

# Upper Lighthorne Primary Care Provision

## Healthcare Facility Options Appraisal

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# 1. Executive Summary

## Introduction

The Upper Lighthorne (UL) housing development is a significant part of the district councils core strategy. 3,000 new homes will be built over the next 10 years, which could see an increase in the local population by more than 7,200 people. To date 251 homes have been built and are occupied. The existing residents of UL and the residents in the surrounding parishes have been without a local healthcare facility for a number of years which has put pressure on existing GP practices in Wellesbourne, Kineton, Harbury, Bishops Ichington and Fenny Compton, some of which now have no additional capacity. This means local residents have to travel from 3.7 to 8.2 miles to see a GP. Public transport between Upper Lighthorne and the rural villages where the current practices are located is poor and in some cases non-existent.

This report was commissioned by Coventry and Warwickshire Integrated Care Board (ICB) and delivered by Arden Estates Partnerships (AEP and its partner gbpConsult). It builds on previous work that considered the impact of the UL development on local primary care estate. The purpose of this report is to provide a detailed appraisal of the following three options and to recommend a viable and deliverable preferred option the ICB can then take forward through NHS business case approval processes.

## Options

The purpose of this document is to provide a detailed analysis of the following three options:

- Option 1 - Expand the capacity of established local GP practices whose practice catchment areas include the Upper Lighthorne settlement site
- Option 2 - A new build GP practice on the Upper Lighthorne settlement site with no expansion of the current GP practices
- Option 3 - A 'hybrid solution'; expanding the capacity of some local GP practices and, potentially a smaller new building on the Upper Lighthorne settlement site

The preferred option must align with both national and local strategic plans including the NHS Long Term Plan and the more recently published Fuller Stocktake report, Next Steps for Integrating Primary Care, which outlines a new vision for primary care that reorientates the health and care system to a local population health approach through building neighbourhood teams, streamlining access and helping people to stay healthy. Recommending that ICSs focus on a system-wide approach to workforce, estates and data; and building more resilience within general practice.

# 1. Executive Summary

## Stakeholder Engagement

The ICB commissioned AEP to engage with local stakeholders as part of the option appraisal and this engagement resulted in 494 responses to a survey and well as feedback from parish councillors, the local MP, local residents, GPs, Strafford District Council, Healthwatch and housing developers via virtual meetings. The overwhelmingly majority of stakeholders favour Option 2 – to build a new GP Practice on the Upper Lighthorne site as the preferred option.

## Recommendation

Following NHS England business case guidelines each of the options have been assessed on both a non-financial (benefits/risks) and financial basis. The pros, cons and risks were assessed for each option and a high-level financial analysis was undertaken to determine which of the options represents the best value for money. The report concludes Option 2 is the preferred option as it offers both the best value for money and a deliverable scheme. The report also provides a high-level assessment of procurement options for both the GP service and the estate solution.

## Financial Summary

Funding as part of the S106 agreement is estimated at £2,131,204 (inflated in line with the conditions of the agreement). Resulting in an estimated funding shortage of £311,044 for the preferred option (see page 23 for exclusions). The cashflow forecast (appendix D) for the 2 options identifies periods of key funding period gaps. For the preferred option assuming pre contract commencement in Q2 2023, between Q4 2023 and Q3 2024 of up to £801,055, then between Q4 2024 to Q4 2027 of up to £926,715. Financing will be required to cover insufficient budget and S106 funding release funding gap periods as prescribed by the conditions of the agreement.

## 2. Introduction & Background

### Previous Options Appraisal

In Autumn 2021, Coventry and Warwickshire CCG (CWCCG) commissioned Arden Estates Partnership (AEP) to undertake a feasibility and options appraisal regarding the Gaydon Lighthorne Heath (GLH) development of 3,000 dwellings, the impact of this development on existing primary care estate, and potential options to accommodate the population growth, either within the existing estate or whether an on-site solution was required at GLH.

As part of this commission, the CCG requested that one set of planning assumptions were agreed between the GP practices, PCN Leads and the CCG. Once the planning assumptions were agreed, these were applied to the capacity planning of the existing practices to determine the impact of the housing development upon the current primary care estate.

Meetings were held with the GP practices to understand the current pressures on their accommodation and potential improvement works that could be undertaken. From this engagement and the capacity planning, five options were developed for further appraisal, as to which would be the best option to meet both the needs of the growing population at GLH and increased demand on the local GP practices. A high-level financial appraisal was undertaken as was a benefits and risks appraisal, the combined results of this identified the option of a hybrid solution to be the preferred option to carry forward. The hybrid solution assumes that S106 monies are accessed to prioritise improvement works at the existing practices who are already experiencing pressure on their clinical space, but also, as the GLH development is built out and occupied, an onsite branch solution is developed, using the gifted land and any remaining S106 contributions.

### Refined Options Appraisal

The report was submitted to the CCG in November 2021, and subsequently presented to the CCG Primary Care Committee. It was agreed that a further engagement commission was required, to re-engage with the GP practices, PCN Leads, Stratford District Council and the two Parish Councils, to determine whether they were in agreement with the content and recommendations within the report. This work was concluded in May 2022, the results of which suggested that there were three potential options to investigate further in terms of their feasibility, viability and deliverability. In autumn 2022, Coventry and Warwickshire ICB (Integrated Care Board) commissioned AEP to undertake a more detailed analysis of the three options below.

- **Option 1: Expand the capacity of established local GP practices whose practice areas include the Upper Lighthorne (previously referred to as GLH) settlement site.**
- **Option 2: A new GP practice on the Upper Lighthorne settlement site with no expansion of the current GP practices.**
- **Option 3: A 'hybrid solution' which means expanding the capacity of some local GP practices and, potentially a smaller new building on the Upper Lighthorne settlement site.**

In tandem with this deeper evaluation of the options, the ICB commissioned further stakeholder engagement in order to get feedback from the local practices, parish councillors and wider stakeholders. Key messages and Frequently Asked Questions were developed along with an online survey for distribution via the ICB website, the practice websites and social media, the parish councillor forums and through the Upper Lighthorne Community Champion via their Facebook pages.

# 3. Upper Lighthorne Development

## Location

The Upper Lighthorne development site is located within the Stratford on Avon District bounded by the M40 to the east about 12 kilometres south of Warwick & Royal Leamington Spa. The adjacent community of Lighthorne Heath, the nearby villages of Gaydon and Lighthorne and the small settlement of Chesterton collectively comprise approximately 700 dwellings.

## Development Planning Guidance

Stratford-on-Avon District Council (SDC) released a Supplementary Planning Document (SPD) in July 2016 as guidance for development proposals on the site for the new settlement. The site is anticipated as being able to support 3,000 new homes with 35% of which to be affordable housing within the 290 hectare site. 100 hectares is committed to employment expansion in the context of Jaguar Land Rover having an established centre and Aston Martin Lagonda with its global headquarters adjacent to the site. Both facilities are currently providing 29,000 jobs. A village centre is to be delivered within the first phase of the development to serve existing residents and workforce communities to include a range of shops, a community hub to include meeting space, health, police and leisure facilities and a three form entry primary school.

Employment opportunity and strategic highway network connection creates a major opportunity for a sustainable new community, that provides a significant part of the District council core strategy aim to provide at least 14,600 additional homes by 2031.

**The development is almost 25% of the full District Council Housing delivery plan to 2031.**

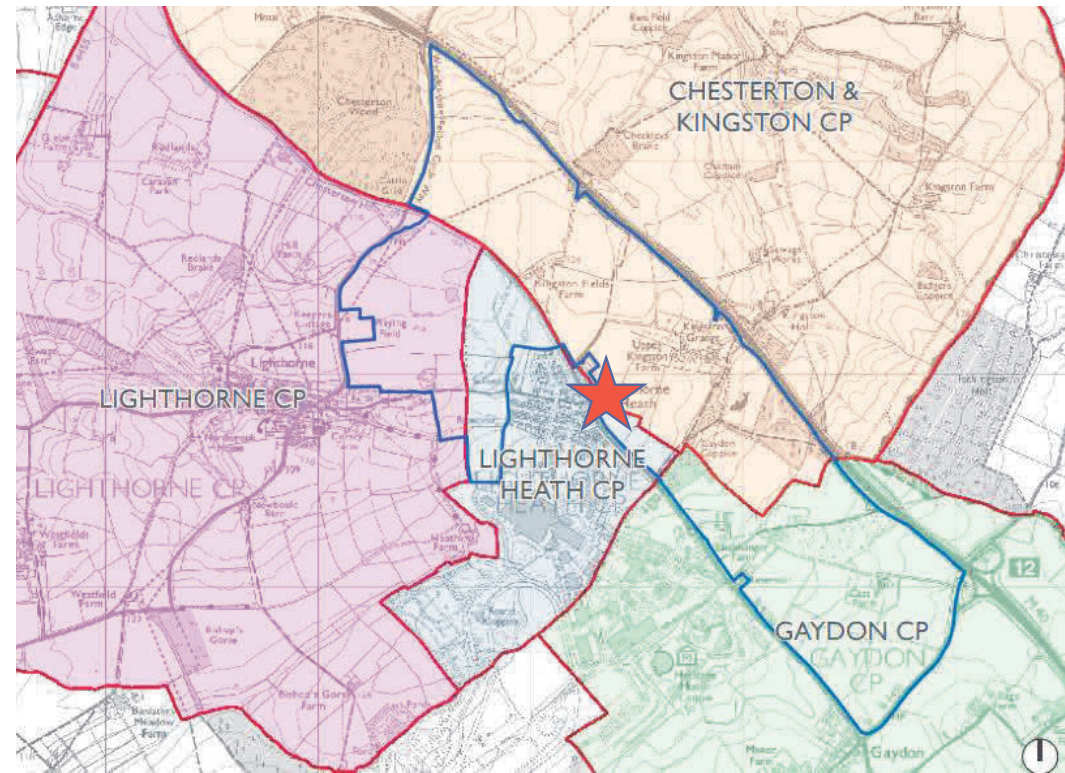


Figure 1 – Upper Lighthorne Development and surrounding villages

# 4. Development Phasing

## Phased Delivery

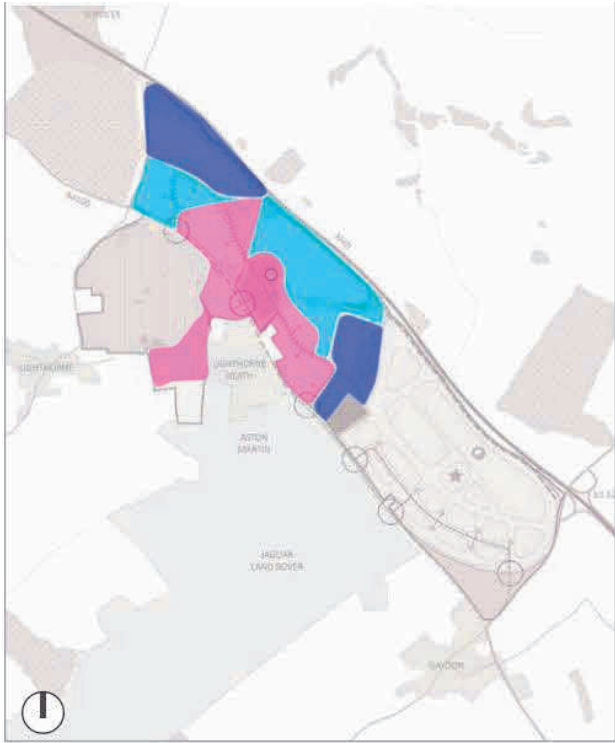
The SPD required the development to integrate and enhance existing employment and housing in the vicinity and therefore collaboration between all stakeholders and an overarching framework for phasing and infrastructure delivery. Phasing assumes that **2,300 homes** will have been completed **by 2031**, with completions forecast as per the table below. There are 3 phases envisaged, with the initial phase delivering core elements of the village centre including commercial facilities and transport infrastructure, and then delivery of around 1,000 homes in each subsequent phase.

## Forecast Completions By Year

Year	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	25/26
Homes completed	50	75	150	150	150	150	175	200	200
Year	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34	34/35
Homes completed	200	200	200	200	200	200	200	200	100

## Increasing Pressure on Healthcare Needs

The SPD describes a requirement for the on-site provision of a general practitioner facility for four GPs, which should be constructed by the time of the completion of 1,700 properties. The importance of health care capacity and the constraints on existing GP practices is acknowledged in the SPD through a requirement that prior to the first 500 properties being completed, additional general practitioner capacity is to be established on the site in a form to be agreed with the relevant health service organisations as part of the application process. These recommendations evolved into the final planning approval conditions and S106 agreement as described in this report.



- Phase 1
- Phase 2
- Phase 3

Figure 2: Phasing map of Upper Lighthorne Development

# 5. Planning Approval & Section 106 Agreement

## Planning Approval

Application reference 15/00976/OUT, submitted in March 2015, was approved for outline planning permission in December 2017 for the development of up to 2,000 houses with reserved matters including a health centre. The site is within the ward of Bishops Itchington.

A village design brief is required as part of the approval with stakeholder consultation, which will be used to inform a master plan for the village centre. Discussions with the village centre developer, Hinton Group, have revealed that the current masterplan includes for a level, serviced plot capable of accommodating a 650m<sup>2</sup> health centre and associated car parking. See Village Centre Masterplan Development section for more detail.

The Homes England controlled site to the north is likely to see a further 1,051 homes over a 10 year period from 2023/24, though full planning has not yet been received.

## Section 106 Agreement

The Section 106 agreement (s106) agreed as part of the planning process commits the landowner/developers to:

- Provide a plot of land in the village centre, at nil cost, capable of accommodating a 650m<sup>2</sup> health centre
- Make s106 payments at specified milestones based on occupation of dwellings (figures detailed below)

This is subject to the ICB requiring an on site provision. If the ICB does not require a provision on site, then the payments are still made (for off site provision of health care services) but at different milestones.

The s106 requires the health centre to be complete by the time 1,000 units are occupied. Land is to be transferred to SDC (who can transfer on as it sees fit). The s106 requires that the land is transferred with a restriction that offers the land back to the developer in the event that at any point in the future the function of the building is no longer a healthcare facility.

The total 'Primary Care Contribution' defined in the s106 agreement is £1,678,660. It is made up of £1,157,700 for the development of circa 1,860 homes and £578,844 for the Homes England contribution. The s106 payments are index linked to RPI from the date of Outline Planning being granted.

## 6. Section 106 Funding Release Mechanism On Site Option

### S106 Funding Release

If the new facility is developed on-site then 10% of the s106 payment is released on first occupation of 400 dwellings with the balance paid on occupation of 750 dwellings. The Homes England s106 contribution is released on occupation of the 400<sup>th</sup> home. Assuming current occupation projection rates and inflation based on BCIS Tender Price Index this results in an **estimated total payment of £2,131,204**, released as described in the table below:

Main Developer						Homes England					
Payment	Dwellings Occupied	Release date	% of S106 funds	Estimated amount	RPI increase 25% 12/17 – 04/23	Payment	Dwellings occupied	Release date	% of S106 funds	Estimated Amount	RPI increase 18.18% 03/20 – 12/25
1	400	Apr-23	10	£115,770	£144,713	1	200	Dec-25	17	£57,884	£68,407
2	750	Aug-24	90	£1,041,930	£1,302,413	2	400	Dec-27	90	£520,960	£615,671
<b>Total</b>				<b>£1,157,700</b>	<b>£1,447,126</b>					<b>£578,844</b>	<b>£684,078</b>

Following discussions with developers Hintons, the potential to negotiate earlier release of funds could be explored, prompted by the developers increasing contribution in light of the Retail Price Index (RPI) clause and rising inflation.

A decision will need to be given by the ICB and Council to the village centre developer as to whether the health centre will be required on site. Under the terms of the s106 agreement, this notification process can commence on occupation of 725 dwellings when the site owners notify the council, who then has 60 days to respond to them. On confirmation of accepting the land, the owners have 30 days to transfer.

Within the s106 agreement, there is provision for an alternative option where existing practices in the locality can be developed to increase capacity to meet the needs of the new population with a different release provision, involving an initial payment of 10% and then 6 equal payments at thresholds dictated by dwellings occupied. The Homes England S106 agreement follows a similar release mechanism. Similarly assuming the current occupation projection rates this results in an estimated payment summary indicated in the table on the following page.

## 6. Section 106 Funding Release Mechanism Off Site Option

Main Developer						Homes England					
Payment	Dwellings Occupied	Release date	% of S106 funds	Estimated amount	RPI increase 25% 12/17 – 04/23	Payment	Dwellings occupied	Release date	% of S106 funds	Estimated Amount	RPI increase 18.18% 03/20 – 12/25
1	400	Apr-23	10	£115,770	£144,713	1	200	Dec-25	17	£57,884	£68,407
2	750	Aug-24	15	£173,655	£217,069	2	375	Sep-27	17	£86,826	£102,611
3	1000	Aug-25	15	£173,655	£217,069	3	500	Dec-28	17	£86,826	£102,611
4	1250	Aug-26	15	£173,655	£217,069	4	625	Dec-29	17	£86,826	£102,611
5	1500	Aug-27	15	£173,655	£217,069	5	750	Mar-31	17	£86,826	£102,611
6	1750	Dec-30	15	£173,655	£217,069	6	875	Jun-32	17	£86,826	£102,611
7	1900	Jan-33	15	£173,655	£217,069	7	950	Mar-33	17	£86,826	£102,611
<b>Total</b>				<b>£1,157,700</b>	<b>£1,447,126</b>					<b>£578,844</b>	<b>£684,078</b>

### Temporary Facility

The owner/developer was also required to provide a temporary healthcare facility of 116m<sup>2</sup>, at nil cost, on occupation of 100 dwellings assumed to be big enough for 1 GP. The ICB released the developer from this obligation on 20/02/2019 through email correspondence in November 2018 between Tony Horton, senior planner at Stratford on Avon district council and the NHS South Warwickshire CCG via Oliver Bell at Nexus planning. Gbp Consult has discussed the possibility of Hinton Group reprising this requirement, but the most recent conversation (on the 30<sup>th</sup> November 2022) indicated that they would not be willing to do this, on the grounds of cost.

### Other S106 Funding

The district council advise that a total of £100,230.41 has been paid to the NHS for other S106 healthcare agreements and that they are finalising legal agreements to pay the remaining £19,071.59 (planning reference - 15/00510/OUT, 11/02703/OUT, 15/00510/OUT, 11/02703/OUT). The ICB has confirmed that £81,863 was spent on Hastings House Medical in March 2019, and £10,092 on Kineton Medical in July 2020.



### Table Assumptions:

- Current total main developer housing trajectory is to 1861 homes, it is assumed that this will increase to 1900
- No trajectory has been provided by Homes England, discussions have indicated an even delivery programme over a 10 year period commencing 2023/24 which has been assumed to commence in 2024 and follow an even delivery trajectory
- No trajectory has been provided by the developer for homes built by CEG, which isn't expected to commence until after Feb 2028, an even distribution after this date to the end of the developers total delivery plan in Dec 32 has been assumed for the 250 CEG homes



# 7. The Residential & Village Centre Master Plan

## The Developer

The Bird Group of Companies, represented by CEG Land promotions were awarded outline planning permission for the development, and have subsequently sold plots to national housing developers as follows: Barratt Homes - 430 units, David Wilson Homes – 362 units, Taylor Wimpey – 679 units, Bellway Homes - 140 units and CEG – 250 units.

## Housing Delivery Progress

Progress has been exceeding the published trajectory targets of circa 125 homes per year by close to 75, however the current macro economic environment is anticipated to slow the pace as a result of reduced demand. The developer is very confident that all of the planned homes will be delivered. As of September 2022 there were 251 homes occupied.

## The Village Centre Master Plan

The Hinton group will be the developer of the village centre and the latest master plan, which is still in development and subject to change, shows the proposed health centre location circled in red. The footprint of the medical centre is 650m<sup>2</sup> and adjacent to a proposed community centre 740m<sup>2</sup> (of which 240m<sup>2</sup> is proposed to be for community police provision), with 60 parking spaces proposed to service both buildings. Final proposals will be subject to consultation within a design brief, in compliance with condition of outline planning permission. This is anticipated to commence in 2023 with submission of the design brief in February, however the primary school, nursery and supermarket tenant making up the north half of the village centre site have been proposed. The anchor tenant is Sainsburys and all parties are keen to progress as quickly as possible, so commitment as to the direction of the health care centre would be welcomed.

## Homes England Housing Contribution

Homes England are delivering the other circa 1,050 homes of flexible tenure with 51 of which being extra care / age restricted units. Delivery will commence in 2023/2024 through selling parcels of plots to developers and be completed over a 10 year period. Enabling works to create roundabout access and utility infrastructure is currently underway.



Figure 3: Version 17 Village Centre Masterplan

## 8. Implications for Primary Care Health Facilities

### Current lack of Primary Care Provision

It should be noted that there is an omission of healthcare facilities with the villages in the immediate proximity of the development. The district council have suggested a historic promise of healthcare facilities for this population which wasn't delivered, left people feeling let down and the provision of a new facility at Upper Lighthorne would be seen as righting the wrongs of the past. The lack of primary care provision in Lighthorne and Gaydon is a key contributory factor to the current pressures of the existing GP practices in Kineton, Fenny Compton, Harbury, Bishops Cleeve and Wellesbourne. A new GP surgery at Upper Lighthorne would help alleviate pressures on the current practices, in addition to meeting the demands of the new population of the housing development. This principle is supported by parish council members who feel that the best way to protect local practices is to ensure that they don't have to tackle additional capacity requirements by building a new GP practice at Upper Lighthorne.

The SPD acknowledges the existing practices and describes that It is important to note that any available capacity at these surgeries will be absorbed by other developments already having the benefit of planning permission. Consultation with the surrounding practices has established that Kineton does not have the capacity to meet current demands and that Harbury and Fenny Compton would be at a deficit of clinical rooms if they were to absorb the new populations health care needs.

In November 2022 the capacity modelling exercise was refreshed to capture the latest practice list sizes as at November 2022 (NHS Digital data). The results of which can be seen in the table on the following page. Between October 2021 and November 2022, Kineton Surgery and Hastings House have seen further increases in their patient lists.

### Assumptions and Capacity Modelling

Using the same assumptions as agreed between the ICB, PCN Leads and GP practices in the previous commission of work, the new list sizes and the assumptions were added into the space estimator tool to provide the number of generic clinical rooms each practice requires, based on the new list size, and considering how many trainee GPs each practice has currently (NHS Digital GP workforce data). This is also within the first table on the following page.

Since the last commission of work completed in May 2022, Kineton Surgery have refurbished some accommodation on the first floor to generate two further clinical rooms. However, the capacity planning still suggests that Kineton have a deficit of 3 clinical rooms, Hastings House have a surplus of 4 rooms, Harbury Surgery are reaching capacity and Fenny Compton are at capacity.

## 8. Implications for Primary Healthcare Facilities

When considering the size of the UL on-site solution, there are a number of factors to consider. Not only will the on-site solution need to serve the forecast population increase from the 3,000 new homes (estimated at 7,200 people), consideration is also required for the local residents of the surrounding wards and parishes who will already be registered with a local GP. If a new on-site surgery is built at UL, closer to where residents live, they may leave their current surgery and register with the GP at UL. Whilst there is no way of knowing exactly how many people would consider moving practices, we can make some high-level assumptions. Using Shape mapping tool (Strategic Health Asset Planning and Evaluation), we are able to extract a list of all patients currently registered with Hastings House, Kineton Surgery, Fenny Compton and Harbury Surgery and which Ward they reside in. In the five wards where the current surgeries are located (i.e. Harbury, Bishops Itchington, Kineton, Napton and Fenny Compton and Wellesbourne East) there are 20,296 patients. If we assume 20%\* of these patients would consider moving to a new UL surgery, this would be potentially 4,059 patients who would register at Upper Lighthorne.

\* In the online survey, when asked if a new health facility was built at Upper Lighthorne, 20% of people said that they may consider leaving their current practice and registering at UL

### Current Capacity Modelling

The table below illustrates the increase or decrease in the patient list sizes of each of the existing surgeries between October 2021 and November 2022. Kineton in particular have seen quite a substantial increase of 5.33%. Using the digital pathway space estimator tool and the assumptions agreed with the CCG, PCN Leads and GP practices we can see the comparison between the actual number of clinical rooms each practice have against what the space estimator tool suggests it should have based on their current list size and whether they are a training practice. As can be seen, Kineton already have a deficit of three clinical rooms and Harbury and Fenny Compton are close to capacity.

Current Capacity New ways of working Post COVID-19							
GP Practice	List Size October 2021	List Size November 2022	Increase/ Decrease	Current no of Generic Clinical rooms	Generic Clinical GBP PID	Training Consult Room	Clinical Room Difference
Kineton	4636*	4883*	5.33%	7*	6	4	-3
Hastings House and Old Bank Branch	12596	12932	2.67%	21	13	4	4
Harbury Surgery and Bishops Itchington	5922	5868	0.91%	7	6	N/A	1
Fenny Compton	4379*	4262*	2.67%	6	5	1	0

It should be noted that the Kineton list size of 4883 is 75% of their full 6181 list size – accounting for the fact that 25% attend their branch in Tysoe. Similarly, Fenny Compton’s list size of 4379 represents 80% of their 5474 list size, as 20% attend their branch in Shennington.

# 8. Implications for Primary Healthcare Facilities

## Future Capacity Modelling

After analysing the potential impact of the housing developments (i.e. UL development impact and other significant housing developments) on each of the practices, we then applied the predicted increase to patient list sizes of each of the practices to a digital pathway space estimator tool, to understand where current and future pressure points will likely arise. For the purpose of this exercise, the increased number of Upper Lighthorne residents (assumed at 2.4 people per household) was split equally between the four practices. For the non-UL developments the increased numbers of residents was assigned to a practice based geographically closest to the development address. We have modelled the ‘worst case scenario’ of 100% of the new residents being new to the area and not already registered with a local GP practice, but also, as this is unlikely, we have modelled the impact of 70% of residents being new to the area.

The table below lists the expected lists sizes assuming that 100% of the developments go ahead and 100% of the residents moving in to the new houses are new to the area and not already registered with a local GP practice (i.e. ‘worst case scenario’).

New ways of working Post COVID-19 (100% Population)					
GP Practice	Expected List size with Housing Growth	Current no of Generic Clinical rooms	Generic Clinical Rooms GBP PID	Training Consult Room	Clinical Room Difference
Kineton	6778	7	7	4	-4
Hastings House and Old Bank Branch	15261	21	16	4	1
Harbury Surgery and Bishops Itchington	7967	7	9	N/A	-2
Fenny Compton	6507	6	7	1	-2

Assuming 70% of the new residents are new to the area, Kineton’s deficit of 4 clinical rooms remains. Hastings House still have capacity but Harbury would have a deficit of 2 clinical rooms and Fenny Compton would have a deficit of one room.

New ways of working Current Post COVID-19 (70% Population)					
GP Practice	Expected List size with Housing Growth	Current no of Generic Clinical rooms	Generic Clinical Rooms GBP PID	Training Consult Room	Clinical Room Difference
Kineton	6353	7	7	4	-4
Hastings House and Old Bank Branch	14402	21	15	4	2
Harbury Surgery and Bishops Itchington	7498	7	9	N/A	-2
Fenny Compton	5834	6	6	1	-1

# 9. Transport Assessment

As part of this options appraisal, the accessibility of the current GP practices from Upper Lighthorne has been considered, both by car and public transport. The maps below illustrate the travel times by car from Upper Lighthorne. The shortest journey from Upper Lighthorne to a surgery is 10 minutes, to Bishops Itchington. It should be noted that the current surgeries are located in rural villages and the increase in traffic from Upper Lighthorne would cause congestion within these villages. In addition to this, there is very limited car parking at the surgeries.

## Travel by Car Assessment

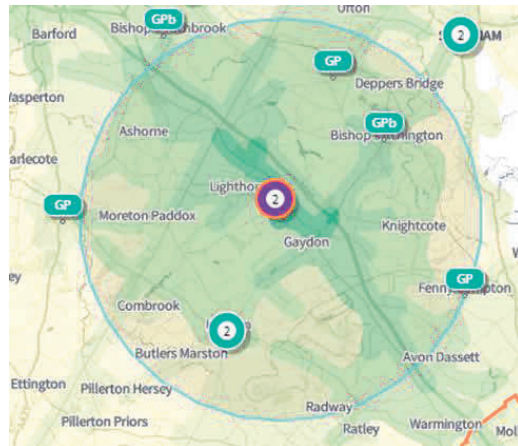


Figure 4 – Car travel map from UL to surrounding surgeries



This map illustrates travel time by car from the Upper Lighthorne development to the nearby GP practices. If the journey is not made during rush hour, the following travel times are assumed:

- To Kineton (4.2 miles) 15 minutes
- To Fenny Compton (6.3 miles) 20 minutes
- To Harbury (5.7 miles) 15 minutes
- To Bishops Ichington (3.7 miles) 10 minutes
- To Hastings House (8.2 miles) 20 minutes

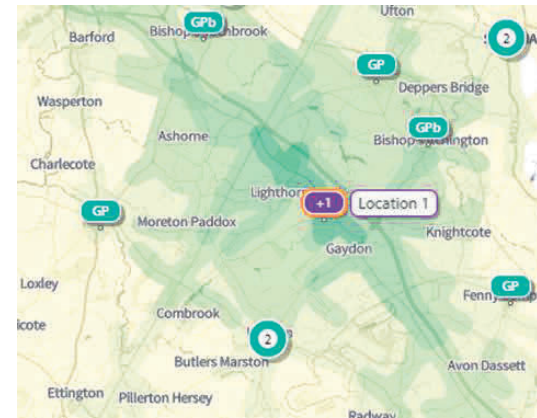
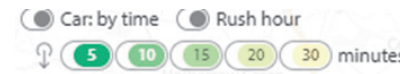


Figure 5 – Car travel map from UL to surrounding surgeries (rush hour)



This map illustrates travel time by car from the Upper Lighthorne development to the nearby GP practices. If the journey is made during rush hour, the following travel times are assumed:

- To Kineton (4.2 miles) 20 minutes
- To Fenny Compton (6.3 miles) 30 minutes
- To Harbury (5.7 miles) 20 minutes
- To Bishops Ichington (3.7 miles) 15 minutes
- To Hastings House (8.2 miles) 20 minutes

# 9. Transport Assessment

## Public Transport

There will be residents of Upper Lighthorne and the surrounding parishes who are not car owners and therefore would be reliant on bus services. There are bus services from Lighthorne Heath to Kineton (Service 77), Fenny Compton (Service 77A) and Wellesbourne (Service 77), operating about every 2 hours. Leamington is served at least every hour, and this will rise to every 30 minutes when the number of houses occupied at Upper Lighthorne reaches the trigger point.

Service 77 <https://tison-maps-stagecoachbus.s3.amazonaws.com/Timetables/Midlands/Leamington%20Timetables/Current/S77 TT 220725.pdf>

Service 77A <https://tison-maps-stagecoachbus.s3.amazonaws.com/Timetables/Midlands/Leamington%20Timetables/Current/S77A TT 220725.pdf>

The bus provision from the Lighthorne area to the villages where the existing surgeries are is extremely poor. There is currently no provision for getting from Lighthorne to Bishops Ichington.

## Car Ownership

The 2021 Census data relating to car or van ownership is not due to be released until January 2023. So the latest data set is from the 2011 Census. The table below contains data for the parishes of Kineton, Lighthorne, Gaydon, Bishop's Ichington, and Wellesbourne. Because Upper Lighthorne was not available as a parish, we have included Lighthorne Heath. The map below highlights these areas.

Cars	Bishop's Ichington		Gaydon		Kineton		Lighthorne		Lighthorne Heath		Wellesbourne	
	number	%	number	%	number	%	number	%	number	%	number	%
No cars or vans in household	84	9.8	9	4.9	120	12.4	13	7.6	39	10.5	293	11.5
1 car or van in household	282	33.0	47	25.7	367	38.0	65	38.2	164	44.3	994	39.1
2 cars or vans in household	340	39.8	75	41.0	338	35.0	68	40.0	107	28.9	937	36.9
3 cars or vans in household	95	11.1	38	20.8	96	9.9	17	10.0	45	12.2	243	9.6
4 or more cars or vans in household	53	6.2	14	7.7	46	4.8	7	4.1	15	4.1	73	2.9

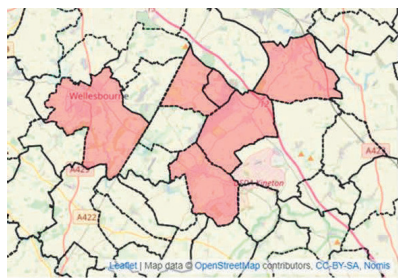


Figure 6 – Parish map

In 2011 10.5% of residents who live in Lighthorne Heath did not have access to a car and therefore would be reliant on public transport or taxi to get to their GP surgery if there was no primary care provision at Upper Lighthorne.

Healthwatch advised that they have had feedback from people advising that they have had to cancel GP appointments as they have been unable to afford the taxi journey there. They further advised that local community transport company VASA had reported a significant uptake in people requiring transport to GP surgeries.

# 10. Stakeholder Engagement

## Stakeholder Consultation

As part of this options appraisal, the ICB asked AEP to undertake further engagement with the existing local GP practices, representatives from the local parish councillors and a wider stakeholder group, including the residents of Upper Lighthorne and the surrounding parishes.

Early engagement was sought between the ICB, AEP and the parish councillors, also attended by local MP Jeremy Wright. The purpose of this commission was described at that initial meeting. Following this, the ICB produced Key Messages, including a description of the current three options, and the work that is being undertaken to understand the feasibility, viability and deliverability of each of the options. In conjunction with this, a Frequently Asked Questions sheet was also developed and shared with the parish councillors before being shared with the wider public.

In addition to the above, meetings were held with:

- Kineton Surgery, Hastings House, Harbury Surgery and Fenny Compton Surgery
- Stratford District council
- Hawksmoor and Hintons (The developers representatives and developers)
- Homes England
- Healthwatch

## Public Consultation

An online survey was produced and was published with the key messages and FAQs in the following forums for a period of three weeks:

- The ICB website
- The GP practices websites and social media pages
- Parish councillors social media forums
- Upper Lighthorne Community Champion Facebook pages
- Healthwatch

Printed versions of the survey were also provided to the practices, the parish councillors and the Upper Lighthorne community champion to ensure that feedback could also be collated from people who may not have access to the internet and social media.

# 10. Stakeholder Engagement

## Engagement Summary

The results of the survey can be seen in Appendix A. In total over the period of three weeks 494 responses were received. In the three questions which described each option, and gave the survey responder an opportunity to describe their opinion of each option, **the overwhelming majority of responses were in favour of Option 2 - A new GP practice on the Upper Lighthorne settlement site with no expansion of the current GP practices.** This was not only the feedback from the residents of Upper Lighthorne and the surrounding parishes, but also from patients from the practices of the surrounding GP practices, who fear that by expanding the current practices and not providing an on-site GP practice at Upper Lighthorne, this would create more difficulty with getting a GP appointment.

Feedback themes from the free text section of the survey can be seen in Appendix A, but the majority of the feedback related to current GP surgeries already being stretched, issues with car parking at the current surgeries, access and travel congestion from Upper Lighthorne into the rural villages where the current surgeries are based, and the lack of public transport between Upper Lighthorne and surrounding villages.

As the majority (376) of local people were in support on an on-site GP Surgery, this needs to be considered when concluding to a final preferred option.

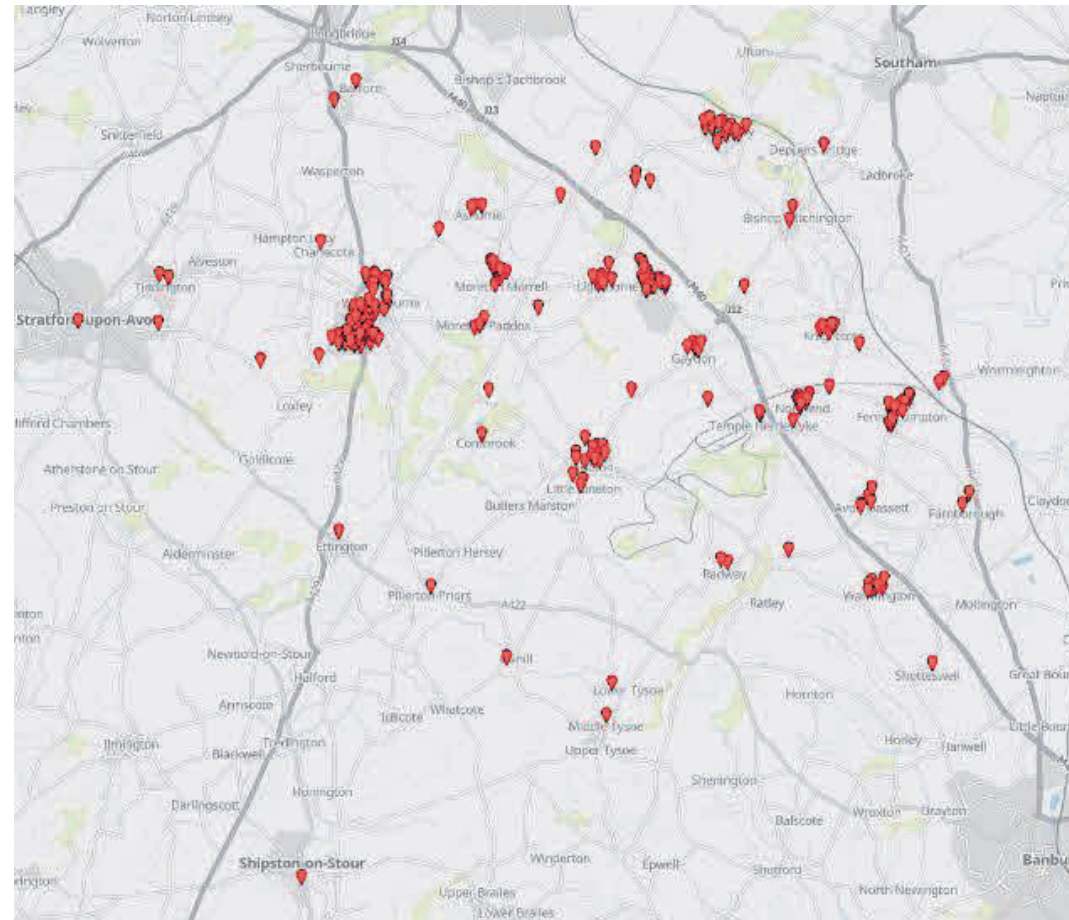


Figure 7 – Map showing postcodes of where survey results were received from

# 11. Options Appraisal – high-level benefit appraisal

A high-level benefits appraisal has been undertaken and is illustrated in the table below. Each option was assessed against key project benefits. Option 2, the on-site solution was the only option which met all the benefit criteria. (A more detailed explanation of each option is provided in Appendix B).

Benefit Description	Objective	Option 1 – expand Current Practices	Option 2 – On-site solution	Option 3 – Hybrid solution
Population based model of care implemented (integrated primary and community services provided locally) along with best practice and local strategies - resulting in improved determinants of health and reduction in health inequalities	Access & Quality	No	Yes	Partially
Centralised location/ focal point for staff (and patients) - simplifying procedures/ service delivery	Access	No	Yes	Partially
Improved patient experience achieved through modern standards of delivery	Quality	No	Yes	Partially
Staff recruitment and retention benefit from improved working conditions	Quality	Partially	Yes	Yes
Wider public sector improvements from regeneration, with improved sense of place and general increases in economic activity for the benefit of the wider public sector	Quality	No	Yes	Partially
Co-located services enables efficiency savings from building costs	Efficiency	Partially	Yes	No
Efficiency savings resulting from Multidisciplinary team appointments and co-located services, in terms of staff time and other efficiency savings	Efficiency	No	Yes	No
Improved working conditions will result in lower staff absenteeism, resulting in reduced “lost time” and temp costs	Efficiency	Partially	Yes	Partially
Efficient fit for purpose estate will provide cost efficiencies from lower maintenance costs and better energy efficiency	Economy	No	Yes	No
Flexible estate, capable of adaptation for future needs, with multipurpose facilities allowing them to be used by a wide range of service providers	Economy	No	Yes	No

# 11. Options Appraisal – more detailed appraisal

The table on this page and the next page describes each option in more detail, including the do nothing option and explains the rationale for discounting options and determining a preferred option from a non financial perspective.

No.	Option	Description	Advantages	Disadvantages	Rationale
0	Do nothing	Manage Upper Lighthorne growth within existing GP practices	<ul style="list-style-type: none"> <li>No capital costs</li> </ul>	<ul style="list-style-type: none"> <li>would not support current capacity deficit issue</li> <li>no delivery of additional space required for population growth</li> <li>would not improve accessibility for Upper Lighthorne residents</li> <li>Travel access, limited car parking and poor public transport links</li> <li>GP appointments are already difficult to get, more patients would put further pressure on the practice</li> <li>Condition and backlog maintenance issues would remain and increase as assets depreciate further</li> <li>Non compliance issues with existing buildings would remain</li> </ul>	<p><b>Discounted</b></p> <p>The practices are already at capacity and could not accommodate the additional population of Upper Lighthorne</p>
1	Expand Current Practices – no on-site provision at Upper Lighthorne	Use S106 funds to extend Kineton Surgery, Harbury Surgery and Fenny Compton	<ul style="list-style-type: none"> <li>Builds on established GP practices</li> <li>Maximizes use of existing buildings</li> <li>Some existing support space can be utilised reducing overall new footprint required</li> </ul>	<ul style="list-style-type: none"> <li>Potentially poorer functionality, due to limitations of existing buildings and car parking.</li> <li>Extension and alteration to existing practices would impact patient experience and staff operations to various extents, to potentially requiring full decant for periods of construction</li> <li>Potential for growth and adaptation within the extents of the existing site footprint is likely to prohibit any future expansion and adaptability</li> <li>Travel access, limited carparking and poor public transport links</li> <li>Would not improve accessibility for Upper Lighthorne residents</li> <li>Extension to some existing GP practices could be restricted by planning conditions</li> <li>Would require retrospective improvements associated with non-compliance and built environment</li> </ul>	<p><b>Discounted</b></p> <p>This option does not provide a solution for the residents of Upper Lighthorne. It would put further pressure on existing practices. Travel access, limited carparking and poor public transport links.</p>

# 11. Options Appraisal

## Non-financial Appraisal

No.	Option	Description	Advantages	Disadvantages	Rationale
2	A new GP practice on the Upper Lighthorne settlement site with no expansion of the current GP practices	On-site solution to manage the population growth at Upper Lighthorne and alleviate the pressures on current GP practices	<ul style="list-style-type: none"> <li>No land costs – S106 gifted.</li> <li>Provides on-site access to primary care for local residents.</li> <li>Build to modern standards of construction improving patient and staff built environment</li> <li>Purpose built to achieve future adaptability</li> </ul>	<ul style="list-style-type: none"> <li>Longer build programme than some off site extension and alteration options resulting in a longer period of deficit of new health care facilities for new residents who will have to register with an existing practice in the surrounding area</li> </ul>	<p><b>Preferred Option</b></p> <p>This option provides an on-site solution for the residents of Upper Lighthorne and will help alleviate pressures on the current GP practices in the long term. There is S106 land gifted for the development of a health centre at Upper Lighthorne</p>
3	A 'hybrid solution' which means	Expanding the capacity of some local GP practices and, potentially a new smaller building on the UL settlement site.	<ul style="list-style-type: none"> <li>This option could eventually provide more people with better access to primary care services than option 2 or option 3 alone.</li> </ul>	<ul style="list-style-type: none"> <li>Potentially poorer functionality, due to limitations of existing buildings and car parking.</li> <li>Extension to some existing GP practices could be restricted by planning conditions</li> <li>Extension and alteration to existing practices would impact patient experience and staff operations to various extents, to potentially requiring full decant for periods of construction</li> <li>Potential for growth and adaptation within the extent of the existing site footprint is likely to prohibit any future expansion and adaptability</li> <li>New healthcare provision spread over these options would dilute the on site provision</li> </ul>	<p><b>Discounted</b></p> <p>Whilst this option appears to provide both an on-site solution at Upper Lighthorne and a solution for the current practices there is only a finite amount of s106 funds. The s106 funding should be prioritised for the on-site solution at Upper Lighthorne.</p>

# 11. Options Appraisal - potential risks

The table on this page describes the potential risks associated to each option. It is important to consider benefits, risks and costs associated to each option before determining a preferred option.

Option	Risk
Option 0 – Do nothing	<ul style="list-style-type: none"> <li>• Three practices are already either over capacity and have deficit clinical rooms. If nothing is done to address the local population increase within Upper Lighthorne, practices may have to close their lists. Access to GP appointments is already an issue at the practices. Doing nothing is not an option</li> <li>• Over utilisation of facilities results in risks around health and safety and fire safety and can diminish accessibility for all users</li> </ul>
Option 1 – Expand the current practices with no provision at Upper Lighthorne	<ul style="list-style-type: none"> <li>• Planning permission approval not being granted potentially due to issues around conservation area sensitivities, traffic and car parking and over development</li> <li>• Risk of further impact on healthcare provision for local population during construction works, with access reduced to some or all parts of existing buildings</li> </ul>
Option 2 – Build a new GP practice at Upper Lighthorne with no expansion to existing practices	<ul style="list-style-type: none"> <li>• In the absence of clear potential Primary Care Network and other NHS strategic drivers, size of the new building could be too small requiring future expansion</li> <li>• With delivery of a new facility designed to meet capacity needs for the entire new population there is potential for void and under used space in the period between completion of the new facility and full delivery of new housing</li> </ul>
Option 3 - A 'hybrid solution' which means expanding the capacity of some local GP practices and, potentially a new smaller building on the UL settlement site.	<ul style="list-style-type: none"> <li>• Planning permission approval not being granted potentially due to issues around conservation area sensitivities, traffic and car parking and over development</li> <li>• Risk of further impact on healthcare provision for local population during construction works with access reduced to some or all parts of existing buildings</li> <li>• In the absence of clear potential Primary Care Network and other NHS strategic drivers size of the new building could be too small requiring future expansion</li> <li>• With delivery of a new facility designed to meet capacity needs for the entire new population there is potential for void and under used space in the period between completion of the new facility and full delivery of new housing</li> </ul>

# 12. Financial Appraisal

## Order of Cost Estimate

An Order of Cost Estimate has been commissioned through Arcadis Ltd, based on the proposed developments as described in the Estates appraisal Appendix B. The summary is broken down in the table below and shown fully in appendix C. A m<sup>2</sup> cost comparison shows that **option 2 represents better value for money** at £3,526 per m<sup>2</sup>, when compared to option 1 at £4,203 per m<sup>2</sup>. This is due to the increased costs of developing existing buildings with particular constraints as well as the additional preliminary and overheads costs for development of multiple sites.

Option 1 includes light refurbishment and retrospective improvements to address existing compliance and infrastructure issues identified in 6 facet survey and review of existing floor plans. A modular rental decant has been allowed for as recommended for the Kineton Branch for a period of 6 months. The Kineton Surgery branch estimated construction costs include uplift that reflects design and construction which is sensitive to the conservation area requirements and the Harbury branch development cost estimate includes an allowance to address remedial works to drainage ground conditions.

The construction of a new facility within the village centre of the new development is proposed on a serviced site, on land that will be provided at no cost as part of the S106 agreement, with car parking and surrounding landscaping and pedestrian access provided. Therefore cost for service connections and external works have not been included in the cost estimate.

Item	Off Site Development (option 1)	On Site Development (option 2)
Building works (including preliminaries & contractors over Heads & profit)	£2,219,802	£1,881,218
Decant costs	£152,425	£0
Project/design team fees	£233,079	£197,528
Risk contingency (design, construction & client)	£367,932	£311,812
Inflation	£94,840	£51,688
<b>Total (exc VAT)</b>	<b>£3,068,078</b>	<b>£2,442,245</b>



Exclusions:

- VAT assessment
- Optimism bias
- Life cycle costing
- Financing costs
- Development appraisal costs



# 12. Financial Appraisal

## Funding and Cash Flow Forecast

Funding as part of the S106 agreement is estimated at £2,131,204 (inflated in line with the conditions of the agreement). For option 1 resulting in an estimated funding shortfall of £936,874 and for option 2 of £311,041 (exclusions listed on page 23 most notably VAT). A summarised cash flow forecast for option 2 is shown below and detailed cashflow forecast are show in appendix D which identifies periods of key funding gaps. For option 1 a significant funding gap of up to £2,706,297 in Q2 2025 with full S106 contribution not until 2033. For option 2 assuming pre contract commencement in Q2 2023 funding gaps are estimated between Q4 2023 and Q3 2024 of up to £801,055, then between Q4 2024 to Q4 2027 of up to £926,715. **Financing will be required to cover insufficient S106 contribution and funding release gaps as prescribed for the 2 options.**

Task Name	Start	Finish	2022	2023	2024	2025	2026	2027					
<b>S106 land release</b>													
Village centre deisgn breif & master plan													
S106 notification process for relase of land													
Release of land on occupation of 725 dwellings	06/2024	08/2024											
S106 requirement for new build facility to be complete on occupation of 1,000 homes	07/2025	07/2025											
<b>Cash Flow</b>													
<b>S106 Release</b>													
S106 release of 10% (400 homes)	04/2023	04/2023	£144,713.00										
S106 release of 90% (750 homes)	08/2024	08/2024			£1,302,413.00								
<b>S106 Release HE</b>													
S106 release of 10% (200 homes)	12/2025	12/2025				£68,407.00							
S106 release of 90% (400 homes)	12/2027	12/2027						£615,671.00					
<b>Out Flow</b>													
Design & statutory approvals (planning reserved matters) professional fees	04/2023	10/2023	-£98,764.00	-£98,764.00									
Tender & contract award professional fees	11/2023	02/2024											
Construction contract costs	03/2024	07/2025			-£748,240.00	-£748,240.00	-£748,240.00						
<b>Cash Flow</b>			£0.00	£45,949.00	-£52,815.00	-£801,055.00	-£246,882.00	-£995,122.00	-£926,715.00	-£926,715.00	-£926,715.00	-£926,715.00	-£311,044.00



Exclusions:

- VAT assessment
- Optimism bias
- Life cycle costing
- Financing costs
- Development appraisal costs



# 13. The Preferred Option

## Preferred Option Summary

Through undertaking the non-financial review of the benefits, pros, cons and risks of each option; a financial appraisal and analysis of the survey responses, the preferred option is Option 2 - A new GP practice on the Upper Lighthorne settlement site with no expansion of current GP practices. It is recommended that Option 2 is progressed and the ICB produce a Business Case on this basis.

- This option represents the best value for money at £3,526 per m<sup>2</sup> compared to an average £4,203 per m<sup>2</sup> for the off site developments option.
- Building a new Health Centre at Upper Lighthorne supports the vision of the Long Term Plan to move health and social care closer to communities. People living close to Upper Lighthorne have been required to travel between 4 to 8 miles to access GP appointments for a number of years due to a lack of primary care provision locally.
- The results of the survey were overwhelmingly in support of Option 2, with a common theme being that not only did this option represent the best solution for the community of Upper Lighthorne but it would also improve access to GP appointments at existing practices.

## Preferred Option Scoping – right sizing the new facility.

When considering the size of the Upper Lighthorne on-site solution, there are a number of factors to consider. Not only will the on-site solution need to serve the forecast population increase from 3,000 new homes, consideration is also required for the local residents of the surrounding wards and parishes who will already be registered with a local GP and may well leave their current surgery and register with the GP at UL. In Section 8 of the report we estimated if 20% of these patients would move to a new UL surgery, this would equate to 4,059 patients.

If we assume the worst case scenario of 7,200 new Upper Lighthorne residents registering at the Upper Lighthorne on-site solution, and the 4,059 patients currently registered with existing practices, re-registering at the new on-site GP practice when it is built, this assumes a potential patient list size of 11,259 patients. To serve this patient list size, the new building would require 8 generic clinical rooms and 3 virtual consulting pods. In addition to this, the building would need to be futureproofed and accommodate some of the Primary Care Network ARRS staff who are due to be recruited up to 2024, (an additional 15.98 FTE staff). These staff will be shared by the six practices in Warwickshire East PCN. For the purposes of the Schedule of accommodation, we assumed that one additional consultation room and one interview room would be required. The total GIA of the new building would need to be 678.55 m<sup>2</sup>. The full schedule of accommodation can be seen in appendix D.

# 13. The Preferred Option

## Preferred Option Deliverability

A provisional location for the healthcare facility has been identified on the village centre masterplan which could be subject to further revision. The proposed site location is a level serviced plot with a provisional 60 car parking spaces shared with the adjacent community hub. The facility could be on one level or over two dependant on design development, or potentially delivered as a collaboration with the council incorporating the community hub and medical centre in one building.

As previously stated in this report outline planning permission means that approval is only required through reserved matters. The delivery programme is estimated at just under 2 years from commencement of pre-contract activities, with no risk to consider in terms of impact on existing patients, or constraints around construction logistics, deliverability of this option is considered low risk.



Figure 8 – Map showing part of version 17 of the village centre master plan

# 14. Commercial Options for Delivery

## Commercial Options Summary

Within this Options Appraisal, the commercial options for the delivery of a new build health centre on the UL development have been explored. These commercial options are evaluated in the table below. The recommended delivery route is to make use of a partnership approach with either Stratford District Council, or NHS Property Services to deliver the scheme. Regional One Public Estate representatives have advised that there are no current funding opportunities to bid for, however they are willing to facilitate engagement with potential partners. The ICB have made separate enquiries in relation to the scheme, and subsequently engaged with two local authorities to explore options for collaborative development incorporating community centre and health care facilities, where feasibility funding from the local authorities may be available. In the event that these potential public sector routes prove to become unviable, then the option of working with a GP practice to act as the developer should be pursued.

Description	Commentary	Pros	Cons
1. GP practice to undertake the health centre development	<ul style="list-style-type: none"> <li>The ICB would need to run a process to select the practice/s that would deliver services at UL (potentially as a branch).</li> <li>ICB would fund the revenue costs of rent re-imburement.</li> <li>Land would transfer to the GP developer at nil cost in order that rental payments would be minimised.</li> <li>S106 monies could also transfer to fund the development and be used to abate the rent.</li> <li>It is recommended that the development should be undertaken on an 'open book' basis to minimise rent reimbursement revenue costs to the ICB.</li> <li>A covenant should be placed on the land restricting its use to that of a health centre.</li> </ul>	<ul style="list-style-type: none"> <li>An offer has been progressed by one of the practices demonstrating interest.</li> <li>Other practices have indicated they would potentially be interested in undertaking this route.</li> <li>Design and planning costs borne by GP</li> <li>Funding gap plugged by GP borrowing</li> <li>Balance sheet and CDEL benefits</li> </ul>	<ul style="list-style-type: none"> <li>Land and s106 monies transfer out of the public sector.</li> <li>Procurement issues need to be considered and may result in additional costs and risks to programme.</li> <li>GPs lack experience of development (though experienced professionals can assist).</li> </ul>

# 14. Commercial Options for Delivery

Description	Commentary	Pros	Cons
2. 3 <sup>rd</sup> Party Developer to develop	<ul style="list-style-type: none"> <li>• Use of 3PD model, using private health sector developer to deliver the scheme.</li> <li>• Land would be sold to developer at nil value/peppercorn</li> <li>• A GP practice would take a long lease on the completed scheme and providing any funding required.</li> <li>• ICB would fund the revenue costs of rent reimbursement.</li> <li>• A short procurement process would likely be required to select a bidder.</li> </ul>	<ul style="list-style-type: none"> <li>• Proven model</li> <li>• Gain access to experience an resources of health specialist developer</li> <li>• Design and planning costs borne by 3<sup>rd</sup> party</li> <li>• Funding gap plugged by developer</li> <li>• Balance sheet and CDEL benefits</li> </ul>	<ul style="list-style-type: none"> <li>• At under £2m, the scheme is too small to interest the 3PD market.</li> <li>• The s106 monies could not be used to abate the rent as the investment requirement is already too small.</li> <li>• Procurement process required to select a developer.</li> </ul>
3. ICB self-deliver scheme	<ul style="list-style-type: none"> <li>• Land would transfer to ICB.</li> <li>• ICB would procure build.</li> <li>• ICB would need to find funds to top up any shortfall between the project costs and the s106 payments received at the date that project costs are being incurred</li> <li>• GPs would deliver services from the building with no rental cost to it (and therefore no rent reimbursement by the ICB).</li> </ul>	<ul style="list-style-type: none"> <li>• ICB has full control of the development.</li> <li>• No developer procurement required.</li> </ul>	<ul style="list-style-type: none"> <li>• NHS England will not permit the ICB to own assets</li> <li>• Would sit on system balance sheet and therefore has CDEL implications.</li> <li>• ICB would need to cashflow the design and planning process.</li> <li>• No capital available to plug funding gap</li> </ul>

# 14. Commercial Options for Delivery

Description	Commentary	Pros	Cons
<p>4. Council to deliver the scheme and lease the building to GP</p>	<ul style="list-style-type: none"> <li>• Land would be retained by Stratford District Council.</li> <li>• S106 monies would be retained by Council to fund the scheme. Any top up funds required for the scheme would need to be provided by the Council (and ultimately repaid through the GP rental payments). These top up funds could be borrowed from the public works loan board at low rates.</li> <li>• Council would own the health centre and lease it to the GP who would pay rent.</li> <li>• The ICB would re-imburse the GP rental payments.</li> <li>• Recommended that a collaboration agreement is entered into between the ICS and the Council; and that an Agreement for Lease is signed between the GP and the Council</li> </ul>	<ul style="list-style-type: none"> <li>• Council has expressed willingness to explore the concept.</li> <li>• Funding gap plugged by Council</li> <li>• Low cost of Council borrowing minimises rental payments and reimbursement by ICB.</li> <li>• No developer procurement required.</li> <li>• Balance sheet and CDEL benefits to ICB.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of health development expertise in Council.</li> <li>• Council approvals required are a risk.</li> </ul>
<p>5. NHS PS to deliver the scheme and lease the building to the GPs</p>	<ul style="list-style-type: none"> <li>• Land to transfer to NHSPS.</li> <li>• S106 monies would be used to fund the scheme. Any top up funds required for the scheme would need to be provided by NHSPS (and ultimately repaid through the GP rental payments).</li> <li>• NHSPS would own the health centre and lease it to the GP who would pay rent.</li> <li>• The ICB would re-imburse the GP rental payments.</li> </ul>	<ul style="list-style-type: none"> <li>• NHSPS has expressed willingness to explore the concept.</li> <li>• NHSPS is an experienced developer of health centres.</li> <li>• Funding gap plugged by NHS PS</li> <li>• Low cost of funding and therefore minimises rental payments and reimbursement by ICB.</li> <li>• No developer procurement required.</li> <li>• Balance sheet and CDEL benefits to ICB.</li> </ul>	<ul style="list-style-type: none"> <li>• Reputational issues of NHSPS as a landlord.</li> </ul>

# 15. Procurement

Procurement issues have been considered at a high level as part of our review through discussions with the ICB procurement adviser Michael Barlow. The procurement issues can be considered separately under the headings of 1) building delivery and 2) medical services

## Building Delivery

The three recommended commercial options detailed earlier have differing procurement requirements. They are summarised below.

Option	Developer Procurement Process	Building Contractor Procurement
GP developer	Required to prove value for money – though may only have single bidder	Not required – developer risk
Council Develop	Not required – utilise a collaboration Agreement*	Council to procure
NHS PS develop	Not required	NHS PS to procure

\*Collaboration Agreements are used where public sector bodies are working jointly on projects to ensure that clarity is provided on objectives, governance, costs and risk allocation

In the event that the GP developer route is pursued then a short tender would be recommended based on an invited tender list including all local GP practices and other parties capable of delivering a branch service at UL. There is clearly an interface with the medical service procurement described below that will need to be carefully considered and planned with specialist procurement advice.

## The Medical Service

Advice has concluded that all commercial options for delivery of the service are likely to attract a market who would want to bid for the opportunity and therefore a procurement exercise would be required. Public contract regulations 2015 regulation 72 describes a low threshold at circa 10% of the total contract value that constitutes a material change for contract variation supporting that a branch service model would not be exempt. The final list size and scale of development will influence the required procurement process which could include an offer of a branch service to the market of a full scale procurement exercise.

Phased delivery is also a key consideration where potentially viability of a new practice is only viable when the full patient list size is achieved, potentially resulting in additional cost to the ICB until this point.

An issue is indicated in the new patient service procurement exercise where a new practice may not be financial viable for a service provider until the patient size reaches near capacity (potentially unless the population demographic is particularly young), for the new build option this potentially isn't until 2036/37 when the full housing development is delivered, in mitigation the ICS would have to absorb increased patient costs.

# 16. Conclusions and Recommendations

Each of the options has been assessed on both a non-financial and financial basis. The pros, cons and risks were assessed for each option and a financial analysis was undertaken to determine which of the options represents the best value for money. In addition to this, an online survey was undertaken to determine public feedback on each of the three options. The feedback was overwhelmingly in favour of option 2 – a new GP practice on Upper Lighthorne. Option 2 also met each of the benefits within the high-level benefits appraisal.

## Option 1

Has been **discounted** for the following reasons:

### Patient Experience

Poor public transport links would make it difficult for new residents without their own transport to attend appointments at surrounding practices if there was no on site facility. One of the main themes of the free text survey feedback was around the poor public transport links between Upper Lighthorne and the villages where the current GP practices are located. Additionally, the feedback reported that access to GP appointments is already difficult as the practices are already stretched and this option would put further pressure on these existing practices. People reported that car parking at the current practices is already limited and additional patients would exacerbate the issue. Concerns were also raised regarding the additional traffic of people from Upper Lighthorne travelling into the rural villages where the practices are located.

### Deliverability

Split development over the 3 practices does not reflect best value for money when considered on a m<sup>2</sup> basis and the backlog requirement to bring the existing practices up to modern standards would remain, in addition all practices would experience significant disruption in operation for extended periods during construction. The proposed expansion of the Kineton surgery carries significant risk around obtaining planning permission and the conservation area and heritage surroundings risk value for money and programme delivery through the need for a sensitive contextual design and construction and risk of archaeological finds. The site footprint of the Harbury Surgery is considered as restrictive in providing sufficient space to meet the additional facility requirements.

An estimated funding short fall of £936,874 (exclusions include VAT see page 23) , a cash flow funding gaps of up to £2,706,297 due to the longer S106 release period and a m<sup>2</sup> cost of £4,203 per m<sup>2</sup> of new floor area compared to £3,526 per m<sup>2</sup> with the on site option therefore makes this option not financially viable.

# 16. Conclusions and Recommendations

## Option 2

It is recommended that the ICB progress Option 2 as the **preferred option** for the following reasons:

### Patient Experience

A new facility would provide the best patient experience in terms of quality, environment, access and convenience as well as representing best value for money. This would also reduce current pressure on surrounding practices. The survey results were resoundingly in support of this option.

### Deliverability

As a new build development on an established serviced plot with outline planning permission with reserved matters needed for approval for the new centre, construction deliverability is considered low risk. The land is gifted. The delivery programme is estimated at just under 2 years from commencement of pre-contract activities, with no risk to consider in terms of impact on existing patients, or constraints around construction logistics. Option 2 represents the best value for money with costs of £3,526 per m<sup>2</sup> compared to £4,203 per m<sup>2</sup> for the off site options, however does result in a S106 funding short fall of £311,041 (exclusions on page 23 most notably VAT) and potential cash flow funding gaps of to £926,715, therefore a financing solution will be required.

## Option 3

Has been **discounted**. A hybrid solution does not provide any additional benefit and would likely put more strain on existing practices. This option retains the shortcomings described with option 1, in terms of poor patient experience and risks around deliverability. This option would also detract from the on-site solution. A shortfall in the anticipated S106 funding has been identified requiring additional funds from the preferred commercial route. This results in a recommended commercial delivery route for the building to be delivered by NHS PS or the council and leased to a GP practice. This would have to follow close procurement guidance. A viable iteration to this recommendation would be for the council to develop a combined community hub/health care facility and lease the healthcare space an option that results in more opportunity for flexibility, but is dependant on appetite from the council.



# 17. Appendices

Appendix A - Survey Results

Appendix B – Estates Options Appraisal

Appendix C – Cash Flow Forecasts – on-site and off-site solutions – Separate document

Appendix D - New Build Schedule of Accommodation – Excel spreadsheet separate cover

# Upper Lighthorne Primary Care Provision

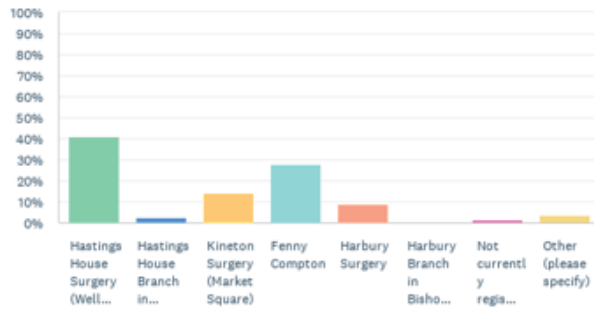
## Survey Results Appendix A

December 2022

# Appendix A – Survey Results

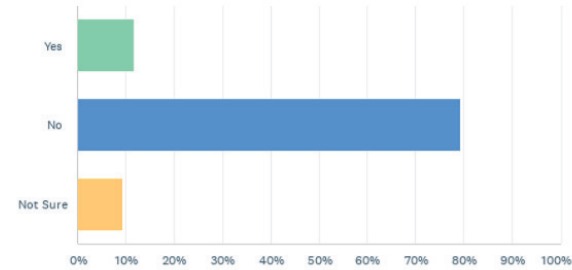
492 responses to the survey were received and the results were collated. The survey results can be seen below.

## Q3 Which GP practice are you currently registered with and usually attend?



The majority of responses (40%) were from patients registered with Hastings House.

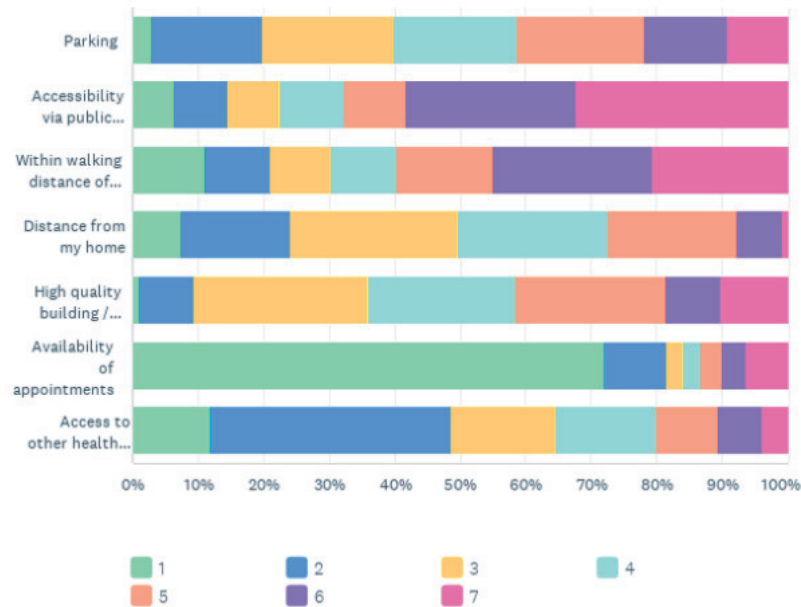
## Q4 If a new health centre is developed in Upper Lighthorne do you anticipate registering for GP services there instead of your current practice?



80% of people would stay with their current GP practice, meaning 20% would either definitely or potentially re-register at a new GP practice at Upper Lighthorne.

# Appendix A – Survey Results

Q5 Please rank the following factors in order of importance to you when thinking about GP accommodation: with 1 being the highest importance; 2 - second in importance, 3 - third in importance and so on, with number 7 the lowest in importance:



When thinking about GP accommodation, over 70% of the survey responders voted that ‘availability of appointments’ is the most important factor. Access to other health and wellbeing services such as a pharmacy was also considered to be very important, with just under 50% of the survey responders choosing this as the first or second most important choice. Only 10% of survey responders voted ‘a GP surgery within walking distance of home’ as the most important factor, in fact, around 20% of responders voted this to either their least important factor, suggesting that the local people are used to travelling to their GP practice.

## Appendix A – Survey results

As the three questions relating to the three proposed options were free text boxes, the responses were manually reviewed and marked as ‘responses in favour/against/neutral’ for each option. It should be noted that there were some blank free text boxes.

	Option 1 Expand the capacity of established local GP practices whose practice areas include the Upper Lighthorne settlement site.	Option 2 A new GP practice on the Upper Lighthorne settlement site with no expansion of the current GP practices.	Option 3 A ‘hybrid solution’ which means expanding the capacity of some local GP practices and, potentially a smaller new building on the Upper Lighthorne settlement site.
Responses in favour	7	376	41
Responses against	342	4	229
Neutral responses	15	10	59

The feedback was overwhelmingly in favour of option 2 – a new GP practice on Upper Lighthorne. Within the 493 responses, there were key themes within the free text responses about each option. These key themes are captured in a table on the following page.

## Appendix A – Survey Results

The table below lists the common themes from the free text responses within the survey.

Option 1 Expand the capacity of established local GP practices whose practice areas include the Upper Lighthorne settlement site.	Option 2 A new GP practice on the Upper Lighthorne settlement site with no expansion of the current GP practices.	Option 3 A 'hybrid solution' which means expanding the capacity of some local GP practices and, potentially a smaller new building on the Upper Lighthorne settlement site.
GP services are already stretched, this option will put further pressure on the existing GP practices.	This should be the ONLY option	Risks being the worse of both worlds
Already difficult to get appointments – this option will further exacerbate issues	This is the best long-term solution	A halfway solution that solves nothing
Infrequent/ lack of public transport from UL to surrounding practices/ Inconvenient/expensive for people living at UL to get to GP appointments	This is the reason I moved to UL – we were promised GP provision on-site	Not deliverable – too costly
Car parking at current practices already limited, more patients, more cars.	This solution will help ease pressures that the current GP practices are experiencing	A poor and disjointed compromise
Impact of additional traffic of people travelling to rural villages	A surgery was promised in the core strategy and SPD	Will dilute the S106 funds to a point where provision at UL may be inadequate
Environmental / additional carbon emissions impact of additional traffic	On-site provision will also be able to serve other local developments	Practices don't have the space to expand.
Likely not a viable option due to plot restrictions/planning	Surely the best solution. It does not put extra stress on current practices, allows residents easy access, and reduces travel.	Seems like it'll be a situation where no one gets a good GP service.



## Upper Lighthorne Primary Care Provision

Estates Appraisal Appendix B

December 2022

# Introduction

Estate development potential to meet the objectives of the 3 healthcare facility options has been considered and appraised. This includes existing surgeries of Kineton, Harbury and Fenny Compton

With review of options to develop the estate informed by the clinical modelling data shown below, which lists the expected lists sizes assuming that 100% of the developments go ahead and 100% of the residents moving in to the new houses are new to the area and not already registered with a local GP practice (i.e. 'worst case scenario').

New ways of working Post COVID-19 (100% Population)					
GP Practice	Expected List size with Housing Growth	Current no of Generic Clinical rooms	Generic Clinical Rooms GBP PID	Training Consult Room	Clinical Room Difference
Kineton	6778	7	7	4	-4
Hastings House and Old Bank Branch	15261	21	16	4	1
Harbury Surgery and Bishops Itchington	7967	7	9	N/A	-2
Fenny Compton	6507	6	7	1	-2

In addition to the above an option to build a new facility within the village centre of the housing development has also been appraised. Appraisal has incorporated the below criteria.

- Existing floor space availability for required capacity
- Site area capacity for required expansion to building
- Site area capacity to accommodate parking and accessibility after any extension
- Potential for future expansion/adaptability
- No or low risk of constraints against deliverability
- No or low impact on patients and staff during construction
- Delivers a high quality built environment for patients and staff
- Low maintenance operational building
- Low carbon footprint construction and operational facility
- Fully compliant facility meeting all modern standards and guidelines

# Extension to Kineton Surgery

**The site & existing building.** Located in the village of Kineton the site footprint is circa 1,585 m<sup>2</sup>, and the existing building over 2 storeys has a GIA of circa 340 m<sup>2</sup>. A 6 facet survey carried out in 2022 highlighted high risk non compliance issues and identify building condition improvements required to bring the property up to standard.

**Options to increase capacity.** Capacity modelling has determined that 4 additional clinical rooms are required and this has been interpreted into a GIA of 238 m<sup>2</sup> (see table 1) which includes an estimate of required additional support, circulation, ancillary and engineering space. The scale of this increase in space in consideration of the existing footprint rules out any reconfiguration of existing layout, leaving building extension as the only viable option.

Vehicle access is to the north of the site and then to the west to access car parking to the south and the east is adjacent to the road, therefore the building could be extended to the south. Site layout re-design would then be required with soft and hard landscaping to make improvements to pedestrian access that is accessible and adapts to new access and fire escape routes from the extension, as well as to maximise parking space. The practice commissioned West Hart Architects to prepare a concept design to meet the outline requirement (see appendix 1). The existing building footprint would require refurbishment and retrospective upgrade of infrastructure to service the new space and meet current statutory regulations and building regulation standards. In addition existing non compliance issues would need to be addressed.



Figure 1: Existing ground floor layout



Figure 2: Existing first floor layout

- Clinical Space
- Patient ancillary areas
- Circulation
- Admin & support space

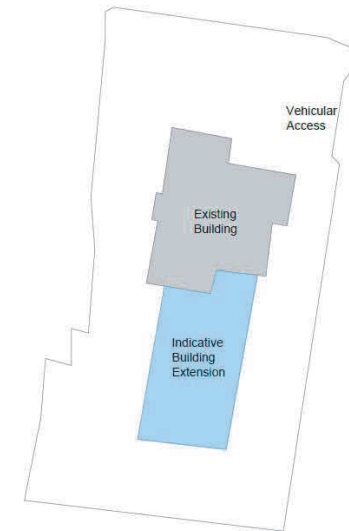


Figure 3: Indicative site layout

# Extension to Kineton Surgery

**Deliverability.** The existing building is located within a conservation area, and has heritage characteristics but is not listed. A heritage impact assessment was carried out in June 2020 based on the plans the practice commissioned, the findings of which concluded an appropriate level of setting assessment had been undertaken in respect of the conservation area and in particular the Grade II\* Listed Church of St Peter. In addition a tree survey concluded that a tree with a TPO in the corner of the site would not be affected by the plans. However a previous application to erect 3 terraced houses was declined by appeal in 2005 due to issues around the effect on the character and appearance of the Kineton Conservation area, the effect on highway safety and effect on parking provision. The proposed development would result in a significant increase in patient list size with associated parking and vehicular access requirements, which can be reasonably assumed as well above that associated with 3 houses. Therefore it is considered that although a suitable design could be achieved, the impact on traffic and parking would make planning permission approval unlikely.

The proposed construction and refurbishment will significantly impact the existing patient service and is likely to result in a requirement to fully decant for significant periods for reasons of risk around access, fire, health & safety and infection control as well as the impact on the patient environment in parking from construction logistics, noise, dust and vibrations. An option to assemble a temporary modular facility has been explored to accommodate this decant on the site, however parking access and construction logistics would be further impacted as a result due to the limited space to accommodate a modular facility on the site.

A pre-and post contract programme to completion is estimated at circa 2 years, with risk associated with the potential for archaeological finds due the proximity of the location of the Battle of Edge Hill dated to 1642 in excavation activities. Parts of Kineton village fall within a flood zone level 3 requiring a detailed flood risk assessment.

Table 2 : Proposed GIA

Room	HBN 11-01		
	Area	Qty	Total
Reception/lobby	8	0	0
Waiting assume 2 people waiting per clinic room (2) @	1.5	8	12
Clinic rooms	16	4	64
Currently no dirty/clean utility	8	2	16
Store 50% of existing	N/A	N/A	10
Office 50% of existing	N/A	N/A	25
Staff rest 50% of existing	N/A	N/A	14
FM 25% of existing	N/A	N/A	3
Total NIA			144
Planning allowance 25%			36
Engineering allowance 12.5%			18
Circulation allowance 28%			40
<b>Total GIA</b>			<b>283</b>

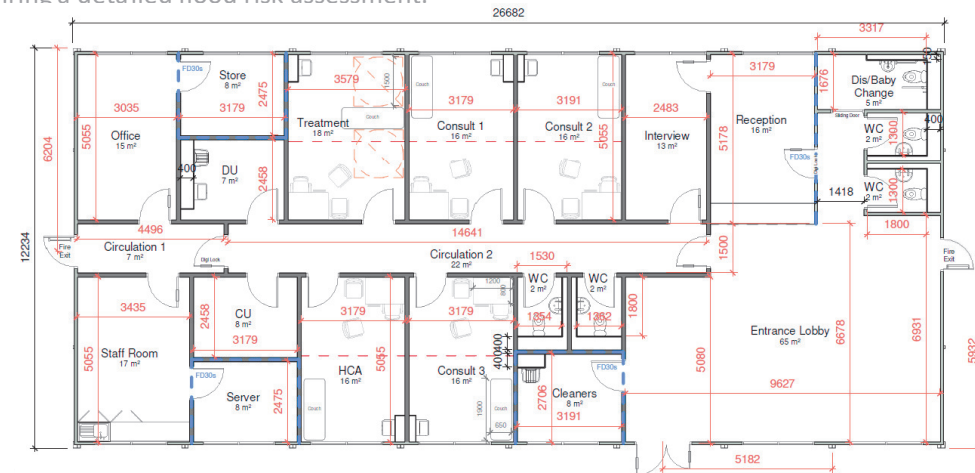


Figure 4: Proposed modular decant layout



# Extension to Fenny Compton Surgery

**The site & existing building.** Located in the village of Fenny Compton the site footprint is circa 1,737 m<sup>2</sup>, and the existing building over 2 storeys has a GIA of circa 309 m<sup>2</sup>. A 6 facet survey carried out in 2022 highlighted high risk non compliance issues and identify building condition improvements required to bring the property up to standard.

**Options to increase capacity.** Capacity modelling has determined that 2 additional clinical rooms are required and this has been interpreted into an SoA with a GIA of 96 m<sup>2</sup> (see table 2) which includes an estimate of required additional support, circulation, ancillary and engineering space.

The ground floor layout has already been subject to significant re-purpose through conversion of previous office space into registers clinic and additional consultation space, which has reduced admin and support space to a minimum. As a result the existing layout has efficiency and compliance issues which should be addressed but the scope to adapt space for more clinical function is no longer feasible.

Expansion in to loft space through dormer construction could be a feasible way of accommodating some of the additional space identified to support the 2 new clinic rooms and to provide space for relocation of some admin function on the ground floor enabling reconfiguration to provide 2 additional clinic rooms. Unaffected area would require refurbishment and retrospective upgrade of infrastructure to service the new space and meet current statutory regulations and building regulation standards. In addition existing non compliance issues would need to be addressed.



Figure 5: Existing ground floor layout

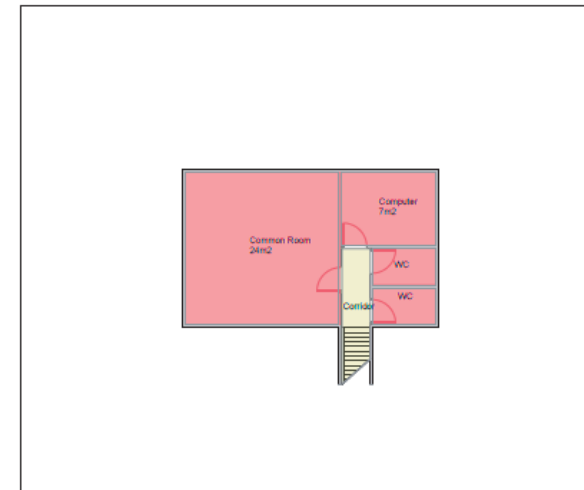


Figure 6: Existing first floor layout

# Extension to Fenny Compton Surgery

Vehicular access is to the north east of the site and the building is bounded to the south east and south west, making extension to the north east and west facades possible. However the north west façade is on the external wall of the existing consulting rooms which are of good configuration and size therefore for reasons of efficiency an extension is recommended to the north east which is the existing building entrance. Site layout re-design would then be required with soft and hard landscaping to make improvements to pedestrian access that is accessible and adapts to new access and fire escape routes from the extension, as well as to maximise parking space. The existing building footprint would require refurbishment and retrospective upgrade of infrastructure to service the new space and meet current statutory regulations and building regulation standards. In addition existing non compliance issues would need to be addressed.

**Deliverability.** Informal advice from council planners has suggested that as the site is on the boundary of the conservation area any proposal would have to comply with the requirements of the conservation area, the side of road where the practice is has no other development and access is on a bend on the main road so highways could present an issue.

Construction options would pose significant risk of impact to the existing patient service with measures required to reduce risk around access, fire, health & safety and infection control as well as the impact on the patient environment in parking from construction logistics, noise, dust and vibrations. A construction programme of circa 18 months from commencement of pre-contract activities.

Room	HBN 11-01		
	Area	Qty	Total
Reception/lobby	8	0	0
Waiting assume 2 people waiting per clinic room (2) @	1.5	4	6
Clinic rooms	16	2	32
Dirty/Clean Utility	8	0	0
Store 50% of existing	N/A	N/A	2
Office 50% of existing	N/A	N/A	9
Staff rest 50% of existing	N/A	N/A	6
FM 25% of existing	N/A	N/A	3
Total NIA			58
Planning allowance 25%			15
Engineering allowance 12.5%			7
Circulation allowance 28%			16
<b>Total GIA</b>			<b>96</b>

Table 3 : Proposed GIA



Figure 7: Indicative site expansion

# Extension to Harbury Surgery

**The site & existing building.** Located in the village of Harbury the site footprint is circa 485 m<sup>2</sup>, and the existing building over 2 storeys has a GIA of circa 186 m<sup>2</sup>.

**Options to increase capacity.** Capacity modelling has determined that 2 additional clinical rooms are required and this has been interpreted into an SoA with a GIA of 96 m<sup>2</sup> (see table 3) which includes an estimate of required additional support, circulation, ancillary and engineering space.

Reconfiguration of the ground floor could achieve additional consulting rooms through a reduction in waiting space and loss of an examination room, further the practice have suggested re-purpose of a minor ops room to allow flexibility and commissioned Design Buro to provide proposal designs to this affect as shown in appendix 2. However this would only achieve 1 additional clinic room without the additional required associated space to support the additional activity.

Expansion in to loft space through dormer construction would propose accommodating some of the additional space identified to support the 2 new clinic rooms and to provide space for relocation of some admin function on the ground floor enabling reconfiguration to provide 2 additional clinic rooms. Unaffected area would require refurbishment and retrospective upgrade of infrastructure to service the new space and meet current statutory regulations and building regulation standards. In addition existing non compliance issues would need to be addressed. However an estimated 65 m<sup>2</sup> of space is available in the loft and the practice have raised concern around structural suitability, therefore further investigation would be required to confirm the viability of this option.



- Clinical Space
- Patient ancillary areas
- Circulation
- Admin & support space

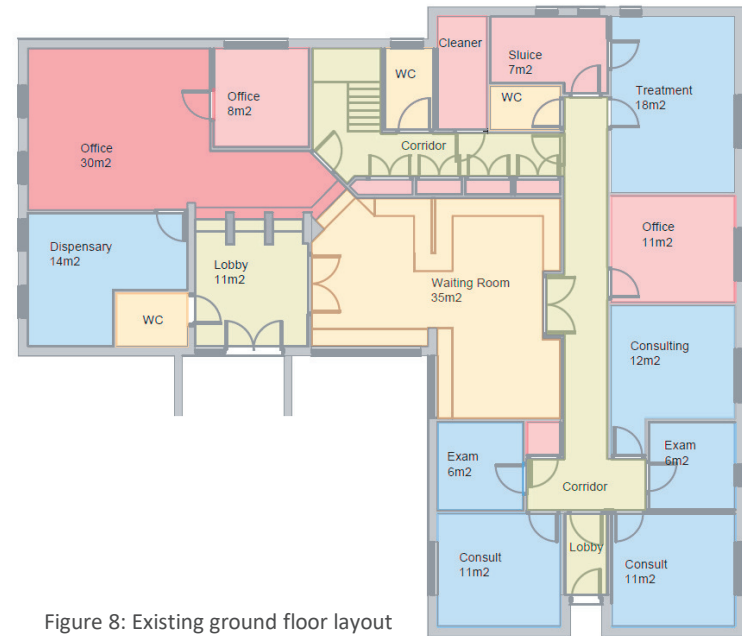


Figure 8: Existing ground floor layout

# Extension to Harbury Surgery

Vehicular access is to the South of the site and the building is bounded to the north east and north west, making extension to the east and west facades possible, due to existing configuration the option to the east is most viable. A proposal attached in appendix 2 has been developed through the practice appointment of Design Buro. This however only proposes the addition of 1 clinic room, with the 2<sup>nd</sup> being proposed through internal re-design reducing waiting space. This would put pressure on existing support space. It is recommended that an extension would need to be large enough to provide all of the additional space requirements so as not to compromise the effectiveness of the overall surgery. Site layout re-design would then be required with soft and hard landscaping to make improvements to pedestrian access that is accessible and adapts to new access and fire escape routes from the extension, as well as to maximise parking space. The existing building footprint would require refurbishment and retrospective upgrade of infrastructure to service the new space and meet current statutory regulations and building regulation standards. In addition existing nom compliance issues would need to be addressed.

**Deliverability.** The existing building footprint is 151 m<sup>2</sup> and it is recommended that a ground floor extension would add an additional GIA of 93m<sup>2</sup> resulting in a total building footprint of 244 m<sup>2</sup> which would become over 50% of the site footprint creating significant risk of planning permission issues around over development and required parking and that the site isn't large enough to accommodate the required extension. Historic ground issues associated with draining and the surrounding properties resulting in risk to programme and costs associated with excavation works.

Construction options would pose significant risk of impact to the existing patient service with measures required to reduce risk around access, fire, health & safety and infection control as well as the impact on the patient environment in parking from construction logistics, noise, dust and vibrations. A construction programme of circa 18 months from commencement of pre-contract activities.

Room	HBN 11-01		
	Area	Qty	Total
Reception/lobby	8	0	0
Waiting assume 2 people waiting per clinic room (2) @	1.5	4	6
Clinic rooms	16	2	32
Dirty/Clean Utility	8	0	0
Store 50% of existing	N/A	N/A	2
Office 50% of existing	N/A	N/A	9
Staff rest 50% of existing	N/A	N/A	6
FM 25% of existing	N/A	N/A	3
Total NIA			58
Planning allowance 25%			15
Engineering allowance 12.5%			7
Circulation allowance 28%			16
<b>Total GIA</b>			<b>96</b>

Table 4 : Proposed GIA

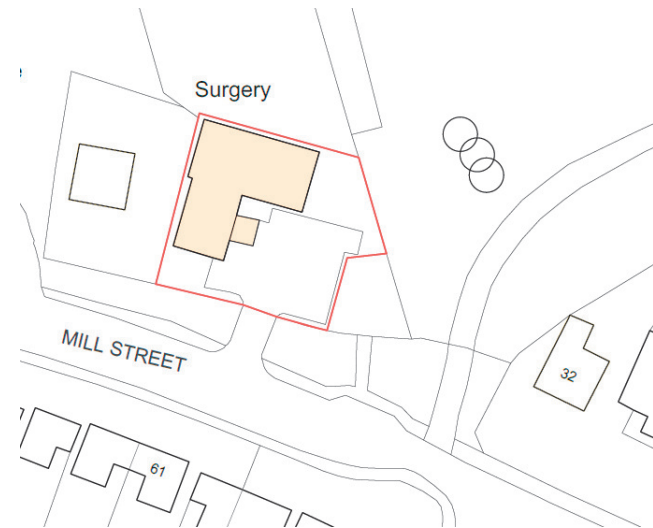


Figure 9: Harbury Surgery Site Plan

# New Build Facility

**Patient List Size & Schedule of Accommodation (SoA)** When considering the size of the Upper Lighthorne on-site solution, there are a number of factors to consider. Not only will the on-site solution need to serve the forecast population increase from the 3,000 new homes (estimated at 7,200 people), consideration is also required for the local residents of the surrounding wards and parishes who will already be registered with a local GP. If a new on-site surgery is built at UL, closer to where residents live, they may leave their current surgery and register with the GP at UL. Whilst there is no way of knowing exactly how many people would consider moving practices, we can make some high-level assumptions. Using Shape (Strategic Health Asset Planning and Evaluation) mapping tool, we are able to extract a list of all patients currently registered with Hastings House, Kineton Surgery, Fenny Compton and Harbury Surgery and which Ward they reside in. In the five wards where the current surgeries are located (i.e. Harbury, Bishops Ichington, Kineton, Napton and Fenny Compton and Wellesbourne East) there are 20,296 patients. If we assume 20% of these patients would consider moving to a new UL surgery, this would be potentially 4,059 patients who would register at Upper Lighthorne.

Using the digital pathway estimator and the assumptions that were agreed below, to serve a potential list size of 11,259 patients the building would require 8 generic clinical rooms and 3 virtual consulting pods. In addition to this, the building would need to be futureproofed and accommodate some of the Primary Care Network ARRS staff we are due to be recruited up to 2024, an additional 15.98 FTE (full time equivalent) staff are expected to be recruited by 2024. These staff will be shared by the six practices in Warwickshire East PCN. For the purposes of the Schedule of accommodation, we assumed that one additional consultation room and one interview room would be required. The total GIA of the new building would need to be 678.55 m<sup>2</sup>. The full schedule of accommodation can be seen in table 5.

**The site.** A provisional location for the healthcare facility has been identified on the masterplan of circa 650 m<sup>2</sup> (version 17 which is subject to further revision), as a serviced plot which is level and has car parking of 60 spaces shared with the community centre.



Figure 10: Village master plan version 17 extract

# New Build Facility

**New build options.** A GIA of 679 m<sup>2</sup> has been established to meet the needs of the new facility as described in the SoA in appendix D, however an undefined element of expansion potential to accommodate undetermined PCN and other potential inclusion in the facility is needed. High standards of sustainable design incorporating NHS Net Zero Hospital Building Standards as described in the Coventry and Warwickshire NHS Trust green plan 2022-2025 and a minimum of a BRE AAM Very Good rating, as well as current nationally prescribed building regulation requirements.

- Traditional construction over 1 or 2 storeys – most suitable option considering scale of development, with consideration of future extension space within site footprint
- Traditional construction incorporating shell space – inefficient use of space that will be moth balled as use cannot be identified at this stage
- Temporary modular – potentially deliverable within 3-6 months however not a cost effective option
- Collaborative development as part of the community hub – development would be led by the council

**Deliverability.** The S106 defines a building GIA of 464 m<sup>2</sup> which would make the development unfeasible to meet the requirements, master plans have however proposed a footprint of 650 m<sup>2</sup>, to avoid the risk of this potential constraint the ICB should liaise with the developer and council to ensure that suitable land footprint will be transferred, to reflect the 'red lined' plot.

Outline planning permission was approved with a health care facility as part of the village centre development so approval is not considered at risk as granted under reserved matters.

The delivery programme is estimated at just under 2 years from commencement of pre-contract activities, with no risk to consider in terms of impact on existing patients, or constraints around construction logistics. A temporary modular facility has been explored as an option to provide healthcare facilities on the site for the growing population while the long term facility is delivered. The temporary facility could be operational within 3-6 months. Modular rental cost estimate of £731,640 + VAT and operational costs, install etc. for modular option based on a 3 year rental agreement. (relevant as of Q3 2022).

The Environment Agency Flood Zone Map shows that the site lies well within Flood Zone 1; being an area of Low Probability of flooding, outside both the 1 in 100 (1% Annual Exceed Probability [AEP]) and 1 in 1,000 (0.1% AEP) year flood events of the nearby Tachbrook, so no flood risk measures are required. No other environmental risks are considered as relevant.

# Estates options appraisal

Preferred Option. The appraisal scoring summary table 1 indicates a clear preferred option to meet key estates benefits of new healthcare facilities.

OPTIONS		BENEFITS										TOTAL SCORE	TOTAL AVAILABLE SCORE	%AGE SCORE	RANKING
		1	2	3	4	5	6	7	8	9	10				
		Existing floor space availability for required capacity	Site area capacity for required expansion to building	Site area capacity to accommodate parking and accessibility after any extension	Potential for future expansion/adaptability	No or low risk of constraints against deliverability	No or low impact on patients and staff during construction	Delivers a high quality built environment for patients and staff	Low maintenance operational building	Low carbon footprint construction and operational facility	Fully compliant facility meeting all modern standards and guidelines				
1a	Extension to Kineton Surgery	1	4	3	2	2	1	4	3	2	4	26	50	52.0	4
1b	Extension to Fenny Compton Surgery	1	4	4	2	3	2	4	4	3	4	31	35	88.6	2
1c	Extension to Harbury Surgery	1	2	2	2	3	2	4	4	3	4	27	35	77.1	3
2	New build facility on site	5	4	4	4	5	5	5	5	4	5	46	35	131.4	1
		5	Fully delivers benefit												
		4	Between partial and full delivery of benefit												
		3	Partially delivers benefit												
		2	Between non-delivery and partial delivery of benefit												
		1	Does not deliver benefit												

Table 5 : Options appraisal

# Sub Appendix 1: Commissioned Kineton Proposals



# Sub Appendix 2: Commissioned Harbury Proposals

**Existing Ground Floor Plan**

**Option 1**

**Option 2**

**Option 1A**

**Option 2A**

**Existing Site Plan**

1:500 @ A1

**Option 1 - Proposed Site Plan**

1:500 @ A1

**Option 2 - Proposed Site Plan**

1:500 @ A1

**Notes**

1. All dimensions are to the face of the wall unless otherwise stated.

2. All dimensions are to the centre of the wall unless otherwise stated.

3. All dimensions are to the centre of the wall unless otherwise stated.

4. All dimensions are to the centre of the wall unless otherwise stated.

5. All dimensions are to the centre of the wall unless otherwise stated.

No.	Description	Date

Rev.	Description	Date

**Scale** 1:500

**Author** [Name]

**Check** [Name]

**Drawn** [Name]

**Date** [Date]

**Project** [Project Name]

**Client** [Client Name]

**Address** [Address]

**Phone** [Phone Number]

**Website** [Website URL]

