Project Manager: **TBC**
- Architect: **TBC**
- Mechanical and Electrical Consultant: **TBC**
- Planning Consultant: **TBC**
- General Practice Surveyor/Valuation Surveyor (for property purchases): **TBC**

Key risks

Identify here the key risks associated with the project. These will include both service and project risks.
The risks are due to the transition. There may be delays in putting in the Computer systems and wiring.
Risks associated with Mortgage until completion happens.
Council allowing the property to be used as a Practice. The property currently is half Business and half Residential.

ENDORSED BY

Leadership and commitment - Can you please demonstrate both clear leadership for the proposed work programme and strong commitment from all the practices involved? (E.g. attach signatures of support).	Practice	Mill View Surgery
	Name	[REDACTED]
	Signature	[REDACTED]
	Date	[REDACTED]