Please note: This document was developed under the Oxfordshire Clinical Commissioning Group (OCCG). OCCG has been legally dissolved and from 1 July 2022 has been replaced by a new organisation Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board (BOB ICB).

Oxfordshire Clinical Commissioning Group
Primary Care Estates Strategy 2020 – 2025

Version control since OPCCC adoption 8.12.2020

Version	Date	Reason / changes	By whom
18	15.12.20	Table 2 – Labelling & Wantage figures updated (16,000 down to 14,000 following Council advice) + Kidlington figures checked and labelleing re Oxfordshire unmet need. Updated pdf to website and Comms	JAH / PR

Glossary of Terms, Abbreviations, and Acronyms can be seen on page 58.

Executive Summary

This five year strategy incorporates a county-wide review of the existing Primary Care Estate in Oxfordshire, at this time, and identifies both key and critical investment priorities.

Across Oxfordshire there are several drivers (including significant population growth) that mean new primary care developments do make strategic and operational sense.

There have been previous attempts to capture the need for investment in primary care estate within the former six Locality Plans for Oxfordshire published in 2017 and in various Oxfordshire CCG Papers, notably the OCCG Primary Care Estates Framework Discussion Document of 2018 and an effort to have estates developments prioritised through weighted scoring criteria during the 2017/18 bidding process for Estates Technology and Transformation Funding (ETTF) monies. This Estates Strategy builds on that previous work and updates it into a single document.

Following the NHS Long Term Plan published in January 2019 twenty Primary Care Networks (PCNs) have formed. These PCNs are integrated multi-disciplinary teams covering 30,000 to 50,000 registered populations and are now the operational building blocks of the new models of care. Whilst these PCNs have not yet developed their own strategies for this primary care estate document, the national requirements for PCNs to create additional staffing, the continuing new housing developments in the county, and the lack of any new premises extensions/ developments since 2017, have meant that the existing estate is under pressure like never before. However, with OCCG only holding a limited revenue budget it means that a transparent prioritisation process, such as the one provided in this Estates Strategy, is a critical tool to facilitate strategic decision-making and drive more effective management of OCCG's primary care estate.

Over the last five years, the factors of population aging and growth, the need for more integrated services and the development of PCNs (and their requirement for more staff) are creating pressure on the Oxfordshire GP estate, which is non-optimal estate with approximately a quarter of the estate in converted houses and 40 % of the estate in purpose built buildings more than 20 years old. The effect of online consultations and different methods of working have yet to be properly assessed in terms of the freeing up of existing space within the estate, however without investment in the short to medium term in premises developments in certain key areas (Oxford, Didcot, Bicester and Wantage) and without developments following close behind in Kidlington and Abingdon, access to primary care services and GP practice resilience may be adversely affected.

The formation of a Buckinghamshire, Oxfordshire, Berkshire West (BOB) Integrated Care System (ICS) will likely lead to the need for a system-wide ICS Estates Strategy for all services. Currently, the ICS estates strategy is still evolving and has tended to focus more on acute and secondary care estates. For the system-wide estates strategy to be meaningful, primary care estate needs must be well-articulated, together with possible solutions to overcome inadequacies. This

Oxfordshire Primary Care Estates Strategy document is therefore a vital piece of the jigsaw to better inform, and become part of, the overall ICS Estates Strategy for the longer term.

This OCCG Estates Strategy demonstrates the current utilisation of the estate in detail, describes where population growth is at its most intense and the problems that buildings which are no longer fit for purpose create. It also includes a Prioritisation Scoring Criteria to enable a robust prioritisation of the GP development projects being proposed in the county. The Strategy also illustrates the opportunities and challenges around utilising developer contributions for health infrastructure via S106 Agreements and Community Infrastructure Levy (CIL).

Understanding the full impact of COVID-19 on the estate usage is difficult and national guidance is awaited. The extensive rise in telephone triage for many patients is a convenient change, however for those patients who still need to be seen face to face the issue of distancing, patient flows through buildings, and air systems can be difficult. Until vaccines are in place, practices will need (where possible) to have isolated areas for suspected COVID-19 patients and robust infection control procedures for those shielding. The NHS Long Term Plan requires additional staffing to be recruited through PCNs, and this will also contribute to pressures on estate capacity.

1.0 Introduction and Background to Oxfordshire's Population, Primary Care Services, and the existing Estate

As of April 2016 OCCG, took on delegated authority for primary care commissioning including responsibility for management and decision making regarding the primary care estate, determining new primary care priorities, and ensuring that sufficient primary care provision is commissioned to meet the needs of the local population. The CCG's responsibilities, with regard to premises, are set out in the NHS (General Medical Services (GMS) Premises Costs Directions 2013, and include:-

- Managing the rents reimbursed to practices for the provision of general medical services in buildings owned by Practices or another body, where the Practice is a tenant and is charged a lease;
- Managing the reimbursement of business rates for the provision of general medical services in buildings owned by Practices or another body, where the Practice is a tenant and is charged a lease;
- Determining improvement grant priorities- the NHS is able to provide some funding to help surgeries improve, or extend their building;
- Determining new primary care premises priorities;
- Consideration of funding new premises annual revenue requirements as a result of additional/ new rent reimbursement requirements of new premises, subject to funding being available;

Capital funding allocations are not delegated to the CCG and NHS England approval is required. As requests for bids against national funding allocations often come at short notice, it is helpful for practices to have a) made their intentions known to OCCG, and b) to have an outline bid semi-prepared so a rapid response can be made against any NHSE funding opportunities.

In order to shift activity into the primary care sector (in order to align with the NHS Long Term Plan), Commissioners and Providers need to consider how to:

- Make the most of the utilisation of existing primary care buildings
- Minimise or eliminate empty space and "void" costs, and close or remodel premises that are not up to standard
- Work with health and wider partners to better use all publically owned or leased estate in the same communities to include collaboration in the One Public Estate Project
- Consider new build schemes to achieve rationalisation of historical estate to enhance service delivery and cost effectiveness

Oxfordshire's Population Age Profile

The following graph identifies OCCG residents and their age profile. The larger numbers in the 20-24 age bracket is due to the significant student population as would be expected of a university city.

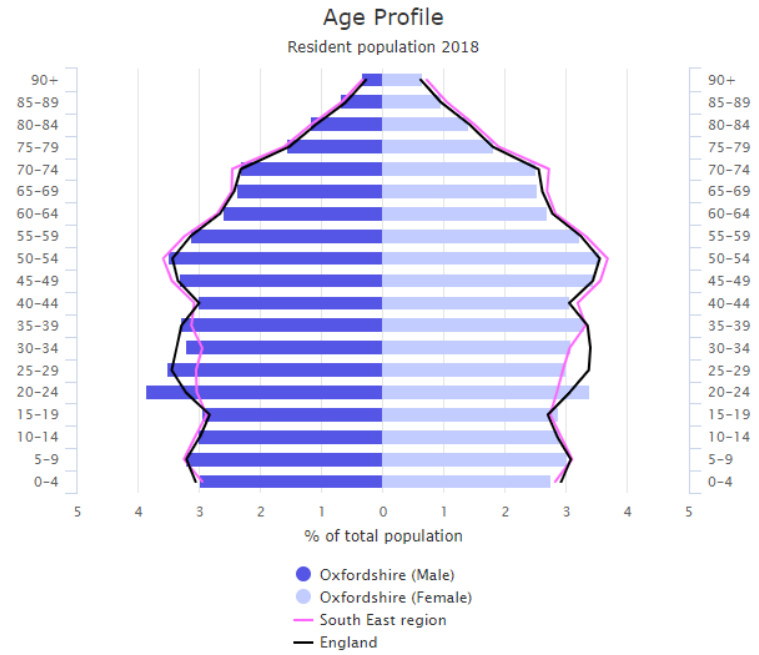


Fig 1 – source OCCG Locality Plans

1.1 Oxfordshire's Population Growth

As at 1 April 2019 there were 759,020 patients registered with GP practices within Oxfordshire. As at 1.4.2020 this figure has increased to **774,860** – an increase of 15,840, or 2% in 12 months.

The Oxfordshire County Council (OCC), uses a slightly different count based on residents in the area rather than registered patients. Their housing-led forecasts predict a total population in Oxfordshire of 801,700 by 2028, a growth of 110,300 (+ 16%) from 2018. Over the same period the Office for National Statistics projections show an increase of + 5% in Oxfordshire in that same period.

Source : https://insight.oxfordshire.gov.uk/cms/oxfordshire-housing-led-population-forecasts-interim-2018-2028

DATA TABLE: Count of residents 2017 and 2027, by settlement and broad age

		aged 0-17		aged 18-64		aged 65+		TOTAL			
	#	2017	2027	2017	2027	2017	2027	2017	2027	2017 to 2027	
Cherwell	19	32,661	39,260	88,556	108,072	26,385	34,551	147,602	181,888	34,286	23%
Banbury	8	14,184	17,120	36,853	44,945	11,025	14,097	62,062	76,165	14,103	23%
Bicester	6	11,635	15,781	32,284	45,358	7,757	11,103	51,676	72,241	20,565	40%
Kidlington	3	3,716	3,123	11,264	8,598	4,153	4,870	19,133	16,593	-2,540	-13%
Rest of Cherwell	2	3,126	3,236	8,155	9,171	3,450	4,481	14,731	16,889	2,158	15%
Oxford	18	29,882	33,277	111,178	121,887	18,538	20,987	159,598	176,149	16,551	10%
South Oxfordshire	20	29,945	35,567	80,966	93,021	28,856	36,084	139,767	164,670	24,903	18%
Didcot	5	8,426	13,015	22,709	31,225	5,288	7,163	36,423	51,403	14,980	41%
Henley	3	3,855	3,501	9,718	9,522	4,404	5,208	17,977	18,231	254	1%
Wallingford	1	2,037	2,954	5,231	7,684	1,977	2,239	9,245	12,877	3,632	39%
Rest of South	11	15,627	16,097	43,308	44,590	17,187	21,474	76,122	82,159	6,037	8%
Vale of White Horse	14	28,342	36,600	76,626	96,478	26,259	34,109	131,227	167,188	35,961	27%
Abingdon	5	10,074	10,508	27,361	27,862	8,657	11,168	46,092	49,538	3,446	7%
West of Didcot (in Vale)	1	2,691	5,768	6,520	13,899	2,271	3,390	11,482	23,057	11,575	101%
Wantage and Grove	2	3,573	5,784	10,040	16,175	3,682	5,000	17,295	26,958	9,663	56%
Rest of Vale	6	12,004	14,540	32,705	38,542	11,649	14,551	56,358	67,635	11,277	20%
West Oxfordshire	15	22,614	26,829	63,513	76,236	23,139	29,286	109,266	132,349	23,083	21%
Carterton	3	4,636	5,901	14,479	18,195	3,471	4,713	22,586	28,809	6,223	28%
Chipping Norton	1	1,310	1,835	3,769	5,571	1,525	1,977	6,604	9,383	2,779	42%
Witney	4	7,467	8,083	20,645	22,716	6,960	9,294	35,072	40,092	5,020	14%
Rest of West	7	9,201	11,010	24,620	29,754	11,183	13,302	45,004	54,065	9,061	20%
Oxfordshire TOTAL	86	143,444	171,533	420,839	495,694	123,177	155,017	687,460	822,244	134,784	20%

#= count of MSOAs

Table 1

Note: Kidlington excludes Oxford 4,400 unmet housing need. See table 2 below.

The increasing number and proportion of the older population will increase demand for primary care services and the specific areas where the increase in demand will be seen are in people affected by dementia and the prevalence of other long term conditions. Primary care, where around 90% of patient interaction with the NHS occurs, will need to operate at a greater scale and in greater collaboration with other providers and professionals in order to meet demand for services

The largest areas of population expansion will be in the following areas :

Areas of planned population expansion

Area	Apr-15	Jan-20	Expected increase in population to 2028	% change based on April 2015, or Jan 2020
Didcot	37,137	43,472	21,500	58
Bicester	45,987	50,669	20,324	44
Banbury	64,440	67,072	19,000	29
Wantage / Grove + adjoining parishes	24,296	30,449	14,000	58
Abingdon / Berinsfield + Culham Science Centre	61,103	64,494	12,480	19
Kidlington (including Oxford unmet need)	34,432	35,326	10,560	30
Oxford City (incl Kassam stadium and Bayswater Brook	192,279	220,171	7,200	3
Chalgrove (excl. Watlington)	2,830	2,729	7,200	264
Wheatley	10,551	11,027	5,520	50
	462,504	514,382	112,264	24
Chalgove population in 2011 census				
Chalgrove population estimate for 2018				
https://www.citypopulation.de/en/uk/southeastengland/oxfordshire/E34000959__chalgrove/				
% change based on April 2015 for Didcot, Bicester, Banbury, Wantage and Total -				
remainder are based on January 2020				

Table 2

Oxfordshire County Council Research and Intelligence team forecast a population increase of 267,700 people between 2016 and 2040, an increase of 39%. This population growth will result in an absolute increase in population number for all age groups. However, the age cohort structure will change considerably in terms of the proportion represented by certain cohorts.

The largest proportional growth (pre COVID-19) will be in the over 70 year old cohort with the least growth in working age population. These two changes will have a significant impact upon the economic and income generating potential of the Oxfordshire population and the need for support services, health and social care to support a naturally aging population.

Noting that there will be an update of the Oxford infrastructure strategy document early in 2021, the current areas where there have been /will be major population growth are identified in the document https://www.oxford.gov.uk/downloads/file/5770/mov6_-_oxfordshire_infrastructure_strategy_oxis

1.2 The existing Oxfordshire Primary Care Estate

The following table identifies each PCN, the practices within that PCN, their location, their known net internal areas, and their registered patient population status as at 2014 and 2020, to show growth. Further details can also be seen at Appendix E.

Oxfordshire Primary Care Estate

PCN	Practice Code	Practice Name	Town	Current Net Internal Area (as supplied by District Valuer)	Practice Patient Population (2014)	Practice Patient Population (2020)
Abingdon and District	K84023	Berinsfield HC	Berinsfield	359.22	4,814	4,940
Abingdon and District	K84034	Clifton Hampden Surgery	Clifton Hampden	182.03	3,267	3,302
Abingdon and District	K84041	Marcham Road HC	Abingdon	616.47	12,154	12,178
Abingdon and District	K84079	Long Furlong MC	Abingdon	357.71	9,044	9,620
Abingdon and District		**Total**		**1,515.43**	**29,279**	**30,040**
Abingdon Central	K84027	Malthouse Surgery	Abingdon	521	18,781	17,292
Abingdon Central	K84054	Abingdon Surgery	Abingdon	291.23	13,043	17,162
Abingdon Central		**Total**		**812.23**	**31,824**	**34,454**
Banbury Alliance	K84062	Woodlands Surgery	Banbury	187.19	6,888	7,385
Banbury Alliance	K84024	Windrush Surgery (Banbury)	Banbury	339	7,725	8,376
Banbury Alliance	K84059	Hightown Surgery	Banbury	236.87	10,449	11,435
Banbury Alliance		**Total**		**763.06**	**25,062**	**27,196**
Banbury Cross	Y02754	Banbury Cross - Bridge St site	Banbury	403.14	4,768	
Banbury Cross	K84040	Banbury Cross - Horsefair site	Banbury	1275	17,645	14,259
Banbury Cross	K84028	Banbury Cross - West Bar site	Banbury	1431	16,965	25,617
Banbury Cross		**Total**		**3,109.14**	**39,378**	**39,876**
Bicester	K84038	*Montgomery House Surgery*	Bicester	981.29	12,450	15,314
Bicester	K84052	Bicester HC	Bicester	611.39	12,430	15,035
Bicester	K84073	*Alchester MP - Victoria site*	Bicester	710	7,494	included below
Bicester	K84613	*Alchester MP - Langford site*	Bicester	587	9,359	20,320
Bicester		**Total**		**2,889.68**	**41,733**	**50,669**
Didcot	K84002	Didcot Health Centre	Didcot	1159	17,346	18,441
Didcot	K84043	Woodlands MC	Didcot	577.81	10,361	14,667
Didcot	K84624	Oak Tree HC	Didcot	669.64	9,430	10,364
Didcot		**Total**		**2,406.45**	**37,137**	**43,472**
East Oxford	K84013	St Bartholomews MC - Cowley site	East Oxford	887.36	22,874	23,918
East Oxford	K84617	St Barts - South Oxford site	Oxford	236.37	in above	in above
East Oxford	K84032	Bartlemas Surgery	East Oxford	557.3	9,158	8,738
East Oxford	K84060	St Clements Surgery	Iffley	131.51	4,448	5,263
East Oxford	K84063	*East Oxford HC (aka Cowley Rd MP)*	East Oxford	487	7,801	10,202
East Oxford		**Total**		**2,299.54**	**44,281**	**48,121**
Eynsham and Witney	K84006	Eynsham MC	Eynsham	740.65	13,659	14,211
Eynsham and Witney	K84017	Windrush HC (Witney)	Witney	1430	14,337	18,176
Eynsham and Witney	K84072	Nuffield HC	Witney	728	11,847	12,004
Eynsham and Witney	K84618	Cogges Surgery	Witney	383.97	6,906	7,467
Eynsham and Witney		**Total**		**3,282.62**	**46,749**	**51,858**
Healthier Oxford City	K84011	Summertown Med. Group	Summertown	660.9	15,569	17,935
Healthier Oxford City	K84016	19 Beaumont Street	Oxford	617.7	14,329	16,430
Healthier Oxford City	K84021	Banbury Road MC	Summertown	212.57	7,946	9,557
Healthier Oxford City Network		**Total**		**1,491.17**	**37,844**	**43,922**
Henley SonNet	K84001	Hart Surgery	Henley on Thames	463.28	10,212	10,542
Henley SonNet	K84015	Nettlebed Surgery	Henley on Thames	464	3,585	4,057
Henley SonNet	K84020	Sonning Common HC	Sonning Common	638	8,543	9,848
Henley SonNet	K84035	Bell Surgery	Henley on Thames	492.01	8,823	8,940
Henley SonNet		**Total**		**2,057.29**	**31,163**	**33,387**
KIWY	K84003	Islip Surgery	Islip	682	5,859	5,952
KIWY	K84042	Woodstock Surgery	Woodstock	266.72	9,203	9,094
KIWY	K84045	Gosford Hill MC	Kidlington	288.23	6,883	7,223
KIWY	K84082	Kidlington & Yarnton (KEY) Med. Pr	Kidlington	973.25	12,487	13,057
KIWY		**Total**		**2,210.20**	**34,432**	**35,326**
NORA	K84030	Chipping Norton HC	Chipping Norton	1624	7,147	15,712
NORA	K84046	Wychwood Surgery	Shipton-u-Wychwo	622	5,782	5,966
NORA	K84055	Deddington HC	Deddington	480.3	9,574	11,977
NORA	K84056	Cropredy Surgery	Cropredy	290.2	3,408	4,005
NORA	K84058	Bloxham Surgery	Bloxham	625.43	7,153	7,902
NORA		**Total**		**3,641.93**	**33,064**	**45,562**

PCN	Practice Code	Practice Name	Town	Current Net Internal Area (as supplied by District Valuer)	Practice Patient Population (2014)	Practice Patient Population (2020)
OX 3 PLUS	K84620	Hedena - Wood Farm site	Headington	426	in below	in below
OX3 PLUS	K84009	Hedena - Bury Knowle site	Headington	1042.5	14,659	29,374
OX3 PLUS	K84076	Hedena = Marston site	Marston	199.34	4,869	in above
OX3 PLUS	K84044	Manor Surgery	Headington	411.18	14,505	17,611
OX3 PLUS		**Total**		**2,079.02**	**34,033**	**46,985**
Oxford City Cental	K84605	King Edward Street	Oxford	184	4,335	5,849
Oxford City Cental	K84049	27 Beaumont Street	Oxford	291.36	6,382	7,505
Oxford City Central	K84026	Observatory MP - in Jericho	Oxford	559.90	11,069	11,539
Oxford City Central	K84078	Jericho HC (Leaver)	Oxford	371.33	6,396	9,489
Oxford City Central	K84080	28 Beaumont Street	Oxford	241.92	4,732	5,553
Oxford City Central		**Total**		**1,648.51**	**32,914**	**39,935**
Rural West	K84010	Bampton Surgery	Bampton	406.89	8,156	8,655
Rural West	K84047	Burford Surgery	Burford	614.86	6,604	6,643
Rural West	K84075	Broadshires HC	Carterton	588.19	9,800	11,136
Rural West	K84610	Charlbury Surgery	Charlbury	649.57	5,361	5,458
Rural West		**Total**		**2,259.51**	**29,921**	**31,892**
SEOx HA	K84004	Donnington MP	Iffley	636.07	14,880	13,337
SEOx HA	**K84007**	Temple Cowley HC	East Oxford	468.32	7,893	8,099
SEOx HA	**K84031**	The Leys HC	Blackbird Leys	927.5	10,805	10,701
SEOx HA	K84048	Hollow Way MC	East Oxford	693.07	8,217	9,113
SEOx HA		**Total**		**2,724.96**	**41,795**	**41,250**
Thame	K84008	Watlington & Chalgrove Surgery	Chalgrove	716	7,416	7,202
Thame	K84014	Morland House Surgery	Wheatley	632.72	10,511	11,027
Thame	K84050	Rycote Surgery	Thame	509.68	11,366	12,427
Thame		**Total**		**1,858.40**	**29,293**	**30,656**
Wallingford and surrounds	K84036	Mill Stream Surgery	Benson	358	4,770	5,440
Wallingford and surrounds	K84037	Wallingford MC	Wallingford	558.06	16,459	17,121
Wallingford and surrounds	K84071	Goring & Woodcote HC	Goring on Thames	702.45	9,474	9,942
Wallingford and surrounds		**Total**		**1,618.51**	**30,703**	**32,503**
Wantage	K84019	Newbury Street Practice	Wantage	908.68	11,378	15,471
Wantage	K84033	Church Street Practice	Wantage	974.52	12,918	14,978
Wantage				**1,883.20**	**24,296**	**30,449**
White Horse Botley	K84025	Botley MC	Botley and Kennint	796.2	15,417	15,600
White Horse Botley	K84005	Botley MC - Kennington site	Kennington	in BMC	in BMC	in BMC
White Horse Botley	K84051	White Horse Med. Practice	Faringdon	1161	10,450	15,970
White Horse Botley		**Total**		**1,957.20**	**25,867**	**31,570**
	TOTALS			**42,508.05**	**680,768**	**769,123**

Table 3

Overall, Oxfordshire has 67 General Practices countywide as at April 2020, which have formed into 20 Primary Care Networks[1] .
Of the 67 practices, there are 83 practice buildings, not including five village halls or other such buildings, and of these approximately:

- 23% are converted residential buildings
- 77% are purpose built premises (with approximately 60 % of the purpose built surgeries being more than 20 years old
- 55% are owner occupied
- 45% are leased (including the village hall types)

Thirteen have their lease expiry date or a break clause within the next five years. This includes three Central Oxford Practices with leases ending in the next twelve months

[1] OCCG has 19 full PCNs, with 1 PCN limited in size but subcontracting to local practices which brings it above the 30,000 requirement. For estates purposes OCCG recognise the 20 PCNs.

Nine have their lease expiry date or a break clause within the next ten years.

Smaller Practices (less than 5,000 list size)

There are five practices that have a list size of 5,000 or less, (Sibford, Cropredy, Nettlebed, Berinsfield, Clifton Hampden), and nine practice branch buildings which are less effectively utilised than main surgery premises[2].

Smaller practices can face particular pressures, including:

- Greater inefficiencies/ relatively high costs
- The effect of a retiring Partner/ difficulty of recruiting other Partners
- "Last person standing" syndrome
- Enabling opening times which allow intense utilisation of Practice premises
- Premises are often converted houses/ not suitable for modern healthcare services
- Ex (owning) Partners may want to sell the asset, or require unfavourable lease terms

Should such practices either cease or merge with others, their practice buildings are likely to become redundant and their patient lists transferred elsewhere, impacting on the remaining practices ability to absorb further population growth. Note practices are independent businesses providing services to the residents of Oxfordshire, therefore OCCG as the commissioner seeks to support all practices whatever their size, and any intention around mergers will be taken at practice level.

Approximately 772,000 patients are served by a primary care estate of c42,000 square metres (an average of eighteen patients per m^2). NHS Property Services provides advice on the indicative square meterage calculations used to determine the core GMS space required for a practice. Their data shows a range from twelve patients per m^2 for smaller practices (4,000 list size) to seventeen patients per m^2 for larger practices (approx. 20,000 and above) which are able to gain from economies of scale.
Within the County, the most cramped estate is in central Oxford is where the average number of patients per m^2 is 26.

The 2018 Primary Care Estates Framework Discussion Paper estimated that over 200 new consulting rooms would be needed to accommodate new population growth to 2031 (an approximate increase of 20 %).

Current estates provision often tends to inhibit the ability of practices to act as training practices. The NHS Long Term Plan calls for an expanding workforce, not just in terms of additional roles, but also doctors and nurses. To have a training facility within the practice supports this, and helps with attracting further staff.

[2] This is based on the 6 Facet Survey undertaken in 2017 so it is recognised the status will have changed, but is the latest information available countywide.

1.3 Previous Estates Strategies

There have been previous attempts to capture the need for additional primary care estate within the former six Locality Plans for Oxfordshire published in 2017. A summary of the Locality Plans is as follows:

"The Primary Care estate across Oxfordshire needs considerable investment to make it fit for the future: some practices require capital investment now and large areas of housing growth mean that infrastructure will need to be improved in order to deal with the population increase. The CCG will need to prioritise schemes for estates developments in line with the overall resourcing available. Some practices need to improve or extend their premises so that they can continue to deliver mainstream primary care more sustainably and to a larger number of patients. Other practices have larger-scale ambitions to deliver services over and above what is generally provided in general practice, often in collaboration with other practices and in partnership with other NHS organisations, local authority and voluntary sector agencies. Both types of scheme will need to demonstrate innovation and maximise opportunities to work collaboratively".

For more information on what the Locality Plans have described as being Estates needs, refer to *https://www.oxfordshireccg.nhs.uk/about-us/locality-plans.htm* .

In summary, and moving on from the 6 Facet estates surveys carried out in 2017, much of the GP estate was expected to be close to full capacity in 2020/2021 unless significant changes in working patterns occur (for example more remote working, extended hours utilisation of estate) and release clinical space, *(full documents available on the OCCG public website under each Locality area https://www.oxfordshireccg.nhs.uk/your-local-area/).*

OCCG produced a *"Primary Care Estates Framework Discussion Document"* in May 2018 that stated:
'The locality place based plans all identified estates requirements to achieve a sustainable primary care and to support the system wide strategy to move care out of hospital.'

It also stated:

'*It is clearly identified that there is a need for a more co-ordinated to approach to primary care estates due to key drivers such as:*

- *Unprecedented levels of housing development and population growth across many areas of Oxfordshire over the next 10-15 years (and longer), much of which is either underway or in detailed planning and commitment stages*
- *The intrinsic need to determine and provide health care infrastructure (and services) to support the existing and expanded local communities as sustainable developments*
- *To reflect and accommodate commissioning intentions as part of the Oxfordshire Transformation, including to develop and implement new models of care aligning with the Primary Care Framework and Locality Place based plans, involving a prioritised shift of care activity (as appropriate) from acute (hospital) settings to Community Care and Primary Care settings*

- *Maintaining and improving access to primary and community clinical & medical services and extended (locally commissioned) care services to the patient populations of Oxfordshire – including the suitability and sufficiency of the Primary Care estate (buildings and facilities)*
- *Maintaining and strengthening links with District and County Councils.'*

Primary Care estates principles were also discussed, having been previously agreed by the Oxfordshire Primary Care Commissioning Committee (OPCCC) as part of the prioritisation of the locality-place based plans in September 2017. They form the basis on which development of our primary care estates will be prioritised. They are:

- Fits with OCCG strategy for sustainable primary care
- Ensures best use of existing NHS estate
- Supports whole system estate development where relevant eg: One Public estate
- Aligns with existing and planned neighbouring developments
- Supports practices working together, sharing space and facilities and conducive to practice mergers now or in the future
- Provides required capacity in areas of population growth and where current space is less than needed for the practice list size
- Addresses where current premises unsuitable for delivery of primary care
- Delivers value for money in capital investment or revenue implications
- Maximises use both in and out of hours
- Makes optimum use of available infrastructure funds
- Low risk to sustainability of practice over time
- Affordable within limits of GMS Premises Reimbursement Budget

The Paper also proposed some prioritisation criteria for primary care estates. It stated that:

"Prioritisation for primary care estates development was previously agreed at OPCCC in September 2017. Further work has now been done to quantify scoring on the criteria and feedback is welcome. It is clear that there may be other priority areas to consider and as such the scoring criteria will be updated to reflect this where possible".

These criteria have been recently reviewed via Oxfordshire's Primary Care Commissioning Committee to ensure consideration of current issues facing primary care, and the weighted scoring criterion template produced below.

Note:

(a) This scoring criteria is a useful business support tool, however it does not mean that the CCG must abide by its conclusions in terms of how projects score

(b) separate criteria are in place to determine if a scheme is value for money – via the District Valuer, and schemes can only go ahead if there is sufficient funding available to do so.

The prioritisation criteria need only be applied to schemes which produce a net revenue increase of more than £50,000 to ensure the process is proportional.

OCCG Scoring Criteria

CRITERIA AGREED	Measurement	SCORE 0	SCORE 5	SCORE 10	SCORE 15	SCORE 25	SCORE 40	SCORE 75	Other comments	Max score	Category
Current space is less than needed for the current practice list size	m2 / list size (NHSE 2013 criteria)	Current space is adequate for existing list		Space is currently less than needed in practice (10% to 25 % more is needed)	Space is currently less than needed in practice (26% to 39% more is needed)	Space is currently less than needed in practice (40% to 49% more is needed)	Space is currently less than needed in practice (> 50% more is needed)			40	estates drivers max score of 185 (34.5% of total)
Addresses where current premises unsuitable/ not fit for delivery of primary care	Oakleaf 6 Facet survey	No C in any facet	1-2 "C" items	3-4 or more C	5 or more C + over crowded				X the number of Practices relocating	45	
Solves a significant Estates resilience issue/ sustainability issue (including no fault owner-occupier to leasehold transition issues)	Significant current lease issues that can't be dealt with on lease renewal/ by reasonable negotiation	No significant current lease issues			Lease expiring within 5 years with prospect of being renewed on unfavourable terms	Lease with no security of tenure			X the number of leases relocating	75	
Project deliverability (positive)	Planning and legal constraints/risks	planning and other development risks deemed significant and no development			Practice financial commitment with Developers on board	clear and rapid deliverability evidently possible				25	
Fits with OCCG strategy for sustainable primary care - working at scale	**Projected** list size (taking into account population growth)	Practice < 8000 list size	Practice/ combined Practice 8001 to 12000	Practice/ combined Practice 12001 to 20000	Practice/ combined Practice 20001 to 30000	Practice/ combined Practice 30001 to 40000	Practice/ combined list size >40000			40	population drivers max score of 190 (35.5% of total)
Provides required capacity in areas of population growth and where current space is less than needed for the **anticipated** practice list size	Population growth to 2031 as % of current population	No discernable population growth until 2031	Practice population likely to grow by 5 - 15%		Practice population likely to grow by 16-22%	Practice population likely to grow by 23-30%	Practice population likely to grow by 31% to 40%	Practice population likely to grow by >40%		75	
Practice in an area of high deprivation	% of practice list in lowest 20% IMD	<2%	2.01 to 10%	10.01 to 20%	20.01 to 40%	>40 %			X the number of practices relocating	75	
Part of PCNs Plans	PCN plans (assumed as previously described in Locality Plans)	NO			YES					15	strategic fit max score of 160 (30% of total)
Supports whole system estate development where relevant eg: One Public estate/co-location with other NHS services	A development sympathetic to ICS aims/ principles	NO - isolated project (just GMS space)				Supports 2+ NHS organisations working together	Supports 2+ NHS organisations working together, and is an OPE/ Local Authority Project			40	
Supports practices co-locating, sharing space and facilities and conducive to practice mergers now or in the future - to include consideration of distance from other health services and public transport network	Supports practices co-locating, resulting in more services/better access	Delivers solution for only one practice				Delivers solution for two practices	Delivers solution for three or more practices			40	
Makes optimumal use of available infrastructure funds	Developers contributions or NHS capital funding	Capital funding available to build (NHS E and/or Developer contributions)	No funding available	Funding available to abate rent by 10% or less	Funding available to abate rent by 11 % to 24%	Funding available to abate rent by 25 % to 40%	Funding available to abate the rent by 40 % to 55%	Funding available to abate rent by >55%		75	
									TOTAL	**545**	

Table 4

1.4 Other Healthcare Provision within Oxfordshire

The healthcare services and provision also comprises estates of partner organisations. This comprises[3]:

- **Oxford University Hospital Foundation Trust (OUHFT)** encompasses the John Radcliffe Hospital, Churchill Hospital, Nuffield Orthopaedic Hospital, and Horton General Hospital in Banbury, map link here: www.ouh.nhs.uk/hospitals/

- **Oxford Health Foundation Trust (OHFT)** the local community and mental health services provider, with the eight Oxfordshire community hospitals services detailed in appendix A, with an overview of services on their website : www.oxfordhealth.nhs.uk/about-us/overview/ . Note the Oxford City Hospital is part of the OUHFT and is located at the Fulbrook Centre on the Churchill site. Nine of the sites where OHFT have a community hospital presence also contain a GP practice in a nearby facility, so could be considered as 'co-located'. Therefore there is an element of aligned working by virtue of site location. This is beneficial as organisational integration is probably not necessary, although working together as part of the ICS is. Moving GP practices outside of the vicinity of these colocations would be considered a retrograde step.

- **Care home beds:** as of August 2020, there are 5,124 registered care home beds for older people across 120 care homes.

- **Supported living:** OCC supports 662 people in Supported Living services as of August 2020.

- **Younger people with learning disability / mental health needs:** as of August 2020 there are 13 residential long term care home in place, with 98 beds. There are also 6 residential learning disability respite homes registered with CQC in Oxfordshire.

- **Extra care housing :** OCC have 17 schemes in 2020 that are open and advertised, which provide a total of 932 individual units. They comprise a mixture of tenures i.e. homes for rent, shared ownership and private ownership. It is anticipated a further 522 units will be open by 2026 and an additional 838 to follow by 2031.

- The Oxfordshire Infrastructure Strategy (pg 16) modelled forecasts indicate a gross requirement for the equivalent of 3,174 additional nursing care beds, 4,584 additional residential care beds and 3,879 additional extra care beds across Oxfordshire between 2016 and 2040.

[3] Source – Oxfordshire Market Position Statement 2019 - 2022

1.5 The One Public Estate

One Public Estate (OPE) programme is an established national programme delivered in partnership by the Local Government Association and the Cabinet Office Government Property Unit (GPU). It provides practical and technical support and funding to councils to deliver ambitious property focused programmes in collaboration with central government and other public sector partners. Oxfordshire County Council, as the accountable body joined the programme in 2018 when health was awarded the first set of funding to explore opportunities for joint working across organisations, with the aim to optimise the use of land assets and to maximise the delivery of affordable housing, thus supporting the Oxfordshire Growth Deal.

However, the ability of Oxfordshire's OPE to be able to generate transformational service provision through estates developments/ reconfigurations has been challenged by viability issues – completed development values (with some non-commercial end uses such as libraries and community centres) have not been sufficient to be able to justify the costs of redevelopment. Furthermore the ability to incorporate health services in such developments has at times been hindered by financial viability issues, particularly where infrastructure where community centres and libraries are to be built on the site. In addition, at times there has been funding to work up schemes, but no capital to bring them to fruition.

1.6 The Oxfordshire Plan 2050

As part of the 2018 Oxfordshire Housing and Growth Deal with the Government, the six Oxfordshire authorities – Cherwell District Council, Oxford City Council, Oxfordshire County Council, South Oxfordshire District Council, Vale of White Horse District Council and West Oxfordshire District Council – have committed to producing a Joint Statutory Spatial Plan for Oxfordshire (a joint local plan) to be known as the Oxfordshire Plan 2050. www.oxfordshireplan.org

The aim of the Oxfordshire Plan is to provide an integrated strategic planning framework and evidence base to support sustainable growth across the county to 2050. This will include the planned delivery of c100,000 new homes by 2031, and economic development, and the anticipated supporting infrastructure needed. This represents potential population growth of c250,000 population for Oxfordshire, which may increase over time as the Plan develops

The Oxfordshire Plan will set out the overall development requirement and identify broad areas for growth across the County. It will then be for the respective district councils to establish detailed planning policies and site allocations in district level local plans.

As part of the Oxfordshire Plan 2050 work, a Health Impact Assessment will be undertaken of its spatial options for growth to ensure that they address existing health and wellbeing challenges in the county. In addition, Local Planning Authorities will be encouraged through their Local Plans to require developers to undertake health impact assessments of their major developments to ensure that they will provide a built environment that promotes good health and wellbeing.

Whilst these assessments will not address primary care estates needs they will consider the impact of proposed development on the wider determinants of health.

The Oxfordshire Plan is scheduled for adoption in Spring 2021 (subject to examination) and will be a formal Development Plan Document that will form part of the Development Plan for each District in Oxfordshire, and will be used in the formulation of more detailed plans locally, and in determining planning applications where appropriate.

OCCG will continue to work closely with relevant local planning authorities to ensure that the requirements for health infrastructure is fully addressed in these emerging development plan documents.

2.0 Strategic Context

2.1 Population growth and associated housing need

Population growth is described on page 7 above and the health needs associated with housing growth can be seen in appendix B.

2.2 NHS Long Term Plan – prevention and out of hospital

The NHS five year forward view envisages NHS estates as having a key role to play in supporting implementation of new care models, in improving efficiency and which meets the current and future needs for healthcare in an area.

It sets out how the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting. This includes the right to online 'digital' GP consultations and redesigned hospital support which will avoid up to a third of outpatient appointments. GP practices through Primary Care Networks will be funded to work together to deal with pressures in primary care and extend the range of convenient local services, creating genuinely integrated teams of GPs, community health and social care staff. New expanded community health teams will be required under new national standards to provide fast support to people in their own homes as an alternative to hospitalisation, and to ramp up NHS support for people living in care homes.

The Long term plan focuses on:

- Strengthening the NHS contribution to prevention and health inequalities
- the NHS's priorities for care quality and outcomes improvement for the decade ahead.
- Tackling current workforce pressures which will bring new staff into primary care
- upgrading technology and digitally enabled care across the NHS.
- Outlining a NHS funding settlement to ensure the NHS is on a sustainable financial path.

These changes will have significant impact on primary care estate.

The NHS published Supplementary guidance: Accommodating additional Multi-Disciplinary Team (MDT staff appointed under the Network Contract DES in August 2020. This document advises on key steps in developing a local estates strategy at PCN level. This OCCG Primary Care Estates Strategy is designed to provide the baseline information to PCNs to support this process.

2.3 Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Oxfordshire CCG, together with 6 NHS Trusts, 2 further CCGs, 14 local authorities and 175 GP surgeries form the BOB ICS which will play an important part in improving the health and care of its 1.8M population.

Health and social care organisations across Buckinghamshire, Oxfordshire and Berkshire West (BOB) have developed an ambitious draft plan to improve the health and wellbeing of the 1.8m people living in the area (https://www.bobstp.org.uk/) with a vision to achieve the 'triple aim' set out in Next Steps On The NHS Five Year Forward View published in March 2017 and close the health and wellbeing, care and quality and financial gaps.

Aims include developing a strategic investment programme for our estates and the use of capital to enhance the health and care environment and sharing the learning across our three systems to:

- Increase our ability to support people in their own homes and avoid an urgent & emergency visit to hospital
- Plan for more capacity and enhance the quality of maternity care for our growing population
- Improve the health outcomes and increase the access of patients using mental health services, ensuring services are operating efficiently.
- Improve access to the highest quality primary care services

This strategy will inform the BOB Estates Strategy and ensure that primary care estates in Oxfordshire are best placed to access available NHS capital funding.

More information on the Development of the BOB estates strategy can be found at https://www.bobstp.org.uk/workstreams/estates/.

2.4 CCG Strategic fit and PCNs

Part of the new contract for GPs under the Long Term Plan is the Enhancing the Additional Roles Reimbursement Scheme, established in 2019. These roles include clinical pharmacists, Physician Associates, Occupational Therapists, Social Prescribing Link Workers, Dieticians and Podiatrists.

Expanding the workforce is the top priority for primary care, for three reasons:

- to alleviate workload pressures on existing staff, and thereby ensure primary care is sustainable and can thrive;
- to improve patient experience of access, cut waiting times and meet the Government's commitment to provide 50 million more appointments within general practice; and
- to improve the quality of care and implement NHS Long Term Plan goals, including the integration of care as set out in the January 2019 five-year GP contract.

Whilst some staff may work from other operational sites, or from home bases, It can however be concluded that most PCNs may require some level of physical clinical space to absorb this staff increase in the next 4 years, if they cannot work from home or sessionally within the existing Primary Care Estate, or if otherwise alternative accommodation cannot be found for them. Robust IT support will be required for home working.

2.5 Post COVID-19

Early indications from NHSE/I around changes to premises requirements following the impact of COVID-19 and new ways of working are as yet not known, but are being worked on.

COVID-19 support has come predominantly from practices adapting their existing premises, where possible, to facilitate a flow of patients to suspected COVID-19 areas, and non COVID-19 areas. As time has gone by there is recognition that all patients need to be treated as suspected patients, as the numbers who are asymptomatic but test positive are rising as more testing is carried out. This means that practices need to maintain the ability to isolate patients and staff, and be prepared if numbers increase again.

Distancing and patient flow process through practice premises can be extremely difficult, if not impossible particularly with GP practices formed from the conversion of private dwellings, and where corridors in older purpose built buildings are very narrow.

Discussion with primary care practices is highlighting the complexity of patients who are returning for routine care. This is both for telephone triage, online consultations, and face to face visits which are now on the rise to clear the backlog of patients who have delayed treatment.
Practice capacity needs to be flexible to undertake clinical care at volume, for example with influenza vaccinations. Learning from examples elsewhere will be considered alongside this strategy.

2.6 Unfit (for purpose) GP Buildings

Premises that are unfit for delivery of modern primary care are mainly houses converted to GP use, which often have narrow stairs, cramped consulting rooms with no Disability Discrimination Act compliance, inadequate toilet facilities and multiple

levels. They can also be older purpose built surgery buildings which do not reflect modern methods of working.

Unfit buildings create the following problems:

- poor patient experience
- an inability to operate successfully in pandemics (evidenced recently during the COVID-19 pandemic)
- often associated with smaller Practices which cannot provide a wide array of services
- whether leasehold or owner–occupied, create an issue of “last man standing”
- may be in danger of a poor CQC report
- May have landlords who seek GP tenants to be tied into long full repairing and insuring leases.

3.0 Better Utilisation Options of the Estate

3.1 Online and video Consultations

The impact of COVID-19 has been significant in supporting a cultural change in both primary care and public usage of online and video consultations. The percentage of Oxfordshire practices using online and video consultations stands at 99% as at 30.4.2020,although the actual number of online/video consultations as a percentage of all consultations is still very low.

Early discussions with Oxford Academic Health Science Network identifies that in early October 2020 practices delivered 293 video consultations (on average 4 each) although recording may be low. This needs to be set against the number of appointments a practice could expect to deliver however at this low rate space is unlikely to be released. It is noted that telephone and video consultations do support patients with issues due to rurality, and lack of public transport, but still relies on them having access to the internet.

Video consultations are not the whole picture. The percentage of “remote” consultations, which includes telephone consultations, probably sits at more than 20 % of all consultations currently. One of the key factors for low usage may be insufficient or unreliable IT provision, or lack of patient access.

Work is being undertaken nationally to determine the extent to which online or video consultations, if operated effectively, would free up existing consultations. National workshops will be conducted which will examine the effects of online consultations. However, it is unlikely that this will result in a significant additional supply of consulting rooms when set against the need for additional staff roles.

Many of the Practices in Oxfordshire are already utilising their clinical space at 100% of capacity as identified in the 6 Facet Survey, with online and video consultations being undertaken in GP admin space or even in GPs’ own houses, to help support other clinical staff within the practice.

3.2 The digitalisation of Lloyd George Notes

NHSE/I support the digitalisation of paper copies of patients medical records, also called Lloyd George Notes, but have not yet confirmed whether Practices can dispose of their paper note systems. This has meant that many Practices still have (a) room(s) dedicated within their Practices for storage of notes or b) storage space off site. If NHSE confirm that these notes can be destroyed and there is capital to pay for the conversion of the practice based storage rooms to clinical use, then at least one new Clinical/Consulting room could be created in some main GP Premises buildings.

3.3 Longer Premises opening hours

To consider all of the options available to the CCG, extending opening hours in existing premises needs to be taken into account. This does not necessarily mean that general practice needs to open beyond existing core hours, but PCN services or community providers may be able (or may wish) to provide services at these times.

Typical costs of a salaried GP and locum shown on the table below (comparison is for 3 GPs):

Salaried GP		Annual	13.80%	14.38%	Annual
WTE	Hrly Rate	Salary	Ers NIC	Ers Pension	Total
1.00	£47	£91,229	£12,590	£13,119	£116,937
3.00		£273,687	£37,769	£39,356	£350,812
GP Locum					
Session	Session	Session	Session	Session	Annual
Rate	per day	days	weeks	Total	Total
250	6	5	50	1500	£375,000
300	6	5	50	1500	£450,000
Assumptions					
Salaried GP Annual Salary £91,229 - data source					
https://www.bma.org.uk/pay-and-contracts/pay/other-doctors-pay-scales/salaried-gps-pay-ranges?query=gp%20locum%20sessional%20raye					
GP locum Rate per session - £250-300 per session					
NHSE/I COVID 19 Support Fund for general practice letter 4/8/20					

Table 5

Note : a GP model has been used in this instance, however other staff may also be required to use the space. A session is 4.5 hours.
A third session may not be provided by a GP, it could be another service utilising the existing premises.
An aging population may require longer (15 minute) appointment times as complexity in conditions increase.

The following tables calculation have many variables, however to set the above costs against a build model the estimates are:

"3 session practice example"			
base on 2 full-time GPs and 2 available consulting rooms			
Option is to:			
A	either create an additional room occupied by another 2-session a day salaried GP		
B	or two locums doing a session each day in each of the available 2 consulting rooms		
A	One additional salaried GP	£116,987	pa
	newly built room estimate	13,500	pa
		£130,487	**Option A cost**
B	locum rates* (*can fluctuate) £250-300	£300	per session pd per locum
	two locums doing the third session	£600	
		£3,000	5 dpw
		52	weeks pa
	(Costs increase if weekend working introduced)	**£ 156,000**	**Option B cost**

Table 6

Pro's for extended opening hours	Cons
Existing premises so increased space utilisation. May suit PCN/community provider services. Convenience for working patients. Many practices are already utilising space in a flexible way so clinicians use a room – not 'their' room. New space can be configured more flexibly for virtual consultations in soundproof booths rather than rooms. Environmental savings re no building supplies or disruptive working. Same 'rental' costs to OCCG.	Recruitment difficulties already exist nationwide. Staff may not wish to work in shift patterns re work life balance (although some might prefer it). Shifts may over-run and cause delay issues in patient waiting times. National model of weekend working was not welcomed by many patients – the same may prove true for extended hours. Cultural change for clinical staff having neutral space rather than their own designated space. Shift patterns and weekend working will require additional support staff costs to avoid lone working Some landlords don't allow building access for late night working. Pressure on GP staff to remain on site to ensure premises are looked after and secure.

Over time it is likely that many practices will use their existing clinical space in a shared model to maximise access for patients, and to support the delivery of PCN services. The next edition of the Primary Care Directly Enhanced Service guidance is expected to make reimbursement for shared use of space a viable option.

4.0 Funding an Increase in Estate Supply

OCCG do not hold capital funding for estates development; this is obtained through capital bids to NHSE/I. This ability is limited and is a barrier to new supply. Funding currently comes through the provision of the following areas.

4.1 The Planning System

There are two principal methods that local planning authorities secure improvements to primary care infrastructure. These are:

Community Infrastructure Levy (CIL)

CIL is a tariff charged on new development that a Local Planning Authority (LPA) can choose to adopt to support the provision of infrastructure. Once adopted CIL is fixed, non-negotiable and enforceable. Where Local Authorities have a CIL Policy (e.g. South and Vale District Councils), discussions with those Authorities have either led to a proportion of CIL being committed to Health infrastructure or are in the process of negotiation.

Planning Obligations (Section 106 Agreements)

A planning obligation is secured by either a deed of agreement or a unilateral undertaking made under planning legislation, in association with a planning permission for new development. They are legally binding and enforceable if planning permission is granted. They also run with the land. They can cover almost any relevant issue such as types of infrastructure or services and future maintenance.

Affordable housing is generally considered the most important provision in a S106 Agreement, but other infrastructure such as Schools, Highways, Public Open Space/Play areas, Community and Health Centres have also been provided for in such Agreements. Existing Section 106 Agreements that cover health infrastructure have tended to be historic agreements and tend to follow a traditional model of GP practice provision of a small non-viable GP premises serving that development only. In these situations, OCCG is forced to consider either implementing these agreements or seeking Deeds of Variation to them - this is time consuming and requires both the Local Authority and Developer concerned to agree the variation.

S106 funding has a requirement for spend to occur within 10 years, or reverts back to Council allocations.

It is important to note that planning obligations should only be sought where they meet ALL of the following three tests:

- They are necessary to make the development acceptable in planning terms
- They are directly related to a development
- They are fairly and reasonably related to scale and kind to the development.

4.2 Local Authorities in Oxfordshire and their Indirect Contribution to Healthcare Infrastructure

The Local Authorities are:

- Oxford City Council
- Oxfordshire County Council
- Cherwell District Council (CDC - covering the north of the County including Banbury, Bicester, and Kidlington)
- South Oxford District Council (SODC - covering the southern towns of Didcot, Abingdon, Wallingford)
- Vale of White Horse District Council (VoWHDC - covering the west of Didcot, Wantage)
- West Oxford District Council (WODC - covering the western towns of Witney).

Contributions to health infrastructure administered by Local Authorities:

The Local Authorities have varying approaches in their support of primary care infrastructure funding which can be through either CIL or s106 as follows:

Both **SODC and VWHDC** have Community Infrastructure Levy (CIL) charging schedule and are currently allocating 20% of all CIL collected for Health Infrastructure. SODC and VWHDC have an Infrastructure Development Plan (IDP) which specifically mentions that a number of larger housing developments will contribute substantial sums towards Primary Care Health infrastructure via Section 106 Agreements. Other smaller developments will provide developer contributions via CIL, but with a challenging condition requiring CIL to be spent on health infrastructure within the Parish in which it was generated "as much as possible". A large amount of CIL has been collected for Health Infrastructure but not yet spent, mainly due to the above constraints. Without the use of CIL monies to defray capital costs, proposed extensions and reconfigurations continue to be extremely challenging.

Cherwell District Council has not, to date, adopted a CIL charging schedule. It seeks to negotiate developer contributions as set out in its adopted Developer Contributions Supplementary Planning Document (SPD) 2018. This SPD, at paragraph 4.91 states that new residential development will be expected to contribute towards the provision of additional health care infrastructure generated by its population growth where there is insufficient existing capacity, well located to serve the development. This may include financial contributions and/or the provision of land and buildings.

Based on the formula and approach adopted by OCCG in July 2017 a sum of £360 per person (index linked) is sought from qualifying developments of more than 10 dwellings.

The OCCG works closely with CDC colleagues to ensure that robust evidence is provided to demonstrate lack of existing capacity which is essential to justify developer contributions towards health facilities in the district.
Please note that CDC has no plans at present to update the SPD.

Oxford City Council has a CIL Policy but no agreement with OCCG to provide any CIL monies for Health infrastructure. Due to a lack of housing developments in their area, there is little scope to obtain Section 106 capital contributions for this Council, with the exception of Wolvercote where there is a S106 Agreement to provide a shell and core facility at the former Paper Mill site. This would only be big enough to provide a small surgery (requiring Summertown Practice to continue to operate from two premises not one) but this Agreement does nevertheless represent a capital contribution towards a GP Premises development. There is a proposed development, still in its initial stages, at Diamond Place in North Oxford. Master planning has yet to formally begin, but this could possibly be an opportunity to provide capital contributions to a new Primary Care facility there, albeit it is considered that the capital contribution is unlikely to be significant.

West Oxfordshire District Council had previously submitted a CIL draft charging schedule for examination in September 2015 but the examination was suspended alongside the Local Plan. The 2015 CIL charging schedule has now been formally withdrawn. Consultation on the new draft charging schedule took place for a six week period from 10 July to 21 August 2020. The Council are currently preparing proposals to introduce CIL to the West Oxfordshire district. The money generated from CIL will be used alongside Section 106 to contribute to funding infrastructure to support development growth in West Oxfordshire.

OCCG receives routine email notification of all major planning developments via its portal occg.planning@nhs.net. OCCG seeks to make representations to Developers for planning applications for key residential units to ensure that developers pay an appropriate amount towards health infrastructure. Given the scale of the developments around the county OCCG is closely engaged with their Local Authority colleagues in Planning to ensure primary care infrastructure funding is available to support the GP service provision for that area.

Across the Local Planning Authorities in Oxon, there are significant challenges in successfully incorporating developer contributions via Section 106 or CIL for the provision of Health Infrastructure. These challenges are:

- A lack of capacity to engage with Local Authorities to enable changes to be made to their Local Plan Policies that provide for adequate Health Infrastructure via developer contributions
- The provision of an accepted evidence-based cost estimate for a suitable Health Infrastructure development (new build and extension) that meets 3 necessary planning tests, namely:
    - necessary to make the development acceptable in planning terms,
    - directly related to the (mainly residential) development,
    - fairly and reasonably related in scale and kind to the (mainly residential) development,
- OCCG have now produced local evidence to support a level of £360 per person (of new population growth – refer to Appendix D) using cost data from schemes in an adjoining county

- It is difficult, particularly where smaller (residential) developments are phased in time over an area, to coordinate the different developer contributions towards a single and meaningful health infrastructure project.

The most significant (legacy) S106 Agreement in Oxfordshire is in Didcot in respect of the part funding of a proposed GP development at the Great Western site where the developer has a legal duty to gift a 0.2 ha/0.5 Ac site to the NHS as well as a current financial contribution of c £0.85M. Other contributions are in the pipeline for other areas if they can be brought to fruition.

4.3 Capital contributions from NHSE/I:

OCCG is totally reliant on NHSE/I capital funding being made available in order to develop any estates project. This is usually made available via:

- **ETTF funding** – the Estates Technology and Transformation Funding stream is part funding 23 projects in Buckinghamshire, four in Berkshire West, zero to date in Oxfordshire, and closes in March 2021. There is no current understanding of any replacement schemes.
- **STP Capital** - STP capital funding is believed to be on hold pending a better understanding of the future service delivery and current estates position.

Both ETTF and STP Capital projects require a very robust business case regime, predicated on a sound estates strategy.

4.4 Premises Improvement Grants

Each year NHS E releases funds to CCGs for premises improvement grants. The projects that may be funded through these grants and the conditions attached to them are clearly laid out in the General Medical Services – premises Costs Directions 2013 available https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/184017/NHS__General_Medical_Services_-_Premises_Costs__Directions_2013.pdf

Annually the CCG will collect 'bids' from the practices and submit the most appropriate for consideration by the national team. Schemes submitted vary in cost between £5,000 and £100,000. Currently improvement grants are provided to a maximum of 66% of total costs with the remainder covered through practice contributions.

Premises improvement grants are an economic and effective way of achieving small scale estates improvements in general practice. However, funding is often released with tight turn round for bid submission or with the condition that projects complete over a few months. They are therefore not suitable for some of the larger scale developments.

Going forward the Primary Care estates strategy will support the Premises Improvement grant schemes.

4.5 Additional revenue - (through rent reimbursement payable directly by the CCG).

NHSE/I Revenue Funding of current Primary Care Premises:
The Primary Care delegated co-commissioning budget for GP Premises is currently **£11,803,538** pa. This is part of a wider primary care delegated budget.

This revenue pays for:

- "notional rent" (based on a notional lease of 15 years with a tenant internal repairing liability and 3-yearly rent reviews), where Practices are owner-occupied
- Lease rent reimbursement, based on the actual rent payable, subject to certain conditions*
- Business Rates reimbursement
- Clinical Waste cost reimbursement

The District Valuer assesses all rental values, with the frequency of review being 3 yearly for owner-occupied estate and generally 3 to 5 years (depending on the review pattern in the lease and the desire of a landlord to implement a rent review).

With new Premises developments, the above delegated budget will require an increase. However increases (or decreases) in the wider primary care budget are only ordinarily given when Office for National Statistic data demonstrates an increase in Oxfordshire's population. Each project will have its own business case and estimated additional revenue and other associated project costs.

Without capital funding from NHS E/I or premises improvement grants, OCCG is unable to progress with practice refurbishments or new builds. Because of the limitations of OCCGs delegated powers from NHSE/I OCCG is unable to borrow capital to finance primary care developments and therefore can only fund premises developments through rent reimbursement.

5. Overarching Principles

1. OCCG will collaborate with ICS system partners to ensure that Oxfordshire's primary care estate needs are known and communicated and where possible will seek to co-locate services that consolidate services onto fewer sites, maximising the use of existing infrastructure. This includes exploring the development of out-of-hospital services provided in community hub-type settings.

2. OCCG will where possible ensure primary care premises are developed in Oxfordshire to support the implementation of OCCG commissioning plans and in particular the ICS Primary Care Strategy and aligned to One Public Estate where appropriate.

3. OCCG will enable primary care services that cater for population growth, particularly around centres of significant growth to ensure new populations have a viable Primary Care service.

4. OCCG planned developments will make best use of the external funding - NHSE/I funding, CIL funding and s106 funding.

5. OCCG will work with practices so that they remain or can become resilient and sustainable; the CCG will not support the establishment of single-handed GP practices and would only wish to fund new practices that can cater for at least 10,000 population (5-6 FTE GPs). As a general rule the development of new branch surgeries are no longer clinically or financially viable, so will only be considered where there are exceptional circumstances.

6. OCCG will strive to fund modern, fit for purpose premises that are accessible to local populations and ideally close to public transport and/or with reasonable parking facilities, with a preference for sustainable travel arrangements.

7. OCCG will increasingly commission services that can be delivered in primary care that have traditionally been delivered in secondary care, thus promoting care closer to home.

8. OCCG will need to develop an evaluation process and criteria for assessment of options and development opportunities to ensure the right estate is delivered in the right place and are cost effective to make best use of funds available.

9. OCCG will allow Developer Contributions in excess of the limit imposed by the Premises Costs Directions of 66% subject to agreed ICS-wide Criteria (to be agreed) to enable rent reimbursement to be minimised, subject to the adoption of an agreed exceptionalities criteria for funding above 66%, and subject to any new guidance/ premises costs directions

10. New developments will be at “value for money” Rents as confirmed by the District Valuer, whether under the “Current Market Rent” basis or as under Direction 6 of the 2013 Premises Costs Directions (covering situations which cannot reasonably be foreseen).

OCCG has a scoring criteria tool when prioritising spend across estates which covers a number of key areas. This can be seen on page 15.

6. CONCLUSIONS

This document details the current Oxfordshire CCG estates position so this is known across the BOB footprint. The significant population growth across so many areas of Oxfordshire is increasing the pressures on primary care services, patient needs

are rising and new PCN staff will require a base to work, whether in a clinical setting or otherwise.

With the expanding housing growth and subsequent population rise, there are significant estate pressures across Oxfordshire, with limited ability to put in place robust plans for development without developer contributions from CIL / S106 funding or NHSE capital, bearing in mind the additional revenue burden to OCCG.

Within Oxfordshire the immediate (2-3 years) priorities for primary care premises development plans to be finalised are:

- Oxford City
- Bicester
- Didcot
- Wantage

Due to significant housing growth the following local areas are also under pressure and require health infrastructure development plans in the short to medium term, subject to future funding:

- Kidlington /Yarnton
- Abingdon
- North Oxford
- Wallingford
- Eynsham (garden village)
- Banbury

Both population growth and the GP contract will increase pressure on primary care estates and unless new ways of working are more intensively adopted across the county and/or additional revenue and capital funding is obtained, OCCG may not be able to adequately fulfil its statutory duty to support patient services".

Finally, alignment of the three CCG estates strategies within the BOB ICS estates strategy is required in order to fully understand the wider system priorities.

Oxford Health NHS Trust - Historic Integration within the Oxfordshire NHS Estate

Oxford Health NHS Trust (OHFT) are the main Community Services Provider in Oxfordshire and specialise in mental health services. They have a number of Community Hospital sites that are effectively co-located in GP surgeries in Abingdon, Didcot, Wallingford and Witney.

OHFT also have a cottage hospital in Wantage relatively close to the only GP Practices there. OHFT also have a significant presence in 2 NHS PS Hospital sites at Bicester, Chipping Norton and Henley with GPs in close proximity.
OH service provision at these locations is shown in the below table:

Hospital	**Services**
Abingdon	Children's integrated therapy service, Community Nurses, MSK Physiotherapist, Countywide-Podiatry, ILT, Urgent Care, Countywide SALT, tissue viability
Bicester (NHS PS)	Physio, 1 ward, out of hours & integrated locality hub
Chipping Norton (NHS PS)	SaLT, Podiatry, Physio, 14 intermediary beds, Older Adult mental health office, MSK & DNs
Didcot	Older adult inpatient, podiatry clinic, dental clinic, occupational therapy & DNs
Henley (Townlands - NHS PS)	1 ward, HV's, DNs, SaLT, podiatry, MSK physio, MiU, RACU - Rapid Access Care Unit
Wallingford	Adult and Older Adult community mental health teams, dental & Children's integrated therapy service, memory clinics, falls, SaLT, podiatry, MSK
Witney	MIU, Emu, Dental, 2 wards, 7 consulting rooms, MSK physio, OT gym & SaLT
Wantage	School health nurses, SaLT and podiatry

Green shading denotes closest/adjoining proximity to current GP Practices.

Oxford University NHS Hospitals Trust is the only acute provider in Oxfordshire – they have secondary care provision on the Churchill hospital site, the Nuffield Orthopaedic site, and the Banbury hospital site and do have some ‘co-location’ with Primary Care within a reasonable vicinity:

Site	Based	Nearest GP practice to Acute site
John Radcliffe Hospital	Oxford city	0.4 miles - Manor Surgery on site
Churchill Hospital	Oxford city	0.7 miles – Manor Surgery
Nuffield Orthopaedic Hospital	Oxford city	0.6 miles – Manor Surgery or 0.7 miles - Hedena Surgery
Horton Hospital	Banbury town	0.3 miles - High Town Surgery

OUHFT is expected to publish a Horton Hospital Plan in the future; this will be considered alongside this estates strategy in due course.

It is important to note that with the move to more Integrated Care across the system, this reinforces the need to move certain specialist and diagnostic functions into a primary care setting, such as the Integrated Cardiology Service and Community Gynaecology services as examples, and for diagnostics and MSK services to be based in county based settings. It is important to allow, where possible, for flexible multipurpose sessional rooms to be available in community settings, which would suit a range of clinical and diagnostic functions, to support this.

This also brings a need to have flexible clinical space which is able to be co-located with diagnostics wherever this is possible. This will enable a one stop shop approach for patient appointments. It may be that larger areas require diagnostic hubs to run alongside local service provision to support patients being seen closer to home.

Appendix B

Health needs associated with Housing growth

The link between planning and health is long established. The planning system has an important role in creating healthy communities; it provides a means both to address the wider determinants of health and to improve health services and infrastructure to meet changing healthcare needs. Consultation between District Councils (as Local Planning Authorities (LPAs)), public health and health organisations is a crucial part of the process.

The Oxfordshire Strategic Housing Market Assessment (2014) concluded that 93,560 – 106,560 additional homes will be needed across Oxfordshire in the period 2011 – 2031. Assuming an occupancy rate of 2.4 people per new dwelling , this equates to an additional population of 215,000 – 245,000 people, or a 35% increase from the 2011 census baseline.

NHS Property Services have estimated that an additional 128 WTE GPs and over 16,000 square metres of GP floor space would be needed to cope with this level of population growth (assuming the mid-point of the growth estimate). Given the current financial position of the NHS it is difficult without additional roles staff to see how this will be delivered without either securing funding or infrastructure from the developers building the homes or accessing other sources of funding available to meet the demands associated with significant growth.

The sums of money potentially available via CIL or s106 are significant. Based on the mid-point of expected growth and calculations included later in this report, the level of housing expected in Oxfordshire could generate in the region of £230 million for primary care facilities from developer contributions. Depending on the size of the development, valuable land could also be made available for new healthcare premises.

This paper provides an overview of where housing growth is expected, Section 106 planning obligations and the Community Infrastructure Levy; outlines the steps that need to be taken to put the CCG in a stronger position to influence and realise opportunities in relation to housing and population growth; progress to date; and a suggested approach to securing funding and infrastructure.

Integrated Care System (ICS) Provision

The NHS and local councils formed Sustainability and Transformation Partnerships (STP) in 44 areas in 2016, all of England, to improve health and care. https://www.england.nhs.uk/integratedcare/stps/ Each area has developed proposals built around the needs of the whole population in the area, not just those of individual organisations.

In 2019, NHS England/NHS Improvement approved the formation of the BOB ICS from the BOB STP. https://www.bobstp.org.uk/ This brings together health and care organisations and local authorities across Buckinghamshire, Oxfordshire and Berkshire West with the aim of working more closely to serve the needs of the 1.8million people within the BOB area. The work of BOB ICS will be driven by the commitment to provide a person centred approach to health and care services, making sure they are delivered and planned as locally as possible.

The BOB ICS has developed a local plan that sets out how affordable, good quality health and social care will be provided across the footprint in the future. https://www.bobstp.org.uk/bob-ics-five-year-plan/ The BOB STP footprint is made up of Clinical Commissioning Groups (CCGs), Local Authorities, NHS providers and other health and care services across the geographic area. It covers a population of 1.8 million and has a budget of £2.5 billion. The key priorities for the BOB STP are:

- Shifting the focus of care from treatment to prevention.
- Providing access to the highest quality primary, community and urgent care.
- Collaboration between acute trusts to deliver equality and efficiency.
- Developing mental health services to improve the overall value of care provided.
- Maximising value and patient outcomes from specialised commissioning.
- Establishing a flexible and collaborative approach to workforce.
- Making better use of digital technology to improve information flow, efficiency and patient care

ICS Estates Strategy

The BOB ICS Estates Strategy is a “work in progress” with various ICP Estates Strategies needing to be in place first and with ICS strategies on Primary and other Care services to be better developed.
https://www.bobstp.org.uk/workstreams/estates/

The BOB ICS Estates Strategy has a basic prototype – the BOB STP Estates Strategy, created in 2018 which sought to capture a discussion document that described the existing estate, the challenges that clinical services face and recognises there has been a lack of funding in the past.
In principle the Strategy supports investments (to include the reduction in backlog maintenance), subject to funding to enable a more efficient use of the estate,

supported through digital consultations, care closer to home and with primary and community care transformation.
There were some basic costs captured for the existing estate which exclude the GP estate:

- STP total estate cost of c.£116m pa (excluding GP Premises)
- Over 90% of footprint is clinical use
- c.£203m backlog maintenance
- c.£36m high-risk backlog maintenance

With regard to capital requirements, the Strategy approached the investment prioritisation in a "whole system" approach and identified key investment requirements as being:

- 2 over £100M each (outside of Oxfordshire)
- 47 under £100M (some in Oxon)

The total anticipated STP Capital investment across the estate for the period 2018 to 2023 was estimated at £846 M and following a due diligence process in July, 18 Wave 4 STP bids were submitted for a total of £106M. However, the STP Capital Committed (as at July 2018) was as follows:

- £8.8m STP wave 2: Primary Care Access Centres (Bucks ICS)
- £5m STP wave 2: A&E Stoke Mandeville Hospital (Bucks ICS)
- £3m Wave 3 STP capital for 8 beds at Highfield PICU (Oxford Healthcare FT)
- £25.8m of projects at FBC stage (July 2018)

The primary and secondary care estate in Oxfordshire has not received any of this funding to date and whilst the GP estate and GP services are recognised, the main focus of the Strategy was primarily around the Acute care estate.

In January 2019, initial discussions were held with primary care leads to start drafting an ICS-wide primary care estates strategy, recognising that each place (Berkshire West, Oxfordshire and Buckinghamshire) were at different stages in understanding their existing primary care estate and setting priorities and investment plans for the future. With the advent of Primary Care Networks as the building blocks of all future service delivery, and the launch of a primary care strategy across BOB by the Autumn of 2019, it was agreed that a working group tasked with drafting the primary care estate strategy would be convened post September 2019, with a view to presenting a first draft to STP Estates Working Group.
A table of "desired" projects (referred to as "the current and planned primary care capital pipeline") was put forward to the ICS and is under consideration.

A Primary Care Estates Strategy for each County within the ICS will serve to better inform the ICS towards the development of a "system-wide" Estates Strategy, albeit it is recognised that without further capital (and revenue) funding, such a Strategy will be difficult to bring to fruition.

Appendix D

OCCG Board Paper adopting the Oxfordshire Model for Primary Care Estates

The Oxfordshire model for dealing with primary care infrastructure development was adopted by OCCG in 28 September 2017, following agreement at the Oxfordshire Primary Care Commissioning Committee (OPCCC) meeting, paper 6, here:

https://www.oxfordshireccg.nhs.uk/documents/meetings/opccc/2017/07/2017-07-25-Paper-6-Primary-Care-Infrastructure.pdf

This document remains in place until reviewed following national NHS England / Digital advice on new ways of working which may affect premises, following the COVID-19 pandemic.

The average occupancy of 2.4 persons is used in the initial health calculation until such time as the size of the units are confirmed at which point the final costs/health calculation would be confirmed. For example if the proposal was for a 400 dwelling development the initial calculation would be –

2.4 persons x 400 dwelling units x £360* = £345,600.

When the size of the units is confirmed the table below is used:

Size of unit	Occupancy assumptions based on size of unit	Health need / sum requested per unit
1 bed unit	1.4 persons	£504 per 1 bed unit
2 bed unit	2.0 persons	£720 per 2 bed unit
3 bed unit	2.8 persons	£1,008 per 3 bed unit
4 bed unit	3.5 persons	£1,260 per 4 bed unit
5 bed unit	4.8 persons	£1,728 per 5 bed unit

*Note the £360 sum is index linked so will rise with inflation as the SDP ages.
This cost of £360 per person should inform negotiations with developers for their contributions towards health infrastructure.

OCCG have reviewed the £360 per person and are confident that this is a robust figure having analysed two recent projects in Buckinghamshire that are commencing shortly.
The £360 per person is calculated on a cost of GP development that includes land, build costs, professional fees and VAT.

Primary Care Estates Meeting – Terms of Reference are available in the following OPCCC estates update document here:
https://www.oxfordshireccg.nhs.uk/documents/meetings/opccc/2019/11/2019-11-05-Paper-4-1-Oxfordshire-Primary-Care-Estates-an-update.pdf

Appendix E

Practice estate position per PCN area

The following tables are shown in North, City, South order, then by PCN in alphabetical order. They show the current information available on each practice as per the District Valuer square meterage, the lease position as advised by NHS Property Services, or practices, and any known growth or intentions to make alterations.

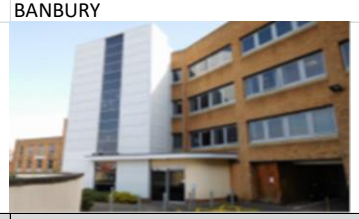
These are working documents and will change as practice positions alter.

North - Banbury Alliance PCN

PCN Practice Profiles

Banbury Alliance PCN				
Name:	Hightown Surgery	Windrush Surgery		Woodlands Surgery
Address:	Hightown Gardens, Banbury OX16 9DB	Windrush Surgery, 21 West Bar St, Banbury OX16 9SA	The Surgery, Bretch Hill, OX16 0LS	4 Burchester Place, Banbury, Oxon, OX16 3WT
Branch surgery:	main	main	branch CLOSED	main
PCN area:	Banbury	Banbury	Banbury	Banbury
Practice Population: 1.1.20	11435	8376	part of Windrush	7385
Owned / Leased:	Owner / Occupied	Owner / Occupied	Leased	Owner / Occupied
Lease commenced:	n/a	n/a	04.10.99 25	n/a
Lease expiry:	n/a	n/a	03.10.24	n/a
Break Clause:	n/a	n/a	10 yrs	n/a
Lease type:	GP practice loan	n/a	full repairing	GP practice loan
Owner / Landlord:	GPs	Various	Cherwell District Council	GPs
Building type:	purpose built	converted house	converted commercial	purpose built
Population growth:	significant	steady		steady
Expansion planned:	Yes, portacabin as interim measure	no, no space to expand	no	no, no space to expand
S106 sought:	Banbury population expansion	Banbury population expansion	Banbury population expansion	Banbury population expansion
Status:				
6 Facet status (2017)	100% space utilisation - overcrowded Compliance with statutory regulations - D	100% space utilisation - fully used Compliance with statutory regulations - D	Space utilisation - 50% under used Complicant with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - D
Net internal area 2017	236.87	259	split with main	187.19
Parking	18	20 spaces		8
Other ?				
Net internal area	683.06			
Total PCN population	27,196			
List size per square metre	39.8			

North - Banbury Cross PCN

PCN Practice Profiles	BANBURY			
Banbury Cross PCN				
Name:	Banbury Cross Health Centre			
Address:	previously known as West Bar, Surgery, South Bar House, Banbury, OX16 9 AD	previously known as Horse Fair, South Bar House, S Bar St, Banbury OX16 9AD	Bridge Street Surgery, OX16 5QB	Hardwick, OX16 1XE
Branch surgery:	main site	main	branch	branch - CURRENTLY CLOSED
PCN area:	Banbury	Banbury	Banbury	Banbury
Practice Population: 1.1.20	25617	14259	part of Banbury Cross HC	part of Banbury Cross HC
Owned / Leased:	Leased	Leased	Leased	Leased
Lease commenced:	17.6.2009 25 years	5.4.2008 25 years	??	15.3.2005 10 years
Lease expiry:	16.6.2034	4.4.2033		14.3.2015
Break Clause:	was at 15 years at 2024, now gone. 6 months notice			
Lease type:	full repairing	full repairing?		
Owner / Landlord:	Assura	Assura	Cherwell District Council	Cherwell District Council
Building type:	purpose built	purpose built	purpose built	purpose built
Population growth:	steady	steady	steady	
Expansion planned:	no	no	no, no space to expand	temporarily closed on infection control grounds
S106 sought:	Banbury population expansion	Banbury population expansion	Banbury population expansion	Banbury population expansion
Status:	top floor space	top floor space	top floor space used by other services	
6 Facet status (2017)	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C	Space utilisation - 50% under used Complicant with statutory regulations - C
Net internal area 2017	1431	1275	403.14	Closed
Parking	42	35 shared	0	3
Other ?				
Net internal area	3109.14			
Total PCN population	39876			
List size per square metre	12.825			

North - Bicester PCN

PCN Practice Profiles	v5	**DRAFT**			
Bicester PCN					
Name:	Bicester Health Centre	Montgomery House Surgery	Alchester Medical Group		
Address:	Coker Close, Bicester, OX26 6AT	Piggy Lane, Bicester, OX26 6HT	Langford Surgery, 9 Nightingale Place, Bicester, OX26 6XX	Victoria House Surgery, 119 Buckingham Road, Bicester, OX26 3EU	Ambrosden, OX25 2RB
Branch surgery:	main	main	Main	branch	Ambrosden branch
PCN area:	Bicester	Bicester	Bicester	Bicester	Bicester
Practice Population: 1.1.20	15035	15314	20320	in Alchester figs	in Alchester figs
Owned / Leased:	Owner / Occupier	Leased	Owner / Occupier	Leased	Leased
Lease commenced:	n/a	24.9.1998 24 yrs	n/a	27.11.2001 (24 years)	26.7.1985
Lease expiry:	n/a	24.09.2022	n/a	27.11.2025	2021 5 years DV discussions
Break Clause:	n/a	no	n/a	no	3 months
Lease type:	Group practice loan	fully repairing	Group practice loan	fully repairing	internal repairing
Owner / Landlord:	GPs	PHP	GPs	PHP	SoS Defence Estates
Building type:	purpose built	purpose built	purpose built	purpose built	Converted building
Population growth:	significant	significant	significant	significant	significant
Expansion planned:	Julier Centre	Kingsmere / Graven Hill possible options	yes, portacabin options being explored	Kingsmere / Graven Hill possible options	no
S106 sought:	Working with CDC on any opportunities for s106	Working with CDC on any opportunities for s106	Wretchwick Green	Working with CDC on any opportunities for s106	
Status:					
6 Facet status (2017)	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - under used Compliance with statutory regulations - C
Net internal area 2017	611.39	981.29	497	710	180
Parking	53	55	20 shared	41	7
Other ?					

Net internal area	2979.68	Alchester Medical Group, and Montgomery House Surgery are not part of a PCN, however patients remain covered by OCCG.
Total population	50,669	
List size per square metre	17.0	

North - Eynsham and Witney PCN

PCN Practice Profiles	v3			DRAFT	
Eynsham & Witney PCN					

Name:	Cogges Surgery	Eynsham Medical Group		Nuffield Health Centre	Windrush Medical Practice
Address:	12 Cogges Hill Road, Witney, OX28 3FS	Conduit Ln, Eynsham OX29 4QB	Long Hanborough Surgery, 56 Churchill Way, Long Hanborough, Witney, OX29 8JL	Welch Way, Witney OX28 6JQ	Welch Way, Witney OX28 6JS
Branch surgery:	main	main	branch	main	main
PCN area:	Eynsham & Witney PCN	Eynsham & Witney PCN	Eynsham & Witney PCN	Eynsham & Witney PCN	Eynsham & Witney PCN
Practice Population: 1.1.20	7,467	14,211	in Eynsham figures	12,004	18,176
Owned / Leased:	owned	owned	owned	leased	owned
Lease commenced:	n/a	n/a	n/a		n/a
Lease expiry:	n/a	n/a	n/a		n/a
Break Clause:	n/a	n/a	n/a		n/a
Lease type:	n/a	n/a	n/a	full repair	n/a
Owner:	GP Partners	GP Partners	GP Partners	various	GP Partners
Building type:	purpose built	purpose built	purpose built	purpose built	purpose built new 2012
Population growth:	significant	yes	significant - Oxfordshire Cotswold Garden Village	significant	significant
Expansion planned:		no, no space to extend	Yes - branch being rebuilt	No, OHFT MH staff in situ	no, no space to expand
S106 sought:			yes		
Status:				lease discussions ongoing	
6 Facet status (2017)	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C	space utilisation - 20% under used Compliance with statutory regulations - C
Net internal area 2017	383.97	495.92	244.73	728	1430
Parking spaces:	27	8	12	27	35
Other ?					

Net internal area	3282.62
Total PCN population	51,858
List size per square metre	15.80

North - KIWY PCN

PCN Practice Profiles	v4	DRAFT			
KIWY PCN					
Name:	Gosford Hill Medical Centre	Islip Medical Practice	Woodstock Surgery	The KEY Medical Practice	
Address:	167 Oxford Rd, Kidlington, OX5 2NS	Bletchingdon Rd, Islip, OX5 2TQ	Park Lane, Woodstock, OX20 1UD	Exeter Close, Oxford Rd, Kidlington, OX5 1AP	Yarnton Surgery, Rutten Lane, Yarnton, OX5 1LT
Branch surgery:	main	main	main	main	branch
PCN area:	KIWY	KIWY	KIWY	KIWY	KIWY
Practice Population: 1.1.20	7223	5952	9094	13057	In KEY figures
Owned / Leased:	Owner / Occupier	Owner / Occupier	Owner / Occupier	Owner / Occupier	Leased
Lease commenced:	n/a	n/a	n/a	n/a	12.04.1990
Lease expiry:	n/a	n/a	n/a	n/a	2029
Break Clause:	n/a	n/a	n/a	n/a	
Lease type:	Group Practice loan	Group Practice loan	Group Practice loan	Group Practice loan	
Owner:	Aviva	Nat West	Lloyds	GP Partners	Merton College / NHS PS ?
Build type	converted house	purpose built	converted house	purpose built	purpose built
Population growth:	significant	steady	significant	significant	significant
Expansion planned:	Yes (no capacity on current site)	No, expansion space available	Yes (no capacity on current site)	Yes, with Gosford Hill	No, expansion space available
S106 sought:	Working with CDC on any opportunities for s106, 4,400 Oxford 'breathe out'	Working with CDC on any opportunities for s106, 4,400 Oxford 'breathe out'	Working with CDC on any opportunities for s106, 4,400 Oxford 'breathe out'	Working with CDC on any opportunities for s106, 4,400 Oxford 'breathe out'	as KEY
Status:					
6 Facet status	100% space utilisation - fully used Compliance with statutory regulations - D	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - overcrowded Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C	space utilisation - under used Compliance with statutory regulations - C
Net internal area	427.5	682	266.72	502.25	471
Parking	13 spaces	47 spaces	5 spaces	18 spaces	30
Other ?					

Net internal area	2349.47
Total PCN population	35,326
List size per square metre	15.04

North - North Oxfordshire Rural Alliance

PCN Practice Profiles	DRAFT					
North Oxford Rural Area (NORA) PCN						
Name:	Bloxham Surgery		Chipping Norton Health Centre	Cropredy Surgery	Deddington Health Centre	Wychwood Surgery
Address:	Godswell Lodge, Church St, Bloxham, Banbury OX15 4ES	Hook Norton Surgery, The Bourne, Hook Norton, Banbury OX15 5PB	Russell Way, Chipping Norton OX7 5FA	Cropredy, Banbury OX17 1FB	Earls Lane, Deddington, OX, Banbury OX15 0TQ	Meadow Ln, Shipton-under-Wychwood, Chipping Norton OX7 6BW
Branch surgery:	main site	Branch surgery	main site	main site	main site	main site
PCN area:	NORA		NORA	NORA	NORA	NORA
Practice Population: 1.1.20	7902	part of Bloxham figs	15712	4005	11977	5966
Owned / Leased:	Owner / Occupied	Owner / Occupied	Owner / Occupied	Leased	Owner / Occupied	Owner / Occupied
Lease commenced:	n/a	n/a	n/a	14.01.2002	n/a	n/a
Lease expiry:	n/a	n/a	n/a	13.01.2027	n/a	n/a
Break Clause:	n/a	n/a	n/a	-	n/a	n/a
Lease type:	n/a	n/a	n/a	internal repairing	n/a	n/a
Owner / Landlord:	GPs	GPs	GPs	Assura	GPs	GPs
Building type:	converted building	purpose built	purpose built	purpose built	purpose built	purpose built
Population growth:	significant	steady	significant	steady	significant	General growth
Expansion planned:	no, no space to expand	no, yes space to expand	potential	limited potential	no, no space to expand	no, space possible
S106 sought:	yes		yes, nearby housing expansion underway		Heyford Hill ongoing	
Status:						
6 Facet status (2017)	100% space utilisation - fully used Compliance with statutory regulations - C	Space utilisation - 20% under used Complicant with statutory regulations - C	Space utilisation - 25% under used Complicant with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - D	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - 20% under used Compliance with statutory regulations - C
Net internal area 2017	335.33	290.13	1624	291	480.3	622
Parking	36	20	99	21	19	33
Other ?						
Net internal area	3642.76		Sibford Surgery is not part of a PCN, however is covered by NORA. Population 2,835. No NIA available. GP owned.			
Total PCN population	45,562					
List size per square metre	12.51					

North - Rural West PCN

PCN Practice Profiles	v3		DRAFT		
Rural West PCN					
Name:	Bampton Surgery	Broadshires Health Centre	Burford Surgery		Charlbury Medical Centre
Address:	Landells, Bampton OX18 2LJ	Broadshires Way, Carterton OX18 1JA	59 Sheep St, Burford OX18 4LS	Carterton Surgery, Alvescot Rd, Carterton OX18 3LJ	Enstone Rd, Charlbury, Chipping Norton OX7 3PQ
Branch surgery:	main	main	main	branch	main
PCN area:	Rural West PCN	Rural West PCN	Rural West PCN	Rural West PCN	Rural West PCN
Practice Population: 1.1.20	8,655	11,136	6,643	in Burford figures	5,458
Owned / Leased:	owned	owned	owned	owned	leased
Lease commenced:	n/a	n/a	n/a	n/a	??
Lease expiry:	n/a	n/a	n/a	n/a	
Break Clause:	n/a	n/a	n/a	n/a	
Lease type:	n/a	n/a	n/a	n/a	
Owner:	GP Partners	GP Partners	GP Partners	GP Partners	
Building type:	purpose built	purpose built	purpose built	purpose built	purpose built
Population growth:	steady	planned	general growth	significant	general growth
Expansion planned:	no,	potential	no, n/k	needed	no, space u/k
S106 sought:					
Status:				Space shared with Bampton Surgery	NIA split
6 Facet status (2017)	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation -95% used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C
Net internal area 2017	406.89	588.19	302.06	312.77	649.57
Parking spaces:	34	29	19	19	?
Other ?					

Net internal area	2259.48
Total PCN population	31,892
List size per square metre	14.11

Oxford City – Oxford Central

PCN Practice Profiles	v3	DRAFT			
Oxford City Central PCN					
Name:	27 Beaumont Street	28 Beaumont Street	King Edward Street	Observatory Medical Practice	Jericho Health Centre (Leaver)
Address:	27 Beaumont St, Oxford OX1 2NR	28 Beaumont St, Oxford OX1 2NP	9 King Edward St, Oxford OX1 4JA	New Radcliffe House, Oxford OX2 6NW	New Radcliffe House, Oxford OX2 6NW
Branch surgery:	main	main	main	main	main
PCN area:	City Central PCN	City Central PCN	City Central PCN	City Central PCN	City Central PCN
Practice Population: 1.1.20	7,463	5,553	5,849	11,539	9,489
Owned / Leased:	Leased	Leased	Leased	Leased	Leased
Lease commenced:	1.12.16	24.9.1998 24 yrs	21.11.12	06.07.2012	06.07.2012
Lease expiry:	30.11.2021	2012 + 10 so 2022	28.9.2021	03.07.2037	03.07.2037
Break Clause:	-	no	-	05.07.2027	05.07.2027
Lease type:	internal repairing	full repairing	internal repairing	short lease	short lease
Owner / Landlord:	St Johns College	St Johns College	Oriel College	NHS PS	NHS PS
Building type:	converted house	converted house	converted house	purpose built	purpose built
Population growth:	yes	yes	yes	yes	yes
Expansion planned:	no space to expand -looking at options	no space to expand -looking at options	no space to expand -looking at options	no	no
S106 sought:	Seeking section 106 or CIL from Oxford City Council	Seeking section 106 or CIL from Oxford City Council	Seeking section 106 or CIL from Oxford City Council	Seeking section 106 or CIL from Oxford City Council	Seeking section 106 or CIL from Oxford City Council
Status:					
6 Facet status (2017)	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - D	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - under used Compliance with statutory regulations - C
Net internal area 2017	291.36	241.92	184	559.9	371.33
Parking	2	4	2	10	10
Other ?					
Net internal area	1648.51				
Total PCN population	39,893				
List size per square metre	24.20				

Oxford City – East Oxford PCN

PCN Practice Profiles	v3	DRAFT				
East Oxford PCN						
Name:	St Barthomews Medical Centre			Bartlemas Surgery	St Cements Surgery	Cowley Road Medical Practice
Address:	St Barthomews Medical Centre, 1 Manzil Way, Cowley, Oxford, OX4 1XB	South Oxford Health centre, Lake Street, Oxford,	Oxford Brooks Uni Medical Centre, Gipsy Lane, Headington, Oxford, OX2 0BP	1 Manzil Way, Cowley, Oxford, OX4 1XB	39 Temple Street, Oxford, OX4 1JS	Manzil Way, Cowley, Oxford, OX4 1XB
Branch surgery:	main	branch	branch	main	main	main
PCN area:	East Oxford PCN	East Oxford PCN	East Oxford PCN	East Oxford PCN	East Oxford PCN	East Oxford PCN
Practice Population: 1.1.20	23,918	in St Barts figures	in main site figs	8,738	5,263	10,202
Owned / Leased:	Owned	Freehold	Leased	Leased	Owned	Leased
Lease commenced:	n/a	n/a	18 month rolling contract		n/a	
Lease expiry:	n/a	n/a			n/a	
Break Clause:	n/a	Tenancy at Will			n/a	
Lease type:	n/a	n/a			n/a	
Owner / Landlord:	GP partners	NHS PS	Oxford Brookses University	PHP Healthcare Investments Ltd	GPs	PHP Healthcare Investments Ltd
Building type:	Purpose built	Purpose built	converted house	Purpose built	Purpose built	Purpose built
Population growth:	yes	yes		yes	yes	significant 6% pa
Expansion planned:	no	no	no	no	no, no space to expand	no space to expand
S106 sought:						
Status:						top floor option?
6 Facet status (2017)	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C
Net internal area 2017	556.88	236.37	330.46	557.3	131.51	487
Parking	35	6			6	
Other ?						

Net internal area	2299.52	Cowley Road Medical Centre are not part of a PCN, however patients remain covered by OCCG
Total population	48,121	
List size per square metre	20.93	

Oxford City – Healthier Oxford City Network PCN

PCN Practice Profiles	v5	**DRAFT**			
Healthier Oxford City Network PCN					
Name:	19 Beaumont Street Surgery	Banbury Road Medical Centre	Summertown Health Centre		
Address:	19 Beaumont St, Oxford, OX1 2NA	172 Banbury Rd, OX2 7BS	Summertown Health Centre, 160 Banbury Rd, OX2 7BS	Cutteslowe Surgery, 9 Kendall Cres, OX2 8NA	Wolvercote Surgery, 73 Godstow Rd, OX2 8PE
Branch surgery:	main	main	main	branch	branch
PCN area:	Healthier Oxford City Network	Healthier Oxford City Network	Healthier Oxford City Network	Healthier Oxford City Network	Healthier Oxford City Network
Practice Population: 1.1.20	16430	9557	17935	in Summertown figs	in Summertown figs
Owned / Leased:	Leased (also 20B)	Leased	Leased	Leased	Lease/Rent
Lease commenced:	23.11.1991 / 23.11.16 20B	18.01.2018	15.09.2017	2013	2010
Lease expiry:	22.11.2019 / 22.11.2019 20B	17.01.2028	14.09.2027	24.3.2023	2040
Break Clause:	n/a as almost at term	Review 5 years, 2023. 80 yr term / perpetuity?	review 15.9.2022 - 6 mths written notice	review at 3 years	rolling - 3 months tenant
Lease type:	Full repairing	Full repairing	Full repairing	Full repairing	clean and tidy - no major repairs
Owner:	St Johns College	St Johns College	St Johns College	Oxford City Council	Wolvercote commoners
Build type:	converted house	converted house	converted house	converted commercial	converted house
Population growth:	significant	yes	significant		
Expansion planned:	Seeking premises options	Bayswater Brook	Wolvercote + Bayswater Brook		Northern Gateway - Paper Mill
S106 sought:	OCC don't allocate CIL or s106 for Health	OCC don't allocate CIL or s106 for Health	OCC don't allocate CIL or s106 for Health	OCC don't allocate CIL or s106 for Health	OCC don't allocate CIL or s106 for Health
Status:					
6 Facet status (2017)	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - D	100% space utilisation - overcrowded Compliance with statutory regulations - C	90% space utilisation Compliance with statutory regulations - C	75% space utilisation Compliance with statutory regulations - D
Net internal area 2017	617.7	212.57	429.3	191.65	40
Parking	4	4	13	shared	2
Other ?					
Net internal area	1491.22				
Total PCN population	43,922				
List size per square metre	29.45				

Oxford City – OX3+ PCN

PCN Practice Profiles	v4					DRAFT
Ox3+ PCN						
Name:	Hedena Health					Manor Surgery
Address:	Bury Knowle HC, 207 London Rd, Oxford, OX3 9JA	Barton Surgery Neighbourhood Centre, Underhill Circus, Headington, Oxford, OX3 9LS	Hedena Health JR site, Arthur Sanctuary House, JR Hospital, Sandfield Rd, Headington, Oxford, OX3 7RH	Wood Farm HC, Leiden Rd, Headington, Oxford, OX3 8RZ	Marston Pharmacy site, 11 Old Marston Rd, Oxford, OX3 0JR	Osler Road, Headington, Oxford, OX3 9BP
Branch surgery:	main	branch	branch	branch	branch	main
PCN area:	Ox3+ PCN					Ox3+ PCN
Practice Population: 1.1.20	29,374	in Hedena figures	in Hedena figures	in Hedena figures	in Hedena figures	17,611
Owned / Leased:	Leased	Leased	Leased	Leased	Leased	Owner occupied
Lease commenced:	16.11.17	1.5.19	01.07.2017	1.10.17	1.7.17	n/a
Lease expiry:	15.11.32	DV evaluation awaited	01.7.2020	30.9.2020 ?	30.6.2027 10 years	n/a
Break Clause:		DV evaluation awaited	3 mths notice		5 years	n/a
Lease type:	full repairing	DV evaluation awaited	internal repair		internal repair	n/a
Owner:	Assura	Oxford City Council	OUHFT	NHS PS	Frosts Pharmacy	GP partners
Building type:	purpose built	Converted building	Converted building	purpose built	Converted building	purpose built
Population growth:	Barton Park expansion	Barton Park expansion		yes		steady + Barton Park
Expansion planned:	building requires expansion	recently carried out	no	no	no	no
S106 sought:						
Status:			Temp Closed re Covid			
6 Facet status (2017)	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - D		100% space utilisation - 90% used Compliance with statutory regulations - C		100% space utilisation - fully used Compliance with statutory regulations - C
Net internal area 2017	708.73	333.77	86.28	426	199.34	411.18
Parking spaces:	32	shared	3	10	0	24
Other ?						

Net internal area	2165.3
Total PCN population	46,985
List size per square metre	21.70

Oxford City – South East Oxford Health Alliance (SEOxHA)

PCN Practice Profiles	v3				**DRAFT**
South East Oxford Health Alliance (SEOxHA)					
Name:	Donnington Health Centre	Hollow Way Medical Centre	Temple Cowley Health Centre		The Leys Health Centre
Address:	1 Henley Ave, Oxford OX4 4DH	18 Ivy Cl, Cowley, Oxford OX4 2NB	Temple Rd, Oxford OX4 2HL	Horsepath Village Hall,	Dunnock Way, Oxford OX4 7EX
Branch surgery:	main	main	main	branch	main
PCN area:	SEOxHA	SEOxHA	SEOxHA		SEOxHA
Practice Population: 1.1.20	13,337	9,113	8,099	in TCHC figs	10,701
Owned / Leased:	owned	owned	Leased	peppercorn rental	Leased
Lease commenced:	n/a	n/a			
Lease expiry:	n/a	n/a			
Break Clause:	n/a	n/a			
Lease type:	n/a	n/a			
Owner:	GP Partners	GP Partners	Owner City Council, leased to NHS PS		**CHP**
Building type:	purpose built	purpose built	purpose built	monthly village hall clinic	purpose built
Population growth:	General growth	2%	General growth		General growth
Expansion planned:	no, no space to expand	no	no, no space to expand		needed
S106 sought:					Housing estate planned
Status:					
6 Facet status (2017)	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C		100% space utilisation - fully used Compliance with statutory regulations - C
Net internal area 2017	636.07	693.07	468.32		927.5
Parking spaces:	25	14	12		30
Other ?					
Net Internal Area	2724.96				
Total PCN population	41,250				
List size per square metre	15.14				

South - Abingdon Central PCN

PCN Practice Profiles	v3	DRAFT
Abingdon Central PCN		

Name:	Abingdon Surgery	Malthouse Surgery
Address:	65 & 67 Stert St, Abingdon OX14 3LB	The Malthouse Surgery, The Charter, Abingdon OX14 3JY
Branch surgery:	main	main
PCN area:	Abingdon Central	Abingdon Central
Practice Population: 1.1.20	17,162	17,292
Owned / Leased:	Owned	Leased
Lease commenced:	n/a	2008
Lease expiry:	n/a	2023 15 yrs
Break Clause:	n/a	
Lease type:	n/a	full repairs
Owner:	GP Partners	Vale of White Horse Concil
Building type:	Converted building	purpose built
Population growth:	6.3% avg list size increase pa	
Expansion planned:	yes	in discussions
S106 sought:	CIL	
Status:		
6 Facet status (2017)	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - D
Net internal area 2017	291.23	521
Parking spaces:	29	town car park
Other ?		
NIA by population	58.9	33.2
Net internal area	812.23	
Total PCN population	34,454	
List size per square metre	42.42	

South - Abingdon and district PCN

PCN Practice Profiles	v3		DRAFT	
Abingdon & District				
Name:	Berinsfiled Health Centre	Clifton Hampden Surgery	Long Furlong Medical Centre	Marcham Road Health Centre
Address:	Fane Dr, Berinsfield, Wallingford OX10 7NE	Watery Ln, Abingdon OX14 3EL	45 Loyd Cl, Abingdon OX14 1XR	Marcham Rd, Abingdon OX14 1BT
Branch surgery:	main	main	main	main
PCN area:	Abingdon & District	Abingdon & District	Abingdon & District	Abingdon & District
Practice Population: 1.1.20	4,940	3,302	9,620	12,178
Owned / Leased:	Owned	Leased	owned	owned
Lease commenced:	n/a	01.01.2020	n/a	n/a
Lease expiry:	n/a	being negotiated	n/a	n/a
Break Clause:	n/a	being negotiated	n/a	n/a
Lease type:	n/a	being negotiated	n/a	n/a
Owner:	NHS PS	private	GP Partners	GP Partners
Building type:	purpose built	converted house	purpose built	purpose built
Population growth:	significant	not significant	significant	significant
Expansion planned:	1300 dwellings planned in next 5-10 years	no		
S106 sought:	yes	n/a		
Status:	lease negotiations	lease reviewed		
6 Facet status (2017)	space utilisation - 20% under used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C	space utilisation - 20% under used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - D
Net internal area 2017	359.22	182.03	357.71	616.47
Parking spaces:	14	21	19	42
Other ?				
NIA by population	14	18	27	20
Net internal area	1515.43		LF practice advise at 90% utilisation Nov 2020.	
Total PCN population	30,040			
List size per square metre	19.8			

South - Didcot PCN

PCN Practice Profiles	v3	DRAFT		
Didcot PCN				
Name:	Didcot Health Centre	Oak Tree Health Centre	Woodlands Medical Centre	
Address:	Britwell Road, Didcot, OX11 7JH	Tyne Avenue, Didcot, OX11 7GD	Woodlands Rd, Didcot, OX11 0BB	Blewbury Village Hall, Heather Way, Blewbury, Didcot, OX11 9QQ
Branch surgery:	main	main	main	branch
PCN area:	Didcot	Didcot	Didcot	part of Woodlands
Practice Population: 1.1.20	18441	10364	14667	part of Woodlands
Owned / Leased:	Leased	Leased	Owner occupied	Leased
Lease commenced:	21.07.2008 for 21 years	24.12.2001 30 yrs	n/a	Jan-97
Lease expiry:	20.07.2029	23.12.2031	n/a	ongoing
Break Clause:	no	no	n/a	?
Lease type:	internal repairing and insuring	Full repairing	Group Practice loan	n/a
Agent:		n/a	Aviva	
Owner / Landlord:	Assura	PHP	GPs	Blewbury Village Hall Executive Management? Parish Council
Building type:	purpose built	purpose built	purpose built	converted premise
Population growth:	significant (20k over time)	significant (20k over time)	yes	
Expansion planned:	site and building not suitable for expansion / extension	no	Great Western Park	
S106 sought:	VOWH, CIL funding	VOWH, CIL funding	VOWH, CIL funding	
Status:				
6 Facet status (2017)	100% space utilisation - fully used Compliance with statutory regulations - C	space utilisation - 20% under used Compliance with statutory regulations - B	100% space utilisation - fully used Compliance with statutory regulations - C	n/a
Net internal area 2017	1159	669.64	577.81	split with main
Parking spaces	44	0 on site - uses Didcot Town FC space c82	61	
Other ?	Lloyds Pharmacy co-located			
Net internal area	2406.45			
Total PCN population	43,472			
List size per square metre	18.06			

South - Henley SonNet PCN

PCN Practice Profiles	v3	DRAFT		
Henley SonNet PCN				
Name:	The Bell Surgery	Hart Surgery	Nettlebed Surgery	Sonning Common Health Centre
Address:	York Rd, Henley-on-Thames RG9 2DR	York Rd, Henley-on-Thames RG9 2DR	Nettlebed, Henley-on-Thames RG9 5AJ	39 Wood Ln, Sonning Common, Reading RG4 9SW
Branch surgery:	main	main	main	main
PCN area:	Henley SonNet PCN	Henley SonNet PCN	Henley SonNet PCN	Henley SonNet PCN
Practice Population: 1.1.20	8,940	10,542	4,057	9,848
Owned / Leased:	owned	owned	owned	owned
Lease commenced:	n/a	n/a	n/a	n/a
Lease expiry:	n/a	n/a	n/a	n/a
Break Clause:	n/a	n/a	n/a	n/a
Lease type:	n/a	n/a	n/a	n/a
Owner:	GP Partners	GP Partners	GP Partners	GP Partners
Building type:	purpose built	purpose built	purpose built	purpose built
Population growth:	steady	steady	steady	yes
Expansion planned:	yes, planning application submitted	No, expansion space available	No, no space to expand	yes - considering expansion options
S106 sought:	CIL			CIL
Status:				
6 Facet status (2017)	100% space utilisation - overcrowded Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - 90% used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C
Net internal area 2017	492.01	463.28	464	638
Parking spaces:	(18) 35 shared with Hart	(17) 35 shared with Bell	20	34
Other ?				

Net internal area	2057.29
Total PCN population	33,387
List size per square metre	16.23

South – Thame PCN

PCN Practice Profiles	v3		DRAFT	
Thame PCN				
Name:	Morland House Surgery	The Rycote Practice	Watlington & Charlgrove Surgery	
Address:	London Rd, Wheatley, Oxford OX33 1YJ	Thame Health Centre, East St, Thame OX9 3JZ	Chiltern Surgery, Hill Road, Watlington, OX49 5AF	Brook Surgery Chalgrove, High Street, Charlgrove,
Branch surgery:	main	main	main with Brook	main with Chiltern
PCN area:	Thame	Thame	Thame	Thame
Practice Population: 1.1.20	11,027	12,427	7,202	figures in with Chiltern
Owned / Leased:	Owned	Owned	Owned	Leased
Lease commenced:	n/a	n/a	n/a	24.4.2003 25 yrs
Lease expiry:	n/a	n/a	n/a	23.4.2028
Break Clause:	n/a	n/a	n/a	3 yr rent review
Lease type:	n/a	n/a	n/a	
Owner:	GP Partners	GP Partners	GP Partners	Aviva
Building type:	converted house	purpose built	purpose built	purpose built
Population growth:	significant	significant	steady	significant
Expansion planned:	yes, yes space available	n/k	n/k	needed
S106 sought:				
Status:	in discussion			
6 Facet status (2017)	100% space utilisation - 90% fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - 80% fully used Compliance with statutory regulations - C	
Net internal area 2017	632.72	509.68	443.16	272.84
Parking spaces:	45	6	25	25
Other ?				
Net internal area	1585.56	excluding Charlgrove		
Total PCN population	30,656			
List size per square metre	19.33			

South – Wallingford & Surrounds PCN

PCN Practice Profiles	v4		DRAFT	
Wallingford & Surrounds PCN				
Name:	Goring & Woodcote Health Centre		Mill Stream Surgery	Wallingford Medical Centre
Address:	Goring Surgery, Red Cross Road, Goring on Thames, RG8 9HG	Woodcote Surgery, 5 Wayside Green, Woodcote, Reading RG8 0PR	Benson, Wallingford, OX10 6RL	Reading Road, Wallingford, OX10 9DU
Branch surgery:	main	branch	main	main
PCN area:	Wallingford & Surrounds PCN	Wallingford & Surrounds PCN	Wallingford & Surrounds PCN	Wallingford & Surrounds PCN
Practice Population: 1.1.20	9,942	figures in Goring	5,440	17,121
Owned / Leased:	owned	owned	owned	owned
Lease commenced:	n/a	n/a	n/a	n/a
Lease expiry:	n/a	n/a	n/a	n/a
Break Clause:	n/a	n/a	n/a	n/a
Lease type:	n/a	n/a	n/a	n/a
Owner:	GP Partners	GP Partners	GP Partners	GP Partners
Building type:	purpose built	converted dwelling	purpose built	purpose built
Population growth:	steady	n/k	yes	significant over next 10 years
Expansion planned:	possible	n/k	no, no space available	yes
S106 sought:			CIL	yes
Status:				
6 Facet status (2017)	100% space utilisation - 95% fully used Compliance with statutory regulations - C	100% space utilisation - 75% fully used Compliance with statutory regulations - D	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C
Net internal area 2017	404.45	298	358	779.9
Parking spaces:	22	14	11	15
Other ?				
Net internal area	1840.35			
Total PCN population	32,503			
List size per square metre	17.66			

South - Wantage PCN

PCN Practice Profiles	v3	**DRAFT**
Wantage PCN		
Name:	Church Street Practice	Newbury Street Practice
Address:	Mably Way, Wantage, OX12 9BN	Mably Way, Wantage, OX12 9BN
Branch surgery:	main	main
PCN area:	Wantage	Wantage
Practice Population: 1.1.20	14978	15471
Owned / Leased:	Leased	Leased
Lease commenced:	seeking information	2.6.03 25
Lease expiry:		01.6.28
Break Clause:		
Lease type:		
Owner:	Assura	Assura
Building type:	purpose built	purpose built
Population growth:	significant	significant
Expansion planned:	yes	yes
S106 sought:	CIL	CIL
Status:	1285 is split across main area	
6 Facet status (2017)	100% space utilisation - fully used Compliance with statutory regulations - C	100% space utilisation - fully used Compliance with statutory regulations - C
Net internal area 2017	974.52	908.68
Parking spaces:		
Other ?		
Net internal area	1883.2	
Total PCN population	30,449	
List size per square metre	16.17	

South – White Horse Botley PCN

PCN Practice Profiles	v3		DRAFT
White Horse Botley PCN			
Name:	Botley Medical Centre		White Horse Medical Practice
Address:	Elms Rd, Botley, Oxford OX2 9JS	Kennington Health Centre - 200 Kennington Rd, Kennington, Oxford OX1 5PY	Volunteer Way, Faringdon SN7 7YU
Branch surgery:	Main	Branch	Main
PCN area:	White Horse Botley	White Horse Botley	White Horse Botley
Practice Population: 1.1.20	15600	in Botley figures	15970
Owned / Leased:	Owner occupied	Leased	Leased
Lease commenced:	n/a	01.09.2019	22.2.2002 24 years
Lease expiry:	n/a	n/a	21.2.2026
Break Clause:	n/a	3 months notice	
Lease type:	n/a		fully repairing
Agent:	n/a	n/a	PHP (Nexus)
Owner / Landlord:	GPs	NHS PS	Primary Health Investment Faringdon Ltd
Building type:	purpose built	purpose built	purpose built
Population growth:	steady	yes	significant
Expansion planned:	recently expanded	no	n/k
S106 sought:		housing planned	
Status:			
6 Facet status (2017)	100% space utilisation - fully used Compliance with statutory regulations - D	100% space utilisation - fully used Compliance with statutory regulations - D	100% space utilisation - 80% fully used Compliance with statutory regulations - D
Net internal area 2017	316.2	480	1161
Parking spaces	21	4 + public spaces	64
Other ?			
Net Internal Area	1957.2		
Total population	31,570		
List size per square metre	16.13		

Glossary of Terms, Abbreviations, and Acronyms

BOB	Buckinghamshire, Oxfordshire and Berkshire West	This describes the geographic location of the System, and comprised in this instance three Clinical Commissioning Groups
CDC	Cherwell District Council	A local branch of the Government in the north of Oxfordshire
CIL	Community Infrastructure Levy	A planning charge, introduced by the Planning Act 2008, as a tool for local authorities in England
CQC	Care Quality Commission	A Government-funded organisation which inspects hospitals, GP surgeries, care homes and care services in England to make sure they are meeting government standards and to share their findings with the public.
DDA	Disability Discrimination Act	Under the **Act**, it is unlawful for employers to treat a **disabled** person less favourably than someone else because of his or her **disability** without justification, or to fail to comply with a duty to make reasonable adjustments, without showing that the failure is justified. The 2005 **Act** applies to public authorities.
DP	Delivery Plan's	An organisational tool, a view of multiple teams/ projects
ETTF	Estates Technology and Transformation Funding	NHS England's Estates and Technology Transformation Fund (ETTF) is a multi-million pound investment (revenue and capital funding) in general practice facilities and technology across England (between 2015/16 and 2019/20).
FTE	Full Time Equivalents	A unit equal to the number of hours a full-time employee works for an organization
GPU	Government Property Unit	The Government Property Unit (GPU) was set up in 2010 as part of the Cabinet Office to get better value for money from the public sector's extensive property estate. ... The GPU acts as the agency's sponsoring body, providing oversight and guidance to ensure it delivers its objectives.
ICS	Integrated Care System	An ICS brings together health and care organisations to take responsibility for the cost and quality of care for a defined population within an agreed budget
IDP	Infrastructure Development Plan	This informs the identification and determination of investment priorities of the council and its partners and the expenditure
LEP	Local Enterprise Partnership	A locally-owned partnership between local authorities and businesses.
LPA	Local Planning Authority	is the local government body that is empowered by law to exercise urban planning functions for a particular area.

MIG	Minor Improvement Grants	Capital funding coming from Central Government to support the development or upkeep of NHS premises.
NHS LTP	The NHS Long Term Plan	A plan to outline the next phase of the NHS, as medicine advances, health needs change and society develops, the NHS has to continually move forward so that in 10 years time we have a service fit for the future.
NHSE/I	National Health System England/ Improvement	NHS Improvement is an organisation. From 1 April 2019, NHS England and NHS Improvement are working together as a new single organisation to better support the NHS to deliver improved care for patients.
OCC	Oxfordshire County Council	A local branch of the Government for Oxfordshire
OCCG	Oxfordshire Clinical Commissioning Group	Established as an statutory NHS organisation in 1 April 2013, responsible for planning and buying (commissioning) the majority of hospital and community-based health services for patients within their local communities, taking over the majority of responsibilities previously held by primary care trusts
OHFT	Oxford Health Foundation Trust	Provide physical, mental health and social care for people of all ages across Oxfordshire, Buckinghamshire, Swindon, Wiltshire, Bath and North East Somerset.
OPCCC	Oxfordshire Primary Care Commissioning Committee	This is a sub-group of the OCCG Board.
OPE	One Public Estate	An established national programme delivered in partnership by the Local Government Association and the Cabinet Office Government Property Unit
OUHFT	Oxford University Hospital Foundation Trust	Hospital Trust in Oxfordshire that provides a wide range of clinical services, specialist services (including cardiac, cancer, musculoskeletal and neurological rehabilitation) medical education, training and research.
PCN	Primary Care Network	A key part of the NHS Long Term Plan, with general practices being a part of a network, typically covering 30,000-50,000 patients
S106	Section 106 Agreements	An agreement between a developer and a local planning authority about measures that the developer must take to reduce their impact on the community
SPD	Supplementary Planning Document	Supplementary planning documents (SPDs) should build upon and provide more detailed advice or guidance on policies in an adopted local plan. As they do not form part of the

		development plan, they cannot introduce new planning policies into the development plan.
SODC	South Oxford District Council	A local branch of the Government in south Oxfordshire
TOR	Terms of Reference	Terms of reference define the purpose and structures of a project, committee, meeting, negotiation, or any similar collection of people who have agreed to work together to accomplish a shared goal.
VoWHDC	Vale of White Horse District Council	A local branch of the Government in the Vale of White Horse, Oxfordshire
WODC	West Oxford District Council	A local branch of the Government in West Oxfordshire