

**To: Renfrewshire Integration Joint Board**

**On: 25 June 2021**

**Report by: Interim Chief Officer**

**Heading: Primary Care Estate Strategy: Renfrewshire (Pilot Study Area)**

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

## 1. Summary

- 1.1. In December 2019, it was agreed that a Primary Care Property Strategy for the NHS Greater Glasgow & Clyde area was required to guide the future development of the primary care estate within the board area. It was determined that a pilot would first be undertaken within one Health and Social Care Partnership (HSCP) area and Renfrewshire was selected for that pilot. Work commenced in March 2020 and was carried out over subsequent months in reflection of the impact of the COVID-19 pandemic.
- 1.2. This paper summarises the work undertaken to date, and the emerging findings and recommendations of the draft Primary Care Estate Strategy for Renfrewshire, which has concentrated on the review of existing NHS and GP owned/leased premises and HSCP occupied Council properties in the first instance. The paper seeks to incorporate key details included in the Strategy for completeness.
- 1.3. In particular, the Strategy has identified recommendations covering the short (0 to 3 years), medium (3 to 8 years) and long-term (8 years and beyond). However, it is important to note that going forward there may be further opportunity to factor the wider public sector estate into developing thinking.
- 1.4. The output of this draft Property Strategy work will feed into the Greater Glasgow and Clyde Infrastructure Investment Strategy that is currently being developed.
- 1.5. It should be noted by the Integration Joint Board that property assets utilised by the HSCP are owned or leased by NHS GGC and Renfrewshire Council and therefore capital investment priorities and associated decision making are a reserved matter for these partner organisations.

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## 2. Recommendation

It is recommended that the IJB:

1. Support the work to date to develop the draft pilot Primary Care Estate Strategy for the Renfrewshire area, and the findings emerging from this pilot activity.
2. Note that the draft pilot Primary Care Estate Strategy will be kept under review and will require to take account of recovery and renewal planning taken forward by the HSCP and key partners including Renfrewshire Council and NHS GG&C. The HSCP's Capital Planning, Property and Accommodation Group (CPPAG) will seek to develop an overview of all estate requirements and will liaise with Estates and Facilities within NHS GG&C and Economy & Development Services within Renfrewshire Council on an ongoing basis.
3. Note that the draft pilot Primary Care Estate Strategy will form part of the overarching NHS GG&C Integrated Infrastructure Strategy and that further work will now be undertaken across the other 5 HSCPs within the NHS GG&C.
4. Note that any draft proposals arising must support strategic planning priorities and service delivery.
5. Note that any proposals must be met from existing available resources including funding from the Scottish Government and in the context of existing considerable competing demands placed on the capital budgets. These budgets are not delegated to the IJB and remain reserved to NHS GG&C.
6. Support the following emerging core findings arising from the draft Strategy:
  - As part of the ongoing review, the HSCP should consider consolidating services to maximise the use of the existing estate as part of the short-term measures
  - Recognise the specific current capacity challenges relating to the Bishopton / Dargavel area and, as a medium-term measure, address these through minor reconfiguration of the existing health centre and proposed development of a new build, additional facility to augment. This proposal is subject to available funding from the developer contribution, with match funding from Scottish Government which will leave a [yet to be determined] short fall requiring capital contribution
  - In the longer term (8 years plus) seek to develop four strategic hub locations (i) Renfrew (using the existing modern and fit for purpose) Health & Social Care Facility; (ii) a Paisley hub which will require a review of the current schedule of accommodation and a new build; (iii) a Johnstone & Linwood hub through development of the existing Johnstone Health Centre or

exploration of the option for a new facility; and (iv) a Bishopston, Erskine and Dargavel hub (building on the proposal outlined above);

- Note that the NHS GGC primary care prioritisation exercise carried out through 2019/2020 identified the development of a Paisley hub as a priority for future, long term investment should funds become available

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### **3. Background and Methodology**

3.1. In December 2019, it was agreed that a Primary Care Property Strategy for the NHS Greater Glasgow & Clyde area was required to guide the future development of the primary care estate within the board area. It was determined that a pilot would first be undertaken within one Health and Social Care Partnership (HSCP) area and Renfrewshire was selected for that pilot.

3.2. Work commenced in March 2020 and was carried out over subsequent months. The core team developing the Strategy included representatives from NHS GGC, Renfrewshire HSCP, hub West Scotland and Higher Ground Health & Care Planning Ltd (external facilitators) with the objective of identifying the following:

3.3. The objectives of the pilot were to identify the following:

- The current property portfolio in terms of condition, fitness for purpose, current utilisation, and the staff groups and services provided from these properties.
- The gap between the current property portfolio versus what is projected to be required in future to support future HSCP health and social care services.
- An understanding of the current and future challenges and the future direction of travel for health and social care services, including the Primary Care Improvement Plan (PCIP), to support the objectives arising from Moving Forward Together (MFT), Renfrewshire IJB's Strategic Plan and digital innovation. It should be noted that the the Independent Review of Adult Social Care was published in February 2021 after the completion of the pilot strategy work but the pilot recommendations are consistent with the continued focus on integrated, community based services.
- Options for addressing the gap between the existing position and agreed preferred option(s).

3.4. The approach adopted to meet these objectives was necessarily adapted to reflect the wider context of the COVID-19 pandemic. Input and time were provided virtually by colleagues across NHS GG&C, Renfrewshire HSCP, Renfrewshire Council and General Practice to the following core workstreams of activity:

Service Review	Data Collection and Analysis	Property Review
<p>Building an understanding through workshops of:</p> <ul style="list-style-type: none"> <li>• Current challenges</li> <li>• The impact of COVID (what has worked well and what can be retained)</li> <li>• The direction of travel for services in 5 to 10 years</li> <li>• The outcomes sought from the Property Strategy</li> </ul>	<p>Assessing available data on:</p> <ul style="list-style-type: none"> <li>• The impact of demographic change and deprivation</li> <li>• The current clinical and staff utilisation of buildings (supported by site visits)</li> <li>• Assessment of 2019 national survey of GP premises to identify capacity issues, inability to change and those not fit for purpose</li> </ul>	<p>Site visits to assess:</p> <ul style="list-style-type: none"> <li>• Their current use and baseline utilisation.</li> <li>• Building condition</li> <li>• Overall quality/fitness for purpose of existing buildings.</li> <li>• Their strategic significance as a service delivery location.</li> <li>• Their potential to support future change/deliver service needs</li> </ul>

#### 4. The Wider Policy Context

4.1. Within the approach adopted, as set out above, the Strategy seeks to recognise the wider policy context within which decisions around the future of the Primary Care estate in Renfrewshire need to be considered. Policy and contextual developments which are of particular relevance include, but are not limited to:

- *The COVID-19 pandemic:* Whilst the long-term impact of the pandemic remains unknown it is clear that previous ways of working and use of available buildings are unlikely to return as a result of ongoing physical distancing requirements, the growth of home working and implementation of new, technology-based ways of working. In addition, NHS GGC's Remobilisation Plan (RMP3) and its successors will provide a guide to how services will recover based on shared principles including flexibility and use of technology.
- *NHS Scotland Estate Asset Management (EAMs) and wider premises guidance:* Management of the NHS Scotland estate should be supported by an accurate, consistent and meaningful database of asset information and all NHS Scotland bodies must have a current Property and Asset Management Strategy which ensures assets are used efficiently, coherently and strategically; are of high quality; and that asset planning and management is undertaken with other public sector organisations.
- *GP Premises National Code of Conduct:* The Scottish Government and BMA Scottish GP committee (SGPC) have agreed a national

code of practice for GP premises that sets out how the Scottish Government will support a shift, over 25 years, to a new sustainable model in which GPs will no longer be expected to provide their own premises. This includes a provision for interest free sustainability loans and a planned transition to health boards leasing these premises rather than GP contractors.

- *Renfrewshire IJB's Strategic Plan:* The IJB's existing Strategic Plan is in place until 2022, with work now commencing on a successor plan. The HSCP's guiding principles will be central to this plan, focused on provision of the right care, at the right time and in the right place. This recognises that not all services will be building based and that technology will play a critical role in future service delivery. The plan is and will continue to be closely related to both national and local policy within the NHS GGC board area and the corporate objectives of the two partner organisations.
- *Renfrewshire Primary Care Improvement Plan:* The GP Contract and associated Memorandum of Understanding (MoU) set out a planned transition over three years commencing in 2018/19, enabled through the Primary Care Improvement Plan. This requires an extensive programme of change to support expanded teams of HSCP and NHS Board employed health professionals, create skilled multi-disciplinary teams surrounding Primary Care, and support the role of the General Practitioners (GPs) as the expert medical generalist. This includes the development of existing assets to deliver the commitments of the Contract. The MoU covered the negotiated three-year period until 31 March 2021. It has since been recognised that it is not possible for full implementation to be achieved by the original deadline, in part as a result of the Covid pandemic and it has been agreed that the timeframe for implementation needs to be revised and extended.
- *Moving Forward Together:* The NHS GGC Board approved the Moving Forward Together (MFT) Vision for Health and Social Care services as the blueprint for the development of future models of care in 2018. MFT adopts a tiered network approach across health and social care spanning a local and community-based element which can then escalate care as required into specialist or hospital-based care. Discussions with the MFT team as part of this process have identified the need for any estates strategy to align closely with the objectives of MFT.
- *The Independent Review of Adult Social Care:* Whilst not referenced by the strategy development process due to the publication date of the review's recommendations, the review reinforces the importance of providing preventative and anticipatory care and supporting people in the right environment, principles which must be reflected in further developments of community-based health and social care.

## **5. Findings from the assessment process**

- 5.1. Stakeholders engaged in the development of the strategy, using the approaches set out in Section 3.4 of this paper, agreed that the strategy should consider short-term risks and opportunities in addition to longer-

term, more strategic, requirements. Fundamentally, the Strategy should also contribute to the delivery of a better quality, more functionally suitable estate and to better matching of demand and supply in property terms.

- 5.2. The findings from the assessment process, summarised below, have enabled the identification of a range of recommendations which are set out in Section 6 of this report.

#### *Capacity and Changing Demographics*

- 5.3. The strategy development process sought to understand the utilisation of current property using available activity data and where necessary, evidence-based assumptions. Overall, the project sought to understand the difference between spaces available and required based on an optimal level of utilisation. In undertaking this activity, it was determined that:

- Overall, there is substantially more space available than required at present, and while many rooms are heavily booked, they are poorly utilised.
- There is an overall mismatch between clinical space available and that required.
- There is an evident variation across all areas with respect to patient activity (which is spread through many sites leading to low activity on some sites) and space utilisation. Related to this, there was identified significant over-utilisation and under-utilisation of a number of facilities.
- NHS owned or leased accommodation delivering HSCP services appears to be considerably less well-used than GP owned or leased accommodation.
- The opportunity may exist to re-align space in the short-term in order to make best use of available resources overall and potentially help to address GP capacity needs in the short-term.
- More broadly, the IJB's Strategic Plan included projections for an increase of over 70% in the population aged over 75 in Renfrewshire between 2014 and 2039. SIMD 2016 data also shows that around 26% of the population of Renfrewshire lived in the top 20% most deprived data zones in Scotland. Taken together, these local demographics will impact on demand for health and social care services, and on the likelihood for more space being required in more deprived areas.

- 5.4. It should be noted that where significant over-utilisation of some premises has been identified, such issues may have been exacerbated by the COVID-19 pandemic and associated physical distancing guidelines have reduced the level of activity that can take place in any area. Conversely however, the increasing utilisation of digital technology may help to address such issues.

- 5.5. The findings also highlighted capacity challenges within Bishopton Health Centre, which is adjacent to the new ongoing housing development, Dargavel Village. Current proposals are for a mixed residential development with 4,000 new houses with a projected potential population increase of up to 11,000 people over the next 15-16 years. This development is putting a significant strain upon the capacity of the Bishopton Health Centre to meet the demand.
- 5.6. The housing developer has a planning obligation to provide a contribution to improving healthcare facilities and the Dargavel masterplan makes provision for the location of a facility within the Dargavel development. It should be noted that the housing developer contribution is time limited. The Scottish Government has confirmed that it will provide £1m to match the developer contribution.
- 5.7. Planning work is underway by the Board's Capital Planning Team working with the GP practice and HSCP staff to improve the condition of the existing Bishopton Health Centre and carry out some internal layout changes to provide additional capacity.
- 5.8. In addition to this a feasibility study is being undertaken to look at a potential new build 'satellite'. The new build would augment the current Bishopton Health Centre and would provide specific targeted capacity to address the population growth at Bishopton/Dargavel. As part of the feasibility study a refresh of the previous assessment of population growth in the area is taking place. Again, working with the GPs and other health staff, early plans are for a modern suite of clinical rooms and support facilities with state-of-the-art technology to support the delivery of clinical and care services.
- 5.9. The output of this work will inform the business case process for a new build health facility which would require approval through the Health Board's governance process.

#### *Future Suitability of the Estate*

- 5.10. The current condition of the primary care estate is also an important factor in considering potential opportunities. Within Renfrewshire, the assessment process highlighted several buildings in good or reasonable condition as part of future provision of primary care. It also identified that many clinical and care services within Paisley are currently fragmented and delivered across a number of buildings. Many of these buildings were assessed during this process as not fit for purpose moving forward by the project team, with limited ability to adapt to changing needs.

## **6. Proposed Recommendations**

- 6.1. The work undertaken has identified the potential core elements of a future property strategy for the Renfrewshire HSCP area in the short (0 to 3 years), medium (3+ years) and longer term (8+ years).
- 6.2. These elements have been encapsulated within a number of proposed recommendations which are summarised within this section of the report.

#### *Short-term recommendations (0 to 3 years)*

- 6.3. **Bishopton Health Centre:** Continue to progress the steps set out in sections 5.5 to 5.9 with the objective of addressing capacity issues through upgrade and reconfiguration at Bishopton Health Centre. These steps will progress into the medium-term.
- 6.4. **Consider consolidation of the existing estate:** Consider opportunities, where appropriate, to reduce fragmentation by consolidating the existing estate into fit for purpose buildings whilst maintaining service delivery requirements. This assessment should also consider the impact of the shift to virtual consultations and potential for blended working as a result of the COVID-19 response.
- 6.5. **Virtual Hubs:** Consider the creation of a network of “virtual hubs” that see defined groups of facilities operating together to meet the agreed needs of a defined local population and the individual GP practices supporting them. Further assessment of this recommendation should be based on discussions with Renfrewshire residents and citizens to determine how a virtual hub approach could shape service delivery.
- 6.6. **Satellite space:** Assess any emerging opportunities to reconfigure space in capacity-constrained buildings, or if not possible options for shared satellite space within the existing estate that can be utilised to address capacity.

*Medium-term recommendations (3+ years)*

- 6.7. **New build satellite space:** If circumstances should arise in the future where capacity is on course to become an issue and none of the above options are available then consideration should be given, where possible and appropriate, to the creation of new-build shared clinical space that is able to address capacity concerns within Bishopton and Dargavel. It may be possible to deliver this requirement in a shorter timeframe.

*Longer-term recommendations (8+ years)*

- 6.8. **Strategic Hubs:** Consider the opportunity to enhance collaborative working across health, social care and third sector by bringing these services together into major hub facilities to provide a wide range of co-located and integrated services for the community.
- 6.9. To date the pilot process has identified up to four potential locations at least one of which already exists. These are (i) Renfrew (using the existing modern and fit for purpose) Health & Social Care Facility; (ii) a Paisley hub which will require a review of the current schedule of accommodation and a new build; (iii) a Johnstone & Linwood hub through development of the existing Johnstone Health Centre or exploration of the option for a new facility; and (iv) a Bishopton, Erskine and Dargavel hub (building on the proposed development highlighted in 5.5 to 5.9)
- 6.10. The Paisley Hub identified above is currently included in the NHS GGC capital prioritisation process through a proposal for integrated health and care hub. This proposal recognised the significant challenge associated with premises and service delivery.

6.11. This proposal seeks to bring together teams of practitioners providing community health, general practice, and social care services within a purpose-built facility which would enable the vacation of a number of properties and support longer term service sustainability. Should Scottish Government funding be available, it is possible that this development could be delivered in a short time span than that proposed above.

## 7. Summary of Next Steps

7.1. The pilot methodology used within Renfrewshire is now being rolled out across other HSCPs and this work will enable the Board to review and prioritise future facility developments across Primary Care, ensuring that the right investment decisions are being taken at the right time and for the right reasons as components of an over-arching GG&C integrated infrastructure strategy.

7.2. The HSCP is currently undertaking a baselining exercise of all property currently utilised by services within the partnership. This will be used to inform future decision-making regarding properties, with a priority focus on how the existing estate will be used as the COVID-19 pandemic eases. This work will be led by the HSCP's Capital Planning, Property and Accommodation Group (CPPAG), which will also take into account the findings of the Primary Care Estates Strategy and will link with our partner organisations through relevant capital planning routes as required.

7.3. It is also noted that the development of this strategy included the use of proxy assessments and assumptions where there were gaps in data. Therefore, any next steps to progress proposed recommendations will require further detailed analysis to address these gaps and provide an updated baseline. In addition, the proposed recommendations made have not been consulted on with community stakeholders and any proposals will require this to be undertaken prior to agreement.

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## Implications of the Report

1. **Financial** – The proposed recommendations within this report will require capital spend to deliver and are dependent on such capital funding being available. The paper also sets out known contributions with regards proposals for the Bishopton Health Centre.
2. **HR & Organisational Development** – no implications from this report.
3. **Community Planning** – no implications from this report.
4. **Legal** – no implications from this report. Legal advice will be sought where necessary and appropriate in future.
5. **Property/Assets** – property remains in the ownership of the parent bodies and capital budgets are reserved. This report sets out the proposed Strategy for the Primary Care Estate in Renfrewshire, which has been developed through a consultative process with a range of stakeholders.

6. **Information Technology** – no immediate implications from this report however the use of technology and digital can influence how buildings are utilised in future.
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council’s website.
8. **Health & Safety** – no implications from this report.
9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.
10. **Risk** – Property-related risks will be identified and monitored through HSCP and partner arrangements on an ongoing basis.
11. **Privacy Impact** – no implications from this report.

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**List of Background Papers** – tbc

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