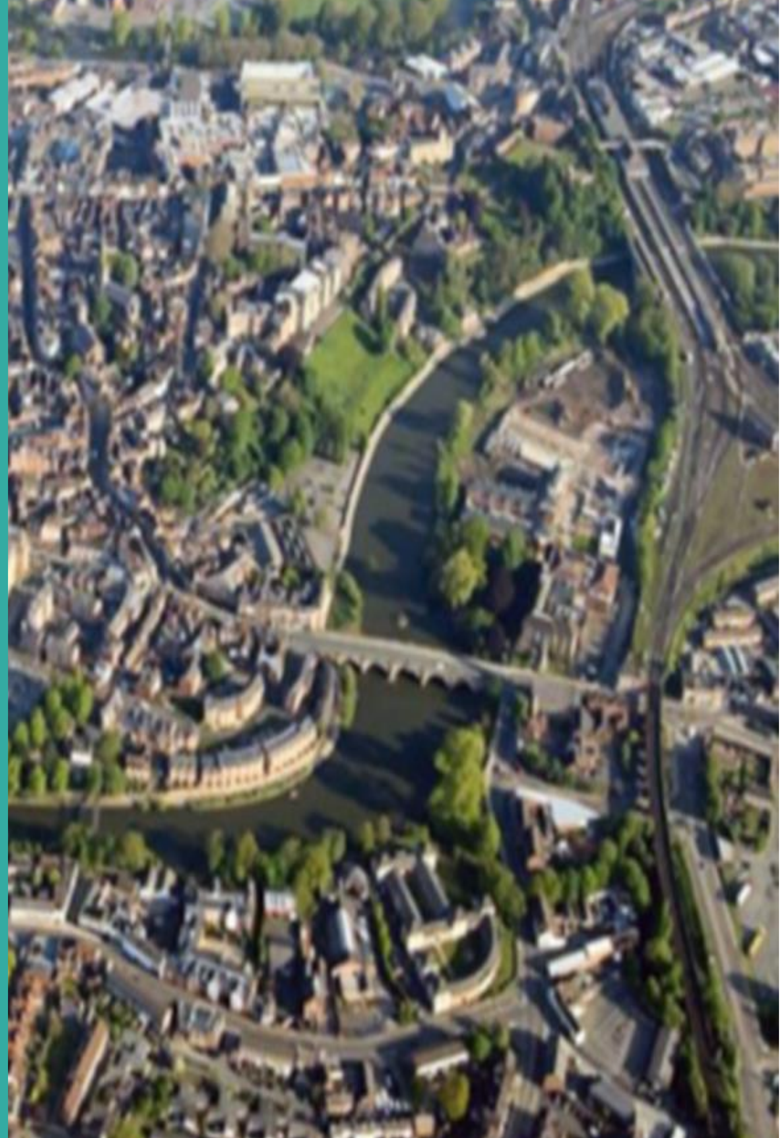
Shropshire Cavell Centre



Project Initiation Document

Shropshire Clinical Commissioning Group

Confidential

Not for distribution

FEBRUARY 2021

Authored by: Phil Brenner MRICS

Final Version – 4.0A

Document Control

Revision

Revision	Issue Date	Author	Reviewed / Approved by	Purpose of Issue
1.0	30 Jan 2021	Phil Brenner PJB Associates	Reviewed by: Caroline Salisbury Tom Brettell Darren Francis No comments received No approval required	Document released as a work in progress draft for information and general comment on areas of content. Further work is required before formal issue as a completed first draft. Agreed that the document will not be shared wider than the distribution list. Comments to be received by: 6.00 pm 4th February 2021
1.1	07 Feb 2021	Phil Brenner PJB Associates		Document released as first draft for comment. Certain sections remain to be completed as information remains outstanding from internal and external sources. Areas for completion are identified in square brackets. Agreed that the document will not be shared wider than the distribution list at this stage. Comments to be received by: 6.00 pm 12th February 2021 to enable updating and then wider distribution, (including NHSE/I), for comment w/c 15th February.
2.0	14 Feb 2021	Phil Brenner PJB Associates		Document release for comments from wider team. Agreed that the document will not be shared wider than the distribution list at this stage. Comments to be received by: 6.00 pm 19th February 2021
3.0	23 Feb 2021	Phil Brenner PJB Associates		Updated following comments on version 2 and receipt of additional information Version prepared for comments / sign off by the Primary Care Committee
4.0	28 Feb 2021	Phil Brenner PJB Associates		Final version for submission to NHSE/I
4.0A	21 Feb 2021	Phil Brenner PJB Associates		Benefits section and timeline updated

Version 4 – Distribution

Name	Organisation
Jon Murphy	NHSE/I
Harry Dodd	NHSE/I
Rachael Preston	NHSE/I

Client Sign Off

This Project Initiation Document has been formally signed off for submission by the Project Director:

Project Director: Claire Parker

Date: 26th February 2021

Contents

Forward 6

Introduction 7

- Overview 7
- Strategic Fit 8
- Shrewsbury 9

Partner organisations 10

Shared Ambitions and Objectives 11

Existing Portfolio 15

- Current Situation 15
- Practice Profiles 17
- Shrewsbury Primary Care Network 28

Site Selection 30

- Site selection process 30
- Sites considered 31
- Site Size requirements 32
- Housing impact on site selection 32
- Deprivation Indicators 33
- Innovation through a One Public Estate approach 34
- Primary Care Estates Strategy 38

The Cavell Centre 39

- Existing Service Composition 39
- Future Service Model 43
- Digitally Enhanced Primary and Community Care 44
- Community Diagnostics 47
- Voluntary Service Model 48
- Pharmacy Model 52
- Space Requirements 53
- Cavell Centre Standard Designs 55
- Space Utilisation 58
- Modern Methods of Construction 61
- Environmental Considerations 62
- Planning Considerations 64
- Political Support 70

Finance 71

- Capital and Revenue Implications 71

Funding Sources 75
Additional Funding Sources 76
Existing Liabilities 76
System Ownership 77
Liabilities and implications of system ownership. 77
Cavell Centre Estate Management 79
Project Plan 81
Project Documentation 81
Overall timescales for delivery. 81
Project Governance 83
Project Management 84
Communications 85
Appendices 88
Appendix 1 – Site Options Appraisal 88
Appendix 2 – Letters of Support 88
Appendix 3 – DRAFT Communications Plan 88

Note: All data and support information for the purpose of the production of this Project Initiation Document has been provided by Shropshire CCG, Shropshire Council and other partner organisations and has been taken on good faith as being correct at the time of submission.

Some information contained within this document is based upon Ordnance Survey Material, Crown copyright and database rights 2021 Ordnance Survey 100016969

Forward

This pilot project started as an interesting conversation with colleagues at NHSE/I last summer, 2020.

This is a time of potential for the NHS and its partners. Learning from how we have come together to respond to the challenges of Covid-19, it is also a time of potential across Shropshire to deliver and design truly integrated health and care with and for our population. The Cavell project presents the opportunity to design and deliver something different for the system partners, the GP practices and most of all, the public.

This exciting new model of care needs to work for the population health needs and wider determinants of health, and submission of the project initiation document with the CCG's Primary Care Commissioning committee's support allows us to start to shape a future that is integrated, valued and delivers the best possible outcomes for all.

This is only the start of the conversation.

Claire Parker
Director of Partnerships
Shropshire, Telford and Wrekin CCG's

February 2021

Introduction

Overview

This Project Initiation Document sets out Shropshire Clinical Commissioning Group's and its partners aspirations in delivering a pilot Cavell Centre within the town of Shrewsbury. NHS Cavell Centres are in-community health and wellbeing buildings, offering a range of joined-up health and social care services, closer to home. The Centres form part of a national estates programme and are designed around a core primary care offering. They will promote the colocation of community services, outpatients, diagnostics and other NHS health services, in addition to third sector and Local Authority services (for example, social care and housing support), helping to support the wider determinants of health.

Much of the current primary healthcare estate is dated and ill-equipped to deliver on the ambitions of the NHS Long Term Plan or the PCN agenda. Proposed national intervention includes enabling systems to own and manage healthcare estate to deliver modern, carbon-neutral, fit-for-purpose primary healthcare facilities, known as 'Cavell Centres'. System ownership will enable true joined-up, integrated working across primary, community, secondary, mental health, social care, and other inter-departmental organisations (such as DWP and DfE).
Shropshire CCG have been selected as one of six pilot areas within England to develop and deliver a new Cavell Centre. The CCG has selected Shrewsbury as the target area and in particular the southern geography of Shrewsbury for the location of this pilot project. There are 8 GP practices within this geographical area which are all part of the same PCN. Within this small portfolio there are a mixture of properties with varying conditions but in the main the stock is either no longer fit to deliver modern healthcare services and/or there is insufficient space to meet future demand, with no option to extend outwards or upwards.

Occupation is informed by Primary Care Networks and local system priorities based on population health data and demographics. The new floorspace will help to support and accommodate an expanded primary care workforce and co-locate community services to enable a truly joined up approach to services across a wide range of partners. Additional facilities will help meet the shift in delivering a greater number of local services into in a community setting, in line with the ambitions of the 2019 NHS Long Term Plan.

The intention is that the building will be system-owned and managed and will be designed on a modular basis to allow maximum flexibility of space that can be adapted to meet changing needs over time. It is anticipated that the Centre will offer care for between 50,000 to 80,000 population. This standardised approach to design and delivery will enable local systems to deliver high-quality, modern, flexible healthcare facilities at scale, and at pace. It is anticipated that the building would be complete by September 2024.

The overriding aims of the project are:

- To improve primary care services within the local community.
- To provide modern high-quality service infrastructure for the identified needs.
- To support service transformation within the local area.

- To provide innovative integrated solutions within primary care.
- To support the development of the PCN
- To provide value for money
- To provide modern, fit-for-purpose healthcare estate
- To help make GP Partnerships more attractive by not having the property liabilities attached
- To create an active environment to work
- To unlock liability of the estate from GPs
- To support retention and recruitment
- To allow diversification under one roof
- To allow alternative models of employment to be explored
- To provide estates capacity for additional staff that doesn't currently exist

Strategic Fit

The Cavell Centre project aligns with the Long Term Plan for Shropshire and has strategic fit with the ICS vision. It provides the infrastructure to underpin the delivery of the priorities within Shrewsbury. The vision for the ICS states:

"Work together with the people of Shropshire, Telford & Wrekin to develop innovative, safe and high-quality services, attracting and retaining the best staff to deliver world class care that meets our current and future, rural and urban needs.

Supporting and working with people – in their own communities – to live healthy and independent lives, helping them to stay well for as long as possible.

Creating partnerships to find solutions that work better for the people we serve and those who provide care.

As the world faces up to a climate emergency, we are committed to delivering an internationally recognised system known for its environmentally friendly services that make the best use of our resources."

ICS Strategic Priorities

- Support people in Shropshire, Telford & Wrekin to lead healthy lives;
- Develop an Integrated Care System that joins up health and social care;
- Develop a system infrastructure which will make the best use of our resources, reduce duplication and achieve financial stability; and
- Improve communication and involvement of patient, public and all stakeholders.

Shrewsbury

Shrewsbury is a large market town and the county town of Shropshire, England. The town is situated on the River Severn, 150 miles (240 km) north-west of London, and the Population of Shrewsbury is 74,800 (2017) and estimated to increase by 12.3% to 84,000 by 2026. *(201, ONS Mid year estimate, Shropshire Council forecast for 2026)*

The town centre has a largely unspoilt medieval street plan and over 660 listed buildings. including several examples of timber framing from the 15th and 16th centuries. Shrewsbury Castle, a red sandstone fortification, and Shrewsbury Abbey, a former Benedictine monastery, were founded in 1074 and 1083 respectively by the Norman Earl of Shrewsbury, Roger de Montgomery. The town is the birthplace of Charles Darwin and is where he spent 27 years of his life.

9 miles (14 km) east of the Welsh border, Shrewsbury serves as the commercial centre for Shropshire and mid-Wales, with a retail output of over £299 million per year and light industry and distribution centres, such as Battlefield Enterprise Park, on the outskirts. The A5 and A49 trunk roads come together as the town's by-pass and five railway lines meet at Shrewsbury railway station.

Shrewsbury has one Primary Care Network, containing 17 practices, serving a combined total of around 124,000 patients. Shropshire Community Health NHS Trust runs the community health services and the town has an acute hospital which serves the whole of Shropshire.

Partner organisations

A range of partner organisations have come together to enact a step change in service delivery across the health and social care system. All partners are fully committed to not only co-locating in one building, but to work closely together to develop new models of joined-up service delivery. The partners cover the full spectrum of primary, secondary, community, mental health, social services, other Local Authority services, charities, pharmacies, or other health economy organisations.

The following partner organisations have made a commitment to work on the project going forward.

Organisation	Contact	Title	Confirmed with signed letter of support for the project
Beeches Medical Practice	Kim Richards	Practice Manager	Yes
Claremont Bank Surgery	Jane Read	Practice Manager	Yes
Mytton Oak Surgery	Susan Lewis	Practice Manager	Yes
Radbrook Green Surgery	Angela Treherne	Practice Manager	Yes
Belvidere Medical Practice	Caroline Davis	Practice Manager	Yes
Marden Medical Practice	Zoe George	Practice Manager	Yes
Marysville Medical Practice	Izzy Culliss	Practice Manager	Yes
South Hermitage Surgery	Caroline Brown	Practice Manager	
Shropshire Community Health NHS Trust (Shropcom)	Ross Preen	Director of Finance and Strategy	Yes
Robert Jones Agnus Hunt Orthopaedic Hospital NHS Trust (RJAH)	Kerry Robinson	Director of Performance, Improvement & OD	Yes
Shrewsbury and Telford Hospital NHS Trust (SaTH)	Will Nabih	Director of Estates	Yes
Midlands Partnership NHS Foundation Trust (MPFT)	Robert Graves	Director of Estates	
Shropshire Council	Andy Begley	Chief Executive	Yes
Shropshire Voluntary and Community Sector Assembly	Heather Osborne	VCS Assembly Chair	Yes
Others			
STP/ICS	Nicky O'Connor	STP Programme Director	Yes
Leader Shropshire Council	Peter Nutting	Council Leader	Yes
Age UK Shropshire & Telford	Heather Osbourne	Chief Executive	Yes
Taking Part	Julie Mellor	Chief Executive	Yes

Shared Ambitions and Objectives

The key partners have worked together to identify an agreed set of objectives and benefits that will be delivered from the joint working model. These have been developed through organisational meetings and a facilitated workshop.

The Case for Change

There are many reasons why we need to do things differently:

- To support effective and high-quality care, promoting patient centred services delivered at one location
- To help ensure that professional relationships are forged on a system wide basis and sustained to robustly tackle health inequalities
- To promote inter-disciplinary learning and continuous improvement.
- To support integrated working across partners within the STP
- To provide a platform for sustaining and expanding clinical services, in line with the future models identified within the Primary Care Strategy.
- To enable the shift of services out of hospitals and into communities, helping to make sure that people receive the right care at the right time, in the right place and delivered by the right person
- To make better use of existing resources (supporting value and sustainability)
- Increase local access to a greater range of modernised services.
- Increase integration of multi-disciplinary teams and services. Patients will be more likely to access all components of their care plan if this can be done under one roof - so quality of care will improve, non attendance will reduce and outcomes will be maximised.
- Increase capacity and adaptability of facilities in which services are delivered and based. Pressure on hospital services will be reduced as the new model will provide access to shared care and acute outreach clinics within the new Centre.
- Improve safety and quality of facilities in which services are delivered and based. Decommissioning a number of disparate buildings that currently deliver components of support but are no longer fit for purpose. This should reduce revenue costs in the future and remove running costs that are generally high due to the age and poor repair of many of these buildings.
- Reduce travel costs for patients and travel costs to the organisation through removing the need to be moving between multiple premises
- Staff time spent travelling will also be reassigned to clinical or client work, thereby increasing patient/client-facing capacity.
- To provide a facility that is easier to clean, making healthcare acquired infections much less likely, and therefore making care and treatment safer.

Shared Objectives

The following set of objectives is based upon a system wide approach to the development of the Cavell Centre:

- To improve primary care services within the local community
- Improve local access to a greater range of modernised services.
- Increase integration of multi-disciplinary teams and services.
- To provide innovative integrated system led solutions
- To provide modern high-quality service infrastructure for the identified needs.
- Improve safety and quality of facilities in which services are delivered and based.
- To support service transformation within the local area.
- Increase capacity and adaptability of facilities in which services are delivered and based
- Provide greater opportunities for community groups, third sector partners and care organisations involved in supporting self-care
- To support the development of the PCN
- Support the NHS Personalisation agenda and person-centred care ethos; which place a great emphasis on self-care, shared decision making, prevention and inequalities
- To enable services being closer to people in our communities and work alongside the VCSE and local groups through holistic, asset-based, community-led support approaches; developing a community wellbeing hub for Shrewsbury
- To provide greater value for money
- To provide modern, fit-for-purpose healthcare estate
- To help make GP Partnerships more attractive by not having property liabilities
- To create an active and pleasant environment to work in
- To unlock liability of the estate from GPs
- To support retention and recruitment
- To allow diversification under one roof
- To allow alternative models of employment to be explored
- To provide estates capacity for increased population demand
- To provide innovative solutions to property management and delivery
- Contribute to economic regeneration
- Facilitating a community led approach (offering space for third sector organisations
- Digital by default – an enhanced digital offer including partner organisations
- Aiming for carbon neutral – opportunity to reduce carbon – passivhaus design

Benefits Realisation

A PID stage Benefits Realisation Workshop has taken place to begin to consider the key benefits that will be delivered from the joint working model of the Cavell Centre. The table below identifies the outcome of the workshop.

Nr	Desired Benefit	Stakeholders Impacted	Enablers Required to Realise Benefit	Outcome Displayed	Current Baseline Measure / Evidence
1	Consolidating existing services (geographically) and providing clinical expertise by implementing an updated clinical service model.	CCG / GPs	Agreed strategic vision that feeds the business case and preferred option/ premise design. Newly developed site.	The Practicess will be able to introduce new ways of working, with improved access for patients, improved environment for clinicians and staff, and co-location of supporting services will be possible. Commissioners will be responsible for the commissioning	Current sites restrict service delivery and is generally limited to the delivery of core GP services.
2	Staff retention	System, GP Practicess, individual staff, potential staff	Good environment, learning environment, joined up employemnt base, service model, diversity of workforce, diversity of opportunity, reduced building liabilities	Low staff turnover, ease of recruitment, number of applicants for vacant positions	Current turnover, vacant posts
3	Consolidating capital investment	Public sector partners, OPE	Agreement of partners, commitment to join up investment	Reduced costs	Indepent build, investment
4	Improving healthy life expectancy	Community	Community hub, joined up service provision, realising the personalisation agenda, self care, digital interventions, advice service, social prescibing	Healthier community, impact on GP services, reduced GP attendences, compressed morbidity, reduction in long term conditons, reduced pressure on acute	Current health data
5	Improving health indicators and reducing inequalities	Community (all age)	Community hub, joined up service provision, realising the personalisation agenda, self care, digital interventions, advice service, social prescibing	Healthier community, impact on GP services, reduced GP attendences, compressed morbidity, reduction in long term conditons, reduced pressure on acute	Current health data
6	An accessible joined up health and care system	Community (all age)	Builing to accommodate all services, design of ajacencies	Better access to a range of services, one stop shop,	Current health data
7	Creation of an exemplar model	Community (all age), partners, workforce	Integrated model, digital model, infrastructure,	Delivering more services/outcomes from a smaller building, more people benefiting from clinical specialisms	Reduced travel, measuring numbers of appoints, numbers of missed appointments
8	Reduction in estates costs	System	Well designed building, new operational model, shared spaces, better space management	Reduced revenue costs	Current costs
9	Reduction of estates liabilites	GP Partners	New model of system ownership	Better recruitment	Value of current liabilities
10	Centralised facilities management	System	All services in one location	Considtency of cleaning, maintenance etc. reduced costs,	Current system
11	Positive environmental impact	Community	Design of building, transport infrastructure, sustainable materials, green spaces	Reduced carbon emmissions, bio-diversity	Current building emmissions, comparable health buildings, transport methods,
12	Enhanced patient choice and ease of access from the outset, offering an updated clinical model of care in parallel with other community based services.	Patients	Ensuring agreed strategic vision is in line with preferred national and local clinical delivery models. Newly developed site.	The Practices, through room scheduling can evidence an enhanced and improved service provision. Through an increase in clinical accommodation, the Practices can evidence the additional services to be delivered, the co-location of community services and the increased offering to patients.	The Practicesss can provide a baseline of current service provision and number of appointments offered to patients.
13	A robust clinical service delivery model will be encapsulated in a long term and sustainable way.	GPs / CCG / Wider NHS bodies / Patients	Agreed strategic vision that feeds the business case and preferred option/ premise design. Newly developed site.	The Practicess will provide evidence that the new arrangements and consolidation on a single site provides benefits and that the Practicess becomes more sustainable and resilient.	The existing staffing arrangements can be set out to act as a baseline measure. Known current recruitment issues and restrictions as a result of the limited space and poor quality of environment can be recorded.
14	The right infrastructure in the right place will enable flexibility now and in the future as well as reducing costs in comparison to an aging and unfit for use estate. This will also increase the training capacity of the Practices.	GPs / CCG / Wider NHS bodies / Patients	Ensure a robust business case process is delivered with suitable demographic analysis leading the required infrastructure solution/preferred option. Newly developed site.	The newly developed site will meet current NHS standards and a test of current issues can be made to ensure that it delivers improvements, compliance and improved patient/staff standard of accommodation.	Some current sites do not meet NHS statutory compliance and poses risks to both staff and patients. The failings of the sites can be recorded as a baseline measure and are reflected within the business case as part of the strategic case for change.
15	Increase in patient satisfaction through reduced waiting times for appointment and ease of access to services.	Patients	Robust strategic vision feeding the business case process and subsequent option appraisal/choice.	The Practices will be able to undertake a post-project evaluation to test the impact of the new facility against the issues highlighted within the baseline data.	The Practices will have information on Practices complaints, patient access issues, number of home visits as a result of limited access to the site, and general patient feedback on the environment to provide a baseline.
16	The right infrastructure and associated design solution will enhance patient safety and reduce clinical risk.	GPs / Patients	Ensure a robust business case process is delivered with suitable demographic analysis leading the required infrastructure solution/preferred option.	The newly developed site will meet current NHS standards and a test of current issues can be made to ensure that it delivers improvements, compliance and improved patient/staff standard of accommodation.	Some current sites do not meet NHS statutory compliance and pose risks to both staff and patients. The failings of the site can be recorded as a baseline measure and are reflected within the business case as part of the Strategic case for change.
17	Option enables delivery of the proposed service model now and allows for future change.	CCG / GPs	Spend time to ensure that all design inputs are robust and SOA is a consequence of agreed strategic vision and liaison with relevant and appropriate stakeholders/ project groups.	The Practices and Commissioners will reference new care pathways and improved ways of working to test patient and service benefits against the current baselines. Patients can be invited to comment on new service models and benefits achieved through the redevelopment and improved service offering.	The Practices and Commissioners will be able to set out the current service delivery models and care pathways.
18	Increased appointment availability and reduction in admissions and/or emergency attendances to hospital. Cope with rapidly expanding list size.	CCG / Wider NHS bodies / GPs / Patients	Effectively identifying the demand profile and providing enough capacity to address this demand. Workforce model to be appraised by each Practices.	Due to an increase in the Surgery's capacity and its ability to employ additional clinical staff, the Practices will be able to increase its list size and see a greater number of patients.	The Practices can provide a baseline of current service provision and number of appointments offered to patients.

Within the next stage of the project the intention is to hold a second stage workshop which analyses the identified benefits and categorises them into the following areas:

- cash releasing benefits
- monetisable non cash releasing benefits
- quantifiable but not monetisable benefits
- qualitative unquantifiable benefits

Work will be undertaken to quantify the value of cash that will be released to the system. This will occur in various ways and a detailed study will be required in order to track where within the system the cash is actually released and how this is being ‘banked’. The findings should provide a demonstrable benefit that is traceable to the origins of the Cavell Centre concept.

The project group have discussed the opportunity to work with a University to develop this aspect of the business case. This targeted study would also consider the wider impacts of investment in health, the socio-economic impacts and the well-being benefits derived from a preventative model.

There are a further set of benefits that will be considered by way of working on a joint project with the Local Authority to integrate the transport hub with the Cavell Centre. Analysis of a sustainable transport system linked directly to wide scale in-community health provision will provide an insight of how joint investment can achieve potentially better outcomes.

All of the benefits and outcomes are important because collectively they support the programme for transformation of care, and they will fully support the implementation of the Long Term Plan. In particular, by addressing the identified needs and delivering the investment objectives, we will create a mixed economy environment that fosters a culture of putting the patient at the centre of every interaction. Services will find it easier to work across disciplines, and staff will gain a better understanding of what other supports need to be in place from a whole person perspective, and importantly, how to ensure that their patients can access everything they need to achieve the best possible health outcomes.

Existing Portfolio

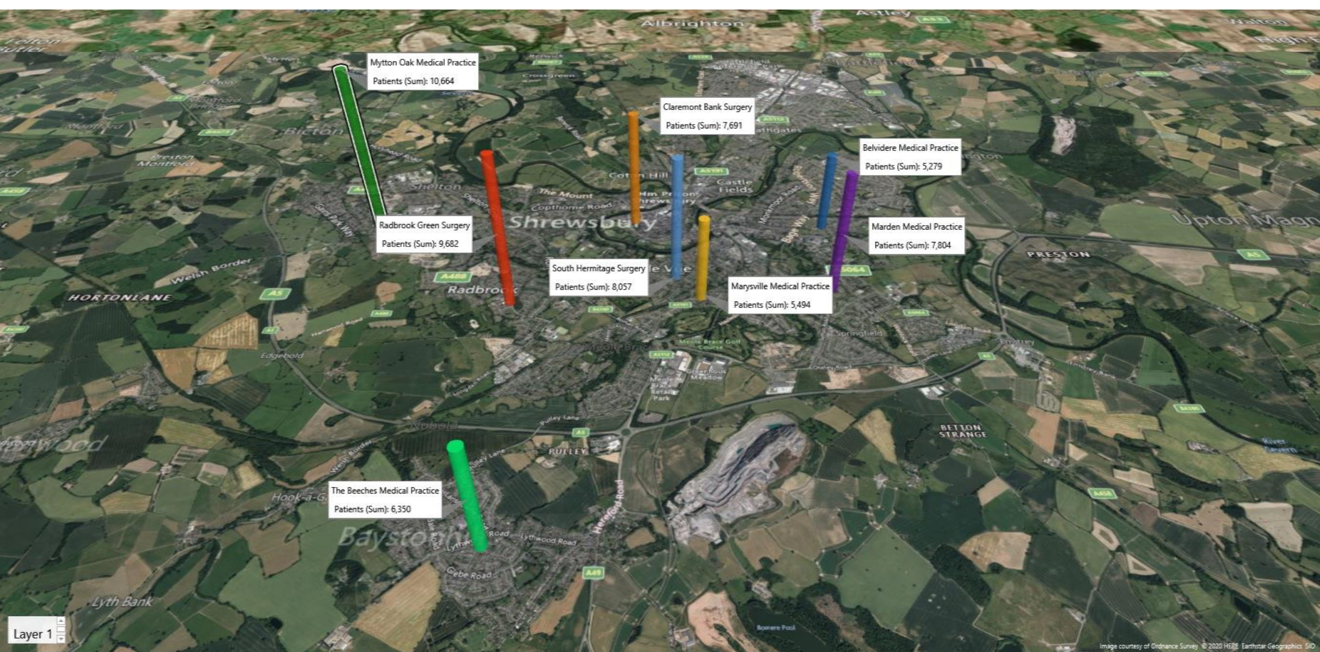
It is important to fully understand the extent of the existing portfolio that supports the delivery of all of the primary and community care services within the area to be covered by the Cavell Centre. The project offers the opportunity for rationalisation and efficiency savings across the portfolio. The project needs to have strategic fit with the Primary Care Estates Strategy and provide an opportunity to deliver on a range of strategic priorities in a joined-up way. Not only will efficiencies be derived from the estate but also the new models of healthcare that will be created within the Centre will drive whole system service efficiencies and a better patient journey and experience.

Current Situation

GMS Services

There are currently 8 GP Practices involved within the Cavell Centre project:

Practice name	Practice code	Post code	List size
Belvidere MP	M82048	SY2 5LS	6100
Marden MP	M82047	SY2 DL	9022
Marysville	M82040	SY3 7QR	6220
Beeches	M82018	SY3 0PF	6600
Claremont Bank	M82034	SY1 1RL	7851
Mytton Oak	M82002	SY3 5LZ	11174
Radbrook Green	M82016	SY3 6DU	9940
South Hermitage	M82060	SY3 7JS	8300

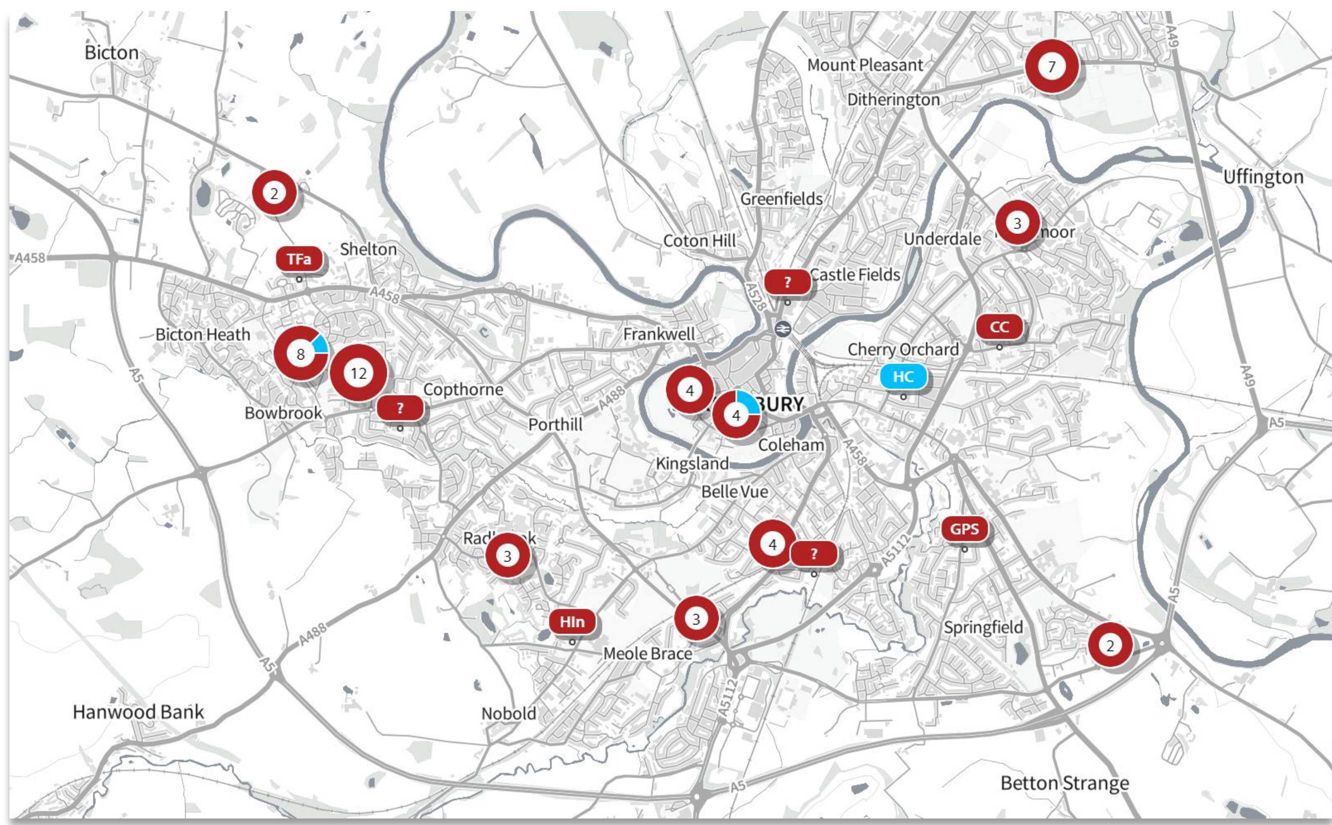


Other services

Other healthcare services are provided by the Trusts. There are four Trusts involved in delivering a range of services some from their own locations and others from GP practices. The providers are:

- Shropshire Community Health NHS Trust (Shropcom)
- Robert Jones Agnes Hunt Orthopaedic Hospital NHS Trust (RJAH)
- Midlands Partnership NHS Foundation Trust (MPFT)
- Shrewsbury and Telford Hospital NHS Trust (SaTH)

The map below provides an extract from the SHAPE mapping system and displays the locations within Shrewsbury where providers are currently delivering services from.



At the next stage of the project consideration will be given to the consolidation of providers services onto the Cavell Centre site, thereby freeing up existing locations, removing rental costs and potentially freeing up sites for disposal.

Practice Profiles

Overview

The tables below provide a summary of the practice profiles.

Practice Name	Practice Stated Patients	Floor Space GIA	Number of Consulting Rooms	Treatment rooms	Surgical
The Beeches Medical Practice	6600	316.1	2	6	
Belvidere Medical Practice	6100	203.7	4	2	
Claremont Bank Surgery	7851	235.6	5	2	
Marden Medical Practice	9022	414	8	3	1
Marysville Medical Practice	6220	592	10	1	1
Mytton Oak Medical Practice	11174	450	8	3	
Radbrook Green Surgery	9940	634.4	11	3	1
South Hermitage Surgery	8300	369.5	6	2	
TOTALS	**65207**	**2580.9**	**54**	**22**	**3**

Practice Name	Number of GP's	Number of GP's (FTE)	Nurses	Nurses (FTE)	Other clinical	Other Clinical (FTE)	Admin Staff	Admin (FTE)
The Beeches Medical Practice	5	3.8	6	3.1	8	3.2	19	10.3
Belvidere Medical Practice	3	3						
Claremont Bank Surgery	7	5	3	1.7	1	0.4	12	9.2
Marden Medical Practice	11	4.6	5	2.24	3	1.28	19	10.52
Marysville Medical Practice	4	2.4	4	2	5	2.86	13	9.62
Mytton Oak Medical Practice	6	5.4	4	3	5	2.7	20	12.4
Radbrook Green Surgery	8	5.75	3	2	4	2	18	12.6
South Hermitage Surgery	6	5.4	4	3	2	1.2	21	132
TOTALS	**50**	**35.35**	**29**	**17.04**	**28**	**13.64**	**122**	**196.64**

Practice Name	Tenure	Freehold Owner	Backlog Maintenance
The Beeches Medical Practice	Freehold owned by partners		
Belvidere Medical Practice	Freehold owned by partners		
Claremont Bank Surgery	Freehold owned by partners		
Marden Medical Practice	Leasehold		
Marysville Medical Practice	Leasehold		
Mytton Oak Medical Practice	Freehold owned by partners		
Radbrook Green Surgery	Freehold owned by partners		
South Hermitage Surgery	Freehold owned by partners		

Information redacted due to commercial confidentiality

Practice Profiles

The Beeches - M82018

Beeches Road, Bayston Hill, Shrewsbury, SY3 0PF

Names of GP Partners	Drs Laycock, Jutsum, Walsh, Brocklebank
Practice Manager	Kim Richards
Current list size	6600
Current Property	Owned (Freehold)
Current accommodation	2 Consulting rooms / 6 Treatment Rooms
Current number of staff (actual and FTE's)	
GPs	5 (3.8FTE)
Nurses	6 (3.1FTE)
Other clinical	8 (3.2FTE)
Administrative	19 (10.3FTE)

The current property is owned by the GP Partners. The property is a converted dwelling house and has no further room for expansion. The practice also has a branch site in Dorrington. The split of patients is approximately 1500 at the branch and 5100 at the main site in Bayston Hill. Within the last 12 months the patient numbers have increased by around 250. An extension was built on the building two years ago increasing the capacity by one consulting room.

Risks to current service provision

- Running out of space for future demand
- The current building will not be fit for the future

Concerns

- Local practice for the local community – design of new building
- Information redacted due to commercial confidentiality

Individual Outcomes

- Larger space allowing for future expansion
- Community services in the same place
- Remove issues of rent / ownership

Belvidere - M82048

23 Belvidere Road, Shrewsbury, SY2 5LS

Names of GP Partners	Dr. Kate Lech / Dr. Brent Teelucksingh
Practice Manager	Caroline Davis
Current list size	6100
Current Property	Owned (Freehold)
Current accommodation	4 Consulting rooms / 2 Treatment Rooms
Current number of staff (actual and FTE's)	
GPs	5 (2.83 FTE)
Nurses	4 (1.4 FTE)
Other clinical	
Administrative	(6.51 FTE)

The current property is owned by the GP Partners. The practice was created in 1991 in the current building which is a converted bungalow. The practice has planning permission for an extension to provide 4 additional consulting rooms and administrative space. There are a number of organisations that deliver services from the current site, see table below:

Service	
Midwives	3 hours per week
Aortic aneurysm Screening	5 hours per quarter

Risks to current service provision

- Lack of space
- Lack of ability to provide wider services

Concerns

- Information redacted due to commercial confidentiality

Individual Outcomes

- Increased services for patients
- Maintaining quality services
- Access to wider services on the same site, avoiding multiple trips
- Better access for patients
- Collaborative working
- Shared services
- Access to mental health services on site
- Sharing of back office

Claremont Bank- M82034

Claremont Bank, Shrewsbury Shropshire, SY1 1RL

Names of GP Partners	Dr's Stapleton, Page, Fallon, Eardley, Ziko and Bailey.
Practice Manager	Jane Read
Current list size	7851
Current Property	Owned (Freehold)
Current accommodation	5 Consulting rooms / 2 Treatment Rooms
Current number of staff (actual and FTE's)	
GPs	7 (5.0 FTE)
Nurses	3 (1.7FTE)
Other clinical	1 (0.4FTE)
Administrative	12 (9.2FTE)

The current property is owned by the GP Partners. The building is small and the practice has outgrown the current accommodation. They are struggling for space and there is no opportunity for expansion. The practice has recently taken on an additional 200+ patients when the Whitehall Practice closed.

Risks to current service provision

- Lack of space

Concerns

- Timing of delivery of the Cavell Centre

Individual Outcomes

- Has strategic fit with the PCN vision
- Creating efficiencies through pooling of administrative staff
- Other services provided on site
- Addresses current space issues
- Provides future expansion
- Training space
- Sessional space

Marden - M82047

25 Sutton Road, Shrewsbury, Shropshire, SY2 6DL

Names of GP Partners	**Dr Louise Houghton, Dr Sarah Butler, Dr Carla Ingram, Dr Ella Baines & Dr Richard Woollam**
Practice Manager	Zoe George
Current list size	9022
Current Property	Leasehold (Lease not signed)
Current accommodation	8 Consulting rooms / 3 Treatment Rooms (Plus 1 minor surgery suite)
Current number of staff (actual and FTE's)	
GPs	9 (6.75FTE)
Nurses	5 (2.24FTE)
Other clinical	3 (1.28FTE)
Administrative	19 (10.52FTE)

The current property is leased by the GP Partners. The freehold owners of the 1931 converted dwelling house are the original GPs; Dr P J Bottomley & DR M Moselhi, who initiated the practice back in 1992 and retired in 2016. Information redacted due to commercial confidentiality

The practice has seen a significant increase in patients over the last 12 months due to the closure of the Whitehall practice, with Marden taking on around 1500 additional patients, with the potential of a further 500 patients which remain registered with the closed practice. Worthy of note is that the practice has also recently experienced an increase in patients from outside of the Shrewsbury area. The practice currently has no training provision and the staff facilities are very poor. Three additional consulting rooms were added in 2013 and a pharmacy was added in 2012, which is managed by Rowlands. The building is capable of some further expansion, the potential for one consulting room on the ground floor and two rooms upstairs at an estimated cost of around £500,000. The practice currently operates 7 days per week.

There are a number of organisations that deliver services from the current site, see below:

Regular Sessions

Social Prescriber

Midwife

Phlebotomist (removed from Practice at the start of the Pandemic and not yet returned)

Physiotherapist

Health Visitor
Diabetic Foot Screening
Adhoc Sessions
Mental Health Nurse (SMI Checks)
Stoma Nurse
AAA Screening
Tissue Viability Nurse
Counsellor
CCG Pharmacist

Risks to current service provision

- Lack of space
- Information redacted due to commercial confidentiality
- There are access issues to upper floors within the current building (a lift cannot be installed)

Concerns

- Timing of the project in connection with the existing leasing arrangements
- Utilisation of clinical is almost at capacity (possible maximum of 500 additional patients)
- Currently working in an old building that has many operational issues

Individual Outcomes

- Sustainability - offering the opportunity to meet future demand
- Capacity
- Efficiencies across clinical and administrative spaces
- Modern fit for purpose facility

Marysville Medical Practice - M82040

Brook Street, Belle Vue, Shrewsbury, SY3 7QR

Names of GP Partners	**Dr Julia Visick**
Practice Manager	Izzy Culliss
Current list size	6220
Current Property	Leasehold (June 2025)
Current accommodation	10 Consulting rooms / 1 Treatment Rooms 1 Surgical suite

Current number of staff (actual and FTE's)	
GPs	4 (2.4FTE)
Nurses	4 (2FTE)
Other clinical	5 (2.86FTE)
Administrative	13 (9.62FTE)

The current property is owned by Assura. It is a leasehold property with a lease end date of June 2025. The property has some development land to the rear however access to the site is not good. The practice has recently taken on an additional 600+ patients when the Whitehall Practice closed. The practices own projection is that the patient numbers will increase to around 10,000 within the next 5 years.

Risks to current service provision

- The lease will expire in just over four and a half years
- There is only one partner named on the lease
- Information redacted due to commercial confidentiality
- Worst case scenario – contract is handed back
- Dilapidations on existing building

Concerns

- Costs of dilapidations on current property
- Do not want the risk of loosing dedicated space
- New building will not be welcoming to patients, will be very clinical, 'hospital like'
- Parking

Individual Outcomes

- Good building
- Public money invested better
- Value for money approach
- Improvements in efficiency (back office functions)
- Shared spaces, more efficient use of space
- Offer a wider variety of services to patients
- Environmentally sustainable building
- Increased surgical work

Mytton Oak - M82002

Mytton Oak Surgery, Racecourse Lane, Shrewsbury, SY3 5LZ

Names of GP Partners	**Drs Price, Watton, Palaniappan and Basha**
Practice Manager	Susan Lewis
Current list size	11174
Current Property	Owned (Freehold)
Current accommodation	8 Consulting rooms / 3 Treatment Rooms
Current number of staff (actual and FTE's)	
GPs	6 (5.4FTE)
Nurses	4 (3.0FTE)
Other clinical	5 (2.7FTE)
Administrative	20 (12.4FTE)

The current property is owned by the GP Partners and is at absolute capacity. There has been significant housing development all around the immediate area which has impacted directly on the practice with an increase of over 1000 patients within the last 3 to 4 years. The practice is a training practice and usually has 2 full time registrars from September to February.

There are a number of organisations that deliver services from the current site:

- Community Connector / Social prescriber - 18.5hrs per week
- Physiotherapy – 8.5hrs per week
- Mid wife – 1 day per week

Risks to current service provision

- Lack of space

Concerns

- Information redacted due to commercial confidentiality
- Traffic issues relative to site selection

Individual Outcomes

- Expansion space
- Integrated working
- Multi function dispensing team
- Joining up of back office
- Closer working with Community Teams
- Better management with Isolation room/high risk room

Radbrook Green Surgery - M82016

Bank Farm Road, Radbrook Green, Shrewsbury, SY3 6DU

Names of GP Partners	**Drs. Hilary Bale, Nicolas Durrell, Charlotte Hart, Annatina Mangham & Benjamin Roberts**
Practice Manager	Angela Treherne
Current list size	9940
Current Property	Owned (Freehold)
Current accommodation	11 Consulting rooms / 3 Treatment Rooms 1 other clinical room
Current number of staff (actual and FTE's)	
GPs	8 (5.75FTE)
Nurses	3 (2.0FTE)
Other clinical	4 (2.0FTE)
Administrative	18 - (12.6FTE)

The current property is owned by the GP Partners. The practice is a training practice and will have 2 registrars each year. The building has a pharmacy incorporated into it. The current space is sufficient for the patients the practice currently has, noting that it is a healthy limit, however, it will have difficulties with space availability as numbers increase. In this respect the practice have considered extensions at both ground floor level and upper floors. There are currently other organisations that rent rooms but this I becoming increasing difficult with regard to balancing the time.

There are a number of organisations that deliver services from the current site, see table below:

AAA Screening	One room in the afternoon 4 x a year
BPAS	Two clinical rooms and one office - Mon and Tues all day every week
Interhearing	1st Monday of every month, also regular Tues, Weds, Thurs and Fridays + additional rooms as and when we can provide based on their waiting list for procedures
Private Counsellor	Fridays as and when required. Usually 2 hrs.
Cormac Kelly - RJAH	Every Thursday afternoon - 2 rooms
SOOS	Every Thursday (not here at present due to Covid and room availability)
Physio	Every other Monday evening and a weds morning
Diabetic Chiropody	One day a month
Midwife	Every Tuesday 9 -3 pm
Physiological Measurements	Booked as and when we have room availability but they would probably welcome once a week.

Risks to current service provision

No immediate risks to however the practice will outgrow the building over time

Concerns

- The project will happen earlier than the practice were planning
- A phased approach would be good
- Information redacted due to commercial confidentiality

Individual Outcomes

- Integrated services
- Practice models
- Risks of building ownership removed
- Bringing practices together
- Allows for future planning (longer term)
- Existing building may be an asset but is also a liability
- Central building and room management

South Hermitage - M82060

16 South Hermitage, Belle Vue, Shrewsbury, SY3 7JS

Names of GP Partners	Dr Murphy, Dr Smith, Dr Davis, Dr Goddard
Practice Manager	Caroline Brown
Current list size	8300
Current Property	Owned (Freehold)
Current accommodation	6 Consulting rooms / 2 Treatment Rooms
Current number of staff (actual and FTE's)	
GPs	6 (5.4FTE)
Nurses	4 (3FTE)
Other clinical	2 (1.2FTE)
Administrative	21 (13.2FTE)

The current property is owned by the GP Partners and they also own an area of building land adjacent to the site. The property was constructed around 199. The amount of current clinical space is sufficient for the current patient numbers, however there is a lack of administrative space. In order to maintain sufficient clinical space other services previously delivery from the surgery have had to go, such as midwives, counselling services, podiatrists and orthopedic outreach. The practice has an issue with the times that rooms are available for use

and are finding that their recruitment revolves around room times. One of the GP's works from home half a day per week and the practice has lunchtime and evening clinics led by the nurses. Room sizes are generally smalol and do not meet current standards. There is no meeting space or training space.

Risks to current service provision

- Running out of space for future demand
- The current building will not be fit for the future
- Information redacted due to commercial confidentiality
- 3 partners close to retirement age

Concerns

- Space clinical availability to meet future demand
- Administrative space availability
- Retain own individual space and maintain own identity
- The time to get to certain sites could be an issue due to traffic congestion
- Standards being met to achieve CQC re
- Communication to patients – getting them to support the proposals (potential loss of choice)

Individual Outcomes

- Efficiency
- Collaborative working
- Shared administrative space
- Removing the burden of building issues

Shrewsbury Primary Care Network

Shrewsbury Primary Care Network consists of 17 practices in and around Shrewsbury. It covers approximately 124,000 patients who live in rural and urban environments. The Shrewsbury PCN has chosen to sign up to the Network Contract Directed Enhanced Service for 2020/21.

Core Practices	Prescott Surgery
The Beeches Medical Practice	Pontesbury Medical Practice
Belvidere Medical Practice	Radbrook Green Surgery
Claremont Bank Surgery	Riverside Medical Practice
Clive Medical Practice	Shawbury Medical Practice
Knockin Medical Practice	Severnfields Medical Practice
Marden Medical Practice	South Hermitage Surgery
Marysville Medical Practice	Westbury Medical Centre
Mytton Oak surgery	Worthen Medical Practice

The PCN do not provide services for any non-core practices. The Network is split into three clusters, which enables easier discussion and decision-making processes to be in place:

Rural:
Clive Medical Practice
Knockin Medical Practice
Prescott Surgery
Pontesbury Medical Practice
Shawbury Medical Practice
Westbury Medical Centre
Worthen Medical Practice

West:
Beeches Medical Practice
Claremont Bank Surgery
Mytton Oak Surgery
Radbrook Green Surgery

East:
Belvidere Medical Practice
Marden Medical Practice
Marysville Medical Practice
Riverside Medical Practice
Severnfields Medical Practice
South Hermitage Surgery

Projected staff numbers for PCN

The Networks aspirations with regards to recruitment are as follows. The target is to have some staff on board in the final financial quarter of 2020/21 with the rest of recruitment occurring in the first quarter of 2021/22.

The following figures are all working time equivalent.

Clinical Pharmacists: 8
Pharmacy Technicians: 2
First contact physiotherapists: 5
Social prescribing link workers: 5
Care coordinators: 4
Occupational Therapist: 1
Nursing Associate: 2
Mental Health Practitioner: 3
Urgent Care Practitioner: 2
Advanced Nurse Practitioner: 1

Total additional staff across the network: 33

Projected numbers that would need to be housed in East and West clusters:
Clinical Pharmacists: 6
Pharmacy Technicians: 2
FCP: 3.75
SPLW: 3.75
Care Coordinators: 3
Occupational Therapist: 1
Nursing Associates: 1
MHP: 2.25
UCP: 1.5
Total: 24.25

Some of these staff members will be working in the community the majority of the time e.g. in care homes or on visits. Some can be housed at Severn Fields or Riverside. It has been estimated that we need to allow for 15 staff to be able to be housed in the Cavell Centre initially. Numbers of staff are likely to grow each year as other healthcare professions become available to employ via the DES. It would therefore be sensible to allow for this in projections, with perhaps an additional 2 members of staff for each year until 2024. There is no funding from NHSEI for estates provision for PCN's, it is expected that member practices will absorb the accommodation of these new members of staff, however with the capacity issues that most of the practices have this would not be possible without investment.

Site Selection

The project from the outset did not have a specific site identified for the delivery of the Cavell Centre. A number of sites have been considered though a detailed process during the Project Initiation stage. Close working with the Council from the perspective of One Public Estate has resulted in a preferred site option that creates the opportunity to deliver a Cavell Centre combined with a new Transport Interchange for Shrewsbury.

(See Appendix 1 for full Site Options Appraisal report)

Site selection process

The sites have been identified through various routes. Shropshire Council has put forward four sites within their ownership, two potential NHS sites have been proposed, one site has been identified through discussions with the Local Planning Authority and enquiries were made with local and national land agents, which produced two further private sector owned sites. The initial sifting criteria considers the technical aspects of the sites within the long list, enabling this to be distilled down to a short list.

Technical assessment

The technical assessment considers the following aspects in order to determine whether or not a site could be taken forward to the short list:

- Size of the site to accommodate the indicative area requirements of the Cavell Centre
- Availability of the site, to be delivered within the Cavell Centre delivery period
- Major known site constraints to delivery

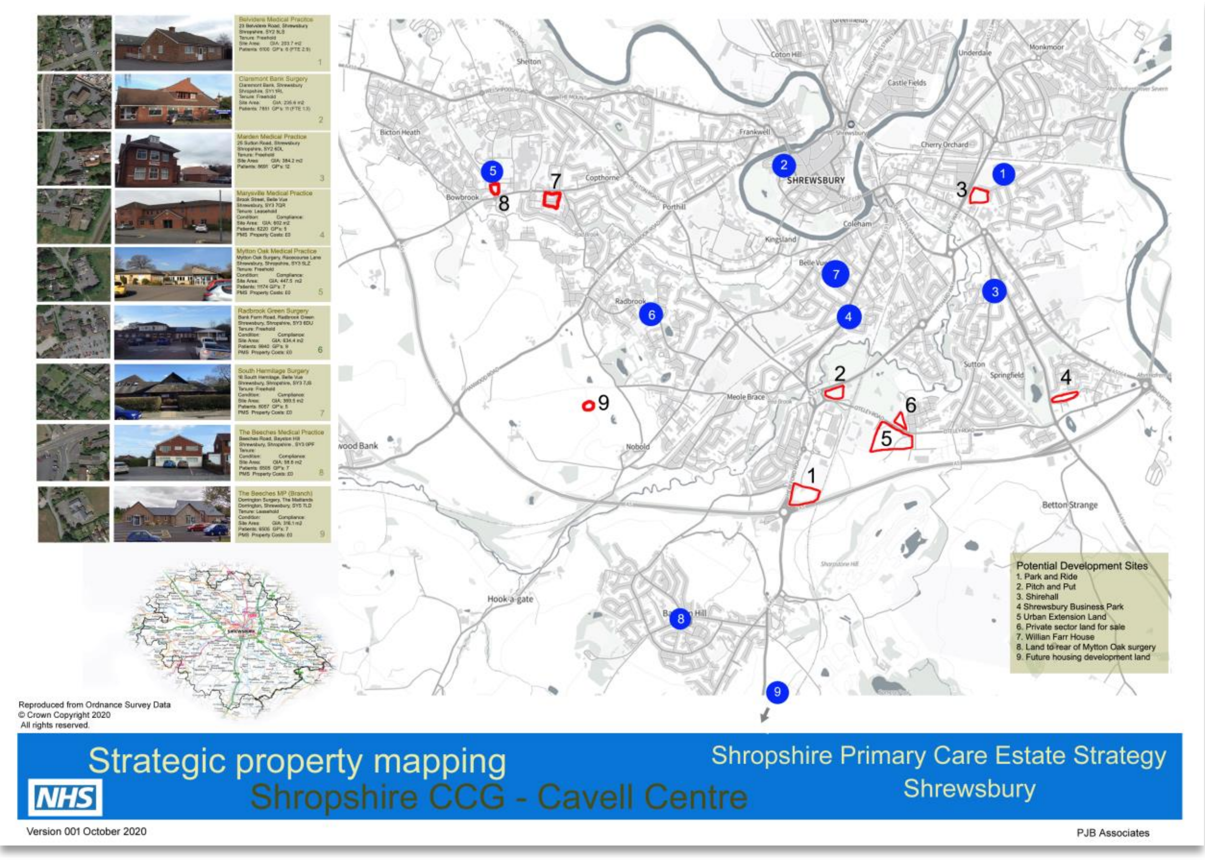
The short list is then considered with input from the practices and other stakeholders with the benefit of the information contained with the draft Site Options Appraisal report. A workshop was held to consider in detail the short-listed sites based upon the following criteria

- The sites location should be well located and in close proximity to serve the patients of the participating practices
- The sites should be easily accessible by car and by public transport
- The site should allow for some expansion of this space for future partner services
- The building plan is flexible in terms of the number of stories which will impact upon the footprint subject to planning constraints
- The master plan should allow space for sufficient car parking spaces
- The master plan should allow space for sufficient landscaped areas
- The site should be free of major planning constraints
- The site should have ‘clean title’

Following discussions at the workshop a consensus was reached as to which sites best met the criteria and were the preferred sites. The conclusion was that sites 1, 2 and 5 were to be taken forward to be considered in more detail at the business case stage with site 1 considered to be the initial preferred site, pending further discussions with the Council regarding a joint development project.

Sites considered

There are 9 sites that have been considered as a long list, potentially being suitable to locate the new facility. The 9 sites are spread across the southern geography of Shrewsbury.



Site Number	Site Name / Owner	Address	Area
1	Meole Brace Park and Ride **Shropshire Council**	Hereford Road, Shrewsbury, SY3 9NB	**3.404 hectares (8.41 acres)**
2	Pitch and Putt Golf Course **Shropshire Council**	Oteley Road, Shrewsbury, SY2 6QQ	**1.62 hectares (4 acres)**
3	Shirehall Shropshire Council	Abbey Foregate, Shrewsbury	**c4.05 hectares (c10 acres)**
4	Shrewsbury Business Park **Shropshire Council**	Shrewsbury Business Park - Phase 2, Anchorage Ave, Shrewsbury, Shropshire, SY26FG	**Plots 0.08 – 0.2 hectares (0.2 – 0.5 acres)**
5	Shrewsbury South Urban Extension Land **Private Sector**	Oteley Road, Shrewsbury, SY2 6QH	**4.2 hectares (10.4 acres)**
6	Freehold Development Site for sale **Private sector**	Oteley Road, Shrewsbury, SY2 6QH	**0.65 hectares (1.61 acres)**

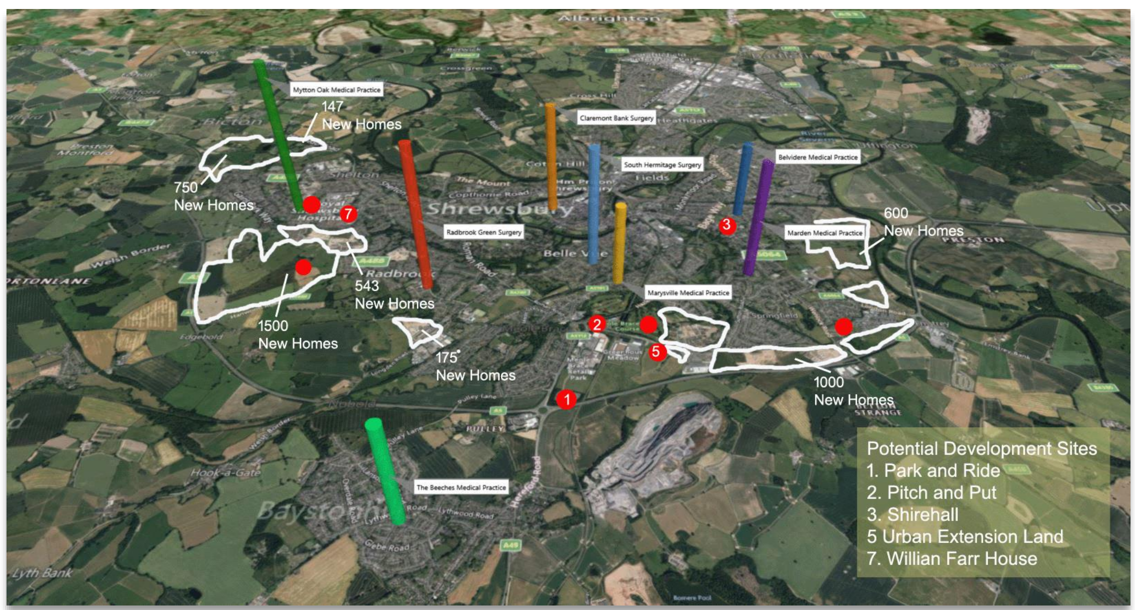
7	William Farr House **NHS**	Mytton Oak Road, Shrewsbury,	**2.22 hectares** **5.5 acres**
8	Shrewsbury Hospital Land **NHS**	Rear of Mytton Oak Surgery	**0.74 hectares** **TBC**
9	Future Development Land **Private sector**	Land near to Radbrook	**1 hectare TBC**

Site Size requirements

The size of the site is an important factor – the project requires around 8,500sqm built development and circa 10,000sq m of car parking, (315 spaces) and site circulation space, (roads, footpaths and landscaping). Shropshire does not have a car parking standard for health care buildings. Car parking has therefore been based upon a ratio of 2 spaces per clinical room plus staff car parking. This results in a required site area of 1.51 ha if 2 storey building design is adopted and 1.34ha if a three storey building design is adopted.

Housing impact on site selection

There are a number of large housing developments currently being delivered and further sites proposed for delivery within the southern area of Shrewsbury. The table below provide by the Local Planning Authority provides an indication of the overall growth for Shrewsbury. The impact of these developments on the health and care system within the south of Shrewsbury is significant. The increase in population over the period to 2036, allowing for completions already achieved, has been calculated to be in the region of 16,500. Some of the sites are central and there are a more limited number of large sites in the north of Shrewsbury. Allowance has been made within the space calculations for growth based upon the information provided. It is important to take account of these larger developing neighbourhoods when considering site selection. The map below identifies the current surgery locations, the potential Cavell Centre development sites within the short list and the large proposed housing sites.



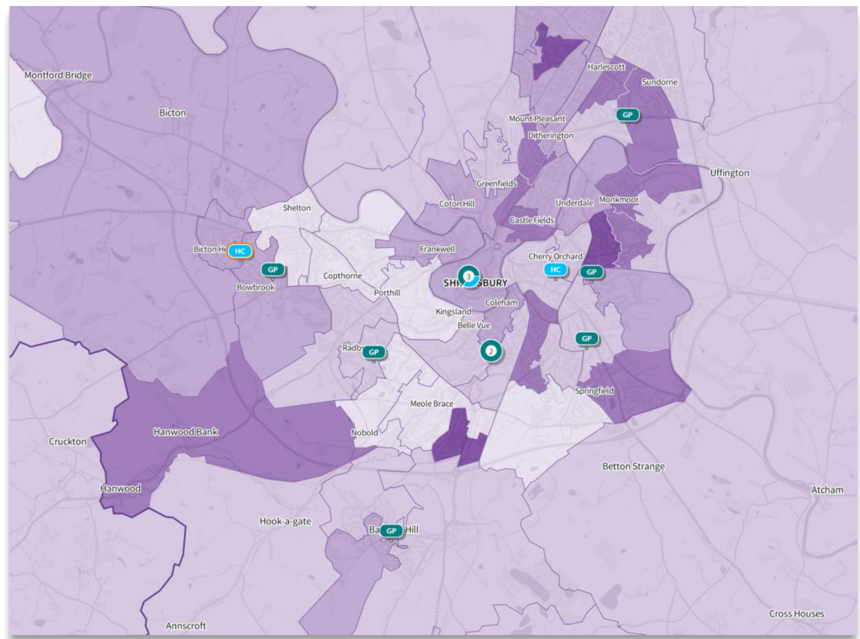
Summary of residential requirements

	Number of Dwellings
Preferred dwelling guideline 2016-2036	8,625
Dwellings completed in 2016-17*	733
Dwellings committed as at 31st March 2017*	4,246
Remaining dwelling requirement to be identified	3,646
Dwellings to be allocated	2,150
Balance/Windfall allowance**	1,496

There are large sites that will be delivered both within the south west and south east of Shrewsbury, indicating that a single Cavell Centre would be best located within the central area of south Shrewsbury to pick up the new patients from both sides. Alternatively, a two site approach would pick up the two geographies.

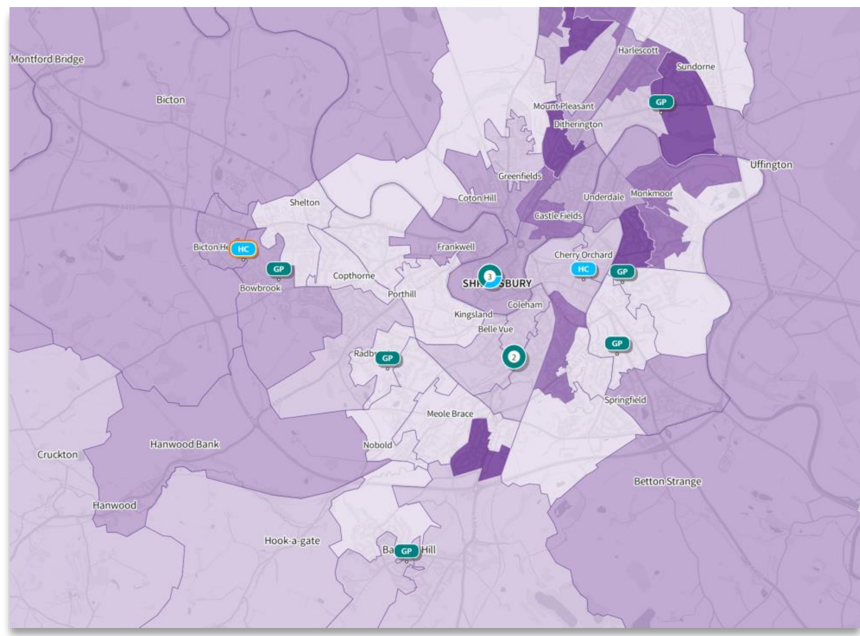
Deprivation Indicators

The map below identifies the levels of health deprivation and disability within the Lower Super Output Areas across Shrewsbury. There are three areas within Shrewsbury that sit within the highest quintiles, one of which sits within the Meole Brace area.



Map: Health Deprivation and Disability

The map below identifies the areas of multiple deprivation across the Lower Super Output Areas of Shrewsbury. There are 5 areas that sit within the top quintile.



Map: Index of Multiple Deprivation

Innovation through a One Public Estate approach

Discussions have taken place with Shropshire Council regarding the potential for a joint development project to be delivered on the Meole Brace, Park and Ride site. This project would see the existing site being redeveloped to deliver the Cavell Centre and a new Transport Interchange which would form part of the Shrewsbury Connect network.

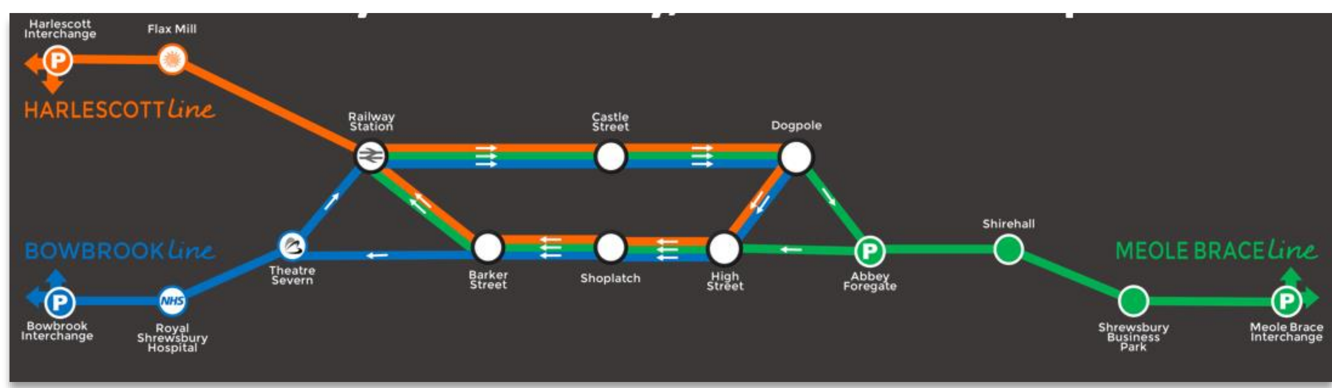
Accessible, efficient and sustainable multi-modal transport hubs play a key role in creating a gateway for towns and cities to thrive and allowing local areas and businesses to fully achieve their potential. Easily accessible, safe transport infrastructure can help passengers to carry out their journeys quickly and efficiently. This can be coupled with an integrated approach to service infrastructure which provides the public with highly connected services such as healthcare.

This innovative approach would see the future deployment of electric vehicles operating from the transport interchange creating a sustainable transport link across the whole of Shrewsbury which would have healthcare at the heart of it.

The benefits of this innovative project would be:

- The Cavell Centre would have the best possible public transport links covering the whole of Shrewsbury and surrounding areas
- The Transport Interchange would become a specific destination for many travellers
- The opportunity to share parking and increase efficiency of use of parking spaces
- The opportunity to provide destination appropriate services
- The opportunity to share infrastructure costs
- The opportunity to include some retail and other facilities such as a café and restaurant making these sustainable across all functions

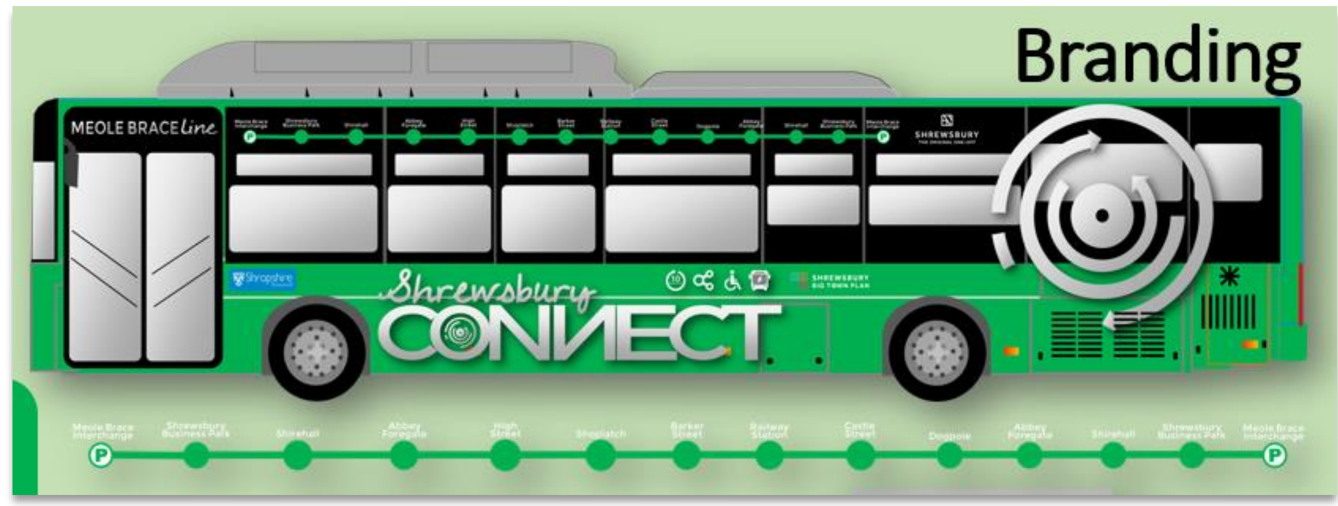
The proposal is to have three colour coded routes that cover Shrewsbury. The Cavell Centre would sit on the Green Meole Brace line. Passengers boarding at any site will be able to access every stop along the network and continue to access the service as a "hop on hop off"



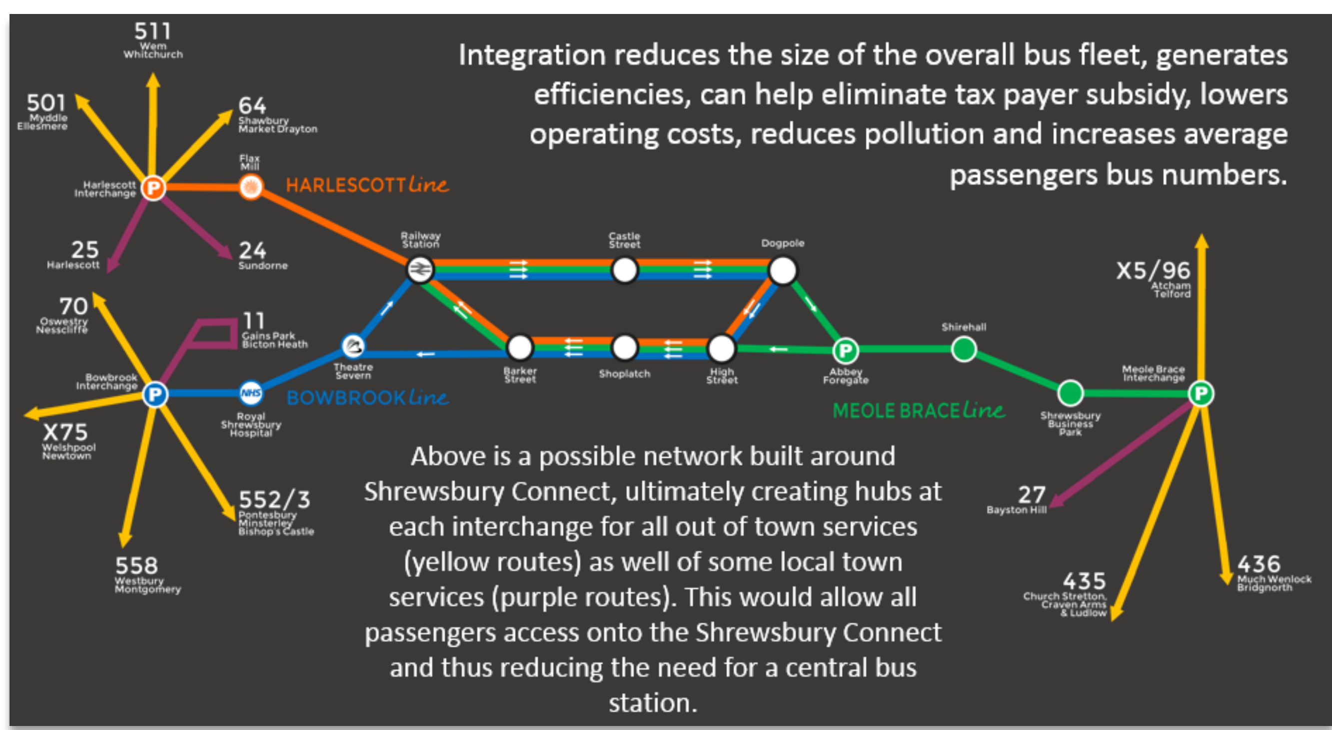
The Royal Shrewsbury Hospital site will have its own stop and the site will be covered by a loop to service the main entrances. This means that there would be a direct transport link between the Cavell Centre as the Primary Care Hub and the Acute site.

Royal Shrewsbury Hospital Site – Bus route options

In order to make connections easy and the routes clear the buses will be colour coordinated to the routes. This allows passengers to identify quickly which route they want to connect with.



To cover a wider area it is intended that the Shrewsbury Connect service will be integrated with the local bus services.



There are likely to be concerns from patients that they will have to travel further to see their GP. The project team has recognised that there will be a need for detailed engagement and consultation with regard to concerns that patients may have over extended travelling distances, (see page 85). Where people do not have their own transport this could be an issue and potentially create health inequalities. It is therefore important that transport systems are considered in order to prevent this from occurring and the integration of the two projects would provide the Cavell Centre with the best possible transport links.

Primary Care Estates Strategy

The Cavell Centre project forms part of the overall Primary Care Strategy and has strategic fit with the Primary Care Estates Strategy. The opportunity to progress the Cavell Centre allows a number of elements of the estates strategy to be delivered. The strategic approach to Shrewsbury includes the new development of Riverside, which currently has 10,852 registered patients.

Severn Fields is the other practice which is located to the north of the town. Severn Fields has 16,963 registered patients. The building was designed to accommodate around 20,000 patients, however reconfiguration of services could allow coverage for around 25,000 patients.

The total predicted growth in patient numbers across Shrewsbury is estimated at around 16,500 based upon the housing growth allocations up to 2036. On the basis that Riverside and Severn Fields will take a combined total of around 6000 additional patients this leaves a further 10,500 to be planned for.

The Primary Care Estates Strategy seeks to address the capacity issues which currently exist and those that will be brought about by increased population growth. In addition the strategy seeks to address the position of backlog maintenance on all of the GP properties which amounts to around £3.3 million. The development of the Cavell Centre would address both of these key elements of the strategy.

Potential Two Site Approach

Careful consideration needs to be given to the housing growth within the south western area of Shrewsbury as this is the most significant area growth in Shrewsbury.

During the various meetings and discussions relating to site selection the option to have two sites rather than one has been raised a number of times. The key benefits of a two site approach would be:

- to provide a wider spread of GP services across the southern geography of Shrewsbury,
- to target GP services at the heart of the greatest growth area
- to cater for the existing patients of the Mytton Oak surgery closer to their existing location
- to reduce patient travelling for GP services

There are however certain risks with this approach, in particular the certainty of funding for a second site would be the most significant risk. It has been made clear by the national team that Cavell Centre capital funding can only be applied to one pilot site. In order to fund a second site an alternative funding model would be required. This will be considered further within the outline business case options.

The Cavell Centre

Existing Service Composition

Extensive work has been undertaken to fully understand the existing service provision, the future service delivery ambitions, the opportunities that exist for closer collaboration and the consequential floorspace requirements for each partner to achieve these. There are a whole range of inter-related services that are currently being delivered within the GP sites and others that are delivered elsewhere that would benefit patients from being delivered in a joined-up way within the Cavell Centre. Further work will be required at the next stage of the project to refine the service model and to generate further efficiencies in the required amount of floor area that will achieve all of the service outcomes.

The following services are currently being considered for incorporation into the Cavell Centre within Shrewsbury:

Service and Service Provider	Service Provider Position
General Medical Services (GMS) Beeches Medical Practice Claremont Bank Surgery Mytton Oak Surgery Radbrook Green Surgery Belvidere Medical Practice Marden Medical Practice Marysville Medical Practice South Hermitage Surgery	The 8 GP Practices have committed to delivering their services from the new Centre.
PCN Services GP Practices	The additional roles to be delivered through the PCN include: Clinical Pharmacists, Pharmacy Technicians, First contact physiotherapists, Social prescribing link workers, Care coordinators, Occupational Therapist, Nursing Associate, Mental Health Practitioner, Urgent Care Practitioner, Advanced Nurse Practitioner.
Pharmacy Private Pharmacy companies	Discussions with local pharmacies identify a strong interest in the provision of a pharmacy within the new Cavell Centre.
Community Diagnostics / Imaging SaTH/RJAH/ShropCom	RJAH are leading on the Community Diagnostics project. Discussions have taken place with them and they have confirmed their commitment to working with the Cavell Centre project to look at the provision of diagnostics within the new centre.
RJAH Outreach services RJAH	Discussions have taken place with RJAH regarding outreach services within the new Cavell Centre and RJAH have committed to working with the project to

	locate a range of their services within the new Centre. It is likely that these will form part of a generic outpatient clinic area.
Phlebotomy ShropComm/GP's	There has been unanimous agreement across all key partners that phlebotomy should be included within the centre. The service will be provided in one location and is likely to be GP led.
Physiotherapy ShropComm	The Physiotherapy helps restore movement and function when someone is affected by injury, illness or disability, combining knowledge and skill to improve health and well-being. Shropcom have identified that this is one of their services that could be located within the Cavell Centre and have committed to working with the project to look at how this service can be integrated.
Mental Health MPFT	Discussions with MPFT have taken place and they have committed to working with the project to look at the opportunity to locate some mental health services within the Cavell Centre
Podiatry and foot health ShropComm	The podiatry and foot health service provides care for adults and children with clinical and medical-related foot problems that mean they are unable to safely or effectively look after their own foot care.
Hearing services (Covered by Advanced Primary Care Services – APCS) ShropComm	Services considered within the area include: hearing loss, tinnitus, vertigo, wax impaction, nasal obstruction, otitis externa, recurrent epistaxis and rhinitis
Community Nursing ShropComm	The teams deliver urgent and planned care to patients helping to prevent avoidable admissions to a main hospital and to promote a healthy lifestyle as well as to maximise independence at home. Health Visiting – The Health Visiting Service is a universal service with every child/family having access to a health visitor. Every family is provided with contact details of their health visitor's team base so they can contact them during normal working hours. The teams also work closely with partner agencies to deliver end of life (palliative) care to patients and their families, supporting people to die at home if this is their preferred choice
Specialist Nursing ShropComm	The diabetes specialist nursing team are a clinically-led service that provides care to adults and children with type 1 diabetes, or those with type 2 diabetes who manage their diabetes with Insulin or who are unable to control their diabetes with tablets alone and require injections.
School Nursing ShropComm	The School Nursing Service promotes and supports the health and wellbeing of all school aged children

	from 5 to 19 years old. School Nurses are qualified registered nurses or midwives with specialist training and experience in public health for children, young people and families.
Midwifery	Midwifery services across Shrewsbury and surrounding areas.
Diagnostics, Assessment and Access to Rehabilitation and Treatment ShropComm	DAART offers patients an assessment and diagnostic service including assessment by a GP with special interest in older people. The assessment will be completed by a multidisciplinary team – this is a team made up of different healthcare professionals. Services include: blood transfusions, management of deep vein thrombosis and multidisciplinary and medical assessment.
Outpatient Clinics SaTH	Discussions have taken place with SaTH and the Trust has committed to working with the project team to consider any appropriate outpatient services that could be delivered from the Cavell Centre. It is likely that these will form part of a generic outpatient clinic area.
Post-op care and rehabilitation ShropComm	This service includes a range of dedicated and specialist services for patients who need specialist support and care after a specific operation or procedure or for patients that are in need of rehabilitation services.
Dental ShropComm	The service provides a full range of dental care to both children and adults with special care needs.
Integrated Community Services (ICS) ShropComm Shropshire Council	Patients Leaving Hospital: The team works closely with local hospitals to identify patients who are well enough to be discharged back to their own homes with appropriate support. Once patients have returned home, they can expect a visit from a member of the team within 24 hours to establish whether the level of care is appropriate and work with the patient to set their goals to maximise independence. Patients Needing Support to Avoid Unnecessary Hospital Stay: The service works closely with all partner organisations to ensure patients who are unwell, but not requiring an acute hospital to treat their condition, are supported in own home. The service sees adults, who are generally older and who need a short period of support to continue to live independently, following a hospital stay or a period of illness. However, the service is not designed to support people who have a primary need relating to mental health, substance misuse, learning disability or end of life care. Intensive or specialist nursing treatment is currently carried out

	by community nurses in the Inter-Disciplinary Teams. All referrals to ICS are made through Health or Social Care professionals, self-referrals are not currently supported.
Rheumatology ShropComm RJAH	The TeMS Rheumatolgy Service is a joint enterprise between the Community Health Trust and the Robert Jones and Agnes Hunt NHS Foundation Trust. The service offer assessment and treatment of a range of rheumatolgical conditions as well as advice and guidance on managing these conditions including: **Diagnostics**: Bone density scanning (DEXA) Diagnostic ultrasound MRI Nerve conduction studies X-Rays **Treatment:** Commencement of medication Injections Occupational therapy Physiotherapy
Tissue Viability Service ShropComm	The Tissue Viability Service is a clinically-led specialist service for patients of all ages with a wide variety of complex wounds, skin problems and vascular problems, including ulcers and pressure sores.
Sexual Health Clinic	TBC
Voluntary Services	Working with the VCSA and various small third sector organisations. Community Hub model to be considered.
Cafe	Community café type model at the heart of the building providing healthy foods and drinks
Retail	Possible small retail units / market stalls such as healthy fresh foods, news agents

Future Service Model

The vision for Primary Care sits within the overarching vision of the system Long Term Plan . Patients value the services of their GP Practices and rely on good access and high standards of care. The vision for Primary Care is for General Practice to continue as the bedrock of the NHS, aligned to place based care, allowing flexibility for the workforce, delivering continuity and improved access for patients especially when facing complex health needs. We will use innovation and work in collaboration with NHS England and NHS Improvement as the commissioner of community pharmacy, dentistry and optometry to ensure improved patient access to all areas of Primary Care, which in turn will reduce the pressure on the wider health system. The safe use of medicines will play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease to ensure best quality outcomes from the medicines patients are prescribed

The ambitions for the model of Primary Care which the Cavell Centre will deliver are:

- Stabilise General Practice for today
- Support the transformation of Primary Care for tomorrow (digital model – see page 44)
- Integrate Primary Care plans into system plans (the integration of primary care and PCNS into Place based working)
- Improve quality and safety both in GP Practices and medicines

The ten pledges of the ICS will be taken to form the model of joint integrated delivery for the Cavell Centre which aimed at supporting the ICS vision and priorities.

- **Pledge 1 Improving safety and quality** – Making sure our services are clinically safe throughout the system, delivering the System Improvement Plan and tackling the backlog of elective procedures as a system. Specifically this pledge commits us to ensure SATH is rated 'Good' by CQC and that the Ockenden Review's findings are implemented. Across all of our services we aim to use digital innovation and data to enable our workforce to drive improvements in quality and safety and improve outcomes.

- **Pledge 2 Integrating services at place and neighbourhood level –** developing local health and care hubs to improve not just the physical but mental health of people, build on the principles of one public estate and the assets of individual communities, better manage the volume of hospital admissions and establish new models of care to best serve all our communities.

- **Pledge 3 Tackling the problems of ill health, health inequalities and access to health care** – Working with our voluntary and community sector, and the public, we will agree measurable outcomes for accelerated Smoking Cessation, improving respiratory health, and reducing the incidence of type 2 diabetes and obesity. We will have a strategy for the implementation of segmented population health management (PHM) approach by April 2021 and undertake a post COVID-19 review of access to all services by September 2021.

- **Pledge 4 Delivering improvements in Mental Health and Learning Disability/Autism provision –** through our transformation programmes, working through whole system approaches, we will deliver

improvements in quality of life for people with learning disabilities by March 2022 and meet the national milestones for mental health transformation by 2023/24.

- **Pledge 5 Economic regeneration** – We recognise that economic regeneration will be essential throughout the pandemic and thereafter. For the citizens of Shropshire, Telford and Wrekin we aim to harness the potential of the health and care system together with wider public services to contribute to innovation, productivity and good quality work opportunities. In turn this will create economic prospects that will help improve the health and wellbeing of our population.

- **Pledge 6 Climate change –** We will consult on a multi-agency strategy setting out our response to the threat of climate change by 30th June 2021. This will be designed to create a social movement across our system by agreeing and delivering carbon reduction targets.

- **Pledge 7 Governance –** We recognise that how we deliver and make decisions needs strengthening throughout and therefore we will review and revise our ICS Governance arrangements with a particular emphasis on place, neighbourhood and provider collaborative arrangements by 1st April 2021.

- **Pledge 8 Enhanced engagement and accountability –** We will increase our engagement, involvement and communication with stakeholders, politicians and the public and develop a plan for this by March 2021. This will include ways of making the ICS more accountable to the citizens of Shropshire, Telford and Wrekin including committing to an annual report by September 2021 and starting to hold ICS Board meetings in public.

- **Pledge 9 Creating system sustainability –** Building upon the work included in our LTP, we will produce a sustainable ICS Financial Recovery plan by April 2021 alongside a System People Plan committing to recruiting and retaining the best people in a supportive working environment. This Pledge will ensure we have system wide arrangements agreed for financial control and future financial allocations.

- **Pledge 10 Workforce -** Making our system a great place to work by creating environments where people choose to work and thrive and by building system leadership and a flexible co-operative workforce.

Digitally Enhanced Primary and Community Care

In line with Chapter 5 of the Long Term Plan, the model of Primary Care alongside the other services delivered from the Cavell hub will be fully digitally enabled. Components of the model will be:

1) **Paper free by default**: Fully digitalised Lloyd George Notes with the programme to commence this across all practices in May 2021 and being complete in March 2022.

2) **Virtual Consultations as routine:** This will build on the acceleration of digital consultations (Online and Video) that primary care rapidly adopted during our response to covid pandemic. This has enabled direct patient consultations between patients and Primary Care as well as virtual MDT ward rounds in primary care and care home settings and use to improve communications across professional and health and social care boundaries. The benefits of these digital connections are particularly impactful in a rural county such as Shropshire. In addition, the roll out of Virtual Desktop Infrastructure (VDI) which has allowed agile working in response to Covid will form part of this virtual way of working.

3) **Integrated Health and Care Records**

This part of the national ambition to create integrated care records across GPs, hospitals, community services and social care. Locally we have had clinical leadership in the development and advancement of this by one of our Primary Care doctors

The benefits of this integrated care record to the model of future primary care include:

- Reduce how often patients need to repeat their health and social care history.
- Allow patient information to be available to all staff that is directly involved in their care.
- Improve patient safety.
- Improve clinical decision making
- Improve clinical and operational efficiency.

.

The benefits are also to the wider economy including Secondary and Social Care organisations as we come together to fully commission in an integrated outcome based model and move away from a traditional transactional approach. The data collected as part of this record will be a value resource for population health management and the future ICS approach to targeted programmes of intervention.

4) **Remote Monitoring**

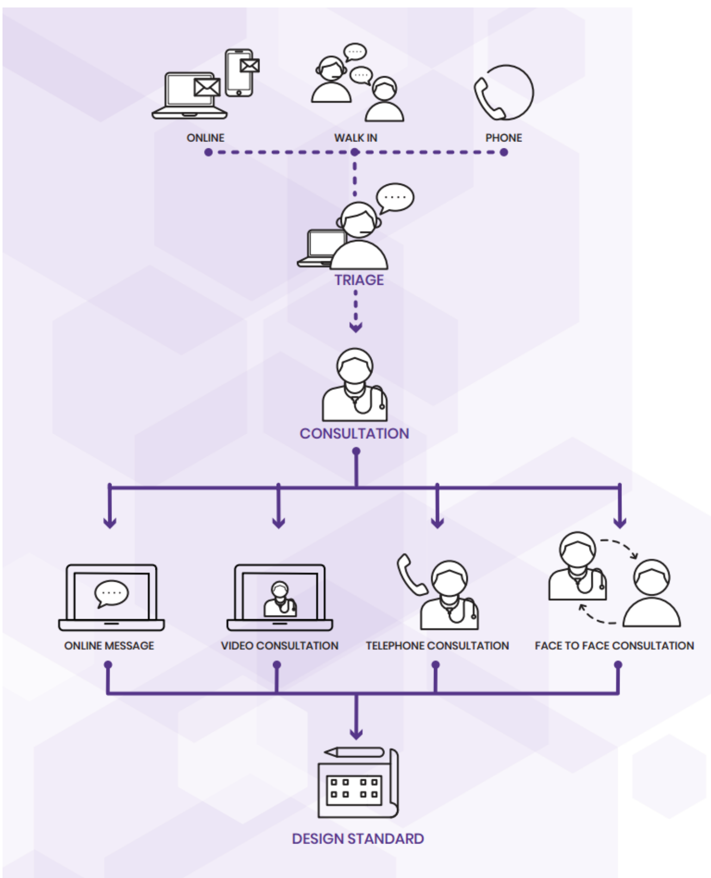
Over the covid period there has been an introduction locally of pulse oximetry and Hypertension monitoring at home. It is envisaged that the digital technology that enables option this physiological monitoring via wearable devices will be an integral part of the left shift to self-care of long term conditions. When combined with other environmental digitally enabled technologies it provides the option for an integrated supported package of health and social care that assists us to deliver both the Long term Plan as well as the integration ambitions of the recently released White Paper

By working in more integrated ways, we envisage taking advantage of new technologies that will:

- Support a single patient/client records that allows practitioners to see the person in entirety rather than as a presenting illness or an episode of care.
- Streamline pathways through community health and social work and hospital based services.
- Improve communication across multi-disciplinary teams, or across the supports needed for patients with multi-morbidities.
- Streamline appointment booking.
- Use text messaging for appointment reminders as a matter of course, to reduce non-attendances.

• Transfer diagnostics and other test results quickly and securely, thus improving accuracy and timeliness of diagnosis.
• Improve opportunities for agile working, thereby freeing up space for clinical or therapeutic uses rather than administrative functions.
• Promote new forms of collaboration that reduce the need for physical meetings and travel.
• Support culture change to enable greater organisational agility.

We will utilise an integrated Health Planning process to ensure the Cavell Centre is developed to support the full range of clinical services needed now and in the future. The COVID-19 pandemic has created an opportunity to advance our plans on how to effectively and confidentially deliver digital clinical and support activities. We have called this Digitally Enhanced Primary Care.



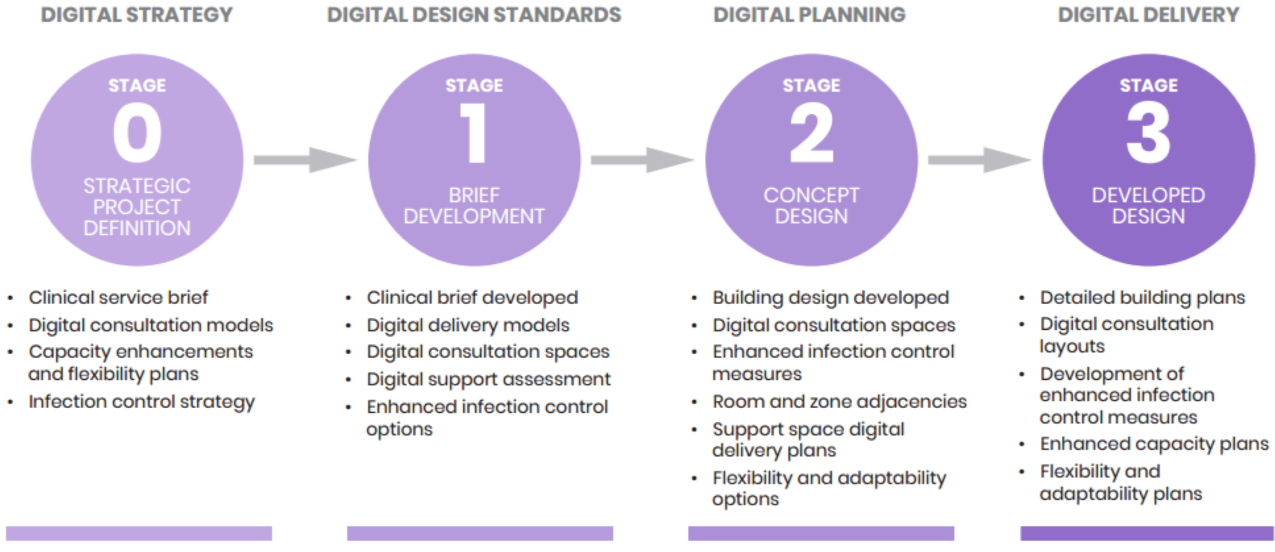
Digitally Enhanced Primary Care fully integrates into the Health Planning assessment, delivering additional flexible access for patients, better support for clinicians and enhanced clinical capacity but minimising the required building area.

The Digitally Enhanced Primary Care Model will integrate into every stage of the Health Planning/Design process to ensure it fully supports the clinical delivery model. It will be developed as part of an individual project brief and includes Enhanced Infection Control options and ability to respond better to any future epidemics/pandemics. It will allow us to consider the level of reductions that can be made in space requirements.

The NHS total triage model is at the heart of the process but has evolved to recognise that in a post-COVID-19 world, patients will look to, once again, have more direct access. The model includes all forms of patient contact; these can be supported by algorithmic triage software to help direct patients to the most appropriate

form of consultation. The triage model links directly into the Design Standards to ensure the most flexible, adaptable and appropriate space options are considered.

We will adopt a process for the Cavell Centre to maximise on digitally enhanced primary care.



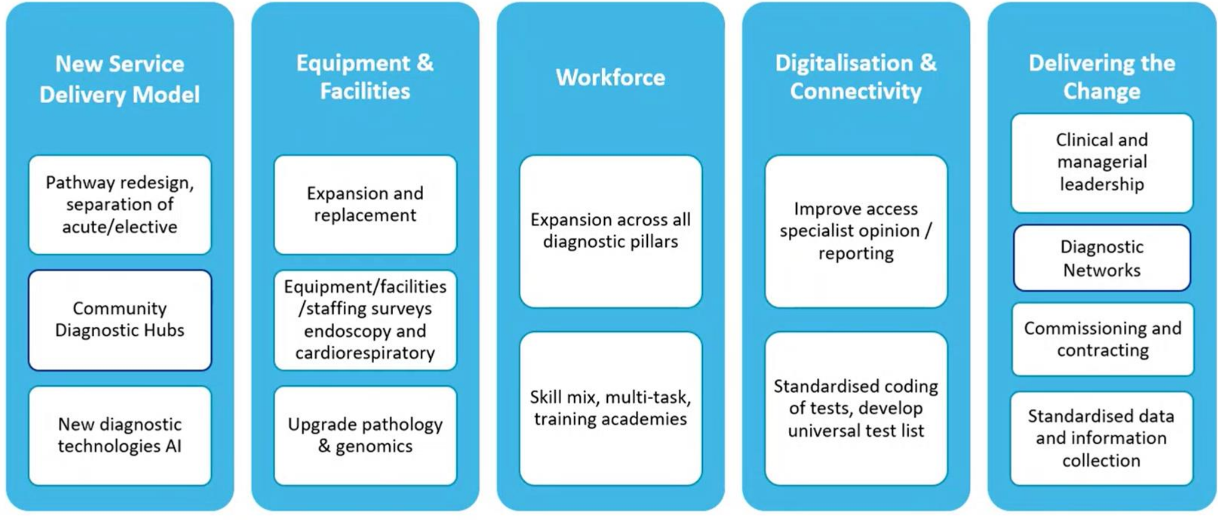
Community Diagnostics

The opportunity to link in with the Community Diagnostic Hubs project has been recognised and discussions have been held with RJAH who are leading on the project. The project is at an early stage and has not considered any locations at this stage, however the national model that has been developed would work well in a Cavell Centre setting with links to other services.

The Community Diagnostic Hubs will

- 3 CDH's per 1 million population
- They could be an existing facility or a new facility but preferably not on an acute site
- They will provide a broad range of elective diagnostic services
- Core facilities will be developed in line with local need to provide:
  - Imaging
  - Physiological medicine – Cardio-respiratory
  - Pathology
  - Endoscopy
- They will operate 12 – 14 hours a day 7 days per week
- The workforce will have access to specialist opinion
- Connectivity across the system to allow results, images and reporting
- They should be easily accessible, address inequalities and contribute towards the levelling up and Net Zero agenda

The overall model is captured within the diagram below:



RJAH have agreed to work with the Cavell Centre Project Team at the next stage to consider locating a Community Diagnostic Hub within the Cavell Centre.

Voluntary Service Model

The Cavell Centre concept model for Shrewsbury will include an integrated voluntary services model. The format for this will be developed over the next twelve months. Discussions have taken place with various third sector organisations and the Voluntary and Community Sector Assembly, (VCSA). The VCSA have voiced their support for the new Cavell Centre, see letter of support in Appendix 2

Some third sector organisations have already submitted an expression of interest in working with the Cavell Centre Project Team at the next stage, these include:

Age UK Shropshire Telford and Wrekin

- Our trained advisors offer free information and advice to older people and their families.
- We offer home support services to help with shopping, cleaning and gardening.
- Our volunteer befrienders visit lonely older people in the community who have no one to talk to.
- We offer a wide range of activity groups and events, such as lunch clubs and exercise classes.

SAND – Safe Aging No Discrimination

- Sand's vision is for a future where Lesbian, Gay, Bisexual and Trans people in Shropshire, Telford & Wrekin are fully integrated into the community. A community that values their experiences, meets their needs and offers appropriate personalised care as they age.
- Identify and address the barriers that impact on LGBT+ wellbeing in later life
- Bring about change in organisations' working practice
- Fundamentally influence the way in which LGBT+ people and those who care for them experience – and expect to experience – ageing.

- One project that we are currently rolling out is a safe (virtual) space for LGBT+ people to meet and engage with likeminded people. A place where they can be their whole selves, all of the time. This project is called STARS. We would be interested in creating a STARS group in South Shropshire. We would also be interested in pursuing an opportunity to host information clinics targeting the LGBT+ community and those who work and engage with LGBT+ people.

Taking Part

Taking Part is a registered charity who work across Shropshire and Telford providing information, advice, guidance and advocacy for people with health and social care needs. They are commissioned by the local authorities in both areas and deliver these services in consortium arrangements in both areas. In Shropshire they are in a consortium with Citizens Advice Shropshire, AgeUK and A4U. All partners have a long history of successfully supporting clients and communities with a good track record for delivery as well as providing social value.

Taking Part have said that they would endorse and welcome the development of a multi-disciplinary unit where the third sector could work in partnership with social care and health services to provide the community with wrap around and holistic services which would complement each other.

Taking Part would be able to assist in the following areas:

- Social Prescribing – offering solutions to community need which are not reliant on social care and health service interventions
- Supporting communities understand that increasing demand on statutory services with decreasing budgets is not a sustainable position and that other solutions are available within their own localities and from a range of sectors and services
- Support with the reduction in health inequalities which exist for some of our most vulnerable clients in our areas where access to primary and acute health services is not always accessible in a variety of ways or easy to navigate
- Support clients to understand the importance of having regular health checks, attend screening appointments and making best use of Health Passports to ease and assist with health appointments and access to health services so that their experiences are positive
- Provide support to Experts by Experience who will be able to help design and influence the accessibility of new builds and developments particularly for those with learning difficulties and autism. Taking Part have a track record of being involved in new developments.

There are current examples within Shropshire where there are close working relationships between the voluntary sector and the NHS. One of these examples is the Mayfair Centre in Church Stretton, which is a model that we are looking to potentially develop at a greater scale in relation to the delivery of the Cavell Centre.

For this model we have the support of the VCSA and in particular we have had discussions with Nicola McPherson, who is the Health and Social Care lead for the VCSA and also the Chief Officer of the Mayfair Community Centre, which incorporates the Church Stretton Health and Wellbeing Centre. Below is an outline of the Centre.

Church Stretton Health and Wellbeing Centre

The Mayfair Trust employs 36 staff, most of whom are part time (equivalent to about 16 full time staff). Their work is supplemented by around 350 active registered volunteers who more than double the weekly hours delivered. Financially Mayfair turns over about £0.6m per annum with 50% of income generated from its activities in support of charitable objectives, 40% from grants, service level agreements (contracts with local authorities) and restricted donations, 5% from donations, legacies and investment income and 5% from local fundraising. The Trust runs the Community Centre, the Church Stretton Health and Wellbeing Centre and Ring and Ride Community Transport Service.

Our particular focus for the Cavell Centre project is on the Church Stretton Health and Wellbeing Centre which consists of the following:

- A welcoming Community Hub for dealing with all matters relating to health and social care, with an Information Point, run by trained volunteers, and a cafe area, under a central glass-roofed atrium, to generate both a friendly and relaxed atmosphere;
- Three Clinical Rooms for a range of services (e.g. physiotherapy and chiropody) also clinics and hospital outreach to monitor and treat those with long term health conditions;
- Access to assistive technology to develop distance consultations with acute hospitals, reducing the need for hospital visits and informing patients about these new technologies to enable them to remain independent at home;
- Office accommodation for statutory and voluntary sector staff and volunteers supporting people with long-term health needs, in particular, including the District Nursing Team, Macmillan Nurses, and Mayfair's' Supporting Independence Service (MAYSI);
- Other private and voluntary organisations and self-help groups will be offered a base there, promoting closer collaboration and more effective use of all the available resources.

The Health and Wellbeing Centre has continued to grow since opening in September 2016. It has an average of 250 – 300 people using the facility each week.

NHS services include: 4 days a week audiology, 2 physiotherapy clinics, at least 1 podiatry clinic a week as well as midwifery and speech and language therapy. In March 2018 the Shropshire Orthopedic Outreach Service moved into the HWBC, this provides assessment and treatment for people in the south of the county and save them a journey to Oswestry. Psychological therapies also use the Mayfair rooms.

Mayfair rooms also have fortnightly adult social care and mental health drop in clinics and appointments, Help to change, courses for women moving out of domestic violence situations and a peer support group, local care agencies, weekly advice surgeries on keeping your home warm and keeping energy bills to a minimum.

Within a 12 month period the Centre has held 28 health awareness events on topics such as: Stroke, Parkinsons, Arthritis, Dementia, Carers, Mental Health, Healthy Living, Osteoporosis and Macular degeneration. The theme of all events gives people information and tools to look after themselves as well as possible and provide opportunities for mutual support.

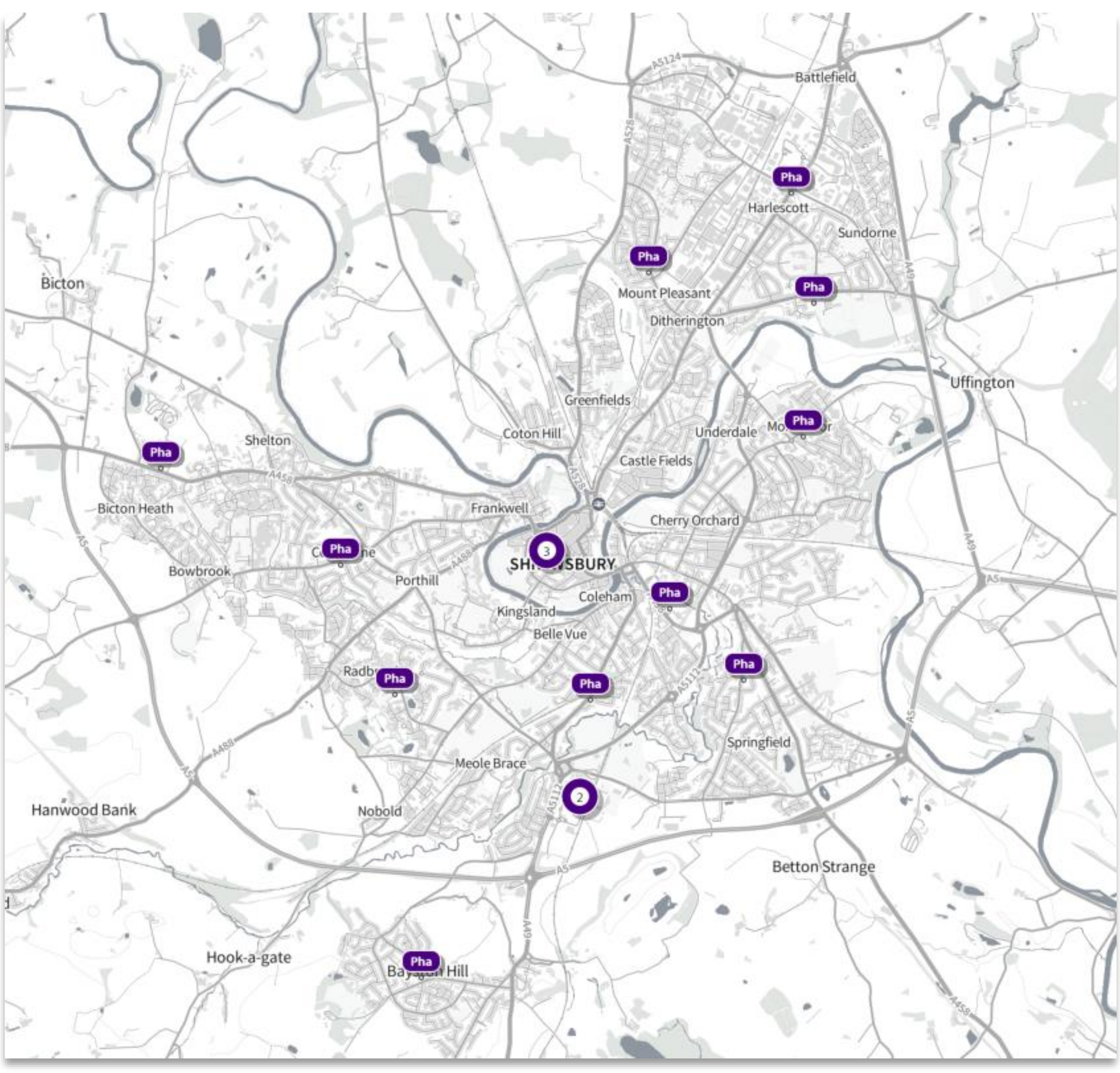
Within the first twelve months of operation the Trust had trained 30+ volunteers to act as hosts, at least two are present at all times, that is over 80 hours of volunteer time a week. They meet and greet and help people access services and support, providing a warm welcome.

The Trust support the local GP practice working closely with them to provide space for clinics and linking in with social prescribing. They have a Shropshire Council customer service point. We issue hearing batteries for those with NHS hearing aids - saving time of the Audiologist and Practice Receptionist.

A letter of commitment from the VCSA can be found in Appendix 2

Pharmacy Model

The map below identifies the existing locations of pharmacies within Shrewsbury.



It is intended that the Project Team will work with the local pharmacy providers to identify how they can provide a level a service within the Cavell Centre which will support other services in an integrated way. It is also proposed that a competitive process will be run to identify the pharmacy that will occupy the on site pharmacy provision, the income from which will support the financial model.

Space Requirements

Working with each of the service providers we have identified the indicative areas that would be required to provide the services. At this stage some of these areas have been calculated based upon specific local needs and some areas are based upon the large Cavell Centre footplate as a realistic guide to what will be included.

There are significant opportunities through the Cavell Centre concept to drive down the system need for floorspace. Individual providers have buildings that they are delivering services from which often are under used and they could deliver their services from smaller spaces but cannot necessarily downsize as there are no opportunities to do so. Some providers do not require full time use of a building but may have dedicated buildings for their services, creating space that could be put to other uses if they were design appropriately. It is the case, however, that these spaces were not designed in a flexible or multi-functional way and therefore cannot necessarily be used for other functions. Cavell Centres offer the opportunity to design spaces in this way and this multi-functional space can be shared across organisations.

Modelling has been based upon guidance from the large Cavell Centre model footprint and the schedule of accommodation associated with that. Consideration has been given to how spaces can be shared across provides and individual services. The table below relates to the table

Service	Indicative net floor area requirements
General Medical Services (GMS) 8 Practices	3,527 m2
PCN Services	Included above
Pharmacy	164 m2
Day Case Treatments	240 m2
Shared Specialist Clinic Hub	56 m2
Community Diagnostics / Imaging	130 m2
RJAH Outreach services	Included in generic Outpatient Clinic below
Phlebotomy	66 m2
Physiotherapy (Generic Therapies)	146 m2
Mental Health	150 m2
Chiropody / Podiatry	66 m2
Hearing services	Included in shared specialist clinic hub
Community Nursing	TBC
Midwifery	TBC
Generic Outpatient Clinics	238 m2
Integrated Team Base	123 m2
Sexual Health Clinic	56 m2
Dental	Included in generic day case treatment
Counselling	Included in generic therapies
Rheumatology	132.5 m2
Voluntary Services	50 m2
Cafe	Included in Public Reception
Public Reception	136.5 m2
Administration (General)	101 m2
Support Services	112 m2

This has been translated into a schedule of accommodation.

Service Requirements	Net areas m2	Gross areas m2
GP / PCN	3527.00	5537.39
Public Reception	136.50	214.31
Generic MIU	0.00	0.00
Generic Outpatient Clinic	238.00	373.66
Generic Diagnostic Suite	130.00	204.10
Generic Day Case Treatment	240.00	376.80
Generic Therapies	146.00	229.22
Community Pharmacy	164.00	257.48
Shared Specialist Clinic Hub	56.00	87.92
Phlebotomy Clinic	66.00	103.62
Podiatary Clinic	66.00	103.62
Gynacology Clinic	0.00	0.00
Rheumatology Clinic	132.50	208.03
Sexual Health Clinic	56.00	87.92
Mental Health Services	150.00	235.50
Integrated Team Base	123.00	193.11
Administration	101.00	158.57
Support	112.00	175.84
	5444.00	8547.08

The sharing and careful management of space will play a significant role in ensuring that there is no over provision in the Centre. This, however, needs to accept that all services will not necessarily be able to be relocated at the point of becoming operational due to the position with regards to existing property. The transition period for services will also need careful consideration and options around locating some temporary services may need to be considered which will form part of the wider strategy.

The emerging Archus planning tool will be used at the next stage of the project to test out the considerations made so far and to run sensitivity analysis on the developing Cavell Centre model, including the impacts of digital solutions, greater out-of-hours utilisation and impacts of Covid.

Cavell Centre Standard Designs

The components that underpin the planning for the standard Cavell Centres include:

• Capacity: A new strategic approach that provides accurate generic capacity. Health planners are developing a more informed health planning tool to be used on every project, based on a more accurate evaluation of population, disease prevalence and economic deprivation using a standard glossary of terms.
• Planning: A single methodology applied across all projects. Based on a well designed library of repeatable room clusters – a kit of parts- that can be assembled in attractive and functional configurations that have been tested to meet as many briefs and sites as possible.
• Construction: A general planning system based on a hierarchical dimensional system that maximising the opportunities for modern methods of construction, off-site manufacture and the use and of standardised components. This open system encourages innovation and market competition.
• Sustainable: Applying recognised design principles to allow growth and change and achieve adaptability that can meet the imperatives of a circular economy. Designed by our engineers for energy systems and envelope design that will cater for the NHS ambition to achieve Nett Carbon Zero by 2050.
• Appealing: A building system that communicates the positive ethos of the NHS which can be customised to suit the local context with adaptable building form and alternative material finishes. The planning embraces the importance and function of softer elements, external landscape and an urban presence - the importance of social referral.
• Digital: An environment that is conceived for a digital age. With monitoring systems that maximise comfort and utilisation of space. An environment and IT infrastructure that places equal value on physical and remote consulting, diagnosis and monitoring

There are three standard designs to cover population sizes between 25,000 and 50,000.

Cavell Centre Size	Patient population covered	Size of building
Small	25,000 – 30,000	2000 m2
Medium	35,000 – 40,000	4000 m2
Large	40,000 – 50,000	6000 m2 Check

Small Design – Ground Floor Plan

Medium Design – Ground Floor Plan

Large Design – Ground Floor Plan

Space Utilisation

There are significant benefits to be gained by utilising space to the maximum possible. Infrequent use of space is a huge waste and is a financial drain to the NHS. By optimizing the way that all spaces are managed in a flexible way and the use of that space is accurately monitored through technology we can drive up the levels of utilisation. The Project Team has considered the best ways to make full utilisation of rooms within the new Cavell Centre. If we drive up utilisation of every space within the Centre we will require less space from the outset with consequential savings in capital outlay and long-term savings in revenue. This will also have a consequential effect on running costs, by reducing maintenance, cleaning, energy and other significant FM costs. We will look to link this in with the way that we approach digitalization and new ways of working.

Some costs may increase as a result of expanding services within the community and population growth however there will be additional savings to offset these including:

- Move away from Mkt rent valuation (cost of capital)
- Efficiencies of working and partnership working delivering reduced escalation of health conditions, saving the system money
- Opportunity to pool F&M resources and skills with other public bodies
- Commercial return element within building (e.g. pharmacy or café)
- ‘Retention’ of asset (and value therein) overtime vs. dead money into external landlord’s bank

As services are brought closer to communities and are delivered by a range of providers, these organisations are likely to not require exclusive occupation of space. Therefore, the ability to book rooms on a flexible basis offers users a cost-effective solution to their property needs.

It will be important to consider the types of rooms that will be required within the Centre to suit the clinical models employed, however we will look to create spaces that are multi-functional across these various uses. This will enable rooms to be used for various functions on a day to day basis but will also incorporate the

ability to repurpose rooms for changing needs ensuring the Centre is future proofed. Careful consideration of the design of the layouts for GMS areas will be undertaken to take account of the potential for future mergers of practices.

Driving down the amount of non-clinical space will be a key consideration to maximise the clinical outcomes that can be delivered from the Centre. Careful selection of floor and wall finishes and attention to infection control details will allow rooms to be switched between Clinical and Non-Clinical use.

We have been working with NHS Property Services who have developed the ‘Open Space’ programme, which drives space utilisation within their properties nationally.

Open Space

The aims of the national programme are to provide a national portfolio of accessible, flexible and affordable accommodation as an alternative to leasing for NHS bodies, driving utilisation and rationalizing opportunities.

The benefits identified for frontline services from the national system are:
• A user focused system – easy to access, search, book, pay and manage bookings
• The ability to align property needs with service contracts
• High quality onsite experience with standardised room types and specifications
• More choice, allowing new services to access the space and reduces leakage of services to property outside the NHS estate

The Cavell Model for Open Space

We have proposed a new model for Open Space which NHSPS have agreed to work with us on. Essentially the proposal would see the NHSPS Open Space room booking software being managed locally, (rather than nationally by NHSPS). The added functionality would provide the ability for the local team to offer rooms

nationally through the NHSPS system when they identify under-utilisation which would not only increase the usage for the NHS generally but would provide the opportunity for income generation.

The deployment of the software locally would enable full control over the room bookings and would be managed at a system level. Protocols would be introduced to ensure that there is equitable use of shared spaces and that rooms are not booked and subsequently not used. These protocols will include an agreed set of rules such as rooms can be rebooked if they are not occupied within a certain time, if regular bookings are not used they will be removed. This will need to be coupled with appropriate and robust building management. The building managers will need to work closely with all of the service managers to develop good working relationships and collaborate on supporting the optimum use of rooms. It is important the staff offer high levels of quality service developing a good rappor with users and develop a real internal community feel to shared space. The sophisticated hardware and software incorporations room sensors which detect when rooms are in use. This, coupled with the sophisticated reporting, (see below), will enable the Cavell Centre to make best use of the available space.

NHSPS have analysed room usage over a pilot period of 2 years and have identified in some cases very low levels of room utilisation particularly with shared rooms. In the example above the booking rate is 67.61% with booked utilisation at 18.53%. By driving up these rates of utilisation within a Cavell Centre environment we will be able to make better use of the space across multiple providers delivering more outcomes from the space provided. It will enable us to be more flexible with the space and quickly identify areas of under use which can then be reallocated to other services. It will also allow the system to offer sessional space to voluntary

organisations with little or no charge, on the basis that they are delivering services that produce outcomes and often reduce costs to the system.

Modern Methods of Construction

Embracing the opportunities for Modern Methods of Construction, (MMC), will assist in driving down the capital costs of the Cavell Centres. As we have seen the standard Cavell Centre designs are based upon a simple grid system which offers the ability introduce varying levels of offsite manufacturing and standardization of components.

Sustainability

Sustainability is addressed in two ways: through greater use of structural timber, which has a much lower carbon footprint than steel and concrete; and through the fact that offsite methods are much more reliable when it comes to delivering design levels of energy efficiency in practice. Ultimately, building resilient healthcare will depend on selecting more resilient construction methods during the procurement process. Whatever construction method is chosen, over half of a building’s lifetime carbon emissions occur when it is in use. When more sustainable methods are adopted the in-use element of the carbon footprint becomes even more significant. Traditional building methods have often suffered from a well-documented discrepancy between design levels of building performance and those achieved in reality. Differences arise because insulation and energy-efficiency treatments are applied manually to the structure on-site. Traditional builds are also frequently affected by late design changes or interpretations of the architect’s intentions when technical hitches crop up during the project. Modern Methods of Construction (MMC) such as panelised offsite use an integrated design and production process. Thermal performance is designed-in, panels are precision-cut and the structure is assembled exactly as the designer intended. In housing projects panelised offsite is easily able to meet the highest levels of the Code for Sustainable Homes. Those high levels of energy efficient performance are equally easily applied to new healthcare construction projects to reduce future heating costs and greenhouse gas emissions.

Productivity Without Complexity

The other major problem that besets the construction sector is low productivity. Historically, scaling up production has meant increased complexity and a multiplication of the cost, timing and quality risks. In the 2020s, this needn’t be the reality or the expectation. By adopting modern methods, new healthcare facilities can be built at scale, on time and to agreed quality standards. Product standardisation brings opportunities to reduce complexity and cost even further. These opportunities are not available with traditional methods where, even if the design is standardised, projects are largely a series of discrete, one-offs. With panelised offsite there are fewer deliveries, fewer people onsite and a minimum number of operations carried out away from the carefully controlled manufacturing environment. Put simply, there’s less that can go wrong.

Offsite Construction Improves Risk Management

There seems little prospect of achieving this level of enhanced risk management and performance without a much wider use of offsite construction. In other words we have to substitute the risks and uncertainties of the traditional construction site for the precision and control of a manufacturing environment. Offsite methods are

proven to reduce complexity without sacrificing design freedom. They deliver a balance between economies of scale and flexibility to ensure each new or expanded facility is matched perfectly to local needs. Most of all, processes are repeatable and scalable because they are not dependent on a shrinking pool of skilled labour.

Environmental Considerations

We know that construction consumes resources and generates carbon emissions on a vast scale. If the buildings created are poorly designed or of poor quality they also consume more energy than they should when in service.

All of this links back to health. Improving air quality and limiting global temperature rises are important factors in promoting good health and wellbeing. Healthcare construction has to play its part by adopting methods that have a lower environmental impact and which can guarantee highly energy efficient performance.

Sustainable Sourcing - Selecting more sustainable building materials inevitably points towards greater use of structural timber. Trees absorb carbon from the atmosphere as they grow. That carbon is locked-up (sequestered) until the wood is burned or decomposes. Using structural timber gives a building a head start when it comes to delivering net carbon zero buildings and communities. Structural timber has certified sustainable sourcing within the supply chain. And commercially viable woodland is arguably an important tool in limiting climate change.

Construction and the Environment - Construction impacts on the environment in many ways. Traditional buildings have high levels of embodied carbon. This is a measure of the greenhouse gases emitted by the extraction, processing, transportation and assembly of all the components and materials used in the project. Concrete, bricks, blockwork and steel have high levels of embodied carbon. A great deal of energy is needed to extract raw materials and process them. And because the materials are heavy the energy costs of transporting them to the construction site are significant. Circular Ecology has calculated that in typical construction project between 20-50% of the whole-life carbon footprint can be found in embodied carbon. This represents greenhouse emissions that occur before the building is even brought into use and which are irreversible. The choice of building methods and materials has a major impact on the environmental legacy of a project. Multiply this effect across a large-scale national building programme for healthcare and the impact becomes highly significant.

Fabric First Approach

A '**fabric first**' approach to building design involves maximizing the performance of
the components and materials that make up the building fabric itself, before considering the use of mechanical or electrical building services systems. This can help reduce capital and operational costs, improve energy efficiency and reduce carbon emissions. A **fabric first** method can also reduce levels of maintenance during the building's life.

Buildings designed and constructed using the **fabric first** approach aim to minimise the need for energy consumption through methods such as:

- Maximising air-tightness.
- Using Super-high insulation.
- Optimising solar gain through the provision of openings and shading.
- Optimising natural ventilation.
- Using the thermal mass of the building fabric.
- Using energy from occupants, electronic devices, cookers and so on.

Focusing on the building fabric first, is generally considered to be more sustainable than relying on energy saving technology, or renewable energy generation, which can be expensive, can have a high embodied energy and may or may not be used efficiently by the consumer.

Having energy efficiency integrated into the building envelope can mean occupants are required to do less to operate their building and not have to adjust their habits or learn about new technologies. This can result in less reliance on the end user regarding the buildings energy efficiency.

Fabric first building systems can be constructed off site, inking in with the Modern Methods of Construction mentioned earlier, resulting in higher quality and so better performance, reduced labour costs and an increased speed of build.

The government's target of zero carbon buildings within the NHS by 2040 will require the adoption of the **fabric first** approach. Developers need to first avoid or mitigate regulated emissions by using on-site energy efficiency measures (such as insulation and low energy heating systems) to achieve a minimum Fabric Energy Efficiency Standards, then to adopt on-site zero carbon technologies (such as solar panels) and finally to use off-site measures to deal with any remaining emissions.

Passivhaus is an energy performance standard for dwellings, commercial, industrial and public buildings which adopts a fabric-first approach to energy efficiency. It is with this in mind that we would like to consider the construction of the new Cavell Centre to meet the full Passivhaus standard.

Passivhaus

The Passivhaus approach was developed in Germany in 1990, and over 25,000 buildings have been built to the standard worldwide. Passivhaus is a building design and quality assurance process that delivers very comfortable buildings with remarkably low running costs. In addition to the fabric first approach the other key features of Passivhaus are:

- Modelling of the building and its components to achieve the standard at the design stage
- A quality assurance process that requires thorough attention to detail in design and construction to achieve comfort and energy savings over the long term.
- An efficient ventilation system with heat recovery and 100% fresh air
- Avoiding cold bridging within the fabric

- The use of high performance triple glazed windows

To date, the UK has one Passivhaus health centre project completed[1] and a Centre for Medicine building located on the University of Leicester campus, which is the largest project in the UK to gain Passivhaus accreditation[2], with a floor area of 13,000 m2. There are other examples of large public buildings that have been built to the Passivhaus standard including a large secondary school. The Harris Academy school in Sutton, accommodates 1,275 pupils and 95 staff, it has a floor area of over 10,000 m2. The school boasts energy consumption that is typically 80% lower than a standard new building giving tremendous savings on operating costs and carbon emissions.

There is however a premium to pay for achieving the Passivhaus standard, but costs are falling. In 2015 the Passivhaus Trust published a costs research paper identifying Passivhaus extra costs between 15% and 20%, largely associated with the innovative nature of the standard. Costs associated with early Passivhaus projects are now reducing as the methodology has become more widely adopted. New analysis suggests that there is a consistent trend of costs falling over time and, as of 2018, best practice costs were around 8% higher when set against comparable projects.

Further evidence of reduced costs have been evidenced by Exeter City Council who have been building Passivhaus projects since 2010. Now on their 4th generation of Passivhaus developments, Passivhaus build costs have reduced by 25% over 5 years. This reflects Exeter's growing experience as a client, alongside maturing supply chains and experienced designers and contractors. As experience grows, costs fall. Passivhaus schemes are at a premium of just 9% over baseline and with many more in the pipeline, the Council hope to build upon learning and reduce costs further in the next phase of construction.

We have included an Option within the capital modelling for a building that meets the Passivhaus standard. Based upon the report by the Passivhaus Trust we have uplifted the construction costs by 10%. Although the report identifies a best practice uplift of 8% we have considered the fact that Passivhaus in the health sector is in its infancy and therefore may have further to go with cost reductions. The construction industry has gained significant experience with Passivhaus projects over the past few years and coupled with varying degrees of ff site manufacture the time to deliver a scheme o Passivhaus standards is

Planning Considerations

Engagement with Planning Authority and politicians
Early engagement with your Local Planning Authority (LPA) will help streamline any later planning application. They may be able to assist with the identification of strategic land, as well as population and labour market

[1] Foleshill Health Centre building in Coventry
[2] Correct at April 2016

growth data. The LPA in turn may in turn be able to flag the proposals to elected members (counsellors) or MPs, building support and awareness of the proposals across local government.

The Local Planning Authority (LPA) for the development is Shropshire Council. We have worked closely with officers within the Council to consider all aspects of the project, the potential sites, opportunities for strategic land and socio-economic growth data.

Planning Commentary

The Cavell project would focus on meeting the needs for the population of southern Shrewsbury, Shropshire's County town. Shropshire has an adopted Local Plan covering the Plan Period 2006-2026. (Core Strategy adopted 2011 and SAMDev Adopted in December 2015) which sets out the future housing and employment growth requirements. The Council is currently at an advanced stage of reviewing the Local Plan which extends the Plan period to 2016-2038 and it is this time frame that the Cavell project will need to consider in meeting future demands.

Shrewsbury is the Strategic Centre of Shropshire and the primary focus for new development in the County. Recognising this role the emerging local plan indicates that between 2016 and 2038 around 8,625 dwellings will be delivered in Shrewsbury. The strategy provides a number of large-scale allocations to deliver a range of development. These allocations utilise opportunities on the periphery of the town presented by the natural boundary of the A5, but also seek to balance this with windfall proposals within and on the edge of the town centre, in particular as part of town centre regeneration proposals which seek to enable a successful transition from a 'retail led' town centre.

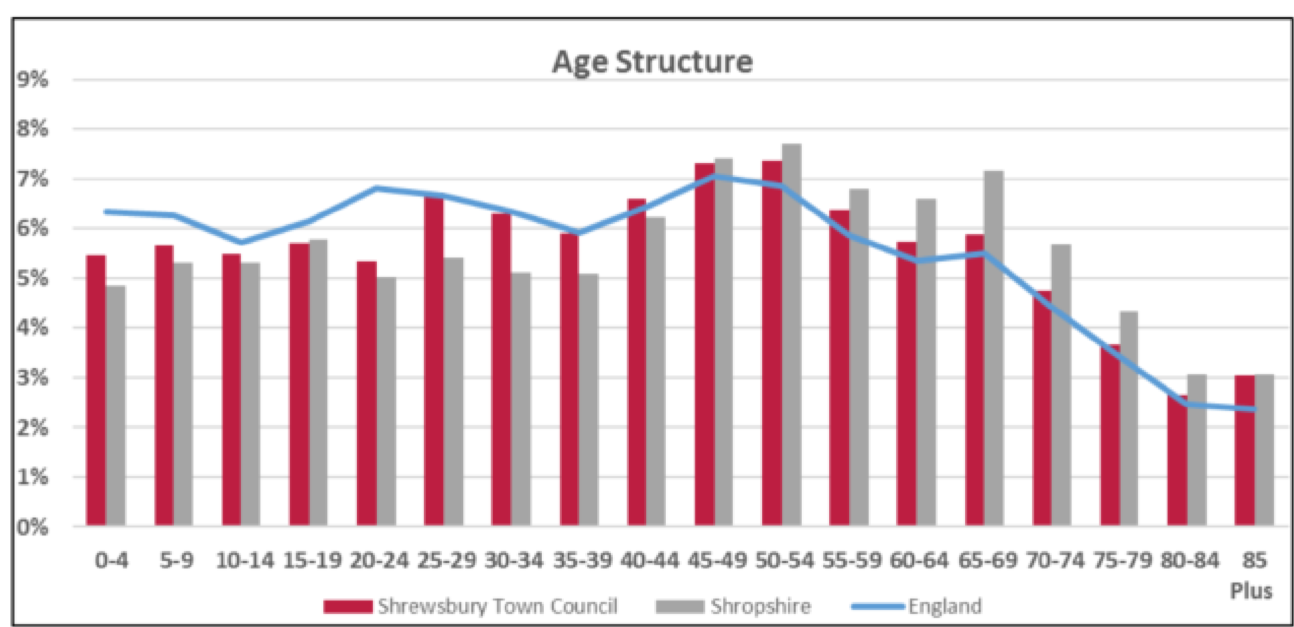
Within the Cavell Centre search area the following housing allocations are proposed in the local plan:

- Land North of Mytton Oak Road 400 dwellings
- Land Between Mytton Oak Road and Hanwood Road 1500 dwellings
- Land South of Meole Brace retail park 150 dwellings

Population and labour market growth data

Shropshire has an estimated population of around 323,000 people, living in around 138,000 households. Shropshire contains a diverse range of settlements, each with its own character and identity. Shrewsbury, the County Town and Strategic Centre of Shropshire is the largest settlement, with an estimated population of around 75,000.

The divergence between Shropshire and England's population age is evident, with Shropshire having a much greater proportion of people in all age groups above 50 years.



Source: Office of National Statistic (ONS) Mid Year Estimates, 2015 - Ward Level Mid Year Population Estimates, 2016.

In contrast England has a substantially higher proportion of population in all the younger age groups. Growth in the number of older persons' households is a key feature in the population and household change which is projected to occur in Shropshire over the Local Plan period from 2016 to 2038. According to analysis of projections within the Strategic Housing Market Assessment (SHMA) , during the Local Plan period:

a. Households with a Household Reference Person aged 65-84 years are projected to increase by 42.8%. This level of growth is well above estimated growth nationally and regionally (41.0% and 32.8% respectively).

b. Households with an elderly Household Reference Person (85 years and over) are projected to significantly increase by 130.5%, more than doubling in size from 6,900 households in 2016 to 15,900 by 2038. This growth is substantially higher than that projected regionally and nationally (99.7% and 94.5% respectively).

c. The balance of households with a working age Household Reference Person (16-64 years) to those with an older Household Reference Person (65 years and over) will change from 64.6% and 35.4% in 2016 to 51.9% and 48.1% in 2038. This suggests in the long-term there will be approaching as many working age independent households as older dependent households in Shropshire.

d. Much of the household growth projected is driven by increases in households with an older Household Reference Person (65 years and over).

At the time of the 2011 Census, 8.4% of people in Shropshire had a long-term health problem or disability that 'limited day-to-day activities a lot' and 10.2% of people had a disability or long-term health problem that 'limited day-to day activities a little'. The prevalence rates of people living with a long-term health problem or disability was also much higher amongst the older population, with 54.6% of people in households with a long-term health problem or disability in the 65 years and over age category. According to the Projecting Older

People Population Information (POPPI). The number of people aged 65 years and over who are unable to manage at least one activity on their own is projected to increase in Shropshire by over 60% through the plan period.

In 2018, there were 15,710 enterprises in Shropshire, which were represented by 17,865 local VAT or PAYE registered units. Since 2011, when the number of enterprises dipped by 165 (-1.2%), growth has been sustained in each year, with 1,570 additional enterprises operating in 2018 than there were in 2010. This represents growth of 11.1% over the eight year period.

Linkages to planning policy and the Local Plan

All the sites subject to the option appraisal are included in locations where development would be acceptable in principle or, as in the case of site 9, a site that is being promoted for mixed use development as part of the local plan review. The suitability of the sites considered within the option appraisal is covered under the next heading.

Planning view on the preferred site options, identifying any potential restrictions/risks

Clearly this is a bid that could, if successful generate significant investment for the county town. It is a major project with strategic implications in planning terms and to respond thoroughly it would have been better to engage in the pre-application process but there was not time to do this and so this PID will only consider broad planning policy principles, i.e. strategic compliance rather than delving into the detail .

Site Size/Area

The size of the site is an important factor – the project requires around 8,500sqm built development and circa 10,000sq m of car parking, (315 spaces) and site circulation space. The results in a required site area of 1.51 ha if 2 storey building and 1.34ha if a three storey building.

Comment:

- In determining the net developable area it is suggest to make an assumption that for any sites with peripheral mature landscaping that this should be substantively retained. This will apply to both option 1 (Meole Brace park and ride) Option 2 (pitch and putt) and Option 4 (Shrewsbury Business Park). Not only does existing boundary planting assist with mitigation it also will support other environmental policy drivers i.e. biodiversity provision where the push is for a net gain, not a loss.
- Having regard to the first point there seems little point in including options that are simply not big enough to meet the needs unless a multi-site option is in scope?

Building Height

With the sites identified there are few that where 3 storey buildings would present an issue in planning terms. Option 7 (William Farr House), Option 4 (Shrewsbury Business Park) and Option 8 (Shrewsbury Hospital) sites would all require careful handling due to the proximity of residential properties, other sites are not encumbered in this way

General Planning Comments by site (provided by Shropshire Local Planning Authority)

Site 1 Meole Brace

- Use and location ok in principle from a planning perspective but the Council will need to commit in advance to its alternative provision for park and ride
- Net developable area needs calculating mature landscaping to periphery retaining trees but seems large enough
- Access constrained but may be addressed following local plan adoption if housing on adjoining site provides alternative access
- Height not an issue – could be a landmark building
- Feels remote to users accessing on foot or bicycle but colocation with the bus interchange would provide good public transport accessibility and helps the sustainability agenda in other ways

Site 2 Pitch and Putt

- Use and location ok in principle from a planning perspective
- Check whether the land is available and any timeframe implications – Council had committed to dispose of it?
- Check net developable area, peripheral landscaping to boundary important
- Access constrained by car as site located on key transport interchange.

Site 3 Shirehall

- Use and location ok in principle from a planning perspective
- Close to conservation area and listed buildings
- Relies on a time frame to redevelop the site or could it repurpose the existing buildings?

Site 4 Shrewsbury Business Park

- Not the preferred land use from a planning perspective
- But in the context of the current economic conditions this is still an employment generator
- Cannot get a single building solution
- Sensitive receptor in adjacent residential area if 3 storey
- Peripheral location
- Adequacy of public transport to serve the site?

Site 5 Shrewsbury South Urban Extension

- Not the preferred land use from a planning perspective
- But in the context of the current economic conditions this is still an employment generator
- Sensitive receptor in adjacent residential area if 3 storey but site is large enough to accommodate 2
- Will require access provision by the land promoter

Site 6 freehold development site

- Cannot get a single building solution – too small?
- Sensitive receptor in adjacent residential area if 3 storey
- Mature protected trees to site frontage
-

Site 7 William Farr House

- Use and location ok in principle from a planning perspective
- Height in relation to boundaries with residential development needs to be considered

Site 8 Shrewsbury Hospital land

- Use and location ok in principle from a planning perspective
- Height in relation to boundaries with residential development needs to be considered

Site 9 Freehold Development Land

- Availability of the land – this is subject to local plan review and not currently allocated for development but could come forward subject to the plan being adopted
- Well located to potential new park and ride (subject to Council confirming its position) well located to hospital
- Peripheral location

The opportunities available for Section 106 contributions

A section 106 contribution/obligation is a requirement necessary to make a development acceptable in planning policy terms. The funds collected are therefore specific to particular developments and this does not function as an infrastructure funding pot like CIL. It is possible that any of the sites identified might be required to make a s106 contribution but this would depend on the specifics of each proposal and site implication so not possible to comment further at this stage.

The opportunities available for use of CIL funding

To draw on CIL finding the project would first need to be identified in the Place Plan for Shrewsbury – these are living documents that are subject to annual review. In principle this is infrastructure that could be CIL eligible as infrastructure required following a development pressure – CIL is not there to fund pre-existing issues.

The Place Plan for Shrewsbury currently includes the following:

GP / Primary Care provision in Shrewsbury including: • Reconfiguration of hospital services at Shrewsbury and Telford hospitals • New primary care facilities in Shrewsbury Town • Review of capacity of doctors surgeries as a result of new housing development in Shrewsbury **(ALL parishes)**	Not known	Not known	CCG / NHS, Shropshire Council, developers	Shropshire CCG's Estates Strategy, along with the emerging Primary Care Network, will assess and inform how primary care services are best organised to meet the healthcare needs of the area. This Estates Strategy is currently under development, and will report towards the end of 2019. The business case for development of a new facility to replace the existing Riverside Medical Practice at the Tannery site was approved in June 2019. The project is now moving to the planning for delivery stage, and is expected to be operational by end 2020. If GPs and local residents have concerns around capacity and provision, they should raise this with the CCG directly. Contact details are: Telephone 01743 277500 or email SHRCCG.ShropshireCCG@nhs.net

Political Support

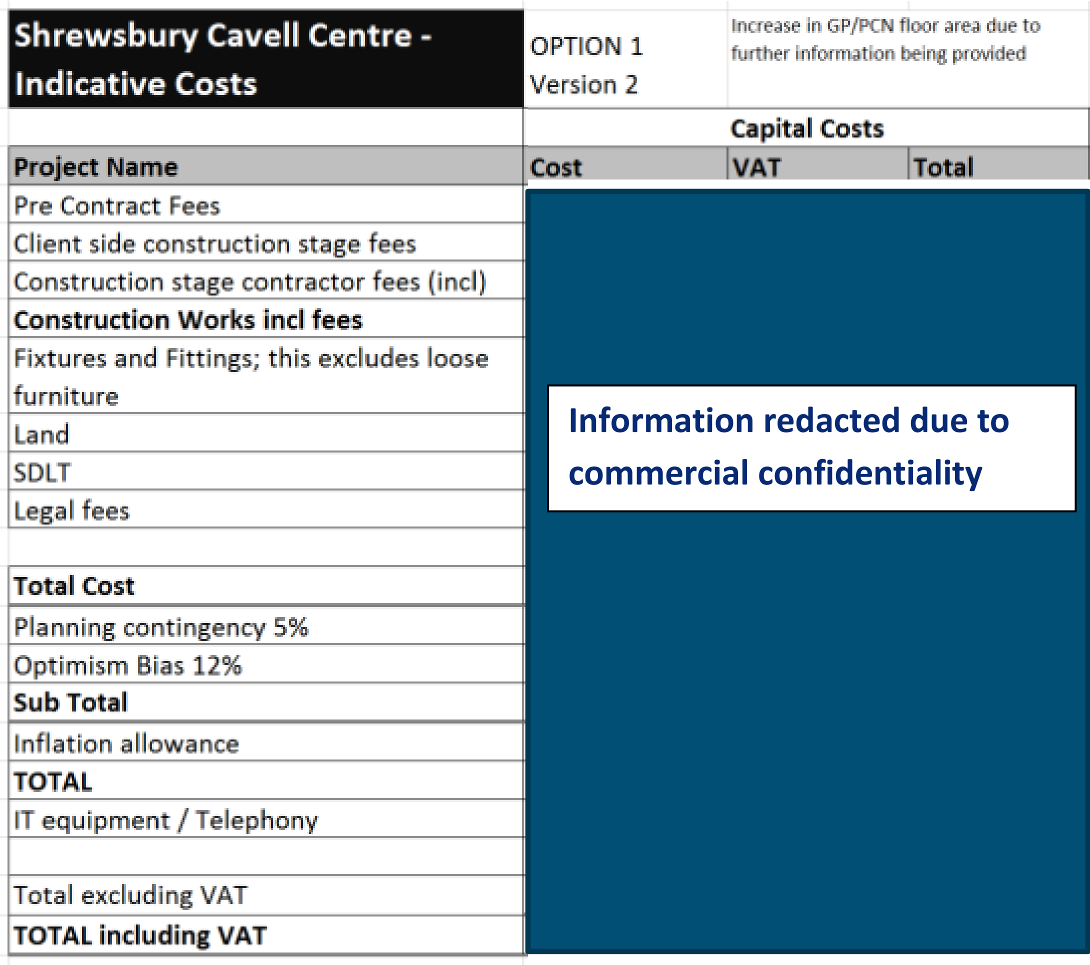
The local elected members at Shropshire Council have all met and been briefed on the project and are in full support of the delivery of a Cavell Centre in the south of Shrewsbury. The Council Leader has written a letter of political support on behalf of the local members, see Appendix 2.

Finance

Capital and Revenue Implications

Capital Costs

A high-level estimate of capital costs has been produced which is based upon the early work on space planning. The table below provides a breakdown of the capital costs based upon a baseline Option 1. Option 1 essentially includes for all 8 GP Practices relocating to the Cavell Centre, PCN staff and a range of community services as identified within the Schedule of Areas contained on page 54.



Shrewsbury Cavell Centre - Indicative Costs	OPTION 1 Version 2	Increase in GP/PCN floor area due to further information being provided	
		Capital Costs	
Project Name	**Cost**	**VAT**	**Total**
Pre Contract Fees	Information redacted due to commercial confidentiality		
Client side construction stage fees			
Construction stage contractor fees (incl)			
Construction Works incl fees			
Fixtures and Fittings; this excludes loose furniture			
Land			
SDLT			
Legal fees			
Total Cost			
Planning contingency 5%			
Optimism Bias 12%			
Sub Total			
Inflation allowance			
TOTAL			
IT equipment / Telephony			
Total excluding VAT			
TOTAL including VAT			

The following have been excluded from the model at this stage as further information is required:

- Land & purchase costs
- SDLT
- Legal Fees

- Demolitions
- Abnormals
- IT equipment / Telephone
- Costs relating to existing properties
- Removal costs

Within the capital models the following assumptions have been made, which will be the subject of sensitivity testing:

- 2 years inflation @ 4%
- Pre Contract Fees 15%
- Client side construction stage fees 2.5%
- Construction costs based upon £3,052/m2 (this figure is based upon two recently tendered projects in Staffordshire)
- F&F based upon £175/m2

An alternative model has been considered based upon a fully compliant Passivhaus building. Option 2 includes an uplift for Passivhaus and is based upon the same spatial requirements as Option 1.

Shrewsbury Cavell Centre - Indicative Costs	OPTION 2 Version 2	Allowance of 10% uplift for Passivhaus	
	Capital Costs		
Project Name	**Cost**	**VAT**	**Total**
Pre Contract Fees			
Client side construction stage fees			
Construction stage contractor fees (incl)			
Construction Works incl fees			
Fixtures and Fittings; this excludes loose furniture	**Information redacted due to commercial confidentiality**		
Land			
SDLT			
Legal fees			
Total Cost			
Planning contingency 5%			
Optimism Bias 12%			
Sub Total			
Inflation allowance			
TOTAL			
IT equipment / Telephony			
Total excluding VAT			
TOTAL including VAT			

NOTE: Option 2 maintains the same exclusions and assumptions as Option 1.

Revenue Costs

Information redacted due to commercial confidentiality

Other Revenue Costs – Next Steps

Early work has started to scope the one-off and ongoing revenue costs associated with the premises and operating costs.

These costings will be developed in conjunction with stakeholders through the project governance structure outlined in the Project Plan section of the PID. This includes a Finance Sub Group under Project Delivery and a Stakeholder Integration Work Group for all the partners.

Revenue costs will be shaped by the overriding aims of the project.

Other key engagement around costs will be with NHSE&I and the other pilot sites to share best practice - the national team is planning to create a Finance Working Group to facilitate this.

Finally we have been working with NHS Property Services to develop a bespoke 'Cavell Model for Open Space' to drive the utilisation and rationalising opportunities.

Funding Sources

The ambition is that the Cavell Centre will be system-owned and managed. The Shropshire and Telford and Wrekin system is facing significant financial pressures and the overriding finance principal is that the project must be cost releasing – in order to contribute to the recovery of the system's deficit position.

NHSE&I Capital Funding

The assumption is that all of the Cavell Centre capital costs will be funded by NHSE&I.

Partner Revenue Funding

Work has begun to identify existing baseline costs which can be used as a source of funds for the new project. For example the current CCG budgets for premises reimbursements to the 8 GP practices currently involved which total circa £700k per annum.

This element of work will be taken forward with partners through the Finance Sub Group during the Outline and Full Business Case stages.

Anticipated System Savings

The Cavell Centre will be an enabler to transforming how we co-deliver a range of NHS services, third sector and Local Authority services – helping to support the wider determinants of health.

Local system partners and Public Health colleagues are already working together to develop a robust approach to Population Health Management (PHM) in order to support work we are doing to address health inequalities and inform local system priorities.

We also intend to engage with the NHSE&I PHM Team and will explore the possibility of engaging with external consultants for expertise in this area and to advance our development of PHM techniques such as linked datasets.

Expertise could also be needed in terms of modelling the wider financial benefits of interventions such as the analysis associated with the Healthy New Towns Programme. This shows returns due to reduced demand for NHS health services – and wider socio-economic benefits in terms of economic productivity changes and the Department for Work and Pensions (in terms of reduced demand for unemployment benefits).

Quantifiable benefits identified during the Benefits Realization Workshop will be worked up and cash releasing benefits will be built into the source of funds.

Sensitivity Analysis

Finally sensitivity analysis on the impact of ongoing revenue, impact of potential system savings etc will be carried out throughout the next stages to inform decision making.

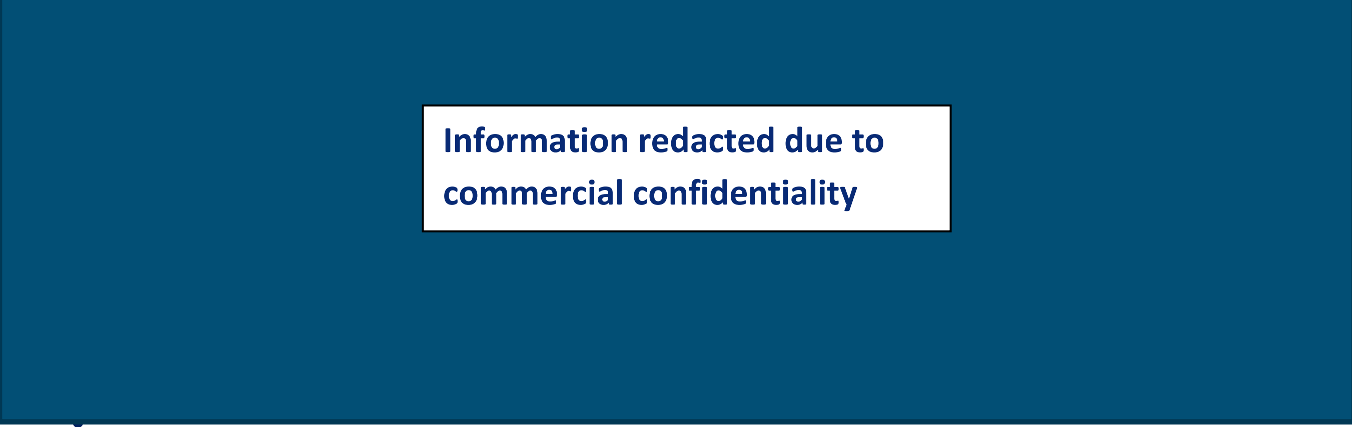
Additional Funding Sources

Consideration of additional funding sources

The Project Team has considered the opportunity to tap into a range of other funding sources. The areas that have been considered are:

- Shared infrastructure funding based upon the Cavell Centre being developed on the same site and in conjunction with a transport interchange
- Section 106 funding
- Community Infrastructure Levy funding
- Partner capital funding
- Pharmacy contribution (capital premium/revenue rental)
- One Public Estate funding
- Revenue funding
- Land sales
- Income from café/restaurant
- Income from retail units/stalls
- Reduction in delivery costs through joined up project with the Council
- Potential for Local Enterprise Partnership funding
- Advertising on site
- Farmers Market, food stalls and other events in entrance area to building

Existing Liabilities



Information redacted due to commercial confidentiality

System Ownership

Liabilities and implications of system ownership.

One of the benefits of the Cavell Centre model will be that it is system owned and system managed, which will enable much greater control over ow the building is managed, the space allocated, the way space is used and provide greater flexibility for the future. Benefits to the system will include:

- Reduced administration for CCG's in relation to GP payments
- Buildings are likely to be better maintained, with the opportunity to pool F&M services with other public sector partners
- Greater flexibility for the system in terms of future transformation
- Alternative workforce models can be considered
- Reduces up front legal costs in developing new build accommodation
- Reduces costs to the system
- Removal of rent-review process, minimising financial transactions realising greater efficiencies and streamlining payment processes;
- Lowering of annual cost of estate through cost-depreciation valuation (rather than market rent);
- Greater ability to coordinate and co-locate services on the advice and recommendations of GP partnerships (where conflicting lease restrictions currently prohibit this);
- F&M / service charge savings through bundling opportunities (e.g. with local Trusts).

The proposed ownership and occupation arrangement look to respond to the GP Premises and Partnership Reviews 2019, which were undertaken by the BMA. The GP practices in Shrewsbury see the model as a major benefit to them as they will not have any property matters to be concerned with, creating the following benefits:

- Enables GP's to concentrate on clinical matters without spending time on property related issues
- Peace of mind that GP's to not have the liabilities associated with property ownership
- Retention of GP's increased with better continuity
- Easier recruitment of GP partners, (no financial investment in property)
- No leasing arrangements with 3PD's to consider
- Abolishes the situations of small GP practices have full responsibility for large scale NHS health centres
- Reduced administration for GP's with o property matters to administer
- Avoids situations of negative equity and 'last partner standing'

- Removal of personal liabilities associated with premises, offering greater professional flexibility and career opportunities;
- Ability to consider, test and deliver novel ways of working with incoming MDT staff

There are also benefits for:

The Local Authority

- Working in partnership to reduce costs of property ownership
- Shared accommodation model allows sharing of costs and overheads
- Integrated working across social care functions – system s in control of how this works within the building
- Allows for greater flexibility
- Supports the approach towards One Public Estate

Patients

- Allows joining up of services enabling patients to access services in one place
- Flexible use allows the system to target use of the building directly at patients needs
- Patients have a better access to health services
- Reduces health inequalities
- Speeds up access times for patients
- Greater patient safety
- Enables better clinical outcomes
- Better value for money for everyone

Trusts

- Enables the shift of services to a community setting
- Supports reduction in bed numbers
- Reduction of demand on acute services
- Working in partnership to reduce costs of property ownership to Trusts
- Shared accommodation model allows sharing of costs and overheads
- Allows for greater flexibility

3rd Sector Organisations

- The system can offer space to voluntary organisations where appropriate
- Voluntary organisations can be better integrated into the service model
- Space can be used for other activities that play a role in healthy living and well being

There will however be implications for the system with regards to in-house estates support to ensure that the building is managed well. This is covered within the next section.

The Charging protocols enable us to consider how charging mechanisms are applied

Cavell Centre Estate Management

There are a range of options that we have considered for in-house estates support and FM procurement. The following options have been discussed with the partners, risk assessed and evaluated. All options remain viable and will be considered in more detail at the business case stage.

- NHS Property Services proposal
- Community Health Partnerships
- Shrewsbury and Telford Hospital Trust
- Midlands Partnership Trust
- Procurement of a private sector FM company
- Shared services with the LA?

The areas of FM services that will need to be included are:

- Building fabric maintenance
- Building services maintenance
- Cleaning (clinical / non-clinical)
- Window cleaning
- Security
- Caretaking
- Waste disposal (clinical / non-clinical)
- Grounds maintenance
- Concierge / deliveries
- Fire fighting equipment maintenance
- Room bookings

The proposal at this stage will be that the CCG will commission the provider to deliver the full range of FM services based on a comprehensive FM specification.

Discussions have taken place with NHS Property Services to identify what they are able to offer. Below is an outline of this proposal.

NHS Property Services – Facilities Management

NHS PS are able to provide FM services for the scheme in Shrewsbury. NHS PS currently provide FM services at the William Farr site and could provide services in the new Cavell Centre to both the shared/communal and demised areas so that costs can be allocated to the service charge for the communal/shared areas within and outside the building and each occupier.

NHS PS provide a full range of professional Facilities Management Services through a mixed model of self-delivery and outsourced service providers. Services include Maintenance and Engineering (Hard FM) covering scheduled Planned Preventive Maintenance as well as Reactive Repair services, Cleaning, Catering, Security, Grounds and Gardens Maintenance, Waste Management, Portering, Postal Services, Linen & Laundry, Pest Control, Feminine Hygiene and Window Cleaning.

NHS PS have recently brought its cleaning and hard FM services in house. Where they provide services from the “in house” staff they would not generally charge VAT, which can be beneficial to the CCG. NHS PS services are provided at cost (i.e. without a profit element). NHS PS have a national 24/7, 365 days a year helpline.

NHS PS also ensure that services are delivered to NHS specifications and requirements to ensure that the building occupiers are able to meet their CQC requirements in respect of property and FM services. NHS PS has recently launched its CORE FM platform which provides the following benefits:

Project Plan

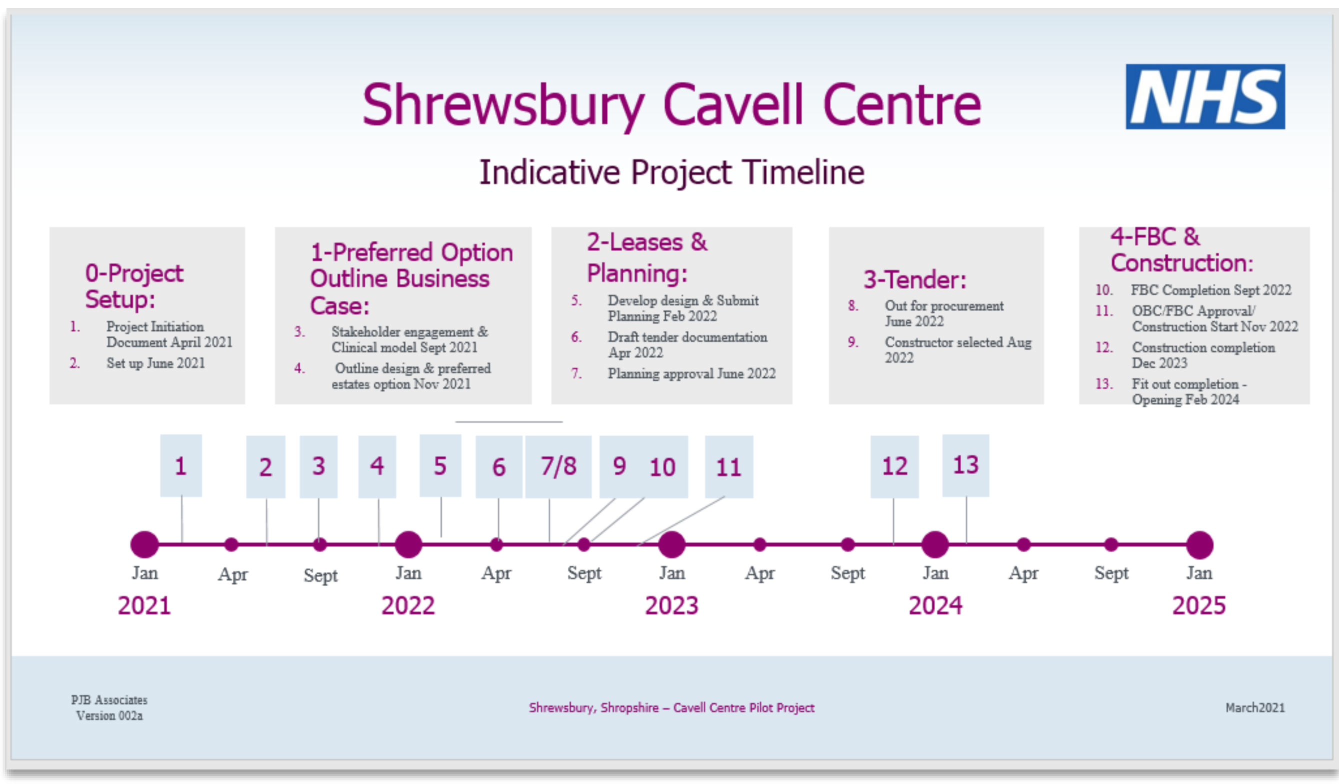
Project Documentation

The following project documentation has been developed to support the governance of the project:

- Project Timetable
- Project Implementation Plan
- Risk Register
- Tasks Schedule
- Project Directory
- Communications Plan

Overall timescales for delivery.

The following diagram provides an indication of the overall timescales for delivery of the Cavell Centre project.

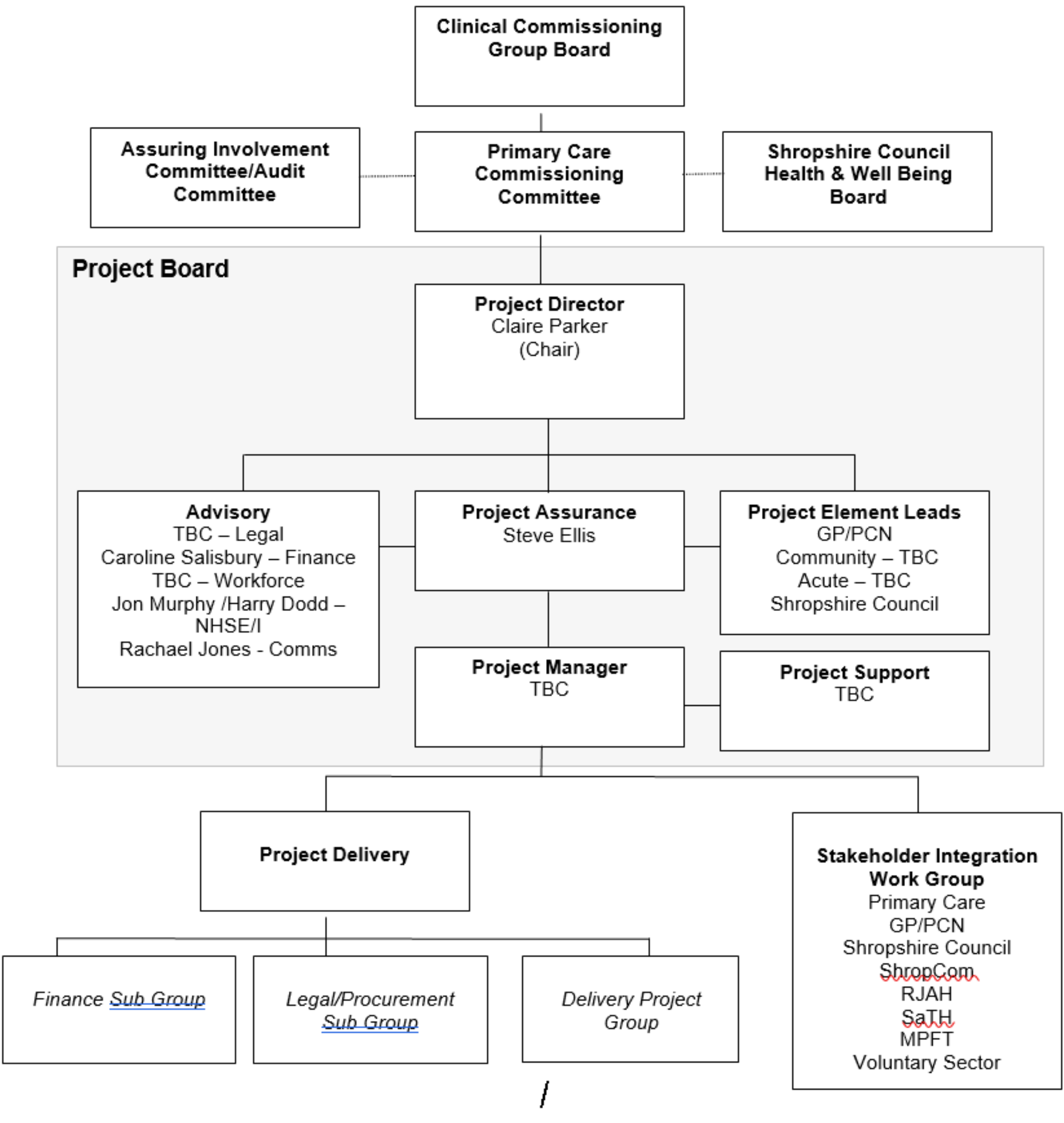


The following table provides a breakdown of the high level activities and trigger points contained within each of the Phases of the timeline. At the next stage of the project this will be further broken down into a more detailed task schedule.

Activity / trigger points
Phase 0 - Set Up
- Project Governance
- Initial Enabling Works
- Schedule of Accommodation (V1)
- Procurement Strategy
- Strategic Case for Change
- Draft Comms & Engagement Plan
- National Team Gateway (1)
Phase 1 - Preferred Option/OBC
- Design Team/Consultants Appointed
- Pre-App Planning Advice
- Clinical Model
- Build Financial Model
- Stakeholder Engagement / Consultation
- Economic Case Options Appraisal
- Confirm Preferred Estates Option
- National Team Gateway (2)
Phase 2 - Leases & Planning
- Healthcare Planning & SoA (V2)
- Services: Collaborative Working Principles
- Building: FM Principles
- Financial Principles & Costs
- Agreements to Lease Signed
- Design & Planning
- Submit Planning Application - National Team Gateway (3)
Phase 3 - Tendered Costs
- Draft Tender Documentation
- Planning Approved
- Update & Issue Tender Documentation
- National Team Gateway (4)
- Tender Process
- Contractor Selection
Phase 4 - Complete OBC/FBC
- Complete Business Case Drafting
- National Team Gateway (5)
- Submit OBC/FBC
- OBC/FBC Approval

Project Governance

The following governance structure has been agreed by the CCG to take the project forward through the outline and full business case stages.



The Stakeholder Integration Work Group will have a number of sub-groups that will deliver on certain elements of the project. These will include, Operational model, Integrated working, Digital transformation, Centre management and PCN model.

The Delivery Project Team will include the technical functions including, architects, mechanical and electrical, space planning, BREEAM assessor and employers agent.

Project Management

Risk Management

A high level project risk register has been developed which considers strategic and delivery risks. This will form the basis of a more detailed risk register going forwards into the business case stage.

Ref	Risk	Likelihood	impact	Risk Score	Mitigation
1	Land availability	1	5	5	Work on the site options appraisal has identified a number of available options. Further due diligence on site risks to be conducted at next stage. Retain back-up options for sites.
2	Change in government policy leads to withdraw of support for Cavell Centres	1	5	5	There is a commitment at a high level to delivery. Centrally agreed funding of the business case process will demonstrate this commitment.
3	External economic conditions change leading to increased cost through government policy and / or changes to law, VAT, commodity price change, inflation, COVID, BREXIT etc.	2	4	8	Maintain awareness of external economic factors and alert team to any potential issues. Options to mitigate any cost increases to be explored, including: minimising the tax costs associated with the scheme
4	Partner organisations drop out of the project reducing the scope and size of the building	2	3	6	Initial work conducted to ensure all partner organisations fully understand the project, the risks and the benefits. Organisations supported in delivering the project. Design in the ability to reduce the scope without materially affecting the outcomes
5	Unable to reach agreement on contractual matters	2	5	10	Clear understanding from outset of contractual commitments. Support from NHSE/I regarding legal work and particular issues of law.
6	Issues such as negative equity or lease positions impact upon the ability of practices to participate	3	3	9	Clearly outline the issues, develop a strategy to deal with each of the circumstances. Support from NHSE/I with regards to legals and funding.
7	Patient acceptance of new concept and change of GP location	3	2	6	Communications strategy, GP Practice involvement, PPG Involvement, obtaining support and 'buy-in' from patients

Communications

A Draft Communications Plan has been developed for the project. A draft copy of the Plan can be found in Appendix 3. This is a local Plan which is linked into the national Communication Plan. The document maps out how an integrated communications and engagement campaign will support the Cavell Centre working group, including CCG colleagues, and will promote this pioneering project to public, patients, GP practices and key stakeholders.

Communication Objectives

The objectives are to develop and deliver an integrated communications and engagement campaign to achieve:

- A positive and proactive campaign to raise awareness of plans to bring GP practices in the Shrewsbury PCN together with a number of other health and social care services
- Patient messages on the benefits of the Cavell Centre i.e. a greater number of local services in a community setting
- Ensure accurate and up-to-date information is shared by the Shropshire and Telford and Wrekin CCGs practice network and specifically to those practices involved in the project i.e. the development will help to support and accommodate an expanding primary care workforce
- Keep the media informed of information that will be helpful to a public audience and to promote the project in a positive and proactive way.

Communication Aims

The aim of this campaign will be to target members of the public, specifically patients within the Shrewsbury PCN, GPs, healthcare professionals and the wider public:

Patients and the wider public

- Target patients within the Shrewsbury PCN – those who will be directly affected by the development
- Target wider patients in the Shropshire, Telford and Wrekin CCG area
- Target regional and national public via the media to promote this pioneering project.

GPs and healthcare professionals

- Target GPs and allied health professionals in the Shrewsbury PCN as well as those within the Shropshire, Telford and Wrekin CCG area to increase awareness and to update on key project developments.

National Links

- Link in with the national communications channels to promote the pilot projects and offer shared learning experiences

Engagement and Consultation Proposal

As part of Shropshire's Cavell Centre project, a detailed Communications and Engagement Plan will underpin each stage in the developments and will support ongoing dialogue with stakeholders, patients and the public.

As part of the wider Primary Care Estates strategy, coordinated centrally by NHS England, the messaging for Shropshire's Cavell Centre will be determined by this piece of work. The approach to communications and engagement is currently being developed for this project and will be included within the final Communications and Engagement Plan for Shropshire's Cavell Centre.

For reference, each of the engagement activities outlined below will be accompanied by accessible and easy-to-understand communication materials to raise awareness around the project, as well as extoll the overall aims and benefits to patients of the Primary Care Estates strategy. This support will also be available to those involved within the working group, such as GP practices and the local authority.

As there will be a significant impact to the way in which health services are delivered to individuals, as a result of these proposals, (relocation of services, as well as accessibility and transport links), the CCG and working group members have a legal duty to involve.

Pre-engagement

It is proposed that an initial round of pre-engagement, which will take place during the early stages of the project, will relate to staff, partner organisations and key stakeholders in order to involve individuals straightaway.

It is proposed that representatives from each of the GP practices (including GPs, nurses, and staff members), as well as partner organisations and key stakeholders are involved at this stage.

The aim of this pre-engagement will be to gauge initial sentiment towards the Cavell Centre plans, the likely areas of contention from patients and the public, as well as an opportunity to conduct research into the demographics of patients at the existing GP practices. It will also be an opportunity to establish the interest of partner organisations and key stakeholders in the project and determine what their involvement will be going forwards.

Engagement activity will also draw on the expertise and experience of local Patient Participation Groups (PPGs) as identified by the Communications and Engagement Team. This element of the plan will take place at the Outline Business Case stage and will involve PPGs and other community patient groups (i.e. support groups, Healthwatch, faith groups, patient and carer groups, local neighbourhood or social action groups, as well as charities).

Communications support will be provided in the form of internal updates which will be cascaded to staff, partner organisations and key stakeholders for this initial round of engagement. Separate MP and councillor briefings will also be provided and all feedback will be collated and recorded.

Consultation

When options for a location have been determined as well as the services that will be available at the centre (the Final Business Case stage), a formal, public consultation will be launched. This will include a large-scale public event to present the proposals for the Cavell Centre and will form part of the consultation required for the planning application.

It is proposed that the project team consult on a 'preferred option', although it may be necessary to provide information around arguable alternatives.

As part of the consultation, a stakeholder workshop, pop-up events, and drop-in sessions will take place, where sufficient information and reasons why the plans are being considered will be presented and discussed. A questionnaire will also be available for all those participating in discussions both on and offline. All feedback will then be formally recorded and will be conscientiously taken into account when the ultimate decision is made.

Again, communications support will be available in the form of event organisation, presentations for workshops, as well as display materials and CCG communications representation at pop-up events. The production and hosting of a questionnaire and follow-up reporting will also be provided, as well as relevant communications to promote the consultation via the media to the general public. External materials will include a communications toolkit with information for partner websites, social media schedules, press release, MP briefings, as well as a FAQ document.

Timeframe

In order for each of these engagement activities to take place, individuals must have enough time to properly consider and respond to the consultation.

It is proposed that the timeframe for pre-engagement should be three months, whereas full consultation, including pre and post-consultation, should be at least four months, subject to extension if necessary. This will ensure that adequate time is given for consideration and response by those involved at both stages of engagement.

A full breakdown of the proposed engagement activity will be included within the final Communications and Engagement Plan. This will also include a detailed timeline of activity from the early stages of the project, through to the Outline Business Case and Final Business Case.

Appendices

Appendix 1 – Site Options Appraisal

Appendix 2 – Letters of Support

Appendix 3 – DRAFT Communications Plan