



Ashford CCG

Estates strategy and implementation plan

What did we do

We considered:

- CCG vision and strategic goals
- Population , health need and regeneration drivers for change
- Service drivers – five year forward view, vision for local care, local primary care ambitions
- Technological drivers
- Estate drivers

We then

- Sought to align Ashford growth strategy with individual practices
- Looked at current use patterns
- Looked to assess if there is sufficient capacity for primary and community care services in out of hospital settings
- Looked to improve access to effective care
- Ensure all premises meet minimum standards
- Maximise building potential for service delivery
- Consider technology use to facilitate patient care

What did we find

- Two buildings do not meet minimum standards (hollington and Stanhope)
- 4 practices are at capacity
- A further 6 are close to capacity
- There is very limited capacity to allow for future primary care provision and for local care shift to be delivered
- Ashford Borough Council slow to provide s106 detail

Primary Care investment

- Ashford Urban
 - Sydenham House Surgery
 - Musgrove Branch
 - Kingsnorth Medical Practice
 - Willesborough Medical Practice
 - Chilmington Green Development
- Ashford North
 - Sellindge Surgery
 - Wye Surgery
 - Kennington developments – possibility of a new site
- Ashford Rural
 - Charing
 - Ivy Court
- Estimated capital costs (ex Chilmington and Kennington) £6million

Local care shift

- Assumed one hub per cluster
- No defined strategy to allow scope and size assessment

Possible solutions:

Generic

- Maximising void space
- Convert existing public sector assets to hubs
- Opportunities to co-locate healthcare services with other public sector bodies
- New build
- Construction is £3500 psm, running costs £700 psm

Ashford North

- Use of repurposed hospital estate
- **Await Otterpool Park decision**

Ashford Rural

- Use of East Cross clinic (void space)

Ashford Urban

- Review use of Vicarage Lane
- Extending existing buildings and operating as a virtual hub

Key challenges

- Changing growth scenarios
 - Maximising all sources of funding
 - Access to funds – capital and revenue
 - Maximising benefits of technology
- Communication and Engagement
 - Stakeholder management (in particular Ashford Borough Council)
 - Patient engagement
- Improving access to services
 - Increasing primary care capacity
 - Incentivising practices to deliver/work at scale
 - Co location of services
- Pressures on Primary Care
 - Demand on core primary care services
 - Workforce pressures
 - Incentivising practices to grow lists
- Out of hospital /local care strategy
 - No dedicated facilities for out of hospital care/local care
 - Tariff in acute includes a premises element – needs to shift with the services
 - Cross boundary issues/move to a single strategic commissioner

Sources of funds

ETTF is funding the Ivy Court extension but no other Ashford projects

Section 106 – work underway with LA to determine level of funds and conduct a source and application of funds review

NHS England capital which is subject to PID and business case processes and competes with schemes nationally

Private Finance which can be used to design, build and finance new premises

Landlord funds – we could approach landlords and ask them to fund extensions in return for increased rent

What we will do

- Vacate Inca House
- Provide new hubs for out of hospital services
- Fill existing voids
- New primary care provision through extension of practices
- New Chimington Green premises
- Productivity reviews of key estate (e.g. St Stephens)
- PID and business case development needed
- Development of projects
- Construction management

Resources

Ashford (and Canterbury) CCG needs resources to:

- Lead implementation of strategy with stakeholders, support PID and business case development and procurement of schemes – access to finance
- Manage engagement with local authority and STP workstream
- Offer guidance to practices and support delivery
- Manage section 106 funding and drawdown
- Engage with residents and practice communities
- Manage hub delivery programme (design, build, finance and operate)

We consulted

- GP federation (Ashford Clinical Providers)
- All GP practices via Ashford estates group
- NHS England
- NHS Property Services
- Ashford Borough Council

Risks

- Lack of capacity to manage agenda
- National economy
- NHS funding
- S106
- Failure to get engagement from stakeholders
- Workforce
- GP providers closing lists
- GP aspire to take on local care but not open to increasing primary care – impacts on quality of core primary care provision
- Managing expectations – the premises cost directions limit what funds can be given to General Practice for premises developments