

Borders NHS Board



**PRIMARY & COMMUNITY CARE PREMISES MODERNISATION PROGRAMME
2009/10 AND 2010/11**

Aim

The aim of the paper is to reach agreement on the basis on which the dental element of the Primary & Community Care Premises Modernisation Programme 2009/10 and 2010/11 is allocated.

Background

Details of the Primary & Community Care Premises Modernisation Programme were circulated in a letter from the Scottish Government dated 5 August 2008 which is attached at Annex 1.

Within NHS Borders it was agreed that, subject to the agreement of the Scottish Government, approximately £650,000 would be made available for NHS dentistry from the programme. Local dentists were asked to complete and return a proforma to express an interest in bidding for some of the funding for:

- establishing a dental service centre
- a capital grant for creation of decontamination facilities (physical alterations)
- a capital grant for equipment for the decontamination facilities
- a capital grant for DDA compliance.

The results formed the basis for the return to the Scottish Government which is attached at Annex 2.

On 19 January 2009, the Cabinet Secretary for Health and Community Care announced approved details of the programme.

It should be noted that while the annual practice improvement money is a separate allocation, there is a relationship with the Primary & Community Care Premises Modernisation Programme in terms of primary care dental services because that funding is also being largely targeted to decontamination.

Available funding

There is £650,000 set aside from the Primary & Community Care Premises Modernisation Programme allocation for dental practices. £97,000 from this year's practice improvement money will be carried forward into 2009/10

Current Position

A small group met at the end of December 2008 to discuss the principles and process for allocating funding and to undertake a first review of bids. This was then discussed with the General Dental Practitioners Sub-Committee in early January 2009. Whilst the General Dental Practitioners Sub-Committee were broadly content with the process, there were differences of opinion being expressed on the levels of grants that might be available and the notion of “abatement”.

Abatement

Abatement in these circumstances would be the reduction in the proportion of the grant paid to a Primary care practitioner. The grant would be abated because of the level of NHS work carried out by the relevant NHS practitioner.

Summary of Proposals

Following discussion in the sub group and with the GDP sub committee the following principles for allocating the grants have been agreed.

- All practices receiving grants would be required to retain (within 10%) their current NHS registration levels for a period of 3 years from an agreed date.
- Practices will be refunded at a maximum of 75% of the total expenditure/ grant. The grant available may not meet the total cost of the project.
- A ceiling of £100,000 for any one practice was agreed.
- Any capital grants for decontamination received by practices within the last two years to be subtracted from the maximum figure (ceiling) for that practice.
- GDPs who have already submitted bids can review and revise them if required.
- NHS Borders estates dept. will work with Practices to ensure the proposed schemes meet the required standards
- Bids will be over a 2 year period so if a practice takes its upper limit on the first bid, none will be available to them the following year.
- Practices who have not submitted a bid will not be approached until the first round of monies has been allocated.

However the GDP sub committee and NHS Borders do not agree on whether the full grant should be available for practices regardless of the level of NHS work carried out.

i) General Dental Practitioners Sub-Committee view

The GDPs believe the grants should be allocated as identified above. No adjustment should be made to the level of grant as a result of the level of NHS work carried out and the bids treated on their own merit. They have made reference to the fact that the original allocation letter made no reference to the principle of “abatement”.

ii) NHS Borders view

The view within Primary & Community services management team and the Board Executive team is that there should be abatement of grants. This is on the basis that it would be inappropriate to allocate a very significant grant to a practice which had limited commitment to providing NHS general dental services to the same, or potentially a greater

extent than one which provides more NHS treatment. It is therefore proposed that an abatement process would be applied based on the following principles:

- All practices receiving grants would be doing so on the basis that they would retain (within 10 %) their current level of adult NHS registrations
- Abatement would be applied on a sliding scale with the percentage of grant awarded in proportion to the level of NHS work carried out.
- Practices would be advised that if they increase their level of NHS registrations then they would be considered for a higher level of grant in the second round of bids

Recommendation

The Board is asked to:-

- note** the current position with the allocation of the Primary care modernisation programme;
- agree** the principles for allocating the grant as agreed with the GDP sub committee (see section on summary of proposals above);
- agree** to apply the principles of abatement as identified above;
- agree** detailed work is carried out to agree the most appropriate scheme for allocation, and
- delegate** to the BET the implementation of the final scheme.

Policy/Strategy Implications	Consistent with National policy on Dental services and Decontamination
Consultation	Consulted with P&CS, BET, Lothian Primary Care
Consultation with Professional Committees	Consulted with GDP Sub committee
Risk Assessment	No specific risks identified
Compliance with Board Policy requirements on Equality and Diversity	No specific issues identified
Resource/Staffing Implications	Resources within specific allocation

Approved by

Name	Designation	Name	Designation
Ralph Roberts	Director of Integrated Health Services		

Author(s)

Name	Designation	Name	Designation
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Chief Executives NHS Boards
Chief Executives Local Authorities

Copy to: Finance Directors NHS Boards

Your ref:
Our ref:
5 August 2008

Dear Colleague

PRIMARY AND COMMUNITY CARE PREMISES MODERNISATION PROGRAMME 2008-9 & 2009-10: INVITATION TO SUBMIT PROPOSALS

Purpose

This letter:

- advises Boards of provisional allocations by Boards of capital funds from the Primary and Community Care premises Modernisation Programme for 2009-10 and 2010-11
- invites NHS Boards to submit proposals for the deployment of these funds, and,
- provides advice on recurring revenue support in respect of new premises funded under this programme which include accommodation for GPs and GDPs- both salaried and independent NHS contractors.

Detail

The Primary and Community Care Premises Modernisation Programme provides targeted funding to NHS Boards and partner agencies for the provision of projects related to Primary and Community Care.

This letter advises provisional aggregate allocations to NHS Boards to a total value of **£35m** for 2009-10 and **£40m** for 2010-11 as detailed in Annex A to this letter.

For 2009-10 and 2010-11 the priorities for this programme are

- new Dental Service Centres to be occupied by independent NHS contractors as opposed to salaried GDPs

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- facilities that include teaching and training facilities for all Primary Care professionals including specifically outreach facilities for the training of dental undergraduates
- Community Health Centre projects
- other new GP and community facilities, particularly in rural and remote areas
- Renovations and reconfigurations of existing Health Centres
- projects that encourage better joint working between agencies
- capital grants to independent contractors
 - improvement grants for GPs
 - decontamination facilities for GDPs
 - upgrades/relocation grants for community pharmacists.

Capital grants to independent contractors have been included within areas of expenditure eligible for 2009-10 and 2010-11 PCCPMP to optimise flexibility and to improve programme management.

Supplementary guidance

Annex B provides additional guidance on the above headings.

Hub

The Scottish Government's plans with respect to *hub* as a workstream of the Scottish Futures Trust (SFT) were announced on 20th May. Action is in hand to progress the *hub* initiative within the SFT programme to provide a robust and value for money delivery vehicle for the delivery of community based premises covering both health related and other community services. The PCCPMP capital programme for 2009-10 and 2010-11 provides funding for projects that can be delivered through *hub* or not.

Associated Revenue Funding

NHS Boards should note that:

-The identification of this programme as a potential source of funding for improvement grants potentially releases those funds currently embedded in the annual GMS allocation for that purpose. It is anticipated that NHS Boards will deploy funds so released to support the revenue consequentials of new premises projects which involve accommodation for GPs.

And

-It is planned that appropriate support in respect of revenue consequentials for new dental centre projects nominated by NHS Boards under this programme will be factored into GDS revenue expenditure plans for 2010-11, although these will largely be covered by the existing rent reimbursement arrangements.

Submission of proposals

NHS Boards are now invited to consult with their partner agencies and other local interested parties to develop for Ministerial approval proposals to deploy the funds provisionally allocated.

Proposals may be in respect of identified projects or proposed funding allocation for generic programmes such as GP premises or community pharmacy improvement grant or decontamination facilities for GDPs, or the process by which the Board intends to identify individual projects, such as new dental centres for occupation by independent NHS contractor GDPs.

NHS Boards should identify local priorities and the anticipated improved outcomes for patients and service users which the proposals are intended to deliver.

Proposals should be submitted to:

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Scottish Government – DG Health and Wellbeing
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St Andrews House
EDINBURGH
EH1 3DH

Tel: 0131-244 2992
Fax:0131-244 2621
Email: jean.murray@scotland.gsi.gov.uk

to arrive no later than 6 October 2008. Proposals which involve more than one public sector agency should be signed off by all parties. Proposals should include sufficient detail for the scoping of the proposal.

Programme approval will be subject to local business case approval of individual projects and in appropriate cases of the DG Health and Wellbeing Capital Investment Group.

Action

NHS Boards should copy this letter to all local authorities, Area Medical Committee, Area Dental Committee, Area Pharmaceutical Committee, relevant voluntary sector leads and to CHPs/LHCCs in their area.

Yours sincerely,

DR JONATHAN PRYCE
Deputy Director- Primary Care

SUPPLEMENTARY GUIDANCE ON TARGET INVESTMENT AREAS

New Dental Service Centres to be occupied by independent GDPs committed to NHS service provision

Progress is being made in addressing gaps in NHS Dentistry provision amongst other means through targeted investment in improved infrastructure. For example current tranches of PCCPMP include a number of projects to provide premises for an enlarged salaried GDP service. In parallel the Scottish Dental Access Initiative (SDAI) is providing funding for independent General Dental Practitioners meeting certain prescribed conditions and wishing to establish, expand or in certain circumstances to relocate practices. Independent practices regarded as “NHS Committed” are also eligible for reimbursement of the rental costs of their premises, subject to certain conditions.

To accelerate progress in updating NHS dental practice infrastructure NHS Boards are now being encouraged to use a part of PCCPMP funds earmarked for 2009-10 and 2010-11 to build a number of new NHS Dental Centres. It is intended that these should be developed to provide exemplars of further premises to be built in due course through NHS *Hub*.

These new NHS Dental Centres are intended to assist independent NHS committed GDPs currently in inadequate premises looking to relocate in accordance with local dental services strategies, but where the SDAI does not provide an appropriate solution and/or to encourage independent GDPs to deliver NHS dentistry in areas where provision is currently identified as deficient.

The vision is that new NHS Dental Centres accommodating independent GDPs would:

- provide purpose built accommodation with modern decontamination facilities
- be accessible to the target population
- address issues of professional isolation by housing multiple dentists or practices
- in cases of co-location of practices be configured to allow independent operation by practices
- be the subject of special leasing arrangements for practices. These are intended to provide a more attractive option in terms of lease duration and conditions of occupation than existing 3rd party premises development option, and the rental element of these would be reimbursable through existing arrangements
- be intended to be used intensively so that services are available at weekends and evenings where locally appropriate
- only be available for provision of non NHS services consistent with current national policy and full cost recovery would apply in respect of practice income related to non NHS activity beyond that expressly permitted
- where a practice wished to withdraw from NHS provision continue to be available for NHS service delivery by a replacement practice
- where appropriate also have outreach facilities for training of dental students and of dental care professions in accordance with the provision below
- where practical be included within a wider Primary Care infrastructure project to provide one stop patient access
- encourage new entrants into independent NHS General Dental Practice and extend vocational training
- retain the skills of existing independent GDPs for the benefit of the NHS who otherwise may be contemplating retirement.

Further advice on recommended terms of occupation will be issued shortly, after consultation with the profession.

It is envisaged that these new NHS Dental Centres will account for a significant share of projects nominated by NHS Boards under PCCPMP 2009-10 and 2010-11 by providing at least 60 individual chairs/dental surgeries spread over at least 10 new centres nationally.

NHS Boards are invited to nominate potential projects and to progress negotiations with potential occupants.

Facilities that include teaching and training facilities for all Primary Care professionals including outreach facilities improvements

It continues to be a target to improve the capacity of Primary and Community Care premises to deliver the needs of training in the community medical undergraduates and postgraduates, dental undergraduates and postgraduates and other professionals working in Primary Care.

It is a specific target of this programme to complete the provision of appropriate outreach training facilities for dental undergraduates of the existing Dental Schools of the Universities of Glasgow and Dundee, and the new Aberdeen Dental School planned to come on stream for the 2008-09 year. NHS NES is reviewing the number of additional training chairs which it considers are needed to meet currently anticipated ongoing training needs and will issue appropriate advice directly to Boards shortly. NHS Boards are invited to liaise with NHS NES, before finalising their list of proposals.

In developing their proposals for non dental facilities, NHS Boards should consider training accommodation needs for medical, nursing and other Primary Care professionals.

Community Health Centre projects /other new GP and community facilities, particularly in rural and remote areas / renovations and reconfigurations of existing Health Centres

Better Health Better Care makes clear the Scottish Government's commitment to continue to shift the balance of care towards community based services, enabling ongoing, continuous care to be delivered within the local community. **This requires continuing improvements to Primary Care infrastructure. Whilst NHS Boards are expected to commit appropriate elements of their general capital and revenue budgets for this purpose, the PCCPMP funds may be deployed to augment investment.** This may be in the form of support for new Community Health Service Centres which seek to bring health services as close to patients as possible, and/or cost effective improvements to existing Health Centres to progress the same agenda and/or direct investment in new GP and community facilities particularly in remote or rural areas.

Projects that encourage better joint working between agencies

Effective joint working between Health bodies and local authorities is widely accepted to deliver better outcomes for patients and local authority service users. PCCPMP funds are available to encourage NHS Boards and local authorities to progress projects which help deliver mutual priorities which it would be difficult to deliver independently.

Capital grants to independent contractors

For 2009-10 and 2010-11 PCCPMP allocations are available to fund NHS Board plans for capital grants to independent contractors in respect of:

- improvement grants for GP premises
- decontamination facilities for GDP premises, and,
- upgrades/relocation grants for community pharmacists

NHS Boards have prioritised programmes for the improvement of GP premises, for which funding may be provided in accordance with the Primary Medical Services (Premises Development Grants, Improvement Grants and Costs) Directions 2004. These may now be funded from PCCPMP allocations for 2009-10 and 2010-11.

In relation to the upgrading of decontamination facilities guidance is available through SHPN13 Pt 2, issued by Health Facilities Scotland, and MEK 005, issued by National Procurement Scotland Contract that provides contract prices of relevant equipment. **It is expected that NHS Boards will dedicate a significant portion of their PCCPMP allocation for 2009-10 to enable delivery.** SDAI funding will continue to be met from the GDS funding line.

The majority of community pharmacies now have premises that provide private advice areas appropriate for the delivery of expanded patient services under their new contract and where delivering this service appropriate adaptation to facilitate the effective provision of methadone dispensing and needle exchange. The minority of practices still requiring to take appropriate action may however have particular difficulties in adapting premises. The PCCPMP allocation for 2009-10 and 2010-11 is available to NHS Boards to make appropriate grants. A NHS (P) Circular will be issued shortly to provide guidance on the grants which would qualify.

Borders NHS Board

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Date 24 October 2008

Your Ref

Our Ref RAK/WS/BE

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Dear Ms Murray

**PRIMARY AND COMMUNITY CARE PREMISES MODERNISATION PROGRAMME
2009-10 & 2010-11 – BID**

I am pleased to submit our bid for PCCPMP funding as requested in Dr Pryce's letters of 5th August and 12th September 2008.

BACKGROUND

As general background NHS Borders has a good track record of a progressive and structured programme of Primary Care Premises Renewal, supported jointly by PCCPMP funding and NHS Board Capital. The major schemes completed in the last 5 years have been:

Stow CHC
Newcastleton CHC
Kelso CHC
Galashiels, Currie Road CHC

In addition more than ten other minor primary and community schemes have been completed using Board capital and revenue funding. Almost all of this investment has been in our NHS Board owned Community Health Centres, and of our 27 practices, 22 operate out of Health Centres, and we have plans for three of those remaining in surgeries to move to CHC premises.

Our development programme has been informed by independent surveys of the state of accommodation and fabric coupled with forecast population growth within Borders.

We are currently building two salaried Dental Centres which are due to open in 2009/10:

Project	Cost	Board Capital	PCCPMP Capital
	£	£	£
Hawick Dental Centre	1,482,123	402,123	1,080,000
Coldstream Dental Centre	1,517,528	447,528	1,070,000

Our current active CHC Programme (all Projects are at planning stage) is:

Project	Budget	Board Capital	PCCPMP Capital
	£	£	£
Galashiels Roxburgh St CHC (2006/07 PCCPMP)	2,247,000	1,789,000	458,000
Jedburgh CHC (2008/09 PCCPMP)	1,624,000	1,192,000	432,000
Lauder CHC	1,168,000	1,168,000	

Looking ahead over the next five years our indicative CHC Programme includes, amongst others, potential community health centre work in Newtown St Boswells, Melrose and Selkirk with a total spend likely to be around £5m.

NHS BORDERS CAPITAL PLAN

Our long-term capital plan is ambitious and following discussions with colleagues in SGHD our Local Delivery Plan financial templates for 2008/09, included an indicative £400,000 per year from PCCPMP. This funding would support additional costs of the LDUs in Hawick and Coldstream and the ongoing community health centre programme in 2010/11. This is central to maintaining a balanced capital programme and has allowed important planning work to commence and will assist schemes to move forward through business case stages at a much quicker pace.

The priorities identified in your letter in August have raised questions about our forward planning assumptions and in late September we enquired through Mike Baxter if it would be possible for at least the additional costs of decontamination in Hawick and Coldstream to be covered by an additional capital allocation, thus allowing Borders to maintain a balanced capital plan and direct resources clearly in line with the priorities now identified. We understand a decision on this is pending.

PCCPMP 2009-10 & 2010-11

However, notwithstanding the above, the confirmation of the allocation of £630,000 in 2009-10 and £720,000 in 2010-11 is very welcome and allows Borders to continue to progress plans. Pending the, hopefully, positive outcome to the above request we have removed the assumption's around the dental centre decontamination costs from our prospective PCCPMP plans. Should our request not be successful we will, however, need to re-visit our priorities.

Subject to the above, I can therefore confirm that our proposed plan for the use of these funds over the next two years is as set out in the table below:

Project	PCCPMP Capital £
Support to Community Health Centres programme (Lauder / Jedburgh)	400,000
Allocation for General Dental Services (see note1)	650,000
Allocation to support Capital Grants to other Primary care Contractors (see note 2)	300,000
Total	1,350,000

Note 1:

Overall it is anticipated that the funding identified for general dental services will be focussed on dental centres, decontamination facilities, equipment or DDA compliance.

We are currently engaging with our GDP colleagues to agree the best use of this funding and to ensure that any commitments can be delivered in 2009/10. We have also received a number of direct bids for grants to create LDU's. We have recently written to all GDP's asking them to express interest in either capital grants, to progress LDU's, or in the wider development of joint dental centres.

Expressions of interest have been requested by 24th October and we are establishing a prioritisation process that will include GDP representation.

Note 2:

We are currently agreeing a process for other primary care practitioners. This will include GPs (in their either own premises or existing Health centres), Community Pharmacists, Optometrists or Podiatrists. The focus for these funds will be on small scale improvements and DDA compliance and again recognising the need to ensure that commitments can be delivered in 2009/10 and 2010/11.

I trust this is satisfactory and should you require any further information please do not hesitate to contact me

Yours sincerely

ROBERT KEMP
Director of Finance

c.c. Mr John Glennie, Chief Executive
Mr Ralph Roberts, Director of Integrated Health Services
Mrs Jackie Morton, General Manager, Primary & Community Services
Mr Warwick Shaw, General Manager, Capital & Premises
Mr Vince Summers, Chair, Area Clinical Forum