Primary and Community Services
Estates Strategy 2015 – 2025
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Executive Summary

The NHS has been tasked by the Five Year Forward View to change the way that it delivers care – improving the quality of services by using its resources more efficiently. The NHS estate is a key enabler for achieving this objective – both through the support that estates provide for the provision of high quality care and their potential efficiency contribution.

The healthcare estate is an essential component of effective and efficient service delivery. Nottingham City Clinical Commissioning Group (CCG) has therefore developed a Primary and Community NHS Estates Strategy 2015-2025 to ensure that the built environment contributes to high quality care within a sustainable resource envelope.

We have reviewed existing health and social care strategies at both the local and national level. We have conducted a comprehensive review of the existing primary and community care estate for the services that we commission. We have engaged with stakeholders on the future direction of health and social care services. We have listened to local opinions on what we do well and what does not work well and requires change. These activities have collectively served to create an estates strategy that reflects the current landscape and responds to the future direction for health and social care in Nottingham City.

Our Estates Strategy will be a key enabler in delivering our commissioning strategy to deliver more integrated care outside of hospital seven days a week, with self-care and technology playing an increasingly prominent role.

Strategic Context

The local NHS in Nottingham spends £168m annually (2014-15) on primary and community care, commissioned from almost 200 provider organisations delivering services to patients from more than 250 locations across Nottingham.

Activity pressures, budget constraints, workforce challenges, increasing focus on outcomes and enhanced compliance obligations are collectively putting significant pressure on general practice and community services.

The policy response to these pressures includes a shift towards more integrated service provision, new models of care, new ways of working and collaborative commissioning.

A key element of the Primary Care Vision is the CCG’s member practices being aligned into eight Care Delivery Groups (CDGs). The CDG model facilitates the establishment of productive networks that align to the City Council’s Neighbourhood Teams within Local Area Committees (LACs) and facilitates a collaborative approach to integrated health and social care.
Population increases of 2.7% are expected in Nottingham over the next 5 years and by 4% over the next 10 years. Population increases will be most notable in CDG’s 3, 4 and 8 across the centre and east of the city centre.

The primary care sector has evolved into a significant property asset class for investors over the last decade, meaning there is not a shortage of private sector capital seeking attractive investment returns.

A new Urgent Care Centre from a single city centre location has been in operation from October 2015, with extended services including diagnostic x-ray facilities, a plaster room and suturing. The new service will relieve pressure on emergency services and provide an enhanced ‘no appointment’ service to patients who need to be seen urgently.

**The approach we have taken**

Supported by our Strategic Estates Advisors, we have taken a structured approach to information gathering, engagement with stakeholders, options development and assessment. This process has included:

- Review of local context (service pressures, service response, population growth and current provider landscape)
- Interviews with key Stakeholders
- Surveys of 57 GP Practice sites
- Assessment of building condition, space utilisation and site development potential
- Established strong links with the local ‘One Public Estate’ initiative, facilitating a ‘joined – up’ approach to estates strategy and planning across public sector organisations in the city.
- Worked with the national SHAPE team (Strategic Health Asset Planning and Evaluation) to develop SHAPE maps incorporating local estates information collected.
- Facilitated a successful Stakeholder Engagement event.
- Established a Local Estates Forum (LEF) with representatives of commissioners, providers and asset managers to encourage information sharing on estates issues and plans.
- Developed strategic estates options for consideration and evaluation.
Emerging Themes, Issues and Opportunities

- Healthcare estates management is fragmented. Community and GP services operate from a mixture of old and new buildings with differing levels of utilisation, in variable condition and a proportion not meeting disability access requirements.

- In Nottingham, 39 GP practice premises (67%) are over 20 years old and 15 GP practices (40%) have little or no premises development potential within the red line boundary of their existing site.

- Almost 1 in 5 of GP practice premises are converted domestic properties.

- Multi-occupied traditional NHS health centres containing GP practices and other services are the buildings under most pressure. They typically exceed 20 years of age, have been periodically updated and retrofitted, invariably beyond their original design life.

- Most of our GP practices deal with building maintenance issues as they arise and few have created a lifecycle maintenance plan.

- Geographical access to local GP and pharmacy services is generally very good, with 99% of households having less than 15 minute travel time by public transport to their nearest provider. However there are a number of locations where multiple GP practices are located within a short distance (250 metres) of each other.

- Some GP practice locations operate at sub-optimal levels of space utilisation. 13 GP practices (22%) have underused clinical rooms which, based on an average 15 minute appointment time, would translate to more than 2,800 additional GP or nurse appointment slots that the existing built environment could accommodate.
• Satisfaction with current pharmacy services in Nottingham is generally high and there are no material gaps in provision.

• Staff who are working in community settings are increasingly using modern technology such as Toughbook’s to access patient notes and record information on contacts and interventions. The implications of this are that community based staff will spend less time at their base location, require higher levels of technical support, with more hot desking and need for good access and parking provision. The reducing reliance on base location means that community based staff should in the future not be based in high cost accommodation (such as joint Service Centres) that could be better used for patient facing clinical services.

• The highest numbers of residential care homes are clustered around Berridge, Sherwood and Mapperley, but the majority of older people live in Bilborough, Wollaton West, Bulwell Forest, Clifton South and Bestwood. Demand is expected to double by 2029 with particular emphasis on specialist dementia care.

• NHS Property Services currently own (or hold the headlease for) 27 properties within the Nottingham City CCG area, incorporating more than 38,000 sq metres of health related accommodation. However there is an issue with undocumented lease positions in many locations, putting both landlord and tenants at risk.

• The NHS is being encouraged by the Department of Health and the Cabinet Office to adopt a more partnership approach to strategic estates planning and management. Nottingham has a good track record of partnership working locally through initiatives such as One Nottingham and One Public Estate.

• Section 106 contributions from developers and Community Infrastructure Levy (CIL) could provide funding opportunities in areas of housing growth.

• Funding from NHS England e.g. Primary Care Transformation Fund, provides capital funding opportunities where bids are referenced in Local Estates Strategies.

• A Local Estates Forum (LEF) has been established which provide an effective information sharing forum to identify opportunities for optimising value from the estate and align with future commissioning intentions.
Investment Guiding Principles

Future investment in Estates and facilities will be based on the philosophy of providing the right space in the right place….aligned with forecast demand........integrated and co-located where possible. Specifically, future investment in the estate will be predicated on the following Investment Guiding Principles:

**Principles for investment: high and medium priority**

- Proposals that are referenced in the CCG’s Local Estates Strategy
- Locations where there is a demonstrable gap in service provision and/or priority health needs relating to a specific local population
- Proposals that will deliver more efficient use of the healthcare estate, both in terms of space utilisation and maintenance costs
- Proposals that facilitate more joined up working and co-location with other public sector services
- Investment to improve premises in the long term which will provide flexibility and scope of adaptation in the future
- New facilities that support the new models of care and service delivery towards (including Multi specialised community provision) hub and spoke, services moving from secondary care into primary/community care
- Developments to increase capacity to respond to known future population increases in specific localities, supported by section 106/Community Infrastructure Levy contributions wherever possible
- 10 year strategy consistent with the CCG’s anticipated future commissioning intentions, for both short to medium term priority schemes, and strategic projects such as new builds, major refurbishments, reconfigurations and change of use

**Principles for investment: lower priority**

- Proposals that are not referenced in the CCG’s Local Estates Strategy
- Projects where there is not a clearly defined case of need and cost/benefit analysis
- Projects that cannot demonstrate enhancements to quality of care and the patient experience
- Short term fixes that are not aligned with the CCG’s clinical strategy and commissioning intentions
- Capital works and investments that do not demonstrate a contribution towards sustainable use of energy
- Estate that is clearly no longer suitable, even with investment, for the delivery of the local healthcare services
A decision matrix for assessing proposals for investment is being developed. This will support the CCG to identify and characterise the relative merits of the estates strategy proposals, and evaluate priorities.

**Strategic Options**

Using the wealth of information collated as part of the strategy development process and supported by the CCG’s estates advisors, the CCG have generated a range of strategic options which are being assessed for strategic fit with the guiding principles set out above. The options are being assessed for their deliverability within different timescales; 1 to 3 years, 4 to 7 years and 8 to 10 years.
Background and Purpose

The purpose of strategic planning in healthcare is to set strategic priorities that will improve health services and outcomes for patients; these should meet the needs of the CCG’s patients, reflect best practice through research and innovation and be achieved within the financial resources available. The priorities are shaped through engagement with our local population and stakeholders and through working collaboratively with the CCG’s partners.

Additionally, NHS England has set out the six characteristics representative of a high quality and sustainable healthcare system. These are:

- Ensuring that citizens will be fully included in all aspects of service design and change, and that patients will be fully empowered in their own care.
- Wider primary care, provided at scale.
- A modern model of integrated care.
- Access to the highest quality urgent and emergency care.
- A step-change in the productivity of elective care.
- Specialised services concentrated in centres of excellence.

Nottingham City CCG’s vision is:

_We will work together with compassion and caring to improve health outcomes and end health inequalities through provision of high quality, inclusive and value for money services that are patient-centred._

To enable the achievement of this vision and its associated objectives, this Estates Strategy is aligned with the CCG’s Commissioning Strategy and Primary Care Vision, as well as local and national priorities.

The Strategy is designed to serve the needs of Nottingham City’s population and the CCG’s wider registered patient population to improve their health and wellbeing. It is patient-centred and clinically led with a focus on supporting, delivering and enhancing clinical activities as close to patients’ homes as possible.
Approach to Developing the Estates Strategy

A systematic and structured approach has been used to develop this Estates Strategy. The Strategy is divided into three sub-sections:

- **Where We Are Now**: the national and local context, drivers for change and the current primary and community care service and estate profile
- **Where We Want To Be**: the vision and objectives for the estate, aligned with our service strategies informed by our key stakeholders
- **How We Will Get There**: the action plan to achieve the vision and strategic objectives with clear milestones and accountability for delivery

The development of the estates strategy has involved a process including:

- Reviewing national, regional and local health and social care policy, strategies and plans
- Assessing the existing estate from which the CCG’s commissioned services are delivered.
- Engaging health and social care stakeholders within Nottingham City to identify issues, opportunities and explore options for change
- Facilitating a process to agree the preferred strategic direction
- Finalise the Estates strategy and supporting plans
Introduction

The NHS has undergone unprecedented challenges in recent years. The population is increasing in size, older people are making up an increasingly large proportion and people’s general health needs are becoming more complex. However, the economy is not growing as fast as the population and so funding for health and social care services is scarce. As a result the NHS is under mounting pressure to do more with less.

In response, the Five Year Forward View (FVFV) has challenged the NHS to do things differently: services to be provided closer to home, covering a wider range of needs and with a greater emphasis on people managing their own care. Primary and community care will be at the forefront of much of this change.

National Context

Demographics and demand for services

People are living longer and with more complex and concomitant health conditions;

- Between 1992 and 2012, life expectancy in England increased by 5.5 years.

- One quarter of the population (just over 15 million people) has a long-term condition such as diabetes, depression, dementia and high blood pressure – and they account for fifty per cent of all GP appointments and seventy per cent of days in a hospital bed.

- The difference in life expectancy between the richest and poorest parts of the country is 19.3 years for males and 20.1 years for females.

- The number of older people likely to require care is predicted to rise by over 60 per cent by 2030.

The impact of this is significant increases in healthcare activity:
General practice and other community services are the first point of call and most frequent provider of services for most users of the NHS. General Practice delivers 309 million consultations a year, representing 90% of NHS contacts (Health and Social Care Information Centre, 2013). In effect they are the gatekeepers of the NHS.

Consequently, these activity pressures place a huge impact on general practice, community services and the estates that accommodate them.

**Quality and Outcomes**

Following the Francis Inquiry and national response to Winterbourne View, patient expectations have risen demonstrably. The NHS is now expected to deliver safe, consistent, high quality care, seven days a week, with transparent reporting. This requires additional and better trained workforce with the facilities and equipment they need to create a fit for purpose environment. The NHS estate has to develop in line with these advancing patient expectations and the requirement to provide better quality care.

**Financial Pressures**

The NHS faces a projected funding gap of £30 billion by 2020 rising to £60 billion by 2025. The NHS is operating with massive financial constraints; having to deliver the same or a better quality of care with limited growth in resources. The pressure to spend more money will also grow as the costs of treatments rise, public expectations increase and the population continues to age. These financial pressures can be summarised by the £30 billion of extra money that the FYFV said is needed over the next five years to keep the NHS operating at the same level, £22 billion of which is planned to come from internal productivity and efficiency gains.

Ultimately the NHS has to do more with less and this is reflected in the use of its estate, which must contribute to relieving these financial pressures.

**Technology developments**

Healthcare is increasingly making use of new medical and information technologies, both for consultation and treatment. New technology means earlier diagnosis and better treatment, but this adds to the cost pressures and heightened patient expectations. The NHS can increasingly deliver care at home, yet too often patients have to travel to buildings. Within primary care, telemedicine, self-monitoring and medication, wireless access and mobile working are expected to cause premises to be used differently, with a possible reduction in the use of and need for space. There is therefore a need for a shift in focus from buildings and onto patients and services.
**Workforce Pressures**

There is a general acceptance that the future NHS workforce needs to grow and adapt to meet the needs of the population in the future. The GP workforce in particular faces considerable challenges, with many practices finding it difficult to recruit and retain adequate medical and nursing staff to support growing workloads.

Government policy is encouraging GPs to work collaboratively with one another and other primary and social care providers, such as by merging or working as a federated organisation, to give a more flexible workforce and increased capacity. However, this has historically been difficult with challenging local relationships making collaboration sometimes difficult.

*Summary of current pressures on the health system:*
National Health Policy Response

In response to the challenges facing health communities, NHS England’s Five Year Forward View (FYFV) has challenged the NHS to do things differently: services to be provided closer to home, covering a wider range of needs and with a greater emphasis on people managing their own care. Primary and community care will be at the forefront of much of this change.

Integrated Out of Hospital Care

The general shift from secondary care to more integrated, high quality care in the community is a key priority for the NHS; providing better value services in more easily accessible locations. Furthermore, NHS England’s strategy (Everyone Counts: Planning for Patients 14/15 – 18/19) sees GPs and other primary care providers being at the heart of this integrated community care. Whilst this has benefits for patients and the NHS as a whole, it also puts additional pressure on community-based services, primary care and their estate.

As a result of this pressure, community-based services have to maximise their use of existing resources, including their estate. One way for services and estates to do this is to fully exploit the benefits of integration and co-location with other relevant organisations and service providers both in and outside the NHS.

Co-Commissioning

CCGs are taking on delegated authority for the primary medical care to drive forward collaboration and outcomes based commissioning. This is coupled with proposals to include a Section 75 agreement (Department of Health, 2015), pooling the primary medical care budget alongside that already in the Better Care Fund (Department of Health, 2014), to drive forward more integration and out of hospital care.

Transforming Primary Care (Department of Health, 2014) outlines the role of GPs as part of the wider primary care team delivering integrated health and social care services as part of wider health and wellbeing strategies and Better Care Fund plans.

Closer and more collaborative primary care working with GPs at the centre will not only change the way that services are delivered, but also the way that estates can best support service delivery.
**New Ways of Working**

NHS England has been testing new ways of working through the Prime Minister’s Challenge Fund (NHS England, 2015), which is improving access to GPs and stimulating innovation across the country. The learning from this is featured in the FYFV, which proposes seven new delivery models. These are based on patients having far greater control of their own care, with a focus on ill health prevention and the improvement of public health. It does not advocate a ‘one size fits all’ model but sets out a future state where high quality care is available 24 hours a day, seven days a week, 365 days a year.

This advocates a rapid radical shift away from the current model of general practice together with a major transformation and investment process in community services and local hospital provision. Alongside integration with social care will come new skill set requirements including risk stratification, quality improvement, collaborative working and whole pathway management.

Federated and networked GP practices who may also be looking to achieve practice mergers to deliver on the scale required will be key to effective delivery of integrated services.

The FYFV is seeking to develop ‘test beds’ to evaluate the real-world impact of new ways of working offering better care at better value.

**Patient and Public Engagement**

The CCG has an obligation to engage with patients, to put them at the centre of decision-making about services and care and to enable them to shape, specify and co-design the commissioning priorities and processes in their local areas. The contribution of the local communities across the CCG to this Strategy document will be key in securing local ownership and support for the direction of travel.
National Healthcare Estates Context

Policy Drivers

The structural changes to the NHS implemented in response to the Health and Social Care Act (Department of Health, 2012) have affected many service areas, including changes in the way that some aspects of the healthcare estate are managed. As part of these changes to estates management, two new public bodies were created – NHS Property Services Limited (NHS PS) and Community Health Partnerships (CHP).

CHP manages the 304 Local Improvement Finance Trust (LIFT) buildings used to provide primary and social care services across England, collectively representing £1 billion of estate. NHS PS manages over 4,000 buildings – worth over £3 billion – which were previously owned, leased or managed by the former primary care trusts and strategic health authorities. Making up about 10% of the NHS estate in England, these NHS PS buildings include GP practices, traditional health centres and community hospitals.

Both NHS PS and CHP work to similar objectives and aim to align their plans with those of the CCGs, NHS England and Local Authorities. They have a significant part to play in supporting the delivery of high quality care through effective estates management.

Primary Care Estate

The Kings Fund (The Kings Fund, 2013) describes the primary care estate on a national level as fragmented. Community and GP services operate from a mixture of old and new buildings with differing levels of utilisation, in variable condition and a proportion not meeting disability access requirements. This situation presents a sizable challenge for healthcare provision, as well as a significant opportunity to develop primary care estate in line with future care needs.

GP Premises

The vast majority of GPs are expected to provide appropriate facilities from which they deliver services under the terms of their service contract with the NHS. Most GP buildings are owned freehold by the GP partnerships which receive reimbursement from NHS England at local market rents agreed with the Valuation office. This can be a disincentive for practices to re-locate.

New GP premises developments require approval from NHS England and must comply with Department of Health guidance such as Health Building Note (HBN) 11-01 (Department of Health, 2013) and the NHS Estate code (Department of Health, 2007). Proposals must have patient, public and CCG support, a robust clinical evidence base and facilitate patient choice. This makes GP premises development more challenging to realise.
NHS England announced a £1 billion fund to develop GP estates (NHS England, 2015). This is aimed at accelerating improvements to increase capacity and improve services; helping to overcome the aforementioned capital development challenges.

NHS England’s General Practice Implementation Plan 2015-2017 also states the importance of aligning premises with population – maximising shared accommodation and efficiencies, rationalising estate in line with local strategy and targeting both patient access and equality.

**Other Community Care Premises**

CHP and NHS PS own and manage the majority of buildings used to deliver community services. At a general level, HBN 00-08 sets out the estates expectations for community care providers who deliver NHS services from health centres and other healthcare buildings within a community setting. However, there are two general trends of particular note regarding what is required of community care premises.

The majority of community care providers, like all healthcare providers, are experiencing an increased level of pressure concerning service delivery and which manifests in:

- Patients are presenting with increasingly complex health needs, requiring increasingly complex medicines, demanding more of pharmaceutical service providers.
- A greater proportion of the population is suffering from visual impairment, putting increased pressure on optometry services.
- Dentists and social care workers are also experiencing rising demand.

The second major trend affecting community care estates is the general requirement for services to give patients and clients better access to care. With regards to pharmacy, the General Practice Implementation Plan 2015-2017 (NHS England) advocates promoting community pharmacy as the first port of call for minor ailments and self-care advice. The Plan also seeks to enhance dental and optometry care in the community, providing better access and earlier intervention.

**Statutory and Regulatory Framework**

NHS England has overall responsibility for primary care commissioning, including monitoring contracts and the overall quality of primary care. CCGs have the responsibility to commission community health services locally and improve the quality of primary medical care. Therefore both NHS England and CCGs have a responsibility to consider the impact of estates on primary care.

The Care Quality Commission assesses community providers and from 2014 started inspecting GPs with three areas specific to premises:
• Safety and suitability of premises including compliance with the Disability Discrimination Act (DDA).

• Safety, availability and suitability of equipment with regard to health and safety, space utilisation, accessibility, comfort and energy performance.

• Cleanliness and infection control.

Regulation 15 sets out the premises requirements for CQC accreditation.

Regulation 15 of the CQC Standards: PREMISES AND EQUIPMENT

All premises and equipment used by the service provider must be:

a) clean,
b) secure,
c) suitable for the purpose for which they are being used,
d) properly used

e) properly maintained, and
f) appropriately located for the purpose for which they are being used.

Analysis Tools and Best Practice Guidance

In addition to the statutory and regulatory requirements relevant to estates planning, design, management and maintenance, there are a number of best practice guidance tools available to inform strategic estates planning including:

• Premises Assurance Model (PAM)
• Strategic Health Asset Planning and Evaluation (SHAPE)
• Patient Led Assessments of the Care Environment (PLACE)
• Health Building Notes (HBN) and Health Technical Memoranda (HTM)

Whilst these tools have informed the development of this strategy their contribution is variable: some are focused on the NHS trust sector with limited information on Primary and Community Services.
| **NHS Premises Assurance Model (PAM)** | A self-assessment tool that provides NHS organisations with a way of assessing how safely and efficiently they run their estate and facilities services. 
Mainly relevant to NHS trusts with little application for primary care |
| **Strategic Health Asset Planning and Evaluation (SHAPE)** | A web enabled, evidence based application which informs and supports the strategic planning of services and assets across a whole health economy. It is configured to NHS regions, Area Teams, NHS Trusts, CCGs, GP practices and Local Authority boundaries. 
A useful tool for analysis and modelling of community and primary care services. |
| **Patient led assessments of the care environment (PLACE)** | A system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections. Assessments are undertaken by teams of health care providers, and include at least 50 per cent members of the public (known as patient assessors) to assess how the environment supports patient’s privacy and dignity, food, cleanliness and general building maintenance. 
Covers acute and Community hospital Trusts. |
Health Building Notes (HBN) and Health Technical Memoranda (HTM) provide technical advice and guidance on good design, layout and technical specifications for healthcare buildings. The most relevant HBN to Primary and Community care services is HBN 11-01.

Guiding Principles: Primary and community care buildings should be:

- Driven by strategic service and estate planning led by CCG’s, as informed commissioners, to avoid overcapacity and under-utilisation
- Underpinned by the use of generic spaces, as far as possible, to support multi-functional use
- Adaptable to changing service needs and care pathways;
- Safe, secure, physically accessible and welcoming to the communities they serve
- Simply laid out to aid patient/client journeys,
- minimise staff movements and allow for efficient maintenance
Local Estates Strategies – A Framework for Commissioners

The Department of Health has recently published new guidance ‘Local Estates Strategies – A Framework for Commissioners (DoH June 2015).

The guidance reminds Commissioners that achieving the efficiencies required by the Five Year Forward View will mean all parts of the health service will need to work with greater agility and greater co-operation. Good quality strategic estates’ planning is vital to making the most of these changes and will allow the NHS to:

- fully rationalise its estate,
- maximise use of facilities,
- deliver value for money, and
- enhance patients’ experiences.

Commissioners are encouraged to produce high quality local estates strategies in collaboration with a wide range of local stakeholders (including the wider public estate).

The formation of a Local Estates Forum (LEF) is recommended to ensure sufficiently robust understanding of the available estate and aligning it to commissioning intentions to extract maximum value from NHS resources and reduce wastage.

To support commissioners, strategic estates advice is available from NHS Property Services (NHS PS) and Community Health Partnerships (CHP), to help guide and co-ordinate development of the commissioner – led strategies. The strategic estates advisor for Nottinghamshire has been involved in the development of this Estates Strategy.

One Public Estate

The One Public Estate programme is a pioneering initiative delivered in partnership by the LGA and the Cabinet Office Government Property Unit (GPU).

The programme is designed to allow local authorities to work with central government and local agencies to release assets and share land and property information across the public sector. The objectives are:
Nottingham is a phase 1 pilot for ‘One Public Estate’ where the Department of Work and Pensions (DWP) is co-locating its youth employment services in the Nottingham City Councils main headquarters building, enabling closer working between partners and achieving better-designed services in an accessible city location. In addition to an immediate cost saving of £500,000, the pilot will better align youth skills and local job market opportunities.
Local Context – the City of Nottingham

The Nottingham City population of 309,000 is diverse, relatively deprived and, like the rest of the country, ageing proportionately. The health needs of the local population present an increasingly complicated challenge for the CCG and the services that it commissions.

Demographics and Local Health Needs

One in eight people living in Nottingham City are aged 18-29, higher than the national average, mostly due to the two large universities in the area. However, the City’s population is set to age over the coming years with people living longer, with an increase in the prevalence of long term conditions and the frail elderly – presenting additional challenges to primary and community care.

The Joint Strategic Needs Assessment confirms that Nottingham City is the 20th most deprived district in England out of 326. Its population has a significantly lower life expectancy of 74.6 for men and 80.1 for women, compared with the national average of 77.7 and 81.8 respectively. 35% of the population is a member of a Black or Ethnic Minority (BME) group compared to 16% nationally. Nottingham also has a higher proportion of people reporting bad or very bad health – 6.6% compared to 5.3% nationally – and health inequalities are greater than the national average.

Index of Multiple Deprivation Nottingham City
Local Healthcare Service Strategy and Commissioning Priorities

Nottingham City CCG is responsible for a £384 million commissioning budget, which is used to buy services for 351,000 registered patients from a range of providers including GPs, community services, the voluntary sector and hospitals. The CCG has 57 general practice members with more than 200 General Practitioners (GPs). The CCG also ensures access to urgent care services for the 308,700 people who live within Nottingham and for those who visit the City.

The CCG has a clearly defined strategy for a healthier Nottingham, developed jointly between health, local authority and other strategic partners.

Summary of local health service priorities:

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<th>Ensuring patient care is safe, effective and a positive experience.</th>
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<td>Improving the health of the local population so that local health and wellbeing measures compare more favourably with the national averages.</td>
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<td>Improving equity</td>
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Improving health through partnership

Led by the local Health and Wellbeing Board, the Nottingham City Joint Health and Wellbeing Strategy has four specific priorities, identified using a process which reflects that set out in Public Health England’s ‘Commissioning for Prevention Report’ (November 2013). Key health problems and principal gaps were identified utilising the Joint Strategic Needs Assessment. Partners and stakeholders came together to agree priorities, based on assessing where the greatest impact could be made to improve health and wellbeing. The four priority programmes are:
- **Prevention of alcohol misuse** - to reduce the number of people who drink at levels harmful to their health and to prevent alcohol-related disease.
- **Provision of more integrated primary and secondary health and social care services** that will ensure a better experience of care is offered to older people and those with long term conditions.
- **Increase the number of local people with good mental health** through earlier intervention.
- **Support for priority families** to get into work, improve school attendance and to reduce levels of anti-social behaviour and youth offending, and improve health outcomes.

**Developing Primary Care**

The CCG have a range of initiatives underway to improve access to all local services, including GPs, community and mental health services.

Results from last year’s outcome measures showed that Nottingham City’s performance had deteriorated in relation to the number of patients able to access GP services. The CCG have responded with a programme of initiatives which will benefit from the new co-commissioning arrangements being introduced currently. These initiatives include:

- All practices offering electronic access to appointments, a service which is being proactively promoted to patients and the public.
- Home Visiting Service to support GP practices by providing rapid access to acute care at home, reducing inappropriate emergency attendances and admissions as a result of better access management. Where a GP is required to attend, they will carry out a full appraisal within the patient’s own home, supported by mobile technology to access notes and enable the documenting of vital information.
- Local Enhanced Services (now known as Primary Care Contracts) are being reviewed and aligned to ensure that they are fit for purpose and commissioned in as transparent and simple a way as possible and offer equitable access to high quality services.
- The CCG are developing a Primary Care Patient Offer, which aims to improve the quality of primary care by reducing variation across the 57 Nottingham City practices and introducing a minimum standard of care which patients can expect to receive from their GP practice.
The CCG’s Primary Care Vision
Nottingham City CCG’s GP membership is at the forefront of designing integrated care, working with colleagues from across the health and social care community.

The CCG’s Primary Care Vision is aligned with other local plans including the South Nottinghamshire Transformation Board Programme, delivering the South Nottinghamshire Plan. The Vision is a key driver for delivery of local Better Care Fund plans, Integrated Care for Adults Programme Plan (NHS Nottingham City, 2014), Urgent Care Plans and the Health and Wellbeing Strategy.

The Vision recognises that there is inequality in primary care with fragmented and unequal service provision. Care is better provided in the community than in hospital but there are not enough GPs or health and social care workers, meaning care must be provided in new and different ways.

A key element of the Primary Care Vision is the CCG’s member practices being aligned into 8 Care Delivery Groups (CDGs).

The CDG model facilitates the establishment of productive networks that align into eight geographical areas that match the City Council’s Neighbourhood Teams within Local Area Committees (LACs) to facilitate a collaborative approach to integrated health and social care.
The CCG have recently undertaken a mid-term review of progress towards the Primary Care Vision. The elements with a potential impact on estates include:

**Integrate Primary Community and Social Care**
The CCG has now fully aligned all GPs within Care Delivery Group’s. The CCG is supporting practices to work more collaboratively, ensuring GP’s are represented in contract meetings and designing pathways. This will also support the CCG in moving towards a more integrated model of care such as a Multi-specialty provider.

Care Co-ordinators have been appointed and are working within each Care Delivery Group, attend the Multi-Disciplinary Team meetings and CDG workshops in order to truly integrate feedback and learning. GPs are now referring direct to the Care Co-ordinators.

Care Delivery Groups are piloting “Joint Case Load Review” whereby the Care Co-ordinator identifies patients who were receiving more than two inputs from Neighbourhood Teams and working collaboratively to reduce these multiple visits.

**Standardise and improve access**
49 practices signed up for the Responsiveness Contract designed to improve access using data benchmarked on:-

- Improved patient satisfaction with service.
- Reduced complaints.
- Reduction in Accident and Emergency attendance and emergency admissions.
- Reduction in DNA and increased access to offer three day routine appointments and same day urgent access.

The CCG continues to develop its Any Qualified Provider services. Patients now have more choice and greater access (appointments within 24/48 hours) for services such as phlebotomy and wound care.

Seven practices are now delivering weekend working for patients within their CDGs.

The Acute Home Visiting Service (AVS) has been running since 2014.

Further to the one year pilot running at the University of Nottingham Health Service and Leen View Surgery since March 2014, Physio First has been rolled out to sixteen practices, with the aim to free up GP capacity and improve access to primary care.

**Utilise and adapt innovative technology and best practice**
The CCG has secured capital funds that will support the delivery of an interoperability gateway that will facilitate information sharing between organisations.

Sunquest ICE, which is the electronic requesting of radiology and pathology tests and results, has now been rolled out to all of practices within the City.
Teledermatology is available in all 57 practices, this enables GPs to take images of dermatology lesions and send the images to a specialist dermatologist to review returning a diagnosis and recommended management plan resulting in quicker diagnosis.

A pilot to deliver Telehealth in Care Homes is under development.

Text messaging service has now been procured with 57 practices signing up to and using the service on a regular basis.

**Shared working/learning**

The CCG now has a number of practices working together particularly in relation to primary care services. More focus on shared working will be developed through individual Care Delivery Group meetings and the collaborative programmes through the Primary Care Development Centre.

**Promote shared responsibility of health resources**

A pilot is underway that provides a platform for patients to access a directory of information for self-help services across health and social care. As well as a website, this information will be presented in patient self-help hubs across the pilot area. This is being developed alongside the local authority in order to ensure a consistent integrated approach in relation to information citizens and patients will have access to.

**Primary Care Development**

The CCG has a proven track record of primary and community care development. It invests in the City’s clinicians and front line staff, seeking to innovate by finding new ways to deliver new services. This led to successfully being selected as part of the Prime Minister’s Challenge Fund 2014, testing and evaluating new ways of working with increasing access to GPs and using technology to support self-care.

From April 2015 the CCG took on full delegated responsibility for primary medical care commissioning and was chosen as a FYFV Vanguard site for testing a new model for enhanced care in care homes – offering older people more co-ordinated healthcare and rehabilitation services. This will provide a structured and proactive approach to care, coupled with local innovation working across sectors.

This proactive approach to innovative primary care development has been a key consideration in the development of the Estates Strategy.
Local Regeneration and Developments impacting on health services

Significant regeneration activity is underway across Nottingham to build new homes, develop local transport infrastructure and open up key development sites. As well as regenerating areas of Nottingham, these projects will also drive growth, attract inward investment and increase local employment opportunities.

Nottingham is one of six designated ‘Science Cities’ in the UK and sees high levels of investment in the development of science and technology-based business. £70 million has already been invested in developments such as BioCity, Innovation Park and Nottingham Science Park.

Science City objectives will also be supported by the designation of the Boots Campus as an Enterprise Zone which includes the Boots Campus, MediPark, Beeston Business Park and Nottingham Science Park.

Whilst these developments will benefit Nottingham City and its residents, they will also increase the number of people living and working in the City and making use of the care commissioned by the CCG. The primary and community care estate strategy must reflect these plans and the challenges that they bring to health and social care in Nottingham.

Provision of new housing over the next 5 years is expected to be predominantly in CDG’s 3, 4 and 8:

<table>
<thead>
<tr>
<th>CDG</th>
<th>Current Population</th>
<th>Net housing growth to 2019 (units)</th>
<th>Net population growth to 2019</th>
<th>Net population change to 2019 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>29,600</td>
<td>39</td>
<td>98</td>
<td>0.3</td>
</tr>
<tr>
<td>2</td>
<td>33,156</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>45,368</td>
<td>900</td>
<td>2,268</td>
<td>5.0</td>
</tr>
<tr>
<td>4</td>
<td>47,000</td>
<td>1,252 (491 student)</td>
<td>2,393</td>
<td>5.1</td>
</tr>
<tr>
<td>5</td>
<td>34,207</td>
<td>180</td>
<td>450</td>
<td>1.3</td>
</tr>
<tr>
<td>6</td>
<td>51,963</td>
<td>453</td>
<td>1,132</td>
<td>2.2</td>
</tr>
<tr>
<td>7</td>
<td>25,040</td>
<td>14</td>
<td>35</td>
<td>0.1</td>
</tr>
<tr>
<td>8</td>
<td>42,300</td>
<td>1,068 (459 student)</td>
<td>1,981</td>
<td>4.6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>308,700</td>
<td>3,906</td>
<td>8,322</td>
<td>2.7%</td>
</tr>
</tbody>
</table>
In the longer term, Strategic locations identified as Regeneration or Enterprise zones such as Waterside, Boots Campus and Stanton Tip will deliver significant numbers of new homes during the period 2020 to 2028

**Strategic Development Sites**

![Map showing strategic locations](image1)

Some of these sites will be mixed use with elements of housing, employment, retail and community facilities. The Greater Nottingham Infrastructure Delivery Plan sets out the infrastructure and services required to create attractive and sustainable developments including access to appropriate retail, employment health and education facilities.

**Longer term housing growth at strategic sites and other potential site:**

<table>
<thead>
<tr>
<th></th>
<th>Medium Term housing growth 2015-2020</th>
<th>Long term housing growth 2021-2028</th>
<th>Total Housing growth 2015-2028</th>
<th>CDG’s impacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waterside</td>
<td>179</td>
<td>2,828</td>
<td>3,007</td>
<td>8 and 6</td>
</tr>
<tr>
<td>Stanton Tip</td>
<td>200</td>
<td>300</td>
<td>500</td>
<td>1 and 3</td>
</tr>
<tr>
<td>Boots Campus/Severn Trent land</td>
<td>0</td>
<td>600</td>
<td>600</td>
<td>8 and 4</td>
</tr>
<tr>
<td>Other potential sites</td>
<td>3,527</td>
<td>9,300</td>
<td>12,827</td>
<td>All</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>3,906</td>
<td>13,028</td>
<td>16,934</td>
<td></td>
</tr>
</tbody>
</table>

The delivery of housing on the Boots site will be assisted by the infrastructure planned to be put in place to support the development of the Enterprise Zone.
Purpose built student accommodation is also an important part of future housing mix, and further provision is planned.

Stanton Tip is estimated to generate approximately 500 additional homes during the period 2018 to 2026. The six nearest practices which will be impacted are: Leen View Surgery, Parkside Surgery, Riverlyn Medical Centre, Springfield Medical Centre, Limetree Surgery and Churchfields Medical Practice.

The Waterside Regeneration Zone may generate up to 2,000 new homes over the period 2017 to 2028 and is close to seven existing GP practices; NEMS Platform One, The Windmill Practice, The Dale Surgery, Bridgeway Practice, Meadows Health Centre, Victoria Health Centre, Family Medical Practice and Bakersfield Medical Practice.

Whilst there may be some capacity in existing surgeries, for this level of growth provision of additional facilities will need to be considered.

For the strategic location at Boots site, it is estimated that approximately 600 new homes may be generated on the Nottingham City part of the site during the period 2021 to 2026. The closest City facilities are located at the University of Nottingham but these are focussed on the needs of students. Additional provision to serve this site and existing residents in Dunkirk and Beeston Rylands may be necessary. There are four existing practices in Beeston and Chilwell which may have capacity to serve dwellings on the Broxtowe part of the site.

There is planned housing development at Clifton South in Rushcliffe which may impact on existing practices in Clifton, where capacity at these practices is currently limited.
Current Service Profile and the Provider Landscape

During 2014/15 Nottingham City CCG had recurrent (continuing) and non-recurrent (for one year only) programme resources of £397.7 million. This included a recurrent investment programme totalling £6.5 million to support delivery of the CCG’s strategic priorities. The CCG has a healthy and developing relationship with the local authority, which will become more important in the future as a more integrated approach to health and social care services is developed using the joint resources available through the Better Care Fund.

While the CCG is responsible for the development of primary care, the commissioning and performance management of core primary care services has to date been led by NHS England. In total, NHS England and Nottingham City CCG spent more than £166m on primary and community services in Nottingham in 2014-15.

<table>
<thead>
<tr>
<th>Nottingham City CCG (04K)</th>
<th>2014/15 Outturn (£000s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Care Core Services (NHS England)</strong></td>
<td></td>
</tr>
<tr>
<td>General Practice - GMS</td>
<td>16,030</td>
</tr>
<tr>
<td>General Practice - PMS</td>
<td>11,768</td>
</tr>
<tr>
<td>Other List-Based Services (APMS incl.)</td>
<td>1,794</td>
</tr>
<tr>
<td>Premises cost reimbursements</td>
<td>5,109</td>
</tr>
<tr>
<td>Primary Care NHS Property Services Costs - GP</td>
<td>1,097</td>
</tr>
<tr>
<td>Other premises costs</td>
<td>24</td>
</tr>
<tr>
<td>Enhanced services</td>
<td>2,127</td>
</tr>
<tr>
<td>QOF</td>
<td>3,324</td>
</tr>
<tr>
<td>Other - GP Services</td>
<td>2,558</td>
</tr>
<tr>
<td><strong>Primary Care Core Services (CCG)</strong></td>
<td></td>
</tr>
<tr>
<td>Prescribing</td>
<td>40,733</td>
</tr>
<tr>
<td>Enhanced Services</td>
<td>2,455</td>
</tr>
<tr>
<td>FURS</td>
<td>804</td>
</tr>
<tr>
<td>Integrated Community Equipment Loan (ICELS)</td>
<td>1,229</td>
</tr>
<tr>
<td><strong>Community Services</strong></td>
<td></td>
</tr>
<tr>
<td>City Care</td>
<td>38,905</td>
</tr>
<tr>
<td>NHT</td>
<td>40,711</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>166,668</td>
</tr>
</tbody>
</table>

Primary and community services are currently delivered across a broad spectrum of public, private and third sector organisations who, together with a broad range of stakeholder organisations and working structures, make up a complex commissioner/provider landscape which is subject to a variety of (sometimes competing) drivers for change.

The landscape comprises more than 200 providers, delivering services from more than 250 locations. These services cover general practice, pharmacy, optometry, dentistry and a broad range of community services delivered in a variety of locations including GP surgeries, health centres, hospitals and care homes. A significant volume of primary and community services are also delivered within the patient’s home setting.
The complex landscape of health service provision in Nottingham:

**Providers**
- Primary Care
- Dental
- Ophthalmic
- Community Providers
- Pharmacy
- Third Sector
- Acute
- Local Authority
- Ambulance

**Other stakeholders**
- LDC
- LPC
- LOC
- NHPS
- LMC
- CHP
- Monitor
- Patients and Citizens
- Local Politicians
- NHS England Area Teams

**Structures**
- PPG’s
- CDG’s
- SNTB
- Integrated Care Programme Board
- CCG’s
- Health Watch
- Clusters
- O&S
- NHS England Local Learning Collaborative
- Health & Wellbeing Board
- Neighbourhood Teams
- People Council
- CDP
- Urgent Care Board
- Clinical Council
- Nottingham City North & Social Care Network
- Commissioning Executive
- Primary Care Panel
- SRG
- Nottinghamshire Forum
- HEEM

**Drivers for change**
- Co-commissioning – full delegated
- Single Urgent Care Centre Service (1st October 15) CityCare
- NHS England Local Learning Collaborative
- Vanguard / forerunner site – care homes
- Action 75 agreements – Proposals to amend to include Primary Medical Care
- LSC’s / LE’s Harmonisation
- Wave 2 pioneer site for Integrated Care CCG, NDC, CityCare
- Transforming care for people with LD’s Next Step
- 5 year forward view Inc. new models of care e.g MCPs
- Federated working for GPs
- Enhanced access to Primary Care
- CCG Strategy
- Local Authority
- NHS LIFT
- Health Watch
- Nottinghamshire Forum
- Clinical Council
- Commissioning Executive
- Primary Care Panel
- SRG
- Nottinghamshire Forum
- HEEM

**Nottingham City CCG**
Primary and Community Services – Current Provision

GP PRACTICE SERVICES

<table>
<thead>
<tr>
<th>Providers</th>
<th>Number of locations</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>57 independent</td>
<td>57 main sites and branch surgeries</td>
<td>GMS</td>
</tr>
<tr>
<td>Practices</td>
<td></td>
<td>PMS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>APMS (and other list based)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Local Enhanced Services (including extended opening hours)</td>
</tr>
</tbody>
</table>

Current Configuration:
There are 57 main GP sites plus branch surgeries. Approximately half are located within traditional NHS health centre buildings, while 20% are located within purpose designed and built facilities – NHS LIFT or third party developer (3PD). A total of 11 GP practices (19%) operate out of converted domestic properties.

Trends and Strategy Development Considerations

- There are significant pressures on primary care including rising demand, reducing income and enhanced compliance obligations. Recruitment and retention of GPs is a major challenge, with 20% of GP trainee places unfilled.

- Smaller practices are disappearing: Between 2006 and 2013, the number of one-doctor practices almost halved. In the same period, the number of practices with 10 or more GP’s increased by 76%.

- GP’s are beginning to move away from the traditional model of independent GP practice working in isolation, towards a more collaborative model, working together in a network
alliance or GP Federation, to secure efficiencies, economies of scale and support a sustainable model of primary care. Practices are being encouraged to form collaborations based on CDG boundaries (rather than the larger clusters) in order to benefit from the professional networks already in place within CDG’s. There are early moves by practices to establish GP networks in the Clifton area and in South Nottingham City around Sneinton area.

- The traditional model of GP rising to become a partner is becoming less important to new doctors entering primary care. Female GP’s whose number grew by 50% in the period 2004 to 2014, often prefer a part time salaried option, rather than the responsibility of being a partner who has to run a business on top of clinical commitments

- The primary care sector has evolved into a significant property asset class over the last decade. Specialist investors and developers (so called Third Party Developers, such as Primary Health Properties, Assura, NEXUS and MedicX) have invested millions of pounds of capital in new, purpose designed GP surgeries and primary care centres. Investment returns are attractive, averaging 6.3% per annum compared with 1% for mainstream commercial property.

**GP OUT OF HOURS (OOH) SERVICES**

<table>
<thead>
<tr>
<th>Providers</th>
<th>Number of locations</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Telephone advice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appointment at Primary Care Centre</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Home Visit by a GP</td>
</tr>
</tbody>
</table>

**Current Configuration:**

NEMS Patient Care Centre, Platform One, Station Street. Nottingham

A listed building constructed in 1904, the NEMS Platform One facility was completely rebuilt internally in 2009 to comply fully with NHS premises standards. An extension has been built that houses the OOH operations centre..

**URGENT CARE SERVICES**

<table>
<thead>
<tr>
<th>Providers</th>
<th>Number of locations</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Assessment and treatment for urgent health conditions: minor burns or scalds, minor head</td>
</tr>
</tbody>
</table>
injuries with no loss of consciousness, skin infections or animal bites, suspected broken bones, sprains and strains, eye infections or minor eye injuries, open wounds or cuts that may require suturing.

Current configuration:

Until October 2015 there were 3 urgent care facilities: the NHS Walk-in Centre at Seaton House, London Road, Nottingham, the 8am-8pm Health Centre on Upper Parliament Street and Clifton Nurse Access Point in the Clifton Cornerstone.

Trends and Strategy Development Considerations

- A review of services at all three centres began in March 2014. Following a robust procurement exercise, CityCare were appointed to run the new Urgent Care Centre from a single city centre location at Seaton House on London Road. The Walk in Centre was transformed into an “Urgent Care Centre” with a formal launch of the new centre on October 1st 2015. The enhanced Urgent Care Centre provides extended services including diagnostic x-ray facilities, a plaster room and suturing. The new service relieves pressure on emergency services and provides an enhanced ‘no appointment’ service to patients who need to be seen urgently.

PHARMACIES

<table>
<thead>
<tr>
<th>Providers</th>
<th>Number of locations</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>38</td>
<td>67</td>
<td>Community Pharmacy: Essential, Advanced, Enhanced Services, Distance Selling Services</td>
</tr>
</tbody>
</table>

Current configuration:

Boots are the largest provider (17 sites), followed by Well (formerly Co-op - 5) and Lloyds (5). 98% of Pharmacy income is from dispensing activities. Locally commissioned services e.g. Pharmacy First, Emergency Hormonal Contraception, Pregnancy Testing, C-Card, Chlamydia Screening therefore represents a very small proportion of pharmacy income.

There is currently one active Distance Selling pharmacy (mail order) but this represents less than 0.01% of total prescriptions within the CCG area.

Trends and Strategy Development Considerations

- Satisfaction with current pharmacy services in Nottingham is generally high (Ref: PNA) and there are no material gaps in provision. There is some interest in expanding the range of services on offer in the future, such as:
- weight management
- NHS Health Checks
- cholesterol testing & blood pressure monitoring
- pain management
- support for older people
- people living with dementia
- tackling loneliness
- falls prevention and bone health checks

- Bestway Group have acquired the Co-operative Pharmacy brand and announced a £200m investment plan with a target of 220 more premises nationally in the next three years. Well Pharmacies (the new name) will focus on health services and health promotion and will aim to be in or near to existing GP premises; currently 30% of all Co-operative pharmacies are located in GP branches.

- Similar to the federation model being pursued by some GPs, the smaller independent pharmacy operators are increasingly looking at Franchise models or membership groups (e.g. Vantage, NUMARK).

- Community Pharmacists can play a greater role working collaboratively within their CDG networks, in reducing secondary care admissions, through Medicines Optimisation initiatives (example Doncaster) and Managed Care Programmes (example Barnsley).

### OPHTHALMIC

<table>
<thead>
<tr>
<th>Providers</th>
<th>Number of locations</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>33</td>
<td>Dispensing opticians services</td>
</tr>
</tbody>
</table>

### DENTAL

<table>
<thead>
<tr>
<th>Providers</th>
<th>Number of locations</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>40</td>
<td>NHS and private dental services</td>
</tr>
</tbody>
</table>

### COMMUNITY SERVICES

<table>
<thead>
<tr>
<th>Providers</th>
<th>Number of locations</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>41</td>
<td>Core Community Services</td>
</tr>
<tr>
<td>1</td>
<td>16</td>
<td>Podiatry (AQP)</td>
</tr>
<tr>
<td>3</td>
<td>46</td>
<td>IAPT</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>Sexual Health clinics</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>Audiology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community Service</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>-------------------</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>Community Hand clinics</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
<td>Community Pain clinics</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>Orthopaedics ICATS</td>
</tr>
<tr>
<td>4</td>
<td>11</td>
<td>Acupuncture</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>Vasectomy</td>
</tr>
</tbody>
</table>

**Current configuration:**

**Core Community Services** are currently provided by Nottingham CityCare Partnership, Nottinghamshire Healthcare NHS Foundation Trust, and Nottingham University Hospitals NHS Trust, from multiple locations across the CCG area.

**Podiatry Services** are currently provided by Nottingham CityCare under the Any Qualified Provider (AQP) framework, delivered from 16 locations.

**IAPT Services** are currently provided by three providers (Nottinghamshire Healthcare, Insight Healthcare and Trent PTS) from a total of 46 locations.

**Sexual Health Clinics** are currently operated by Nottingham University Hospitals NHS Trust, from two main locations: GU Medicine Dept at Nottingham City Hospital and Victoria Health Centre.

**Audiology Services** are operated by Nottingham University Hospitals NHS Trust, from the Ropewalk building in the city centre and also from the QMC.

**Community Hand clinics** are currently operated from Mary Potter NHS LIFT building.

**Community Pain Clinics** are currently operated by Nottingham University Hospitals NHS Trust (3 locations) and PMS (6 locations).

**Orthopaedics ICATS** are currently operated by Circle from 2 locations: the NHS Treatment Centre at QMC site and the Mary Potter NHS LIFT building.

**Acupuncture** is currently operated by 6 providers from 13 locations: Relief Point, The Grange, Cripps Health Centre, Nottingham University Hospitals NHS Trust, City Care and Pain Management Solutions Ltd. In some cases the Locations these services are provided from overlap at different times.

**Vasectomy Services** are currently operated by 5 providers from 5 locations: Nottingham Minor Surgery Service, Greenwood and Sneinton Family MC, Lean View Surgery, Nottingham Road Clinic and Bramcote Surgery.

**Trends and Strategy Development Considerations**

- Staff who are working in community settings are increasingly using modern technology such as Toughbooks to access patient notes and record information on
contacts and interventions. The implications of this are that community based staff will spend less time at the base location, with an increase in hot desking and need for good vehicular access and parking provision.

CARE HOMES

Care Homes are categorised as either residential or nursing homes, with nursing care having registered nursing staff on site for more complex need. The main categories of residential care are Older People, Learning Disability, Mental Health and Physical Disability and care homes usually specialise in one of these disciplines.

<table>
<thead>
<tr>
<th>Providers</th>
<th>Number of locations</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>38</td>
<td>Residential care: Older People, Learning Disability, Mental Health and Physical Disability</td>
</tr>
</tbody>
</table>

Current configuration:

There are 38 Care homes in Nottingham City CCG area, operated by 29 providers, providing 1,382 beds (628 Nursing and 754 residential).

Trends and Strategy Development Considerations

- Demand is expected to double by 2029, due to increasing numbers of residents aged 80 and above, with particular emphasis on specialist dementia care.

- The highest number of residential care homes are clustered around Berridge, Sherwood and Mapperley. However, the majority of older people live in Bilborough, Wollaton West, Bulwell Forest, Clifton South and Bestwood.
Current Care Home configuration:
The Built Environment: GP Practice Facility Profiles

GP Practice Facility type

There are five facility types within the GP practice sector; converted domestic, traditional NHS health centre, NHS LIFT building, Third Party Development (3PD) and other (NEMS, St Ann’s Valley Centre and related premises).

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>3PD</td>
<td>8.77%</td>
</tr>
<tr>
<td>Converted Domestic</td>
<td>19.30%</td>
</tr>
<tr>
<td>LIFT</td>
<td>12.28%</td>
</tr>
<tr>
<td>Other</td>
<td>3.51%</td>
</tr>
<tr>
<td>Traditional Health Centre</td>
<td>56.14%</td>
</tr>
</tbody>
</table>

GP Premises Age Profile

67% of GP practice premises are over 20 years old. 11% of practices are aged between 10 and 20 years and 17% are aged between 5 and 10 years old. The percentage of practices 5 years or less is 5%.
GP Premises Tenure Profile

54% of practices are leased and 45% are owner occupied.

![GP Tenure Type](image)

CQC Inspection Programme

66% of practices have currently had a CQC inspection

![CQC Inspection Status](image)

Published inspection reports show no significant premises issues to note at this time.
On-Site (or adjacent) Pharmacy Provision

65% of GP Practices currently have an on-site or adjacent (within 100 metres) pharmacy.

Enhanced Service Provision

This table shows the proportion of enhanced services practices are providing as of June 2015.

13 practices (22%) currently offer less than 60% of the range of enhanced services available.

<table>
<thead>
<tr>
<th>% of enhanced services provided</th>
<th>Number of practices</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;60%</td>
<td>13</td>
<td>23</td>
</tr>
<tr>
<td>60-70%</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>71-80%</td>
<td>23</td>
<td>40</td>
</tr>
<tr>
<td>81%+</td>
<td>13</td>
<td>22</td>
</tr>
</tbody>
</table>

Potential scope for extension/redevelopment

39% of practices have little or no premises development potential within the red line boundary of their existing site.
Site Development Potential

<table>
<thead>
<tr>
<th>None/very limited</th>
<th>Reorientation of existing rooms</th>
<th>Site extension compromising car parking</th>
<th>Site extension without compromising car park</th>
<th>Adjacent Land</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Practice Locations

This section highlights practices that are closely located geographically.

In CDG1 there are 3 practices (Parkside Medical Centre, Riverlyn Medical Centre and St Albans Medical Centre) all within a 0.5m radius of each other.

In CDG 3 Bilborough Medical Centre and Bilborough Surgery are located 250yds from each other.
In CDG4 there are 5 practices 0.2m from each other (Mayfields Medical Practice and Dr OP Sharma in Greenfields Medical Centre and The Forest Practice, The Fairfields Practice and The High Green Medical Practice in the Mary Potter Centre).
NHS Property Asset Management

NHS Property Services

Ownership of the property assets under control of the former PCTs has been handed to NHS Property Services (NHSPS) established in 2013 and which holds almost 4,000 assets under its management across England.

NHS PS currently own (or hold the headlease for) 27 properties within the Nottingham City CCG area, incorporating more than 38,000 sq metres of health related accommodation.

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Post Code</th>
<th>Facility Type</th>
<th>NIA (m²)</th>
<th>Tenure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Standard Court</td>
<td>NG1 6GN</td>
<td>Offices</td>
<td>554</td>
<td>Leasehold</td>
</tr>
<tr>
<td>Aspect House</td>
<td>NG6 8WR</td>
<td>Offices</td>
<td>921</td>
<td>Leasehold</td>
</tr>
<tr>
<td>Bilborough Grange Farm</td>
<td>NH8 4HQ</td>
<td>Health Centre</td>
<td>24</td>
<td>Leasehold</td>
</tr>
<tr>
<td>Bulwell Riverside</td>
<td>NG6 8QN</td>
<td>Other</td>
<td>2481</td>
<td>Leasehold</td>
</tr>
<tr>
<td>Childs Development Centre</td>
<td>NH5 1PB</td>
<td>Community Hospital</td>
<td>2106</td>
<td>Leasehold</td>
</tr>
<tr>
<td>Clifton Cornerstone</td>
<td>NG11 8EW</td>
<td>Other</td>
<td>3969</td>
<td>Leasehold</td>
</tr>
<tr>
<td>Health Point</td>
<td>NG5 9DD</td>
<td>Health Centre</td>
<td>124</td>
<td>Leasehold</td>
</tr>
<tr>
<td>Highfields Medical Practice</td>
<td>NG1 4NP</td>
<td>GP Practice</td>
<td>350</td>
<td>Leasehold</td>
</tr>
<tr>
<td>New Brook House</td>
<td>NG7 5LR</td>
<td>Offices</td>
<td>409</td>
<td>Leasehold</td>
</tr>
<tr>
<td>New Brook House (2)</td>
<td>NG7 5LR</td>
<td>Offices</td>
<td>307</td>
<td>Leasehold</td>
</tr>
<tr>
<td>Nottingham NHS Treatment Centre</td>
<td>NG7 2FT</td>
<td>Other</td>
<td>11479</td>
<td>Leasehold</td>
</tr>
<tr>
<td>Old Basford Health Centre</td>
<td>NG6 0HD</td>
<td>Health Centre</td>
<td>605</td>
<td>Freehold</td>
</tr>
<tr>
<td>Queens Medical Centre</td>
<td>NG7 2UH</td>
<td>Health Centre</td>
<td>48</td>
<td>Leasehold</td>
</tr>
<tr>
<td>Radford Health Centre</td>
<td>NG7 3GW</td>
<td>GP Practice</td>
<td>642</td>
<td>Freehold</td>
</tr>
<tr>
<td>Seaton House Walk-in Centre</td>
<td>NG2 4LA</td>
<td>Health Centre</td>
<td>433</td>
<td>Licence</td>
</tr>
<tr>
<td>Sherwood Health Centre</td>
<td>NG5 4AD</td>
<td>Health Centre</td>
<td>494</td>
<td>Freehold</td>
</tr>
<tr>
<td>Sherwood Rise Health Centre</td>
<td>NG7 7AD</td>
<td>GP Practice</td>
<td>358</td>
<td>Freehold</td>
</tr>
<tr>
<td>Sneinton Health Centre</td>
<td>NG2 4PJ</td>
<td>Health Centre</td>
<td>582</td>
<td>Freehold</td>
</tr>
<tr>
<td>St Albans Medical Practice</td>
<td>NG6 8AQ</td>
<td>GP Practice</td>
<td>514</td>
<td>Leasehold</td>
</tr>
<tr>
<td>St Ann’s Valley Centre</td>
<td>NG3 3GG</td>
<td>Health Centre</td>
<td>1447</td>
<td>Leasehold</td>
</tr>
<tr>
<td>Strelley Health Centre</td>
<td>NG8 6LN</td>
<td>GP Practice</td>
<td>466</td>
<td>Freehold</td>
</tr>
<tr>
<td>The Health Shop</td>
<td>NG1 3AL</td>
<td>Health Centre</td>
<td>164</td>
<td>Leasehold</td>
</tr>
<tr>
<td>The Mary Potter Centre</td>
<td>NG7 5HY</td>
<td>Other</td>
<td>7798</td>
<td>Leasehold</td>
</tr>
<tr>
<td>The Meadows Health Centre</td>
<td>NG2 2JG</td>
<td>GP Practice</td>
<td>751</td>
<td>Freehold</td>
</tr>
<tr>
<td>The Old Chapel</td>
<td>NG1 6FS</td>
<td>Offices</td>
<td>207</td>
<td>Leasehold</td>
</tr>
<tr>
<td>Victoria Health Centre</td>
<td>NG1 3LU</td>
<td>Health Centre</td>
<td>453</td>
<td>Freehold</td>
</tr>
<tr>
<td>Wollaton Vale Health Centre</td>
<td>NG8 2GR</td>
<td>GP Practice</td>
<td>689</td>
<td>Freehold</td>
</tr>
</tbody>
</table>

Source: NHS PS (June 2015)  

TOTAL NIA 38,478
There is an issue with undocumented lease position with many tenants including City Care. This puts both landlord and tenant at risk. NHSPS nationally are working up standard forms of lease documents to cover three scenarios:

- GP tenants
- Commercial Tenants (e.g. pharmacies)
- Other Providers (e.g. CityCare)

The local NHSPS management offices have no control over the relative priorities on which of these three types of lease are going to be rolled out and in what timescales. ‘Other Providers’ is not the highest priority and therefore not likely to see any movement in the near future.
Community Health Partnerships (CHP) are the public sector shareholder in the local NHS LIFT public private partnership (PPP) with a 40% shareholding. The LIFT Company operates 4 facilities in the Nottingham City CCG area:

**Bulwell Riverside** (multi-health and council services described as a Joint Services Centre)

CHP has dual head tenancy with Nottingham City Council. There are 3 sub-tenants – Lean View Practice (586.4m2), Notts City Care (66.4m2), Parkside Medical Practice (556.9m2)

There is 731.44m2 of bookable space. There is no void space currently

**Clifton Cornerstone** (multi-health and council service described as a Joint Services Centre)

Opened in April 2006 and is located in the heart of Clifton.

Area: 5,931m2 GIA, 3,844m2 ILA

CHP is the Head tenant. There are 7 sub-tenants – Clifton Medical Practice (521.66m2), Clifton Welfare Rights Advice (136.7m2), Drs Lavelle et al (432.7m2), Nottingham City Council (1044.8m2), Notts Healthcare NHS Trust (137.5m2)

There is 688.1m2 of bookable space. There is no void space currently

**Mary Potter** (multi-health and council services described as a Joint Services Centre)

Opened in September 2008 and located in the heart of Hyson Green.

Area: 7.991m2 GIA, 2.262.7m2 ILA

CHP – Dual head tenancy with Nottingham City Council. There are 5 sub-tenants – Fairfields Practice (463.01m2, Forest Practice (429.48m2), Highgreen Medical Practice (296.48m2), Notts City Care (65.79m2), Notts Healthcare (156.12m2)

693.48m2 bookable space. CHP is looking to identify the current usage and clarify the utilisation of bookable space. There is no void space currently

**Aspect House (offices)**

978m2 GIA/ILA

CHP is the Head tenant

There is 1 sub-tenant – Nottingham City Care

There is no void or bookable space currently
Stakeholder Engagement

In addition to one to one meetings the CCG hosted a stakeholder event on the 30th July 2015. During the stakeholder event table groups were asked to consider a number of questions.

Exercise 1.

Objective: For stakeholders to explore opportunities for future estate optimisation

1) Where are the opportunities?

- Joint Commissioning
- Integration/ Co-location / Collaboration
- Flexibility
- Expansion of Primary care buildings if expected to provide more services
- Adequate IT infrastructure
- Ensuring future proofing against service and population increase
- Multi use i.e. police, schools, LA, Community
- Hub & spoke (local centres) for each CDG
- Future provision (sufficient notice to ensure providers have facilities to deliver new services

2) What should be considered? (Nice to have)

- Service Charges clarified
- Patient WiFi in waiting areas
- Equipment – diagnostics etc. (x-ray per CDG)
- Service integration

3) Where should investment not be necessary? (Out of scope)

- Building Like for Like
- Development of non-DDA compliant buildings
- Empty spaces

Exercise 2.

Objective: Understanding challenges within the current state of estates

4) Where are the current challenges within the current primary and community care estate and what uncertainties do they bring to health and social care in Nottingham city?

Challenges

- Capacity
- Budget/affordability
- Continuity and partnership
- Gold standard vs ‘Fit for purpose’
• National vs local
• Timescales
• Transparency & approvals
• GP owned premises are less inviting for new GPs due to cost implication
• Matching need to current space
• Maintaining estate against changing standards
• Need to define service models
• Provider buy in (hearts and minds)
• Defining services coming out of secondary care
• Public engagement
• Staffing workforce

Biggest risk

• Silo commissioning
• Long term service strategy
• Short termism
• Not being flexible with models of development
• Affordability
• Repeating past mistakes
• Nothing happening

Acceptable risk

• Risk sharing models e.g. JCCs
• Pump priming (spend to save)
• CCGs potentially take ownership of buildings rather than providers
• To make certain assumptions for planning purposes
• Financial prioritising
Emerging Issues, Challenges and Opportunities

The NHS spends £168m annually (2014-15) on primary and community care, commissioned from almost 200 providers delivering services to patients from more than 250 locations across Nottingham City.

Activity pressures, budget constraints, workforce challenges, increasing focus on outcomes and enhanced compliance obligations are collectively putting significant pressure on general practice and community services.

The health policy response to these pressures includes a shift towards more integrated service provision, new models of care, new ways of working and collaborative commissioning.

Healthcare estates management is fragmented. Community and GP services in Nottingham are operating from a mixture of old and new buildings with differing levels of utilisation, in variable condition and a proportion not meeting disability access requirements. 39 GP practice premises (67%) are over 20 years old and 23 GP practices (41%) have little or no premises development potential within the red line boundary of their existing site.

The multi-occupied traditional Health centres containing more than one practice and other services are the buildings under most pressure. They typically exceed 20 years of age; have been periodically updated and retrofitted, invariably beyond their original design capabilities.

Most practices deal with building issues as they arise and few have created a lifecycle maintenance plan.

Some GP practice locations operate at sub-optimal levels of space utilisation. 22 GP practices (38%) have underused clinical rooms which, based on an average 15 minute appointment time, would translate to more than 2,826 additional GP or nurse appointment slots that the existing built environment could accommodate.

Geographical access to local GP and pharmacy services is generally very good, but there are a number of locations where multiple GP practices are located within a short distance (250 metres) of each other.

Population increases of 2.7% are expected over the next 5 years and over the next 10 years will grow by an estimated 4%. Population increases will be most notable in CDG’s 4, 6 and 8 across the centre and east of the city centre.

The primary care sector has evolved into a significant property asset class over the last decade, meaning there is not a shortage of private sector capital seeking attractive investment returns.
Satisfaction with current pharmacy services in Nottingham is generally high and there are no material gaps in provision.

Staff working in community settings are increasingly using modern technology such as Toughbooks to access patient notes and record information on contacts and interventions. The implications of this are that community based staff will spend less time at their traditional base location, require higher levels of technical support, with more hot desking and need for good access and parking provision.

The highest number of residential care homes are clustered around Berridge, Sherwood and Mapperley, but the majority of older people live in Bilborough, Wollaton West, Bulwell Forest, Clifton South and Bestwood. Demand is expected to double by 2029 with particular emphasis on specialist dementia care.

NHS Property Services currently own (or hold the head lease for) 27 properties within the Nottingham City CCG area, incorporating more than 38,000 sq metres of health related accommodation. However there are a number of undocumented lease positions, putting both landlord and tenants at risk.
**Investment Guiding Principles**

Future investment in Estates and facilities will be based on the philosophy of providing the right space in the right place...aligned with forecast demand...integrated and co-located where possible. Specifically, future investment in the estate will be predicated on the following Investment Guiding Principles:

**Principles for investment: high and medium priority**

- Proposals that are referenced in the CCG’s Local Estates Strategy
- Locations where there is a demonstrable gap in service provision and/or priority health needs relating to a specific local population
- Proposals that will deliver more efficient use of the healthcare estate, both in terms of space utilisation and maintenance costs
- Proposals that facilitate more joined up working and co-location with other public sector services
- Investment to improve premises in the long term which will provide flexibility and scope of adaptation in the future
- New facilities that support the new models of care and service delivery towards (including Multi specialised community provision) hub and spoke, services moving from secondary care into primary/community care
- Developments to increase capacity to respond to known future population increases in specific localities, supported by section 106/Community Infrastructure Levy contributions wherever possible
- 10 year strategy consistent with the CCG’s anticipated future commissioning intentions, for both short to medium term priority schemes, and strategic projects such as new builds, major refurbishments, reconfigurations and change of use

**Principles for investment: lower priority**

- Proposals that are not referenced in the CCG’s Local Estates Strategy
- Projects where there is not a clearly defined case of need and cost/benefit analysis
- Projects that cannot demonstrate enhancements to quality of care and the patient experience
- Short term fixes that are not aligned with the CCG’s clinical strategy and commissioning intentions
- Capital works and investments that do not demonstrate a contribution towards sustainable use of energy
- Estate that is clearly no longer suitable, even with investment, for the delivery of the local healthcare services
SECTION TWO

STRATEGIC OPTIONS AND RECOMMENDATIONS
## Estates Dashboard Indicators - Introduction

A range of dashboard indicators have been used to inform the development of strategic options and priorities for future investment in premises. While the current building (condition, utilisation, future scope of expansion) are important, the estates strategy has also considered other factors which might influence the need for additional physical accommodation in the future, including the health status of the registered population, housing growth, together with some proxy measures of the current service offer from each location.

### Estates Strategy - GP Practice Dashboard Indicators - Introduction

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Location/Tenure</th>
<th>List Size</th>
<th>CDG</th>
<th>No of Patients per Clinical Room</th>
<th>Site Development Potential</th>
<th>Condition G/R/P</th>
<th>Spare Capacity</th>
<th>Deprivation Score</th>
<th>Life Expectancy (M)</th>
<th>Life Expectancy (F)</th>
<th>Population Growth (%)</th>
<th>Disease Prevalence</th>
<th>Enhanced Services</th>
<th>Other Services</th>
<th>On-site or nearby Pharmacy</th>
<th>Nearest alternative Primary care provider (miles)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>Example</td>
<td>xxxx</td>
<td>0</td>
<td>794.4</td>
<td>4</td>
<td>G</td>
<td>0</td>
<td>1</td>
<td>76.40</td>
<td>81.3</td>
<td>4.99</td>
<td>1</td>
<td>31</td>
<td>11</td>
<td>N</td>
<td>1</td>
</tr>
<tr>
<td>Example</td>
<td>Example</td>
<td>xxxx</td>
<td>0</td>
<td>747</td>
<td>0</td>
<td>R</td>
<td>60</td>
<td>6</td>
<td>78.30</td>
<td>82.1</td>
<td>2.18</td>
<td>0</td>
<td>36</td>
<td>9</td>
<td>N</td>
<td>1.3</td>
</tr>
</tbody>
</table>

### The Built Environment

**Provides an indication of the current building, its condition, the extent to which it is being fully utilised and scope for expansion**

**No of Patients per clinical room**
- Definition: List size divided by the combined number of GP Consult and treatment rooms. (Rounded to 1 decimal place)
- Data Source: Practice Proformas/PCH site survey

**Site Development Potential**
- Definition: Scope for increasing physical capacity at provider site
- (Source: On-site surveys conducted June to Aug 2015)

<table>
<thead>
<tr>
<th>None/Very Limited</th>
<th>Reorientation of existing rooms</th>
<th>Site extension compromising care park</th>
<th>Site extension without compromising car park</th>
<th>Adjacent Land</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### Health Status and Outcomes

**Provides an indication of future demand considering the relative health of the population and known plans for housing growth**

**Deprivation score**
- Definition: Measure of the level of deprivation in the practice area (1-9, 1=most deprived, 9=least deprived)
- Data Source: Public Health England National General Practice Profiles (2014)

**Life Expectancy**
- Definition: Average Life expectancy of the population that are registered with the practice
- Data Source: Public Health England National General Practice Profiles (2014)

**Population Growth**
- Definition: Percentage of Net Population growth to 2019 within the LAC/CDG that the practice sits in
- Data Source: G Nottingham; Aligned Core Strategies June 12’

**Disease Prevalence**
- Definition: Disease prevalence significantly higher than England average (Diabetes, CHD, COPD, Severe Mental Illness)
- Data Source: Nottingham City Council Ward Health Profile 2014/15

### Service Offer

**Proxy measures to indicate potential increase in demand for capacity to deliver a wider range of clinical services from the site**

**Enhanced Services**
- Definition: Number of enhanced services provided by the practice. Data source: Practice Proformas/PCH site survey.

**Other Services**
- Definition: Number of other services available at the practice location (e.g. by a community provider)
- Data Source: Practice Proformas/PCH site survey.

**Onsite or nearby Pharmacy**
- Definition: A pharmacy on site or nearby within 100 metres
- Data Source: Practice Proformas/PCH site survey

**Nearest alternative Primary care provider in miles**
- Data Source: Practice Proformas/PCH site survey
Care Delivery Group 1

<table>
<thead>
<tr>
<th>Care Delivery Group 1</th>
<th>No.</th>
<th>% of CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>29,600</td>
<td>9.6</td>
</tr>
<tr>
<td>GP Practices</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>Registered patients</td>
<td>37,348</td>
<td>10.9</td>
</tr>
<tr>
<td>Pharmacies Total (100 hours)</td>
<td>10 (3)</td>
<td>15.2</td>
</tr>
<tr>
<td>Opticians</td>
<td>7</td>
<td>19.4</td>
</tr>
<tr>
<td>Dentists</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Population Growth (to 2019)</td>
<td>+98</td>
<td>0.3</td>
</tr>
<tr>
<td>Number of Clinical Rooms</td>
<td>49</td>
<td>11.7</td>
</tr>
<tr>
<td>Total Appointments Possible (per week)</td>
<td>5880</td>
<td>11.7</td>
</tr>
<tr>
<td>Total Appointments Utilised (per week)</td>
<td>5412</td>
<td>11.4</td>
</tr>
<tr>
<td>Unutilised Appointments (per week)</td>
<td>468</td>
<td>16.5</td>
</tr>
</tbody>
</table>

CDG 1 comprises 2 wards to the north of the City; Bulwell and Bulwell Forest and has a population of 29,600 (just under 10% of the City population).

There are 7 GP Practices in the area, 10 Pharmacies, 6 Opticians and 4 Dental Practices.

Population Characteristics

Almost two thirds (64.5%) of the population are of working age (16-65 years), slightly lower than the City average of 71%. 85% of the population are White, 3.3% are of Asian ethnicity and 6% are of Black African or Caribbean ethnicity. In the over 64 age group, 95% of the population are White.

Bulwell ranks 3rd and 4th lowest life expectance for wards in the city for males and females respectively, whereas Bulwell Forest has one of the highest life expectance rates ranking 18th and 19th for males and females respectively.

39% of households have no access to car or van, compared with 26% nationally and 44% for Nottingham city.

The low proportion of young people suggests few students, however CDG 1 has a higher than average proportion of children under 5 (7.4% compared to city average of 6.6%).

13.4% of residents claim disability allowance compared with 9.2% for Nottingham city.
<table>
<thead>
<tr>
<th>GP Facility Type</th>
<th>GP Facility Type</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GP Practice Type</strong></td>
<td><strong>GP Practice Type</strong></td>
</tr>
<tr>
<td>3PD</td>
<td>SPD</td>
</tr>
<tr>
<td>Converted Domestic</td>
<td>Converted Domestic</td>
</tr>
<tr>
<td>LIFT</td>
<td>LIFT</td>
</tr>
<tr>
<td>Traditional Health Centre</td>
<td>Other</td>
</tr>
</tbody>
</table>

- Care Delivery Group 1
- Nottingham City CCG

[Map of Bulwell Ward]
Leen View

Dashboard Summary
- Higher than average number of patients per clinical rooms (for CDG 1)
- No site development potential
- Building maintained in very good condition as a LIFT building
- Registered population with highest deprivation score (1/9)
- 3 out of 4 disease prevalence significantly higher than England average

Overview
Leen View is in high quality accommodation and located in the Bulwell Riverside LIFT building. It has the biggest list size in the CDG (9836) with a higher than average number of patients per clinical room. Due to its location within a multi-occupied LIFT building it does not have any site development potential. Therefore the only practical solution is for the practice to collaborate with other tenants within the LIFT building to explore opportunities to optimise capacity.

Opportunities
Improve space utilisation within the LIFT building through more collaborative working with Parkside Medical Practice. Explore potential for relocation of other occupant groups who may not need to be based within a high cost LIFT facility.
This building is ideally positioned to support the CCG’s vision of providing new models of care with the Bulwell LIFT being the main Hub for a hub and spoke model within CDG1.

Recommendation
Carry out utilisation survey of the LIFT building to identify best utilisation for all stakeholders to support the following:
- Increase capacity between Leen View and Parkside by encouraging collaborative working.
- Facilitate dialogue between stakeholders and tenants of Bulwell Riverside through the Local Estates Forum and One Public Estates to ensure optimal use of facility.

Priority of recommendation | Cost impact of recommendation
--- | ---
Medium | Low
Parkside Medical Centre

Dashboard Summary
- Slightly higher than average number of patients per clinical rooms (for CDG 1)
- No site development potential
- Building maintained in very good condition as a LIFT building
- Registered population with the second highest deprivation score (2/9)

Overview
Parkside Medical Centre is in high quality accommodation and located in the Bulwell Riverside LIFT building. It has an average number of patients per clinical room. Due to its location within a multi-occupied LIFT building it does not have any site development potential. Therefore the only practical solution should the practice need additional space in the long term, is for the practice to collaborate with other tenants within the LIFT building to explore opportunities to optimise capacity.

Opportunities
Improve space utilisation within the LIFT building through more collaborative working with Leen View Surgery. Explore potential for relocation of other occupants who may not need to be based within a high cost LIFT facility. This building is ideally positioned to support the CCGs vision of providing new models of care with the Bulwell LIFT being the main Hub for a hub and spoke model within CDG1.

Recommendation
Carry out utilisation survey of the LIFT building to improve utilisation for all stakeholders to support the following:
- Increase capacity between Leen View and Parkside by encouraging collaborative working.
- Facilitate dialogue between stakeholders and tenants of Bulwell Riverside through the Local Estates Forum and One Public Estate to ensure optimal use of facility.

Priority of recommendation Cost impact of recommendation
Medium Low
Rise Park Surgery

Dashboard Summary
- Slightly higher than average number of patients per clinical rooms (for CDG 1)
- The site does have some development potential but would compromise car parking
- Middle of the range for deprivation scale (5/9)
- 2 out of 4 disease prevalence significantly higher than England average

Overview
Rise Park Surgery is in good condition and is a two storey owner occupied building built circa 1990. The site has development potential and could be expanded however this could reduce the on-site parking facility. The practice is exploring alternative options for a long term solution to provide capacity for expansion.

Although housing growth in the immediate vicinity is not significant there is potential for housing developments in surrounding areas that could have impact on the demand on Rise Park.

Opportunities
To identify the optimal premises solution to support long term growth and expansion.

Recommendation
- Explore scope for premises development to increase capacity.

Priority of recommendation | Cost impact of recommendation
--- | ---
High | Medium
Riverlyn Medical Centre

Dashboard Summary

- Slightly lower than average number of patients per clinical rooms (for CDG 1)
- The site does have some development potential but would compromise car parking
- The facility has some spare clinical capacity
- Registered population with highest deprivation score (1/9)
- 1 out of 4 disease prevalence significantly higher than England average

Overview

Riverlyn Medical Centre is located close to the Bulwell Riverside LIFT building. It is in reasonable condition and is an owner occupied Victorian property with 1990's extension. The site has development potential however any expansion could reduce the on-site parking facility.

Opportunities

There is opportunity to use internal capacity better.

Recommendation

- Consider better utilisation of building and spare capacity.
- Explore other services that could be delivered from these premises.

Priority of recommendation | Cost impact of recommendation
--- | ---
Low | Low
Springfield Medical Centre

Dashboard Summary

- Lower than average number of patients per clinical rooms (for CDG 1)
- There is some available land adjacent to the practice which could be used for development
- Registered population with highest deprivation score (1/9)
- 1 out of 4 disease prevalence significantly higher than England average

Overview

Springfield Medical Centre is in close proximity to the Bulwell Riverside lift building and is a converted domestic property built circa 1920's with subsequent alterations and extensions. It is has a small list size (2753) and a lower than average number of patients per clinical room. The practice is currently struggling to maintain modern building standards.

Opportunities

The site does offer some development potential with adjacent land available and the possible use of the upper floors for clinical services (requiring installation of a platform lift).

Recommendation

- Review of whether building can support modern primary care services in the future.
- Review internal space utilisation.

Priority of recommendation | Cost impact of recommendation
--- | ---
Low | Medium
St Albans Medical Centre

Dashboard Summary

- Significantly higher than average number of patients per clinical rooms (for CDG 1)
- The site does have some development potential but would compromise car parking
- The facility has some spare clinical capacity
- Registered population with highest deprivation score (1/9)
- 1 out of 4 disease prevalence significantly higher than England average

Overview

St Albans Medical Centre is in a reasonable condition 3PD lease building. 2 storey purpose built healthcare centre built approx. 2004 adjacent to Bulwell town centre. Ground floor contains the clinical areas as well as reception and waiting areas, 1st floor contains administration and staff areas only. Patient parking to the front of the site and staff parking to the rear. The building is in reasonable condition with no significant issues reported.

Opportunities

Although the number of patients per clinical room is high, the number of spare appointments per week shows the practice is coping well with demand. However some internal reorientation may be possible to increase clinical areas.

Recommendation

- Consider better utilisation of building and spare capacity.
- Explore other services that could be delivered from these premises.

Priority of recommendation | Cost impact of recommendation
--- | ---
Low | Low
St Marys Medical Centre

Dashboard Summary
- Significantly lower than average number of patients per clinical rooms (for CDG 1)
- The site does have some development potential without comprising car parking
- The facility has some spare clinical capacity
- Registered population with highest deprivation score (1/9)
- Only practice in the CDG to not have an on-site or nearby Pharmacy
- Smallest list size in the CDG.

Overview
St Marys Medical Centre is a purpose built medical centre built circa 1984. It is in reasonable condition with development potential although some areas require reconditioning.

Opportunities
Building could be wider utilised by other health and care services through lease agreement with landlord.

Recommendation
- Consider better utilisation of building and spare capacity.
- Explore other services that could be delivered from these premises.

Priority of recommendation | Cost impact of recommendation
-------------------------------|--------------------------
Low                            | Low
Strategic Options and Recommendations for CDG 1

The following strategic options and recommendations are based on a collective overview of the current primary and community estates profile within CDG 1 and has been assessed to ensure alignment to the CCGs guiding principles for investment.

<table>
<thead>
<tr>
<th>Timescale</th>
<th>Options</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short term</strong></td>
<td>Development of a HUB to facilitate changes in service provision towards MSP model (short term Bulwell Riverside)</td>
<td></td>
</tr>
<tr>
<td>1-3 years</td>
<td>- Review potential premises development to increase capacity (Rise Park Surgery)</td>
<td>Rise Park building is in good condition. The practice have developed outline plans to expand. Potential population growth in nearby area may impact on practice demand. The site has development potential although would likely reduce on-site car parking.</td>
</tr>
<tr>
<td><strong>Medium term</strong></td>
<td>- Assess and prepare for buildings deemed not fit for purpose (no development opportunities and struggling to maintain modern building standards)</td>
<td></td>
</tr>
<tr>
<td>4-7 years</td>
<td>- Collaborative working between Parkside Medical Practice and Leen View Surgery to optimise capacity at Bulwell Riverside</td>
<td>Practices within Bulwell Riverside LIFT building do not have any scope to expand into adjoining areas of the building; therefore collaborative working between practices could deliver efficiencies to release additional space for clinical services.</td>
</tr>
<tr>
<td><strong>Long term</strong></td>
<td>TBC</td>
<td></td>
</tr>
<tr>
<td>8-10 years</td>
<td>TBC</td>
<td></td>
</tr>
</tbody>
</table>
Care Delivery Group 2

<table>
<thead>
<tr>
<th>Care Delivery Group 2</th>
<th>No.</th>
<th>% of CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>33,384</td>
<td>10.8</td>
</tr>
<tr>
<td>GP Practices</td>
<td>4</td>
<td>6.9</td>
</tr>
<tr>
<td>Registered patients</td>
<td>21,719</td>
<td>6.3</td>
</tr>
<tr>
<td>Pharmacies Total (100 hours)</td>
<td>5 (0)</td>
<td>7.6</td>
</tr>
<tr>
<td>Opticians</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td>Dentists</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>Population Growth (to 2019)</td>
<td>+98</td>
<td>0.3</td>
</tr>
<tr>
<td>Number of Clinical Rooms</td>
<td>32</td>
<td>7.7</td>
</tr>
<tr>
<td>Total Appointments Possible (per week)</td>
<td>3840</td>
<td>7.7</td>
</tr>
<tr>
<td>Total Appointments Utilised (per week)</td>
<td>3264</td>
<td>6.9</td>
</tr>
<tr>
<td>Unutilised Appointments (per week)</td>
<td>576</td>
<td>20.3</td>
</tr>
</tbody>
</table>

CDG 2 comprises 2 wards to the north west of the City; Basford and Bestwood, has a population of 33,156, 10.8% of the City population.

There are 4 GP Practices in the area, 4 pharmacies, 1 Optician and 3 Dental Practices.

Population Characteristics

Over two thirds (65.9%) of the population are of working age (16-65 years), similar to the City average of 71%. 78% of the population are white and a slightly higher than average Black population (8.3%). A further 8% are of mixed ethnicity and 6% Asian. In the over 64 age group 93.5% of the population are White and the Black population falls to 4%.

Life expectancy for men ranges from 76.8 years in Basford to 74.3 years in Bestwood. Female life expectancy is 80.4 years in Basford and 80.3 in Bestwood.

Nearly half of the households (41.1%) have no access to a car or van compared to 26% nationally and 44% in Nottingham City.

There is a low proportion of young people of student age compared to the City; 6.9% compared to 12.8% City wide. There is a higher than average proportion of children under 5 years; 8.2% compared to the City average of 6.6%.

There is higher proportion of older people than the City average and is home to 12.5% of all people over 65 years in the City. There are 4,525 older people (over 64 years) of which 499 are 85 years or over. There are 1,685 people aged 65 years and over living alone (11.5% of households).

2,535 people claim Disability Living Allowance, 11.6 %, compared to the 9.2% City average.
Hucknall Road Medical Centre

Dashboard Summary

- Higher than average number of patients per clinical rooms (for CDG 2)
- The site does have some development potential but would compromise car parking
- Registered population with the third highest deprivation score (3/9)
- 1 out of 4 disease prevalence significantly higher than England average

Overview

Hucknall Road is a large purpose built medical centre (built approx. 2001) in good condition on a 3PD lease. It has a large list size of 12,561 which is 50% higher than average for the CCG. It has a slightly higher than average number of patients per clinical room and no spare capacity. Internal reorientation has already been carried out to gain further clinical space.

Opportunities

The site does have development potential but any expansion will reduce the amount of car parking available.

Recommendation

- Explore solution to support long term requirements.

Priority of recommendation | Cost impact of recommendation
---|---
Low | Medium
Queens Bower Surgery

Dashboard Summary

- Significantly higher than average number of patients per clinical rooms (for CDG 2)
- The site does have some development potential without comprising car parking
- The facility has some spare clinical capacity
- Registered population with the second highest deprivation score (2/9)
- Only practice in the CDG without an on-site or nearby pharmacy

Overview

Queens Bower Surgery is a reasonable condition, owner occupied purpose built health centre built circa 1985. The site has good development potential due to the land around the building. The practice has a lower than average list size and a high number of patients per clinical room (1074) although it does have some spare capacity. Queens Bower is the only practice is CDG 2 that does not have an on-site or nearby pharmacy.

Opportunities

There is opportunity to use internal capacity better.

Recommendation

- Consider better utilisation of building and spare capacity.

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>List Size</th>
<th>No of Patients per Clinical Room</th>
<th>Site Development Potential</th>
<th>Carriage 9/10</th>
<th>Spare Capacity</th>
<th>Deprivation Score (High = 1 low)</th>
<th>Life Expectancy (Yr)</th>
<th>Life Expectancy (Yr)</th>
<th>Population Growth (%)</th>
<th>Disease Prevalence</th>
<th>Enhanced Services (90)</th>
<th>Other Services</th>
<th>On Site or nearby Pharmacy</th>
<th>Repeat Attenders Pharmacy (Provider)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pucknall Road Medical Centre</td>
<td>12759</td>
<td>981</td>
<td></td>
<td>2</td>
<td>G</td>
<td>3</td>
<td>77</td>
<td>81.9</td>
<td>0</td>
<td>1</td>
<td>35</td>
<td>14</td>
<td>N</td>
<td>0.6</td>
</tr>
<tr>
<td>Queens Bower Surgery</td>
<td>4285</td>
<td>1074</td>
<td>3</td>
<td>R</td>
<td>24</td>
<td>2</td>
<td>76</td>
<td>81.5</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>3</td>
<td>N</td>
<td>0.4</td>
</tr>
<tr>
<td>SSAFA Southgate Health Centre</td>
<td>1975</td>
<td>198</td>
<td>3</td>
<td>G</td>
<td>604</td>
<td>1</td>
<td>77.1</td>
<td>80.7</td>
<td>0</td>
<td>0</td>
<td>34</td>
<td>4</td>
<td>Y</td>
<td>0.7</td>
</tr>
<tr>
<td>The Alice Medical Practice</td>
<td>5083</td>
<td>771</td>
<td>3</td>
<td>R</td>
<td>48</td>
<td>2</td>
<td>76</td>
<td>80.4</td>
<td>0</td>
<td>2</td>
<td>31</td>
<td>3</td>
<td>Y</td>
<td>0.5</td>
</tr>
<tr>
<td>AVERAGE FOR CDG</td>
<td>5528</td>
<td>756</td>
<td>3</td>
<td>G</td>
<td>164</td>
<td>2</td>
<td>76.5</td>
<td>81</td>
<td>0</td>
<td>1</td>
<td>30</td>
<td>6</td>
<td>Y</td>
<td>0.6</td>
</tr>
<tr>
<td>AVERAGE FOR CGG</td>
<td>6292</td>
<td>882</td>
<td>2</td>
<td>G</td>
<td>50</td>
<td>3</td>
<td>76.5</td>
<td>81.4</td>
<td>2.9</td>
<td>1</td>
<td>32</td>
<td>6</td>
<td>Y</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Priority of recommendation | Cost impact of recommendation
----------------------------|-----------------------------
Low                         | Low / Medium
SSAFA Southglade Health Centre

Dashboard Summary
- Significantly lower than average number of patients per clinical rooms (for CDG 2)
- The site does have some development potential without comprising car parking
- The facility has significant spare clinical capacity
- Registered population with the highest deprivation score (1/9)
- Lowest list size in the CDG

Overview
Southglade Health Centre is a modern purpose built health centre built in 2010 and is in very good condition. Southglade has the third smallest list size in the CCG and 10 clinical rooms giving it the lowest number of patients per clinical room in the CCG. It is underutilised with over 500 spare appointments per week available from the existing built capacity. It has an on-site pharmacy with good access to car parking and bus stops.

Opportunities
Southglade is ideally positioned to support the CCGs vision of providing new models of care, being the main Hub for a hub and spoke model within CDG2. It has existing physical capacity to delivery up to 500 additional appointments per week, therefore utilising this spare capacity will provide patients with access to better facilities.

Recommendation
- Consider better utilisation of building and spare capacity.
- Explore other services that could be delivered from these premises.

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>List Size</th>
<th>Built Environment</th>
<th>Health Status &amp; Outcomes</th>
<th>Service Offer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No. of Patients/</td>
<td>Performance Score</td>
<td>Life Expectancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Room</td>
<td>(0 high = 9 low)</td>
<td>(f)</td>
</tr>
<tr>
<td>Hucknall Road Medical Centre</td>
<td>12759</td>
<td>981</td>
<td>5</td>
<td>77</td>
</tr>
<tr>
<td>Queensway Surgery</td>
<td>4075</td>
<td>1074</td>
<td>2</td>
<td>76</td>
</tr>
<tr>
<td>SSAFA Southglade Health Centre</td>
<td>1975</td>
<td>198</td>
<td>1</td>
<td>77.1</td>
</tr>
<tr>
<td>The Alice Medical Practice</td>
<td>3083</td>
<td>771</td>
<td>2</td>
<td>76</td>
</tr>
<tr>
<td>AVERAGE FOR CDG</td>
<td>5528</td>
<td>756</td>
<td>3</td>
<td>76.5</td>
</tr>
<tr>
<td>AVERAGE FOR CCG</td>
<td>8292</td>
<td>862</td>
<td>5</td>
<td>76.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Priority of recommendation</th>
<th>Cost impact of recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Low</td>
</tr>
</tbody>
</table>
The Alice Medical Practice

Dashboard Summary

- Some spare capacity
- The site does have some development potential without comprising car parking
- Registered population with the second highest deprivation score (2/9)
- 2 out of 4 disease prevalence significantly higher than England average

Overview

The Alice Medical Practice is an owner occupied two storey residential property converted with extension circa 1994. It is struggling to maintain modern standards and has a small list size.

Opportunities

The practice does have opportunity for development externally or internally through reorientation to better utilise spare capacity.

Recommendation

- Consider better utilisation of building and spare capacity.

Priority of recommendation | Cost impact of recommendation
--- | ---
Low | Medium
### Strategic Options and Recommendations for CDG 2

The following strategic options and recommendations are based on a collective overview of the current primary and community estates profile within CDG 1 and has been assessed to ensure alignment to the CCGs guiding principles for investment.

<table>
<thead>
<tr>
<th>Timescale</th>
<th>Options</th>
<th>Rationale</th>
</tr>
</thead>
</table>
| Short term 1-3 years | - Development of a HUB to facilitate changes in service provision towards MSP model (short term Southglade Health Centre)  
- Better utilisation of spare capacity in Southglade Health Centre | Southglade Health Centre is a large new purpose built health centre which has existing physical capacity to deliver additional appointments/services. Utilising this spare capacity will provide patients with access facilities from a central hub location within CDG 2. |
| Medium term 4-7 years | - Assess and prepare for buildings deemed not fit for purpose (no development opportunities and struggling to maintain modern building standards) | Spare capacity can be utilised at nearby locations.                                                                                                                                                    |
| Long term 8-10 years | TBC                                                                  | TBC                                                                                                                                                                                                     |
Care Delivery Group 3

<table>
<thead>
<tr>
<th>Care Delivery Group 3</th>
<th>No.</th>
<th>% of CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>45,693</td>
<td>14.8</td>
</tr>
<tr>
<td>GP Practices</td>
<td>11</td>
<td>19</td>
</tr>
<tr>
<td>Registered patients</td>
<td>51,176</td>
<td>15.9</td>
</tr>
<tr>
<td>Pharmacies Total (100 hours)</td>
<td>7 (2)</td>
<td>10.6</td>
</tr>
<tr>
<td>Opticians</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td>Dentists</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Population Growth (to 2019)</td>
<td>+2,268</td>
<td>27.2</td>
</tr>
<tr>
<td>Number of Clinical Rooms</td>
<td>73</td>
<td>17.5</td>
</tr>
<tr>
<td>Total Appointments Possible (per week)</td>
<td>8760</td>
<td>17.5</td>
</tr>
<tr>
<td>Total Appointments Utilised (per week)</td>
<td>8118</td>
<td>17.2</td>
</tr>
<tr>
<td>Unutilised Appointments (per week)</td>
<td>648</td>
<td>22.9</td>
</tr>
</tbody>
</table>

CDG 3 comprises 3 wards to the north and west of the City; Aspley, Bilborough and Leen Valley. There are 11 GP practices, 9 pharmacies, 1 Optician and 4 Dental Practices in the area.

Population Characteristics

CDG 3 has a population of 45,693 and accounts for 14.8% of the City population. Just under two thirds (61.5%) of the population are of working age (16-65 years), lower than the City average of 71%. The largest ethnic group is Asian, making up 11.3% of the total; 72.1% of the population are White and 8.0% are of Black African or Caribbean ethnicity. In the over 64 age group, 92.1% of the population are White and the Asian population falls to 3.4%.

Life expectancy for men ranges from 73.8 years in Bilborough to 76.8 years in Leen Valley. Female life expectancy ranges from 78.4 years in Bilborough to 81.7 years in Leen Valley. Bilborough ranks 6th lowest life expectancy for men and women in the City.

Nearly half of the households (43.9%) have no access to a car or van compared to 26% nationally and 44% in Nottingham City.

There is a low proportion of young people of student age compared to the City; 6.8% compared to 12.8% City wide. 8.9% of the population are children under 5 years compared to City average of 6.6%.

16.8% of the population are over 65 years and 20% are 85 and over. There are 2,354 people aged 65 and over living alone (13.0% of households)

There are 4,240 claimants of Disability Living Allowance, 15.2% of people aged 16-64 years, compared to the 9.2% City average.
<table>
<thead>
<tr>
<th>Care Delivery Group 3</th>
<th>Nottingham City CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GP Facility Type</strong></td>
<td><strong>GP Facility Type</strong></td>
</tr>
<tr>
<td><strong>GP Practice Type</strong></td>
<td><strong>GP Practice Type</strong></td>
</tr>
<tr>
<td>54.55%</td>
<td>56.14%</td>
</tr>
<tr>
<td>18.18%</td>
<td>10.30%</td>
</tr>
<tr>
<td>27.27%</td>
<td>12.28%</td>
</tr>
</tbody>
</table>

- 3PO: 54.55%
- Converted Domestic: 18.18%
- Traditional Health Centre: 27.27%
- LIFT: 56.14%
- Other: 10.30%
- Traditional Health Centre: 12.28%
- Other: 3.51%
Aspley Medical Centre

Dashboard Summary

- Slightly higher than average number of patients per clinical room (for CDG 3)
- High development potential
- Registered population with the highest deprivation score (1/9)
- 5% population growth to 2019
- 1 out of 4 disease prevalence significantly higher than England average
- No nearby or on-site pharmacy

Overview

Purpose built 2 storey healthcare centre constructed approx. 2005 and located at the centre of the CDG area. There are no significant issues with the physical condition of the building and repairs are carried out by the tenant. The practice is on a 3PD lease and is in good condition with very limited spare capacity.

Opportunities

Practice has some opportunities for internal reconfiguration and also site development potential on adjacent land currently available.

Recommendation

- Assess development potential on adjacent land.
- Explore internal reconfiguration to create additional capacity.

Priority of recommendation | Cost impact of recommendation
--- | ---
High | Medium
**Beechdale Surgery**

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>List Size</th>
<th>No of Patients per Clinical Room</th>
<th>Site Development Potential</th>
<th>Condition GNP</th>
<th>Spare Capacity</th>
<th>Operating as 1 GNP (D HLR - Line)</th>
<th>Life Expectancy (y)</th>
<th>Life expectancy (f)</th>
<th>Population Growth (%)</th>
<th>Disease Prevalence</th>
<th>Enrolment Services (Yes/No)</th>
<th>Other Services</th>
<th>On-site or nearby Pharmacy</th>
<th>Mental Health/Family Practitioner (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspley Medical Centre</td>
<td>8017</td>
<td>893</td>
<td>4</td>
<td>G</td>
<td>0</td>
<td>1</td>
<td>76.4</td>
<td>81.3</td>
<td>5</td>
<td>1</td>
<td>35</td>
<td>51</td>
<td>N</td>
<td>0.5</td>
</tr>
<tr>
<td>Beechdale Surgery</td>
<td>4095</td>
<td>683</td>
<td>0</td>
<td>R</td>
<td>0</td>
<td>2</td>
<td>75.6</td>
<td>79.8</td>
<td>5</td>
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**Dashboard Summary**

- Slightly lower than average number of patients per clinical room (for CDG 3)
- The site has no development potential
- Registered population with the second highest deprivation score (2/9)
- 5% population growth to 2019
- 3 out of 4 disease prevalence significantly higher than England average

**Overview**

Beechdale Surgery is located within an existing converted retail unit within the shopping area of Beechdale Road. The building is of brickwork 2 storey construction with a pitched tiled roof. The building has been extended to the rear and the roof space has also been subject to a loft conversion to provide additional staff space and small 2nd floor. There is a small car parking area to the rear of the building and some additional area to the pedestrian area at the front of the building is also utilised.

**Opportunities**

There is opportunity to use internal capacity better.

**Recommendation**

- Consider better utilisation of building.
Bilborough Medical Centre

Dashboard Summary

- The site does have some development potential but would compromise car parking
- Registered population with the highest deprivation score (1/9)
- 5% population growth to 2019
- 2 out of 4 disease prevalence significantly higher than England average
- List size significantly higher than average for CCG and CDG

Overview

Bilborough MC is purpose built circa 1990; Construction works for a significant extension have been completed (2010-2013) including a steel frame build joining the side with a floor area approximately equal to the existing building. Significant alterations have been carried out to the existing building, the reception and waiting areas have been reoriented and consulting rooms added.

The site also includes on-site parking to the rear of the practice.

Opportunities

There is an opportunity to create additional capacity through site development but would compromise car park.

Recommendation

- Explore solutions to support long term requirements.

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### Bilborough Surgery

#### Dashboard Summary
- Significantly lower than average number of patients per clinical rooms (for CDG 3)
- The site has development potential that would not compromise car parking
- The facility has some spare clinical capacity
- Registered population with the highest deprivation score (1/9)
- 5% population growth to 2019
- 2 out of 4 disease prevalence significantly higher than England average
- Second lowest list size in CDG and significantly lower than CCG average

#### Overview
Bilborough Surgery is a converted 2 storey domestic property built circa 1950's with subsequent extensions. The physical condition of the building is considered to be reasonable with some works, along with health and safety needs having been carried out in the last 5 years.

#### Opportunities
There is opportunity to use internal capacity better.

#### Recommendation
- Consider better utilisation of building and spare capacity.

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Priority of recommendation        | Cost impact of recommendation
Low                                    | Low
Boulevard Medical Centre

Dashboard Summary

- Slightly higher than average number of patients per clinical rooms (for CDG 3)
- Site has no development potential
- Registered population with the third highest deprivation score (3/9)
- 5% population growth to 2019
- 3 out of 4 disease prevalence significantly higher than England average
- Lowest list size in the CDG and significantly lower than CCG average

Overview

Boulevard Medical Centre is a converted 2 storey house built circa 1930's. The practice is reasonably small and located only to the ground floor (first floor staff only). The physical condition is as expected for its age with no significant issues reported at time of survey. Health and safety needs generally relate to the nature of the building i.e. as a result of stepped access and restricted size. Attempts have been made to overcome these issues, although the scope for further works is limited by the constraining nature of the site.

Opportunities

There is opportunity to use internal capacity better.

Recommendation

- Review internal space utilisation.

Priority of recommendation | Cost impact of recommendation
--- | ---
Low | Low
Churchfields Medical Practice

Dashboard Summary

- Highest list size in CDG 3
- The facility has some spare clinical capacity
- Site has some development potential but would compromise car parking
- Registered population with the second highest deprivation score (2/9)
- 5% population growth to 2019
- 2 out of 4 disease prevalence significantly higher than England average

Overview

Purpose Built single storey Healthcare Centre (1970’s) adjoining a shared 3 Storey house (listed). The Health Care centre has undergone various upgrade and refurbishment to maintain current healthcare and DDA standards where possible.

Opportunities

There is opportunity to use internal capacity better.

Recommendation

- Consider better utilisation of building and spare capacity.

Priority of recommendation | Cost impact of recommendation
---|---
Low | Low
Grange Farm Medical Centre

Dashboard Summary

- Significantly lower than average number of patients per clinical rooms (for CDG 3)
- Site has development potential which would not comprise car parking
- The facility has significant spare clinical capacity
- Registered population with the second highest deprivation score
- 5% population growth to 2019
- No on-site or nearby pharmacy facility

Overview

Purpose built Healthcare Centre built in 2011. Modern brick built 1 and 2 storey configuration incorporating both new and an existing property on the site, now completely refurbished. The site includes on-site parking for staff and patients and an on-site pharmacy shell which at the time of survey remains empty. This Practice is relatively new and delivered by an existing provider with the building on a long lease (to 2036) but this facility is significantly underutilised in its current form.

Opportunities

Potential on-site pharmacy within vacant shell unit.

Recommendation

- Consider better utilisation of building and spare capacity.
- Explore other services that could be delivered from these premises.

Priority of recommendation | Cost impact of recommendation
--- | ---
Low | Low
Limetree Surgery

Overview
Limetree Surgery is a two storey converted property built circa 1930's with extensions added to the side and rear and with some works carried out over the last 5 years. There is some spare capacity. The practice is currently struggling to maintain modern building standards.

Opportunities
There is opportunity to use internal capacity better.

Recommendation
- Review of whether building can support modern primary care services in the future.
- Review internal space utilisation.

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Dashboard Summary
- The site does have some development potential but would compromise car parking
- The facility has some spare clinical capacity.
- 5% population growth to 2019
- Registered population with the highest deprivation score

Priority of recommendation | Cost impact of recommendation
--- | ---
Medium | Low
Melbourne Park Medical Centre

Dashboard Summary

- Average number of patients per clinical room (for CDG 3)
- The site has good development potential that would not compromise car parking
- 5% population growth to 2019
- Registered population with the second highest deprivation score (2/9)
- 2 out of 4 disease prevalence significantly higher than England average

Overview

Melbourne Park has recently been rebuilt (2015), refurbished and extended with a 2 storey purpose built Healthcare Centre to the rear of the original building significantly increasing the overall size and gross internal floor area. The original building shell remains as a single storey to the front of the site this has been significantly altered to create the open plan waiting area and on site pharmacy area. The buildings are linked by a corridor link. All clinical services are on the ground floor with admin and staff on the 1st floor.

Opportunities

There is opportunity to use internal capacity better. This building is ideally positioned to support the CCGs vision of providing new models of care being the main Hub for a hub and spoke model within CDG 3.

Recommendation

- Investigate the opportunity for Melbourne Park Medical Centre being the hub for the CDG in the short term (1-3 years).

Priority of recommendation | Cost impact of recommendation
--- | ---
Medium | Medium
### RHR Medical Centre

#### Dashboard Summary
- Significantly lower than average number of patients per clinical rooms (for CDG 3)
- The site has good development potential that would not compromise car parking
- The facility has some spare clinical capacity
- 5% population growth to 2019
- Registered population with the highest deprivation score (1/9)

#### Overview
RHR Medical is a 2 storey purpose built practice constructed circa 1997. The physical condition is considered satisfactory; Health and Safety needs identified. Since previous survey some works have been carried out including a new low level reception desk.

#### Opportunities
There is opportunity to use internal capacity better.

#### Recommendation
- Consider better utilisation of building and spare capacity.

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<th>Practice Name</th>
<th>List Size</th>
<th>Built Environment</th>
<th>Health Status &amp; Outcomes</th>
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#### Priority of recommendation | Cost Impact of recommendation
- Low | Low
Strelley Health Centre

Dashboard Summary
- The site has good development potential that would not compromise car parking
- The facility has some spare clinical capacity
- Registered population with the highest deprivation score (1/9)
- 5% population growth to 2019
- 1 out of 4 disease prevalence significantly higher than England average

Overview
Strelley Health Centre (Dr Cockrill Practice) is situated within a purpose built Health care centre which includes other NHS services which share waiting rooms and other non-clinical rooms within the centre. It is immediately adjacent to the Strelley Police station with a shared access road. The building is generally single storey with a pitched tiled roof. The building is set within extensive landscaped grounds which has significant scope for expansion. This building is ideally positioned to support the CCGs vision of providing new models of care with the Health Centre being developed into the main Hub for a hub and spoke model within CDG3.

Opportunities
There is opportunity for site development potential without comprising car parking space which could support the development of the long term HUB location for CDG 3.

Recommendation
- Feasibility study to assess the potential for re-development of Strelley Health Centre to facilitate changes in service provision towards MSCP model and to support the site becoming the main HUB for CDG 3

Priority of recommendation | Cost impact of recommendation
--- | ---
High | High
**Strategic Options and Recommendations for CDG 3**

The following strategic options and recommendations are based on a collective overview of the current primary and community estates profile within CDG 1 and has been assessed to ensure alignment to the CCGs guiding principles for investment.

<table>
<thead>
<tr>
<th>Timescale</th>
<th>Options</th>
<th>Rationale</th>
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| Short term 1-3 years | - Development of a HUB to facilitate changes in service provision towards MSP model (short term Melbourne Park Medical Centre)  
- Premises development to increase capacity (Aspley Medical Centre)  
- Feasibility of premises development for a new build in Strelley (Strelley Health Centre) | The Melbourne Park Medical Centre has been completely rebuilt and extended. Good sized clinical rooms designed for multipurpose use and flexibility offer scope for additional capacity.  
Aspley Medical Centre has some opportunities for internal reconfiguration and also site development potential on adjacent land currently being available.  
Strelley Health Centre is predominantly a single storey building set in extensive landscaped grounds which has significant scope for expansion. |
| Medium term 4-7 years | - Assess and prepare for buildings deemed not fit for purpose (no development opportunities and struggling to maintain modern building standards)  
- Options for utilising spare capacity in Bilborough Medical Centre and Grange Farm Medical Centre  
- Premises development (Strelley Health Centre) | Spare capacity in nearby practices could be fully utilised.  
Strelley Health Centre has site development potential without compromising car parking space which could aid the development of the long term HUB location. |
| Long term 8-10 years | - Development of a HUB to facilitate changes in service provision towards MSP model (long term Strelley Health Centre)  
- Premises development to increase capacity (Melbourne Park Medical Centre) as a second HUB | Melbourne Park Medical Centre has good site development potential without compromising car parking which could aid the development of the second HUB for the CDG if required. |
**Care Delivery Group 4**

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<td>Dentists</td>
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<td>Number of Clinical Rooms</td>
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<td>Total Appointments Possible (per week)</td>
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<td>Total Appointments Utilised (per week)</td>
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<td>Unutilised Appointments (per week)</td>
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CDG 4 comprises 3 wards running from the centre of the City to the south west – Arboretum, Bradford & Park, and Dunkirk & Lenton. There are 11 GP practices, 10 community pharmacies, 6 Opticians and 9 Dental Practices in the area.

**Population Characteristics**

CDG 4 has a population 47,000 and accounts for just over 15% of the City population. Virtually all (86%) of the population are of working age (16-65 years), partly due to the large student population. The area is ethnically diverse with 61% of the population White, 21% Asian ethnicity and 9% Black and 7% mixed. In the over 64 age group (only 5% of the total population), 74% of the population are White; 12% are Asian and 12% Black.

Life expectancy for men ranges from 69.4 years in Arboretum to 75 years in Dunkirk & Lenton. Female life expectancy ranges from 78.1 years in Arboretum to 82.7 years in Dunkirk & Lenton. Arboretum has the lowest Life Expectancy in the City for men and 2nd lowest for women, and Radford & Park rank 3rd and 4th lowest for women and men respectively. Life expectancy for women is good in Dunkirk & Lenton (17th) but average for men (10th).

Over half of the households (53%) have no access to a car or van compared to 26% nationally and 44% in Nottingham City.

Almost a third of the population are aged 18-21 years (students) with only 3.5% under 5 years old and 5% aged 65 years and over.

There are 2,240 older people (over 64 years) of which 250 are 85 years or over. There are 1,000 people aged 65 years and over living alone (6% of households).
There are 1,655 claimants of Disability Living Allowance, 8.2% of people aged 16-64, compared to the 9.2% City average.

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<td>63.64%</td>
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<td>27.27%</td>
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<td>9.00%</td>
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Legend:
- GP
- Pharmacy
- Dentist
- Opticians

NCCCG Estates Strategy April 2016
Derby Road Health Centre

Greenfields Medical Centre

Lenton Medical Centre

Mayfields Medical Practice

Radford Health Centre (Dr Phillips)

Radford Medical Practice

St Lukes Surgery

Sunrise Medical Practice

The Fairfields Practice

The Forest Practice

The High Green Medical Practice
Derby Road Health Centre

Dashboard Summary

- Significantly lower than average number of patients per clinical rooms (for CDG 4)
- The site does have some development potential but would compromise car parking
- 5.1% population growth to 2019
- 1 out of 4 disease prevalence significantly higher than England average

Overview

Constructed in approx. 2002 this is a purpose built health care centre consisting of two storeys and incorporating an on-site pharmacy and parking on a corner plot adjacent to Derby Road.

The building is in good condition overall with no significant issues reported at time of survey.

The practice serves a significant student and demographic population. The site is located in an area of high population growth.

Opportunities

There is opportunity to use internal capacity better

Recommendation

- Consider better utilisation of building and spare capacity
- Assess feasibility of expansion to support population growth.

Priority of recommendation | Cost impact of recommendation
-------------------------------|-------------------------------
Medium                        | Low
Greenfields Medical Centre

Dashboard Summary

- Appointment slots fully utilised throughout the week
- Significantly lower than average number of patients per clinical rooms (for CDG 4)
- The site has no development potential
- Registered population with second highest deprivation score (2/9)
- 5.1% population growth to 2019
- 1 out of 4 disease prevalence significantly higher than England average
- Second lowest list size in the CDG

Overview

Purpose built 2 storey health care centre constructed approx. 2001 consisting of 2 separate GP practices operating out of the same building and sharing waiting and onsite parking facilities. The other practice is Mayfields Medical Centre. Both practices are owner occupiers of this building.

Opportunities

There is opportunity to use internal capacity better

Recommendation

- Consider better utilisation of existing building
- Increase capacity between Greenfields and Mayfields by encouraging collaborative working.

Priority of recommendation | Cost impact of recommendation
--- | ---
Low | Low
Lenton Medical Centre

Dashboard Summary
- Significantly lower than average number of patients per clinical rooms (for CDG 4)
- The site has no development potential
- The facility has some spare clinical capacity
- Middle of the range for deprivation scale (5/9)
- 5.1% population growth to 2019
- Lowest list size in the CDG

Overview
Lenton Medical Centre is a converted 2 storey premises from original house built circa 1920's but including a 2 storey extension to the rear of the property. The physical condition is satisfactory for the building type and age. Health & safety issues have generally been resolved with only minor low priority works outstanding.

Opportunities
There is opportunity to use internal capacity better

Recommendation
- Consider better utilisation of existing building and spare capacity.

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<th>State Capacity</th>
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<th>Life Expectancy</th>
<th>Life Expectancy (Y)</th>
<th>Population Growth (%)</th>
<th>Disease Prevalence</th>
<th>Enhanced Contact (M)</th>
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Mayfields Medical Practice

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Dashboard Summary

- Significantly lower than average number of patients per clinical rooms (for CDG 4)
- The site has no development potential
- Registered population with second highest deprivation score (2/9)
- 5.1% population growth to 2019
- 1 out of 4 disease prevalence significantly higher than England average

Overview

Purpose built 2 storey health care centre constructed approx. 2001 consisting of 2 separate GP practices operating out of the same building and sharing waiting and onsite parking facilities. The other practice is Greenfields Medical Centre. Both practices are owner occupiers of this building.

Opportunities

There is opportunity to use internal capacity better

Recommendation

- Practice to consider better utilisation of building and spare capacity.
- Increase capacity between Greenfields and Mayfields by encouraging collaborative working.

Priority of recommendation | Cost Impact of recommendation
--- | ---
Low | Low
### Dashboard Summary

- There is no development potential with the existing building however adjacent land for potentially within the locality.
- Registered population with third highest deprivation score (3/9)
- 5.1% population growth to 2019
- 1 out of 4 disease prevalence significantly higher than England average

### Overview

Traditional health centre building circa 1970 containing 4 GP practices and other NHS services. 2 storey building generally with some single and lower ground areas including lower ground plant room maintained by NHSPS. All GP practices are accessed at ground floor or lower ground floor levels. This building will increasingly struggling to support the demands of modern primary care services within a CDG with growing population.

### Opportunities

Feasibility of premises development for a new build in Radford in current or nearby location.

### Recommendation

- Feasibility study into options for the redevelopment of the Radford Health Centre on either the existing site or nearby brownfield sites.

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#### Priorities of recommendation

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Radford Medical Practice

**Dashboard Summary**
- Significantly high number of patients per clinical rooms
- There is no development potential with the existing building however adjacent land for potentially within the locality
- Registered population with third highest deprivation score (3/9)
- 5.1% population growth to 2019

**Overview**
Traditional health centre building circa 1970 containing 4 GP practices and other NHS services.
2 storey building generally with some single and lower ground areas including lower ground plant room maintained by NHSPS. All GP practices are accessed at ground floor or lower ground floor levels. This building will increasing struggling to support the demands of modern primary care services within a CDG with growing population.

**Opportunities**
Feasibility of premises development for a new build in Radford in current or nearby location.

**Recommendation**
- Feasibility study into options for the redevelopment of the Radford Health Centre on either the existing site or nearby brownfield sites.

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**Priority of recommendation** | **Cost impact of recommendation**
--- | ---
High | High
### St Luke’s Surgery

#### Dashboard Summary
- Significantly lower than average number of patients per clinical rooms (for CDG 4)
- There is no development potential with the existing building however adjacent land for potentially within the locality
- The facility has significant spare clinical capacity
- Registered population with third highest deprivation score (3/9)
- 5.1% population growth to 2019
- 1 out of 4 disease prevalence significantly higher than England average

#### Overview
Traditional health centre building circa 1970 containing 4 GP practices and other NHS services.
2 storey building generally with some single and lower ground areas including lower ground plant room maintained by NHSPS. All GP practices are accessed at ground floor or lower ground floor levels. This building will increasing struggling to support the demands of modern primary care services within a CDG with growing population.

St Lukes is situated within the lower ground floor and has its own dedicated access direct from Ilkeston road. However the other three practices share an entrance off Highurst Street, this does result in confusion for St. Lukes’ registered patients.
This does appear to reduce the practices visibility by the public and better identification of this access would be appreciated.

#### Opportunities
Feasibility of premises development for a new build in Radford in current or nearby location.

#### Recommendation
- Feasibility study into options for the redevelopment of the Radford Health Centre on either the existing site or nearby brownfield sites.

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<thead>
<tr>
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<th>Cost impact of recommendation</th>
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NCCCG Estates Strategy April 2016

101
Sunrise Medical Practice

Dashboard Summary
- High number of patients per clinical rooms (for CDG 4)
- There is no development potential with the existing building however adjacent land for potentially within the locality
- 5.1% population growth to 2019

Overview
Traditional health centre building circa 1970 containing 4 GP practices and other NHS services. 2 storey building generally with some single and lower ground areas including lower ground plant room maintained by NHSPS. All GP practices are accessed at ground floor or lower ground floor levels. This building will increasing struggling to support the demands of modern primary care services within a CDG with growing population.

Opportunities
Feasibility of premises development for a new build in Radford in current or new location.

Recommendation
- Feasibility study into options for the redevelopment of the Radford Health Centre on either the existing site or nearby brownfield sites.

Priority of recommendation | Cost impact of recommendation
--- | ---
High | High
The Fairfields Practice

Dashboard Summary

- The site has no development potential
- Building maintained in a very good condition as a LIFT building
- Registered population with second highest deprivation score (2/9)
- 5.1% population growth to 2019
- 2 out of 4 disease prevalence significantly higher than England average

Overview

Multi use high quality LIFT building approx. 8yrs old containing multiple 3 GP practices as well as other NHS, CityCare and city council services and support services including cafe, pharmacy etc.

All GP Practices are on the ground floor.

Opportunities

Improve space utilisation within the LIFT building through more collaborative working with The Forest Practice and The High Green Medical Practice

Explore potential for relocation of other occupants who may not need to be based within a high cost LIFT facility.

This LIFT building is ideally positioned to support the CCGs vision of providing new models of care with the Mary Potter Centre being the main HUB for CDG 4.

Recommendation

Carry out utilisation survey of the LIFT building to identify best utilisation for all stakeholders to support:

- Increase capacity between The Fairfields Practice, The Forest Practice and The High Green Medical Practice by encouraging collaborative working.
- Facilitate dialogue between stakeholders and tenants of Mary Potter through the Local Estates Forum and One Public Estate to ensure optimal use of facility

Priority of recommendation | Cost impact of recommendation
-------------------------------|-------------------------------
Medium                        | Low
The Forest Practice

Dashboard Summary
- Higher growth to 2019
- 1 out of 4 than average number of patients per clinical rooms (for CCG)
- The site has no development potential
- Building maintained in a very good condition as a LIFT building
- Registered population with second highest deprivation score (2/9)
- 5.1% population disease prevalence significantly higher than England average

Overview
Multiuse high quality LIFT building approx. 8yrs old containing multiple 3 GP practices as well as other NHS, CityCare and city council services and support services including cafe, pharmacy etc.
All GP Practices are on the ground floor.

Opportunities
Improve space utilisation within the LIFT building through more collaborative working with The Fairfields Practice and The High Green Medical Practice
Explore potential for relocation of other occupants who may not need to be based within a high cost LIFT facility.
This LIFT building is ideally positioned to support the CCGs vision of providing new models of care with the Mary Potter Centre being the main HUB for CDG 4.

Recommendation
Carry out utilisation survey of the LIFT building to identify best utilisation for all stakeholders to support:
- Increase capacity between The Fairfields Practice, The Forest Practice and The High Green Medical Practice by encouraging collaborative working.
- Facilitate dialogue between stakeholders and tenants of Mary Potter through the Local Estates Forum and One Public Estate to ensure optimal use of facility

Priority of recommendation | Cost impact of recommendation
--- | ---
Medium | Low
The High Green Medical Practice

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<thead>
<tr>
<th>Practice Name</th>
<th>List Size</th>
<th>No of Patients per Clinical Room</th>
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<th>CADG G/P</th>
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<th>Hypertension (Female)</th>
<th>Type of Practice</th>
<th>Diagnosis</th>
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<th>Obesity</th>
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<th>Out of Hours Services</th>
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</table>

### Dashboard Summary

- Significantly higher than average number of patients per clinical rooms (for CDG 4)
- The site has no development potential
- Building maintained in very good condition as a LIFT building
- Registered population with second highest deprivation score (2/9)
- 1 out of 4 disease prevalence significantly higher than England average

### Overview

Multiuse high quality LIFT building approx. 8yrs old containing multiple 3 GP practices as well as other NHS, CityCare and city council services and support services including cafe, pharmacy etc.
All GP Practices are on the ground floor.

### Opportunities

Improve space utilisation within the LIFT building through more collaborative working with The Forest Practice and Fairfields practice.
Explore potential for relocation of other occupants who may not need to be based within a high cost LIFT facility.
This LIFT building is ideally positioned to support the CCGs vision of providing new models of care with the Mary Potter Centre being the main HUB for CDG 4.

### Recommendation

Carry out utilisation survey of the LIFT building to identify best utilisation for all stakeholders to support:
- Increase capacity between The Fairfields Practice, The Forest Practice and The High Green Medical Practice by encouraging collaborative working.
- Facilitate dialogue between stakeholders and tenants of Mary Potter through the Local Estates Forum and One Public Estate to ensure optimal use of facility

<table>
<thead>
<tr>
<th>Priority of recommendation</th>
<th>Cost impact of recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium</td>
<td>Low</td>
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</table>
**Strategic Options and Recommendations for CDG 4**

The following strategic options and recommendations are based on a collective overview of the current primary and community estates profile within CDG 1 and has been assessed to ensure alignment to the CCGs guiding principles for investment.

<table>
<thead>
<tr>
<th>Timescale</th>
<th>Options</th>
<th>Rationale</th>
</tr>
</thead>
</table>
| **Short term** 1-3 years | - Assess and prepare for any potential closures  
- Development of a HUB to facilitate changes in service provision towards MSP model (short term Mary Potter)  
- Feasibility of premises development for a new build in Radford (Radford Health Centre or new location)  
- Derby Road has potential for development in a CDG with population growth. | Lenton Medical Practice is currently on a 3PD lease which is due to expire in March 2016. It is underutilised and has a small list size of 2352.  
Radford Health Centre is a two storey building set in grounds which may have scope for a redevelopment, if a temporary site can be obtained, but may compromise car parking space. Alternatively, a new location for a Health Centre may be an option. |
| **Medium term** 4-7 years | - Collaborative working between The Fairfields Practice, The Forest Practice and The High Green Medical Practice to optimise capacity at Mary Potter Centre  
- Premises development (Radford Health Centre)  
- Collaborative working between Sunrise Medical Centre, St Luke’s Surgery, Radford Medical Practice and Dr Phillips to optimise capacity at Radford Health Centre | Practices within Mary Potter Centre do not have any scope to expand into adjoining areas of the building; therefore collaborative working between practices could deliver efficiencies to release additional space for clinical services and offer a broader range of enhanced services from the building.  
The practices in Radford Health Centre are operating from a facility that is struggling to meet modern building standards. They have no obvious site development potential, space utilisation is high (one of the practices has over 1000 patients per clinical room compared with the CCG average of 787). |
| **Long term** 8-10 years | - Development of a HUB to facilitate changes in service provision towards MSP model (long term Radford Health Centre or new location) |                                                                                               |
Care Delivery Group 5

<table>
<thead>
<tr>
<th>Care Delivery Group 5</th>
<th>No.</th>
<th>% of CCG</th>
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</thead>
<tbody>
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<tr>
<td>GP Practices</td>
<td>6</td>
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</tr>
<tr>
<td>Registered patients</td>
<td>30,245</td>
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<tr>
<td>Pharmacies Total (100 hours)</td>
<td>8 (1)</td>
<td>12.1</td>
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<tr>
<td>Opticians</td>
<td>3</td>
<td>8.3</td>
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<tr>
<td>Dentists</td>
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<tr>
<td>Population Growth (to 2019)</td>
<td>+450</td>
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<tr>
<td>Number of Clinical Rooms</td>
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<tr>
<td>Total Appointments Possible (per week)</td>
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<td>8.6</td>
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<tr>
<td>Total Appointments Utilised (per week)</td>
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<tr>
<td>Unutilised Appointments (per week)</td>
<td>192</td>
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</table>

CDG 5 comprises 2 wards to the centre and east of the City; Berridge and Sherwood. There are 6 GP practices, 8 pharmacies, 3 Opticians and 4 Dental Practices in the area. Sherwood also has the Continence Prescription Service. In 2012/13, pharmacies in the LAC5 area dispensed 27,965 items per month. One pharmacy is open for 100 hours per week; 6 of the pharmacies are open on Saturday and 3 on Sunday.

Population Characteristics
CDG 5 has a population of 34,207 and accounts 11.1% of the City population. Over two thirds (71%) of the population are of working age (16-65 years), same as the City average of 71%. The area is ethnically diverse; 67% of the population are white; 18% Asian and 7% Black with a further 6% of mixed ethnicity. In the over 64 age group, 85% of the population are White, 6% Black and 8% Asian. This suggests that the BME groups are relatively young.

Life expectancy for men ranges from 73.9 years in Berridge to 75.7 years in Sherwood. Female life expectancy ranges from 79.6 years in Berridge to 82.1 years in Sherwood. Both wards are similar to the City average.

Over a third of the households (39.5%) have no access to a car or van compared to 26% nationally and 44% in Nottingham City.

A lower proportion of young people suggests’ there are fewer students in the area compared the city, though there is a higher proportion of young adults aged 20-35 years. 7.7% of the population are children under 5, slightly higher than the city average of 6.6%.

There are 3,600 older people (over 64 years) of which 642 are 85 years or over. There are 1,364 people aged 65 years and over living alone (9.6% of households). There are 2,010
claimants of Disability Living Allowance; 8.3 % of people aged 16-64, compared to the 9.2% City average.
Elmswood Surgery

Dashboard Summary

- The site has good development potential that would not compromise car parking
- The facility has some spare clinical capacity
- 3 out of 4 disease prevalence significantly higher than England average
- Highest list size in the CDG.

Overview

Elmswood Surgery is a purpose built 2 storey Healthcare centre (Sherwood Health Centre) with basement plant room maintained by NHS Property Services. Multiuse shared facility with this practice being on the ground floor; generally maintained and updated over the years.

The building is set with extensive landscaped grounds which has scope for expansion. The occupant considers the facilities are not sufficiently big enough and they would like to expand.

Opportunities

The site offers scope to support the CCGs vision of providing new models of care being the main Hub for a hub and spoke model within CDG5 in the short term.

Recommendation

- Feasibility study to assess potential of site being developed into a HUB location in the short term.
- Consider better utilisation of building and spare capacity.

Priority of recommendation | Cost impact of recommendation
---|---
High | Medium

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>List Size</th>
<th>No of Patients per Clinical Room</th>
<th>Site Development Potential</th>
<th>Condition C/H/P</th>
<th>Spare Capacity</th>
<th>Population in Group C (High, Low)</th>
<th>Life expectancy (M)</th>
<th>Population Growth (%)</th>
<th>Disease prevalence</th>
<th>Priority of recommendation</th>
<th>Cost impact of recommendation</th>
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Sherrington Park Medical Practice

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<th>Sherwood Rise Medical Centre</th>
<th>The Medical Centre (Zulu Road)</th>
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<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Enhanced Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Services</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Drug and Pharmacy</td>
<td></td>
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<tr>
<td>General Practitioner</td>
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<tr>
<td>Practice Location</td>
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<tr>
<td>Practice Type</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Dashboard Summary

- High number of patients per clinical room
- The site has good development potential without compromising car parking
- 1 out of 4 disease prevalence significantly higher than England average

Overview

Sherrington Park Medical Practice is a converted domestic property built circa 1920's which was refurbished and converted in 1993. Physical condition considered to be satisfactory with works carried out over last 5 years. Some outstanding works currently being investigated. Health and Safety needs have generally been resolved with minor outstanding works of a non-significant nature outstanding.

Opportunities

There is an opportunity to create additional capacity through site development.

Recommendation

- Explore solution to support long term requirements.

Priority of recommendation | Cost impact of recommendation
----------------------------|-----------------------------
Low                         | Medium
Sherwood Rise Medical Centre

Dashboard Summary
- High number of patients per clinical room
- The site has good development potential without compromising car parking

Overview
Sherwood Rise Medical Centre occupies a 2 storey brick built building that was previously used as domestic dwelling. No significant issues with physical condition of the building. Minor Health and Safety needs relate to DDA compliance. Building is linked to the adjoining Sherwood Rise Health Centre (maintained by NHS Property Services and with CityCare as tenants) although is operated as a totally separate facility.

Opportunities
Establish long term intentions of existing tenants, Sherwood Rise Health Centre could aid the development of a long term HUB location for the CDG.

Recommendation
- Consider better utilisation of building and spare capacity.
- Explore solution to support long term requirements.

Priority of recommendation | Cost impact of recommendation
--- | ---
Medium | Low
The Medical Centre (Zulu Road)

Dashboard Summary

- Low number of patients per clinical room
- No site development potential
- Registered population with second highest deprivation score (2/9)
- Smallest list size in the CDG

Overview

The Medical Centre is a single storey traditional health centre circa 1992. Physical condition considered acceptable with only floor finishes and internal redecorations required, although these are considered low priority. Health and Safety needs have partly been addressed since 2008 survey.

Opportunities

There is opportunity to use internal capacity better.

Recommendation

- Review of whether building can support modern primary care services in the future.
- Consider better utilisation of current internal capacity.

Priority of recommendation | Cost impact of recommendation
--- | ---
Low | Low
Dashboard Summary

- Lower than average number of patients per clinical room
- The site does have some development potential but would compromise car parking
- The facility has some spare clinical capacity

Overview
Owner occupied 2 storey house built circa 1930's and converted to Medical Practice. Since 2008, significant alteration works have been carried out including redesign of the main entrance area and reception, internal layout with new rooms formed to the rear. Other areas have been made good/decorated internally/externally. No significant issues reported at time of survey.

Opportunities
There is opportunity to use internal capacity better.

Recommendation
- Consider better utilisation of building and spare capacity.

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>List Size</th>
<th>No of Patients per Clinical Room</th>
<th>Site Development Potential</th>
<th>Condition of GP Room</th>
<th>Spare Capacity</th>
<th>Demo ( geometric mean )</th>
<th>Life expectancy (year)</th>
<th>Life expectancy (50)</th>
<th>Life expectancy (75)</th>
<th>Life expectancy (90)</th>
<th>Life expectancy (95)</th>
<th>Lead Practice</th>
<th>Enhanced Services</th>
<th>On-site of Pharmacy</th>
<th>Rated Adolescent Primary Care Provider</th>
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</thead>
<tbody>
<tr>
<td>Elmswood Surgery</td>
<td>9412</td>
<td>941</td>
<td>3</td>
<td>R</td>
<td>168</td>
<td>5</td>
<td>78</td>
<td>82.9</td>
<td>1.3</td>
<td>3</td>
<td>37</td>
<td>7</td>
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</tr>
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<td>5</td>
<td>77.1</td>
<td>81.8</td>
<td>1.3</td>
<td>1</td>
<td>23</td>
<td>3</td>
<td>Y</td>
<td>0.3</td>
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</tr>
<tr>
<td>Sherwood Rise Medical Centre</td>
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<td>75.4</td>
<td>81</td>
<td>1.5</td>
<td>0</td>
<td>36</td>
<td>9</td>
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</tr>
<tr>
<td>The Medical Centre (Zulu Road)</td>
<td>2145</td>
<td>536</td>
<td>0</td>
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<td>2</td>
<td>72.9</td>
<td>82.9</td>
<td>1.3</td>
<td>0</td>
<td>35</td>
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</tr>
<tr>
<td>Tudor House Medical Practice</td>
<td>5978</td>
<td>747</td>
<td>2</td>
<td>R</td>
<td>24</td>
<td>3</td>
<td>77.4</td>
<td>81.7</td>
<td>1.3</td>
<td>0</td>
<td>29</td>
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</tr>
<tr>
<td>Welbeck Surgery</td>
<td>5498</td>
<td>740</td>
<td>3</td>
<td>R</td>
<td>0</td>
<td>5</td>
<td>77.4</td>
<td>83.8</td>
<td>1.3</td>
<td>0</td>
<td>36</td>
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</tr>
<tr>
<td>AVERAGE FOR CGS</td>
<td>5097</td>
<td>841</td>
<td>2</td>
<td>R</td>
<td>32</td>
<td>4</td>
<td>77</td>
<td>82</td>
<td>1.3</td>
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<td>N</td>
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</tr>
<tr>
<td>AVERAGE FOR CGB</td>
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<td>862</td>
<td>2</td>
<td>R</td>
<td>50</td>
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<td>2.9</td>
<td>1</td>
<td>29</td>
<td>6</td>
<td>N</td>
<td>0.4</td>
<td></td>
</tr>
</tbody>
</table>

NCCCG Estates Strategy April 2016
Welbeck Surgery

Dashboard Summary

- Slightly lower than average number of patients per clinical room (for CDG 5)
- The site does have good development potential without compromising car parking
- 1.3% population growth expected over the next 3 years

Overview

Owner occupied, single storey traditional health centre built circa 1988. Physical condition is considered satisfactory with all identified works of a low/moderate priority capable of being addressed as part of a routine maintenance regime.

Opportunities

There is opportunity to use internal capacity better

Recommendation

- Review of whether building can support modern primary care services in the future.
- Review internal space utilisation.

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>List Size</th>
<th>No of Patients per Clinical Room</th>
<th>Site Development Potential</th>
<th>Condition (G/P/M)</th>
<th>Space Capacity</th>
<th>Deprivation Score (19% - 3rd %ile)</th>
<th>Life Expectancy (m)</th>
<th>Life Expectancy (5y)</th>
<th>Population Growth (%)</th>
<th>Disease Prevalence</th>
<th>Enhanced Service (G/3y)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elmwood Surgery</td>
<td>941</td>
<td>3</td>
<td>R</td>
<td>168</td>
<td>5</td>
<td>78</td>
<td>82.9</td>
<td>1.3</td>
<td>3</td>
<td>3</td>
<td>37</td>
</tr>
<tr>
<td>Sherrington Park Medical Pract</td>
<td>4369</td>
<td>3</td>
<td>R</td>
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<td>3</td>
<td>77.1</td>
<td>81.6</td>
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<td>1</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>Sherwood Rise Medical Centre</td>
<td>5433</td>
<td>3</td>
<td>R</td>
<td>0</td>
<td>3</td>
<td>75.4</td>
<td>81</td>
<td>1.3</td>
<td>0</td>
<td>36</td>
<td>9</td>
</tr>
<tr>
<td>The Medical Centre (Zulu Road)</td>
<td>2345</td>
<td>2</td>
<td>R</td>
<td>0</td>
<td>2</td>
<td>77.2</td>
<td>82.9</td>
<td>1.3</td>
<td>0</td>
<td>35</td>
<td>13</td>
</tr>
<tr>
<td>Tudor House Medical Practice</td>
<td>5978</td>
<td>2</td>
<td>R</td>
<td>24</td>
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<td>77.4</td>
<td>81.7</td>
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<td>0</td>
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<td>Welbeck Surgery</td>
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<td>4</td>
</tr>
<tr>
<td>AVERAGE FOR CDG</td>
<td>5097</td>
<td>2</td>
<td>32</td>
<td>4</td>
<td>5</td>
<td>77.4</td>
<td>82.2</td>
<td>1.3</td>
<td>1</td>
<td>33</td>
<td>7</td>
</tr>
<tr>
<td>AVERAGE FOR CDG</td>
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<td>2</td>
<td>50</td>
<td>3</td>
<td>5</td>
<td>76.5</td>
<td>81.4</td>
<td>2.9</td>
<td>1</td>
<td>29</td>
<td>6</td>
</tr>
</tbody>
</table>

Priority of recommendation | Cost impact of recommendation
Low | Low
### Strategic Options and Recommendations for CDG 5

The following strategic options and recommendations are based on a collective overview of the current primary and community estates profile within CDG 1 and has been assessed to ensure alignment to the CCGs guiding principles for investment.

<table>
<thead>
<tr>
<th>Timescale</th>
<th>Options</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short term</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-3 years</td>
<td>- Development of a HUB to facilitate changes in service provision towards MSP model</td>
<td>Elmswood Surgery is in a 2 storey building set in extensive landscaped grounds which has significant scope for expansion without compromising car parking space which could aid the development of the long term HUB location.</td>
</tr>
<tr>
<td></td>
<td>- Feasibility of premises development for a HUB in Sherwood (Short Term: Elmswood Surgery within Sherwood HC)</td>
<td></td>
</tr>
<tr>
<td><strong>Medium term</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-7 years</td>
<td>- Optimise capacity in Sherwood Rise Health Centre</td>
<td>CityCare have confirmed their interest in exploring the feasibility of moving their team bases out of Sherwood Rise Health Centre which would enable Sherwood Rise Medical Centre to move into the vacated areas of the Health Centre.</td>
</tr>
<tr>
<td><strong>Long term</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-10 years</td>
<td>- Development of a HUB to facilitate changes in service provision towards MSP model (long term Sherwood Rise Health Centre)</td>
<td></td>
</tr>
</tbody>
</table>
Care Delivery Group 6

<table>
<thead>
<tr>
<th>Care Delivery Group 6</th>
<th>No.</th>
<th>% of CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>51,963</td>
<td>16.8</td>
</tr>
<tr>
<td>GP Practices</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>Registered patients</td>
<td>49222</td>
<td>14.3</td>
</tr>
<tr>
<td>Pharmacies Total (100 hours)</td>
<td>11(0)</td>
<td>16.7</td>
</tr>
<tr>
<td>Opticians</td>
<td>5</td>
<td>15.2</td>
</tr>
<tr>
<td>Dentists</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>Population Growth (to 2019)</td>
<td>+1,132</td>
<td>13.6</td>
</tr>
<tr>
<td>Number of Clinical Rooms</td>
<td>62</td>
<td>14.8</td>
</tr>
<tr>
<td>Total Appointments Possible (per week)</td>
<td>7440</td>
<td>14.8</td>
</tr>
<tr>
<td>Total Appointments Utilised (per week)</td>
<td>7278</td>
<td>15.4</td>
</tr>
<tr>
<td>Unutilised Appointments (per week)</td>
<td>162</td>
<td>5.7</td>
</tr>
</tbody>
</table>

CDG 6 comprises 3 wards to the east of the City; Dales, Mapperley and St Ann’s. There are 8 GP practices in the area, 10 pharmacies, 5 Opticians and 6 Dental Practices.

Population Characteristics

Area Committee 6 has a population of 51,963 (2012 population estimate), 25,237 females and 26,726 males and accounts 16.8% of the City population. It is the most populated of the 8 LACs. Over two thirds (72%) of the population are of working age (16-65 years), similar to the City average of 71%. The area is very ethnically diverse; only 65% of the population are white; 15% Asian and 10% Black. In the over 64 age group, 86% of the population are White, 8% Black and 5% Asian. This suggests that the Black population is aging but the Asian population is relatively young.

Life expectancy for men ranges from 70.6 years in St Ann’s to 75.2 years in Dales. Female life expectancy ranges from 76.8 years in St Ann’s to 80.3 years in Dales. St Ann’s has the worst life expectancy in the City for women and the 2nd worst for men. Dales and Mapperley are mid ranking.

Half of the households (49.8%) have no access to a car or van compared to 26% nationally and 44% in Nottingham City.

10.6% of the population are young people of student age compared to 12.8% City wide. 6.8% of the population are children under 5, compared to City average of 6.6%.

There are 5,460 older people (over 64 years) of which 759 are 85 years or over. There are 2,056 people aged 65 years and over living alone (9% of households).
There are 3,535 claimants of Disability Living Allowance; 9.4% of people aged 16-64 years, compared to the 9.2% City average.

<table>
<thead>
<tr>
<th>Care Delivery Group 6</th>
<th>Nottingham City CCG</th>
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<tbody>
<tr>
<td><strong>GP Facility Type</strong></td>
<td><strong>GP Facility Type</strong></td>
</tr>
<tr>
<td><strong>GP Practice Type</strong></td>
<td><strong>GP Practice Type</strong></td>
</tr>
<tr>
<td>62.50%</td>
<td>76.14%</td>
</tr>
<tr>
<td>25.00%</td>
<td>19.30%</td>
</tr>
<tr>
<td>12.50%</td>
<td>12.28%</td>
</tr>
<tr>
<td><strong>Traditional Health Centre</strong></td>
<td>3.51%</td>
</tr>
</tbody>
</table>
Bakersfield Medical Centre

Dashboard Summary

- Lower than average number of patients per clinical room
- The site does not have any development potential
- The facility has some spare clinical capacity

Overview

Bakersfield is an owner occupied practice and is a 2 storey purpose built health care centre (1994) including a significant extension to the rear of the building constructed approx. 2008. Overall the building is of external brick wall construction with a pitched tiled roof. There is a small car parking area to the rear but off-site parking is generally available to the street and to the adjacent pub car park.

Opportunities

There is opportunity to use internal capacity better.

Recommendation

- Consider better utilisation of building and spare capacity.

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>List Size</th>
<th>No. of Patients per Clinical Room</th>
<th>Space Capacity</th>
<th>Digital Uso Score</th>
<th>Life Expectancy (10)</th>
<th>Disease Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bakersfield Medical Centre</td>
<td>5010</td>
<td>299</td>
<td>R 90</td>
<td>78.3</td>
<td>82.1</td>
<td>2.2</td>
</tr>
<tr>
<td>Date Surgery (Proposal to Merge)</td>
<td>4085</td>
<td>408</td>
<td>R 216</td>
<td>75.6</td>
<td>80.7</td>
<td>2.2</td>
</tr>
<tr>
<td>Family Medical Centre</td>
<td>9503</td>
<td>731</td>
<td>G 0</td>
<td>75.6</td>
<td>83.1</td>
<td>2.2</td>
</tr>
<tr>
<td>Greenwood &amp; Stratton FMC</td>
<td>7216</td>
<td>515</td>
<td>G 0</td>
<td>76.3</td>
<td>83.1</td>
<td>2.2</td>
</tr>
<tr>
<td>Mappelley Park Medical Centre</td>
<td>2303</td>
<td>768</td>
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<td>80.8</td>
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<tr>
<td>The Windmill Practice</td>
<td>8483</td>
<td>848</td>
<td>R 0</td>
<td>75.6</td>
<td>80.3</td>
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<tr>
<td>Victoria and Mappelley Practice</td>
<td>8645</td>
<td>1720</td>
<td>G 0</td>
<td>76.3</td>
<td>80.7</td>
<td>2.2</td>
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<td>Wellesley Surgery</td>
<td>11520</td>
<td>1152</td>
<td>G 0</td>
<td>76.3</td>
<td>80.7</td>
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<td>AVERAGE FOR CGC</td>
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<td>862</td>
<td>50</td>
<td>76.5</td>
<td>81.4</td>
<td>2.2</td>
</tr>
</tbody>
</table>

Priority of recommendation |
- Low

Cost impact of recommendation |
- Low
Dale Surgery

Dashboard Summary

- Lower than average number of patients per clinical room
- The site does not have any development potential
- The facility has some spare clinical capacity
- Registered population with the second highest deprivation score (2/9)
- 1 out of 4 disease prevalence significantly higher than England average

Overview

The Dale Surgery is comprised of two converted two-storey Victorian houses attached together by a bridge on the 1st floor. Since the 2008 survey, a new 2 storey extension has been added to the rear of the site on the premises car park, along with alterations for a new staircase and new fire alarm installed. General refurbishment and routine redecorations have also been carried out. The physical condition of the building is overall considered to be reasonable. Health and safety issues are largely confined to the nature of the building with stepped access at fire exits and other minor items.

Opportunities

Very limited premises development opportunities for this site.

Recommendation

Consider options for better utilisation of the building.

Priority of recommendation | Cost impact of recommendation
--- | ---
High | TBC
Family Medical Centre

Dashboard Summary
- Lower than average number of patients per clinical room
- The site has good site development potential without compromising car parking
- Registered population with the second highest deprivation score (2/9)
- 1 out of 4 disease prevalence significantly higher than England average

Overview
Family Medical Centre is purpose built and constructed circa 1984. Extensive alteration works are currently nearing completion with an overhaul of the main reception area, changes to the layout and new consultant rooms added. Outstanding works are considered to be non-significant and related to routine maintenance. Health and safety needs have been addressed as part of the overall works. A further extension is planned in the future - additional works beyond this will be difficult.

Opportunities
A further extension will create additional capacity.

Recommendation
- Develop this site to create additional capacity in the short/medium term.

Priority of recommendation | Cost impact of recommendation
--- | ---
Medium | Medium
Greenwood & Sneinton FMC

Dashboard Summary
- Lower than average number of patients per clinical room
- The site has some site development potential but would compromise car parking
- Registered population with the second highest deprivation score (2/9)

Overview
Greenwood MC is two storey purpose built circa 1992. Since 2008, significant extension works including new consultant rooms and revised layout have been completed. There are no significant issues with the physical condition of building and the majority of health and safety needs previously identified have now been amended with only minor works remain outstanding. All clinical activities are restricted to the ground floor.

Clinical rooms are planned to be upgraded with new vinyl floors and treatment room to be refurbished to required specifications. It is intended that this practice will merge with Dale Surgery but this process is not completed at this time. The Practice is progressing development proposal to expand its current facility considerably in order to accommodate Dale Surgery activity and support additional growth in services. These proposals reduce current onsite parking capacity but street parking is available nearby.

Opportunities
Development of this site to increase capacity and accommodate Dale Surgery activity.

Recommendation
- Explore the practice options for the further development of this site.

Priority of recommendation | Cost impact of recommendation
--- | ---
High | Medium
## Mapperley Park Medical Centre

### Dashboard Summary
- Lower than average number of patients per clinical room
- The site does not have any development potential
- The facility has some spare clinical capacity
- Lowest list size in the CDG

### Overview
Mapperley Park is a large 5 storey listed detached house built circa 1875 which was significantly refurbished circa 1993. The ground floor and basement is used as a doctor’s surgery with the upper floors sectioned off and used as living accommodation. The building is maintained to a reasonable standard and since the previous survey has had a degree of maintenance and re-decoration carried out. The physical condition of the property is considered to be reasonable for its age and type, although with some Health and safety needs remaining outstanding.

### Opportunities
There is opportunity to use internal capacity better.

### Recommendation
- Consider better utilisation of building and spare capacity.

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>List Size</th>
<th>Built Environment</th>
<th>Health Status &amp; Outcomes</th>
<th>Service Offer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bakersfield Medical Centre</td>
<td>5320</td>
<td>759</td>
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<td>6 78.3 22</td>
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<td>Dale Surgery (Proposal to Merge)</td>
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<td>5003</td>
<td>751</td>
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<td>2 G 0</td>
<td>2 78.3 32 2</td>
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<td>Mapperley Park Medical Centre</td>
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<td>4 76.4 32 2</td>
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<td>The Windmill Practice</td>
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<td>Victoria and Mapperley Practice</td>
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<td>1729</td>
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<td>Wellspring Surgery</td>
<td>11520</td>
<td>1153</td>
<td>0 G 0</td>
<td>1 75 32 2</td>
</tr>
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**AVERAGE FOR CDG:**
- 7525 864 1 42 3 75.9 32 2 2 32 0 0.5
- 5320 862 2 50 3 76.7 32 2 3 20 0 0.4

<table>
<thead>
<tr>
<th>Priority of recommendation</th>
<th>Cost impact of recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Low</td>
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</table>
The Windmill Practice

Dashboard Summary

- The site has good site development potential without compromising car parking
- Appointment slots fully utilised throughout the week
- Registered population with the highest deprivation score (1/9)
- 2 out of 4 disease prevalence significantly higher than England average

Overview

Purpose built healthcare centre containing a GP practice and other NHS services. The building is a brick built single storey construction circa 1970 with various internal amendments and upgrades over the years. No significant issues reported at time of survey. Potential increase in demand for services from the nearby Waterside regeneration.

Opportunities

Potential to add an upper floor to the practice to allow for future growth.

Recommendation

- Feasibility study to assess the potential for development of the Windmill Practice building.

Priority of recommendation | Cost impact of recommendation
-------------------------------|-------------------------------
Medium                        | High
Victoria and Mapperley Practice

Dashboard Summary
- Significantly high number of patients per clinical room
- Appointment slots fully utilised throughout the week
- No site development potential
- 1 out of 4 disease prevalence significantly higher than England average

Overview
Purpose built 2 storey health care facility in Central Nottingham. Architectural design including brick pier façade enclosing a steel frame and roof feature. Shared facility (with NuH occupying 323 m2) and with the GP Practice occupying ground floor wing (135m2).

Opportunities
Victoria and Mapperley practice could expand into adjacent space within the existing building if other tenants relocated or downsized their space within the health centre.

Recommendation
- Discuss with primary occupants their long term plans for occupation of this site.

Priority of recommendation | Cost impact of recommendation
---|---
Low | Low
Wellspring Surgery

Dashboard Summary
- Significantly high number of patients per clinical room
- Appointment slots fully utilised throughout the week
- No site development potential
- Registered population with the highest deprivation score (1/9)
- 3 out of 4 disease prevalence significantly higher than England average
- Highest list size in the CDG

Overview
Purpose built healthcare facility (St Ann’s Valley Centre) built in 2011, including GP practice as well as other healthcare services including Community Services, Social Services and Nottingham City Homes and a ground floor library and pharmacy. There is adjacent space free. The building is modern in appearance both externally and internally and fitted out in keeping with a facility of this type including M&E, 2 Lifts, air extract heating and cooling and up to date alarm and security systems and DDA compliant access. This practice is located on the 1st floor and accessed by stairs and lift.

Opportunities
There is opportunity for the practice to expand into space within St Anns Valley Centre which has become vacant.

Recommendation
- Optimise capacity at St Anns Valley Centre to enable the location to be the Hub for CDG 6 in the long term.

Priority of recommendation | Cost impact of recommendation
--- | ---
Medium | Low
## Strategic Options and Recommendations for CDG 6

The following strategic options and recommendations are based on a collective overview of the current primary and community estates profile within CDG 1 and has been assessed to ensure alignment to the CCGs guiding principles for investment.

<table>
<thead>
<tr>
<th>Timescale</th>
<th>Options</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short term</strong></td>
<td>- Development of a HUB to facilitate changes in service provision towards MSP model (short term St Ann’s Valley Centre)</td>
<td>Recent closure of a practice in St Ann’s Valley Centre has created spare capacity within the site, which could be utilised by nearby practices that have potential for expansion. Family Medical Centre is in good condition, owner occupied, and has some development potential. Windmill is a single storey building, which has scope and possible requirement for development due to the future Waterside development to the south east of the Windmill site.</td>
</tr>
<tr>
<td>1-3 years</td>
<td>- Premises development to increase capacity (Family Medical Centre and Windmill Practice)</td>
<td></td>
</tr>
<tr>
<td><strong>Medium term</strong></td>
<td>- Optimise capacity in St Ann’s Valley Centre</td>
<td>Spare capacity in nearby practices could be fully utilised.</td>
</tr>
<tr>
<td>4-7 years</td>
<td>- Assess and prepare for buildings deemed not fit for purpose (no development opportunities and struggling to maintain modern building standards)</td>
<td></td>
</tr>
<tr>
<td><strong>Long term</strong></td>
<td>- Development of a HUB to facilitate changes in service provision towards MSP model (long term St Ann’s Valley Centre)</td>
<td></td>
</tr>
<tr>
<td>8-10 years</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Care Delivery Group 7

<table>
<thead>
<tr>
<th>Care Delivery Group 7</th>
<th>No.</th>
<th>% of CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
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<tr>
<td>GP Practices</td>
<td>4</td>
<td>6.9</td>
</tr>
<tr>
<td>Registered patients</td>
<td>57,405</td>
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</tr>
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<td>Pharmacies</td>
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<td>9</td>
</tr>
<tr>
<td>Total (100 hours)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opticians</td>
<td>2</td>
<td>5.6</td>
</tr>
<tr>
<td>Dentists</td>
<td>5</td>
<td>12.5</td>
</tr>
<tr>
<td>Population Growth (to 2019)</td>
<td>+35</td>
<td>0.4</td>
</tr>
<tr>
<td>Number of Clinical Rooms</td>
<td>52</td>
<td>12.4</td>
</tr>
<tr>
<td>Total Appointments Possible (per week)</td>
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<td>12.4</td>
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<tr>
<td>Total Appointments Utilised (per week)</td>
<td>6048</td>
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<tr>
<td>Unutilised Appointments (per week)</td>
<td>192</td>
<td>6.8</td>
</tr>
</tbody>
</table>

CDG 7 comprises 2 wards to the west of the City; Wollaton East & Lenton Abbey (WELA) and Wollaton West. There are 4 GP practices, 6 pharmacies, 2 Opticians and 5 Dental Practices and in the area. One of the pharmacies is a distance-selling pharmacy. The NEMS out of hours service is located in WELA.

Population Characteristics

Area Committee 7, the smallest of the LACs has a population of 25,039 and accounts 8.1% of the City population. Over two thirds (71%) of the population are of working age (16-65 years), similar to the City average of 71%. The area has a large Asian population making up 20% of the total; 71% of the population are White and 3.4% are of Black African or Caribbean ethnicity. In the over 64 years age group, 92% of the population are White and the Asian population falls to 5.5%.

Life expectancy for men ranges from 78.2 years in WELA to 83.3 years in Wollaton West. Female life expectancy ranges from 83.5 years in WELA to 87.2 years in Wollaton West. Wollaton West has the highest life expectancy in the City for both men and women. WELA ranks 2nd highest for men and 3rd highest for women.

A quarter of the households (25.5%) have no access to a car or van compared to 26% nationally and 44% in Nottingham City.

There is a high proportion of young people of student age compared to the City; 22.5% compared to 12.8% City wide. Though there are a lower proportion of children under 5 years; 4.8% compared to the City average of 6.6%.

There are 3,740 older people (over 64 years), of which 640 are 85 years or over. There are 1,216 people aged 65 years and over living alone (15% of households). There are 940
claimants of Disability Living Allowance; 5.3 % of people aged 16-64 years, compared to the 9.2% City average.
Deer Park Family Medical Practice

Dashboard Summary
- Higher than average number of patients per clinical room
- The site does have some development potential but would compromise car parking
- The facility has some spare clinical capacity
- Registered population with the second lowest deprivation score (2/9)
- 1 out of 4 disease prevalence significantly higher than England average

Overview
Deer Park is 1 of 2 practices within Wollaton Vale Health Centre which is a 2 storey purpose built healthcare centre. It has undergone various extensions and modifications which has reduced the buildings capability to meet modern building standards. The building also includes NHS offices that utilise a shared waiting area. The site includes onsite car parking.

Opportunities
The practices within Wollaton Vale Health Centre are struggling to maintain modern building standards due to the age of parts of the building. There is development potential of the site which could involve a build on the existing car park, which minimises the disruption to patient services during the development, and patients will gain access to better facilities. The site could provide a long term location for a HUB.

Recommendation
- Feasibility study to assess the potential for the re-development of the Wollaton Vale Health Centre site.
- Development of a main HUB location for CDG 7 in the long term.

Priority of recommendation: Medium
Cost impact of recommendation: Medium
The University of Nottingham Health Service

Dashboard Summary

- The site has good development potential that would not compromise car parking
- High list size due to student population

Overview

Constructed in 1958 the building is a purpose built Health Care Centre within the University of Nottingham campus. Concrete frame with brick external façade incorporating some architectural blockwork. There are 2 floors of which the practice utilises both and includes a 3rd Party dentist and Pharmacy. The building has undergone a series of modifications and reconfiguration as well as an extension to the rear.

Opportunities

Expansion plans currently being considered by the University landlord for this site.

Recommendation

- Potential for long term Hub location

| Practice Name                  | List Size | No of Patients per Clinical Room | Site Development Potential | Condition GNP | Store Capacity | Life expectancy (Yr) | Life expectancy (Y) | Population Growth (%) | Disease Prevalence | Enhanced Services (p.23) | Dose Services | On-site pharmacy | Mean Alternate Primary Care Practice
<table>
<thead>
<tr>
<th></th>
<th></th>
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<td>493</td>
<td>2</td>
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<td>72</td>
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<td>3</td>
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<td>29</td>
<td>6</td>
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</table>

Priority of recommendation | Cost Impact of recommendation
---|---
Medium | Medium
Wollaton Park Medical Centre

Dashboard Summary

- Lower than average number of patients per clinical room
- The site does have some development potential but would compromise car parking
- The facility has some spare clinical capacity

Overview

Wollaton Park is a purpose built Healthcare Centre built approx 2007 which is on a 3PD lease. A two storey brick built facility with some architectural block and render external features, metal windows, curtain walling with matching external canopy entrance to open plan reception and waiting area including rooflights. Set in its own landscaped grounds including access road and on-site parking. All clinical areas are on the ground floor with offices and staff areas to the 1st floor. Possible extension has previously been considered to add more clinical area.

Opportunities

There is opportunity to use internal capacity better.

Recommendation

- Potential for a short term HUB location from this site pending a longer term hub solution in CDG7.
- Consider better utilisation of building and spare capacity.

Priority of recommendation | Cost impact of recommendation
---|---
Low | Low
### Wollaton Vale Health Centre

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>List Size</th>
<th>No of Patients per Clinical Room</th>
<th>Site Development Potential</th>
<th>Condition (C/R/P)</th>
<th>Space Capacity</th>
<th>Population Score (1-5 High - Low)</th>
<th>Life Expectancy (Yr)</th>
<th>Life expectancy F</th>
<th>Population Growth (%)</th>
<th>Interface</th>
<th>Practice</th>
<th>Car Parked Services (Y/N)</th>
<th>Other Services</th>
<th>On Site or nearby Pharmacy</th>
<th>Nearest Alternative Primary Care Provider</th>
<th>Priority of recommendation</th>
<th>Cost impact of recommendation</th>
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<tr>
<td>Deer Park Family Medical Pract</td>
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<td>973</td>
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<td>72</td>
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<tr>
<td>The University of Nottingham H</td>
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<td>82</td>
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<td>0.6</td>
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<td>Medium</td>
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<td>Wollaton Vale Health Centre</td>
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<td>R</td>
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<td>6</td>
<td>80.6</td>
<td>85.4</td>
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<td>AVERAGE FOR CDG</td>
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<tr>
<td>AVERAGE FOR CDG</td>
<td>6292</td>
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<td>3</td>
<td>76.5</td>
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<td></td>
<td></td>
<td></td>
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<td>Medium</td>
</tr>
</tbody>
</table>

#### Dashboard Summary
- Lower than average number of patients per clinical room
- The site has some development potential but would compromise car parking
- 1 out of 4 disease prevalence significantly higher than England average
- Smallest list size in the CDG

#### Overview
Wollaton Vale is 1 of 2 practices within Wollaton Vale Health Centre which is a 2 storey purpose built healthcare centre. It has undergone various extensions and modifications which has reduced the buildings capability to meet modern standards. The building also includes NHS offices that utilise a shared waiting area. The site includes onsite car parking.

#### Opportunities
The practices within Wollaton Vale Health Centre are struggling to maintain modern building standards due to the age of parts of the building. There is development potential of the site which could involve a build on the existing car park, which minimises the disruption to patient services during the development, and patients will gain access to better facilities. The site could provide a long term location for a HUB.

#### Recommendation
- Feasibility study to assess the potential for the re-development of the Wollaton Vale HC site.
- Development of the main HUB location for CDG 7 in the long term.
Strategic Options and Recommendations for CDG 7

The following strategic options and recommendations are based on a collective overview of the current primary and community estates profile within CDG 1 and has been assessed to ensure alignment to the CCGs guiding principles for investment.

<table>
<thead>
<tr>
<th>Timescale</th>
<th>Options</th>
<th>Rationale</th>
</tr>
</thead>
</table>
| **Short term**  | - Development of a HUB to facilitate changes in service provision towards MSP model (Short term Wollaton Park Medical Centre)  
                  - Feasibility of premises development for a new build in Wollaton (Wollaton Vale Health Centre)  
                  - Wollaton Park to better utilise spare capacity                                             | Wollaton Park Medical Centre is in good condition and has physical capacity to deliver additional appointments/services. It also has the capacity to become the short term HUB location for CDG 7. |
| 1-3 years       |                                                                                           |                                                                                                                                          |
| **Medium term** | - Private new Development (Cripps Health Centre)  
                  - Premises development (Wollaton Vale Health Centre)  
                  - Explore opportunities for collaboration between Deer Park Family Medical Practice and Dr Ghaharian to optimise capacity in Wollaton Vale Health Centre | The practices within Wollaton Vale Health Centre are struggling to maintain modern building standards due to the age of parts of the building. By utilising the development potential of the site (build on the existing car park which minimises the disruption to patient services during the development) patients will gain access to better facilities and could provide a long term location for a HUB. |
| 4-7 years       |                                                                                           |                                                                                                                                          |
| **Long term**   | - Development of a HUB to facilitate changes in service provision towards MSP model (long term Deer Park Family Medical Centre or Cripps Health Centre) |                                                                                                                                          |
| 8-10 years      |                                                                                           |                                                                                                                                          |
Care Delivery Group 8

<table>
<thead>
<tr>
<th>Care Delivery Group 8</th>
<th>No.</th>
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<tr>
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<tr>
<td>Registered patients</td>
<td>40,218</td>
<td>11.7</td>
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<tr>
<td>Pharmacies</td>
<td>10 (2)</td>
<td>15.6</td>
</tr>
<tr>
<td>Total (100 hours)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opticians</td>
<td>9</td>
<td>25</td>
</tr>
<tr>
<td>Dentists</td>
<td>5</td>
<td>12.5</td>
</tr>
<tr>
<td>Population Growth (to 2019)</td>
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<tr>
<td>Number of Clinical Rooms</td>
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<tr>
<td>Total Appointments Possible (per week)</td>
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<tr>
<td>Total Appointments Utilised (per week)</td>
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</tr>
<tr>
<td>Unutilised Appointments (per week)</td>
<td>204</td>
<td>7.2</td>
</tr>
</tbody>
</table>

Area Committee 8 (LAC 8) comprises 3 wards to the south of the City; Bridge, Clifton North & Clifton South. Bridge ward covers the part of the City centre. There are 6 GP practices in the area and with good spread across the CDG on either side of the River Trent. There are 10 pharmacies, 9 Opticians and 5 Dental Practices.

The walk in centre is also located in Bridge ward and the Nottingham Homeless team at the Health Shop.

**Population Characteristics**

LAC 8 has a population of 42,296 (2012 population estimate); 20,784 females and 21,512 males and accounts for 13.7% of the City population. Over two thirds (70%) of the population are of working age (16-65 years), similar to the City average of 71%. 80.3% of the population are White, 9.1% are of Asian ethnicity and 4.5% are of Black.

Life expectancy for men ranges from 73.7 years in Bridge to 76.3 years in Clifton South. Female life expectancy ranges from 78.3 years in Bridge to 81.4 years in Clifton South. Bridge ranks 5th and 4th lowest life expectancy for wards in the City for males and females respectively, Clifton South ranks 14th and 13th for Males and Females respectively.

10.5% of the population are young people of student age compared to 12.8% City wide, relating to the location of a university campus in Clifton. 6.1% of the population are children under 5, compared to the City average of 6.6%.

There is a higher proportion of older people than the City average and is home to 17.6% of all people over 85 years in the City. There are 5,900 older people (over 64 years) living in Area 8, of which 939 are 85 years or over. There are 2,424 people aged 65 years and over living alone (13% of households).
There are 2,690 claimants of Disability Living Allowance; 9.1% of people aged 16-64 years, compared to the 9.2% City average.
Bridgeway Practice

Dashboard Summary

- Higher than average number of patients per clinical room
- The site has some development potential but would compromise car parking
- 2 out of 4 disease prevalence significantly higher than England average
- 4.7% population growth to 2019
- Registered population with the second highest deprivation score (2/9)

Overview

Bridgeway Practice is 1 of 2 practices within Meadows Health Centre, it is a purpose built Health Care Centre built circa 1970’s. This is a 2 storey facility with single storey areas, housing two GP practices and other healthcare services and offices. The building has over time undergone a series of extensions and upgrades including refurbishment of the GP consultancy and treatment rooms. The practice is planning some internal reorientation works to create additional clinical areas using existing space.

Opportunities

Optimise capacity through collaborative working between the two practices that occupy Meadows Health Centre. Improve space utilisation within Meadows Health Centre through more collaborative working with Bridgeway Practice and Dr Larner. There is the potential to develop the site to support a growing population from Waterside Regeneration scheme and be main Hub for a hub and spoke model within CDG8.

Recommendation

- Feasibility study to assess the potential for development of the site.
- Increase capacity between Bridgeway Practice and Meadows Health Centre (Dr Larner) by encouraging collaborative working.

Priority of recommendation | Cost impact of recommendation
--- | ---
High | Medium/high
Clifton Medical Practice

Dashboard Summary
- No site development potential due to location within LIFT building
- 4.7% population growth to 2019
- 3 out of 4 disease prevalence significantly higher than England average

Overview
Clifton Medical Practice is 1 of 2 practices within the LIFT Cornerstone building approximately 8 years old. The LIFT buildings are multi use buildings containing two GP practices and other NHS, Community and City Council facilities as well as offices and third party areas.

Opportunities
Improve space utilisation within the LIFT building through more collaborative working with John Ryle Medical Centre and Clifton Medical Practice. Clifton Cornerstone to be main Hub for a hub and spoke model within CDG8 in the short to medium term.

Recommendation
- Clifton Cornerstone to be the HUB location for CDG 8 in the short to medium term.
- Optimise capacity within John Ryle and Clifton Medical Practice by encouraging collaborative working.

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>List Size</th>
<th>Built Environment</th>
<th>Health Status &amp; Outcomes</th>
<th>Service Offer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>NO of Patients per Clinical Room</td>
<td>Site Development Potential</td>
<td>G/A/P</td>
</tr>
<tr>
<td>Bridgeway Practice - Rho</td>
<td>5074</td>
<td>1015</td>
<td>2</td>
<td>R</td>
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<td>Clifton Medical Practice</td>
<td>9134</td>
<td>913</td>
<td>0</td>
<td>G</td>
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<td>John Ryle Medical Centre</td>
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<td>847</td>
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<td>Meadows Health Centre - Lark</td>
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<td>1050</td>
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<tr>
<td>NEMS Platform One Practice</td>
<td>8951</td>
<td>991</td>
<td>4</td>
<td>G</td>
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<tr>
<td>Rivergreen Medical Centre</td>
<td>9277</td>
<td>1180</td>
<td>8</td>
<td>G</td>
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<tr>
<td>AVERAGE FOR CDG</td>
<td>7335</td>
<td>997</td>
<td>2</td>
<td>G</td>
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<tr>
<td>AVERAGE FOR CGQ</td>
<td>6292</td>
<td>862</td>
<td>2</td>
<td>G</td>
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</table>

Priority of recommendation: High
Cost impact of recommendation: Low

NCCCG Estates Strategy April 2016
141
John Ryle Medical Practice is 1 of 2 practices within the LIFT Cornerstone building approximately 8 years old. The LIFT buildings are multi use buildings containing two GP practices and other NHS, Community and City Council facilities as well as offices and third party areas.

Opportunities
Improve space utilisation within the LIFT building through more collaborative working with John Ryle Medical Centre and Clifton Medical Practice. Clifton Cornerstone to be main Hub for a hub and spoke model within CDG8 in the short to medium term.

Recommendation
- Clifton Cornerstone to be the HUB location for CDG 8 in the short term to medium term.
- Optimise capacity of John Ryle and Clifton Medical Practice by encouraging collaborative working.

Priority of recommendation | Cost impact of recommendation
--- | ---
High | Low
Meadows Health Centre

Dashboard Summary

- Higher than average number of patients per clinical room
- The site has some development potential but would compromise car parking
- 4.7% population growth to 2019
- Registered population with the second highest deprivation score (2/9)

Overview

Meadows Health Centre is 1 of 2 practices within the building it is a purpose built Health Care Centre built circa 1970’s. This is a 2 storey facility with single storey areas and occupies other healthcare services and offices. The building has over time undergone a series of extensions and upgrades including refurbishment of the GP consultancy and treatment rooms. No significant issues reported at time of survey.

Opportunities

Optimise capacity through collaborative working between the two practices that occupy Meadows Health Centre. Improve space utilisation within Meadows Health Centre through more collaborative working with Bridgeway Practice and Dr Larner. There is the potential to develop the site to support a growing population from Waterside Regeneration scheme and be the main Hub for a hub and spoke model within CDG8.

Recommendation

- Feasibility study to assess the potential for development of the site.
- Increase capacity between Bridgeway Practice and Meadows Health Centre (Dr Larner) by encouraging collaborative working.

Priority of recommendation | Cost impact of recommendation
--- | ---
High | Medium/high
NEMS Platform One Practice

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>List Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridgemar Practice - Rap</td>
<td>5074</td>
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<tr>
<td>Clifton Medical Practice</td>
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<tr>
<td>John Ryrie Medical Centre</td>
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<td>Meadows Health Centre - Lets</td>
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<td>NEMS Platform One Practice</td>
<td>8916</td>
</tr>
<tr>
<td>Rivergreen Medical Centre</td>
<td>9277</td>
</tr>
</tbody>
</table>

**Dashboard Summary**

- The site has adjacent land for potential development
- Registered population with the second highest deprivation score (2/9)
- 4.7% population growth to 2019 in this locality

**Overview**

The property was built in 1904 and is a listed building. NEMS purchased the property in 2009 and completely rebuilt the interior to provide high quality, modern primary care accommodation.

**Opportunities**

There is an opportunity to create additional capacity through site development due to adjacent land.

**Recommendation**

- Explore solution to support long term requirements.

**Priority of recommendation** | **Cost impact of recommendation**
---|---
Low | Medium
Rivergreen Medical Centre

Dashboard Summary

- Higher than average number of patients per clinical room
- The site has good development potential that would not compromise car parking
- The facility has some spare clinical capacity
- 4.7% population growth to 2019
- 2 out of 4 disease prevalence significantly higher than England average

Overview

Rivergreen is a single storey traditional health centre built circa 1988. Physical condition is considered to be satisfactory, with low / moderate works only required, some of which have been completed since the previous survey. Health and Safety needs are related to stepped fire egress and other items, although all issues are considered to be low / moderate priority.

Opportunities

There is opportunity to use internal capacity better.

Recommendation

- Consider better utilisation of building and spare capacity.

Priority of recommendation | Cost impact of recommendation
---|---
Low | Low
**Strategic Options and Recommendations for CDG 8**

The following strategic options and recommendations are based on a collective overview of the current primary and community estates profile within CDG 1 and has been assessed to ensure alignment to the CCGs guiding principles for investment.

<table>
<thead>
<tr>
<th>Timescale</th>
<th>Options</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short term</strong></td>
<td>- Development of a HUB to facilitate changes in service provision towards MSP model (short term Clifton Cornerstone)</td>
<td>The Waterside Regeneration Scheme will require additional capacity in nearby practices to accommodate up to 7,000 people over a period of 15 years. The practices within Meadows Health Centre are already fully utilised and could struggle to cope with these demands without further development to the building.</td>
</tr>
<tr>
<td>1-3 years</td>
<td>- Feasibility of premises development for a new build in The Meadows (Meadows Health Centre)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medium term</strong></td>
<td>- Collaborative working between Clifton Medical Practice and John Ryle Medical Centre to optimise capacity at Clifton Cornerstone</td>
<td>Practices within Clifton Cornerstone LIFT building have limited scope to expand into adjoining areas of the building; therefore collaborative working between all three practices could deliver efficiencies to release additional space for clinical services and offer a broader range of enhanced services from the building.</td>
</tr>
<tr>
<td>4-7 years</td>
<td>- Premises development (Meadows Health Centre)</td>
<td>Meadows Health Centre is a two storey building with single storey areas, set in grounds which may have scope for development without compromising car parking space.</td>
</tr>
<tr>
<td></td>
<td>- Collaborative working between Bridgeway Practice and Meadows HC – Larner) to optimise capacity at Meadows Health Centre</td>
<td>Practices within Meadows Health Centre have limited scope to expand into adjoining areas of the building; therefore collaborative working between practices could deliver efficiencies to release additional space for clinical services and offer a broader range of enhanced services from the building.</td>
</tr>
</tbody>
</table>
Compliance with Statutory duties

The involved NHS bodies understand and will comply with their statutory obligations when seeking to make decisions over estate strategies which impact on the provision of care to patients and the public. The options set out do not represent a commitment to any particular course of action on the part of the organisations involved.