

Health Scrutiny Committee

14 March 2017

Planning and the provision of primary care infrastructure

Summary

1. This report has been provided following discussions with NHS commissioners and County Council officers about the arrangements in place for ensuring the need for additional primary care services is considered when new housing development is planned. The report provides an overview of the NHS direction of travel for primary care to meet current challenges, and summarises the key considerations for the local planning authority. The Committee will be provided with a presentation from NHS England on their approach to Primary Care Estates Funding, a copy of which is also included with this report.

Objective of Scrutiny

2. The objective of this scrutiny is to consider how the NHS and local planning authorities work together to ensure the need for primary care services is considered as part of planned housing development.

Scrutiny Focus

3. The scope of this scrutiny has been developed to provide the Committee with information to come to a view on the following key questions:

For NHS commissioners:

- a) How is the model of primary care provision changing and why, and what is the timeframe for this?
- b) What does best practice look like?
- c) What is known about the current position of the primary care estate in Suffolk?
- d) How is the need for additional primary care infrastructure considered in response to planned housing development?
- e) How are opportunities for co-location identified, to support the priority of integration between primary care, community services and social care?
- f) Are there case study examples of where this process has worked well and/or could have been improved?

For local authorities:

- g) How is the impact of housing development on primary care provision dealt with within the planning process?
- h) To what extent are Section 106 agreements and Community Infrastructure Levy used to support the need for additional primary care infrastructure?

For all stakeholders:

- i) What is working well and what could be improved?
 - j) What are the opportunities and challenges?
4. Having considered the information, the Committee may wish to:
- a) consider and comment upon the information provided;
 - b) make recommendations to NHS commissioners;
 - c) seek to influence partner organisations;

Contact details

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Background

- 5. On 17 December 2014, Suffolk County Council's Scrutiny Committee considered a report at Agenda Item 5 on "Provision of Infrastructure to Support Local Development". At the meeting, members of the Committee had reported that their constituents often expressed concerns about the effect of new developments on already overstretched local health services. The Committee was informed that the Suffolk Developers' Guide had originally been produced in partnership with NHS colleagues, but this work had pre-dated the Health and Social Care Act 2012, and the establishment of NHS England and Clinical Commissioning Groups. The Committee considered that more needed to be done to involve NHS colleagues in discussions about infrastructure needs as part of the planning process and recommended there was a need for local authority officers to improve dialogue with NHS England and Clinical Commissioning Groups about the need for NHS provision.
- 6. On 18 March 2015, Suffolk Health Scrutiny Committee considered a report at Agenda Item 5 entitled "GP Services in Suffolk". The Committee received information about the current challenges for general practice and the steps being taken to secure high quality GP services to meet the needs of Suffolk residents both now and in the future.
- 7. The Committee heard that primary care would be expected to take on a greater role in relieving pressure on the acute sector of the NHS, against a backdrop of reduced financial resources, demographic change, increasing prevalence of complex conditions, workforce pressures and some estates and premises issues.
- 8. In April 2016, NHS England published the GP Forward View, acknowledging the challenges faced by general practice, and setting out a range of proposals

for investment in and reform to make services sustainable for the future. A copy of the Forward View can be found at: <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>.

9. The GP Forward View recognised that investment in the primary care estate was needed, not just to improve or extend existing facilities, but also to increase the flexibility of facilities to accommodate multi-disciplinary teams, training, innovations in care and the increasing use of technology. Investment in new premises would also be needed to cater for significant population growth, and to facilitate primary care at scale or enable patient access to a wider range of services.
10. At its meetings on 20 July 2016 and 12 October 2016 the Health Scrutiny Committee considered issues relating to the provision of GP services at Hopton and Stanton in the West of Suffolk, where, as a result of the planned retirement of the senior partner, the surgery premises at Hopton would no longer be available as it was attached to his family home.
11. The Committee noted its concern about a recent news story which had indicated that 50% of Suffolk GPs were likely to retire in the next 10 years. Members questioned whether this would put pressure not only on recruitment but also on premises, as some GPs' surgeries were based in small buildings, unsuitable for delivering all the care expected. There were also concerns that fewer GPs now wanted to buy into premises, especially those with complicated leases. The Committee heard that NHS England was developing plans to address this.
12. The Committee agreed that, at a future meeting, it would like to receive, from the NHS Area Team, a presentation on arrangements for ensuring appropriate infrastructure is in place for the provision of primary care, and to scrutinise the issues associated with this topic in more detail.

Main body of evidence

Evidence Set 1 has been prepared by NHS commissioners in response to the key questions set out at paragraph 3 a) to f) above.

Evidence Set 2 has been provided by Suffolk County Council in response to the key questions 3 g) to j)) above.

Representatives from NHS England have been invited to provide a presentation on Primary Care Estates Funding at the meeting. A copy of the presentation is attached as **Evidence Set 3**.

Representatives from Clinical Commissioning Groups, Suffolk County Council and the Local District/Borough Planning Authorities have been invited to attend to provide evidence to the Committee

Supporting information

Scrutiny Committee (17 December 2014); Agenda Item 5, Provision of Infrastructure to Support Local Developments; available from: <http://tinyurl.com/zp7zd5y>

Health Scrutiny Committee (18 March 2015); Agenda Item 5; GP Services in Suffolk;
Available from: <http://tinyurl.com/h2pdmwo>

NHS England (April 2016): GP Forward View; available from
<https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

Glossary

A&E – Accident and Emergency

ANP – Advanced Nurse Practitioner

CCG – Clinical Commissioning Group

CIL – Community Infrastructure Levy

EiP – Examination in Public

GP – General Practitioner

IDP – Infrastructure Delivery Plan

LPA – Local Planning Authority

MCP – Multispecialty Community Provider

NHSE – NHS England

NHSPS – NHS Property Services

NPPF – National Planning Policy Framework

OOH – Out of Hours

S.106 – Section 106 Agreements are legal agreements between Local Authorities and developers which are drafted when it is considered that a development will have significant impacts on the local area that cannot be moderated by means of conditions attached to a planning decision.

SDAS – Same Day Access Service

SDS – Same Day Service

STP – Sustainability and Transformation Plan