Edinburgh Health & Social Care Partnership
April 2017

Population Growth and Primary Care Premises Appraisal: Edinburgh 2016 – 2026

Local Development Plan Primary Care Appraisal

Version December 2017: updated costs

Executive Summary

Underway

Existing GP List Sizes – c42,000
Additional Population – c15,000
Number of practices – 6 existing & 1 new
Combined cost - £21.59m (NB: inc £12m NWEPC & £7m Allermuir)

Immediate – 3 years

Existing GP List Sizes – c91,200
Additional Population – c33,500
Number of practices – 14 existing & 3 new
Combined cost - £36.85m

3 – 7 years

Existing GP List Sizes – c50,200
Additional Population – c20,000
Number of practices – 10 existing & 1 new
Combined cost - £20.2m

7 years or more

43 Practices

Index	Page Number

Population Growth & Primary Care Premises Edinburgh 2016 – 2026

A Strategic Plan for Growth

1. Purpose of Report

This report describes at locality and city level, a series of recommended actions to adjust the existing Primary Care Infrastructure to the needs of the steadily growing Edinburgh population. The report explains why Primary Care Premises investment of c£57m is required over the next decade.

The report serves to provide the background and detailed actions (Appendix I) required by Primary Care to inform the City of Edinburgh Council Local Development Plan (LDP) Action Programme, and the supplementary guidance on Developers' Contributions and delivery to support those actions.

The report describes the requirement for developer contributions at a stage in the expansion of the City where all available capacity has been used. There are different Primary Care healthcare Premises and costs attached to development across the City, depending upon whether there are existing buildings which can be augmented, whether a replacement building is required for an existing practice to expand or whether entirely new premises is required for an entirely new population.

Whilst attention has been paid to try to represent each situation accurately, the picture is very dynamic both in terms of population pressure and opportunity.

2. Background

2.1 Over the period 2010 to 2030 the population of Edinburgh is planned and expected to grow by approximately 100,000 (from c500,000 to c600,000).

2.2 Since 2009, the GP list size in Edinburgh has had an established growth rateof approximately 5,000 per year, equivalent to a new GP practice annually.

2.3 The LDP covers the period 2016-2026 and gives a solid basis for these infrastructure recommendations. The LDP was examined and reported by the Scottish Government in September 2016 and the plan has now been adopted by City of Edinburgh Council (CEC). Although there will continue to be speculative planning applications from developers for sites not within the plan, it does allow for a more informed approach in planning the primary care response to the pressures generated by the considerable housing growth. The rate of growth is expected to continue for the life of the plan, and beyond.

2.4 Until the 2014 Report, Primary Care Infrastructure development in Edinburgh was driven by a response to the poor state of existing premises, the capacity of individual practices to raise awareness of their particular issues and the opportunities created by sites becoming available. The linkage of premises development to population growth was previously largely opportunistic and not always adequate.

2.5 Since 1999, the following new premises have been developed:

Table 1

	Year Completed	Original List Size	Current List Size (Oct 2016)
Craigmillar	1999	8,223 (Jan 2000)	8,720
Bellevue x 2 practices	1998	7,272 (Jan 2000)	13,089
Mountcastle x 2 practices	2004	11,004	11,213
Leith Mount	2005	7,250	10,866
Slateford	2007	6,608	9,209
Conan Doyle	2007	3,500	3,500
Gracemount	2005	5,880	7,413
Westerhailes	2013	6,759 (Jul 2000)	7,249
West End	2014	7,925	9,144
Total		**64,421**	**80, 403**

In the same period (2000-2016), GP list sizes grew **51,549 (489,241 to 540,790).** Only about 16,000 of this growth was facilitated by the new builds in the table above. The remainder, some 35,500 people, have been absorbed by practices increasing their list sizes and two new practices having been established.

It should be noted that until at least 2007 the rate of population was relatively slight and often erratic. Only in 2010/11 did public services in the City begin to recognise the implications of a long term and accelerated trend of population increase.

2.6 Currently, there are four buildings in the construction phase:

Table 2

	Year	Original List Size	Planned List Size
Ratho Surgery	2017	2,092	5,000
Leith Walk	2017	8,000	10,000 (+
NWE partnership	2017	-	(+ 5,000)
Firrhill/Craiglockhart	2017	14,241	15,241
TOTAL	-	24,258	35,241

2.7 The builds in process will account for c11, 000 of the anticipated list size increase of 55,000 (2016-2026). There are no planned builds to create the infrastructure for the remaining c44, 000 people expected up to 2026 and beyond. Appendix I gives a total population expansion of c70, 000. This figure is higher than the 55,000 capacity required in the time period. The higher figure includes an element of 'future proofing' with five of the new premises having capacity which will be needed beyond 2026.

2.8 The capital costs involved in building new practice premises vary considerably for example. As an outline guide, each 1,000 patients require approximately 90m2 of space so a practice of 5,000 will have an associated build cost of £2.5m (or its revenue equivalent).

2.9 As a crude 'rule of thumb', the combined Primary Care Estate could be costed at £500k per 1000 people. With a list size of 541,000 this equates to £270m. If we anticipate that the buildings require renewal every 25 years, this gives an annual capital requirement of £10.7m. Even if this calculation is adjusted to a 40 year life cycle, the annual expenditure required is £6.7m, simply to keep the current premises in reasonable condition. This figure then needs to be augmented by an additional £2.5M per year to reflect the requirements of the new population. In short, a capital investment programme of £9-10M per annum has been required since 2009 to keep up with population increase. Using the 40 year calculation over the period 1999-2017 inclusive, we should have invested £170-£190m. During this period we actually invested c£45M.

2.10 The 2014 assessment recommended a modest facilitating fund for a three-year period to enable increased capacity, alongside commitment to a sequence of additional strategic investments. This flexibility is now all but exhausted, although a small number of practices continue to come forward with innovative ideas to augment their existing premises.

2.11 Practices which wish to improve the functionality of their buildings, but are not increasing their population have had no support since the Primary Care Improvement Grants disappeared a decade ago.

2.12 In April 2014, c19 of Edinburgh's 73 general practices were declaring their lists full or restricted at any given time. This was a substantial increase on a few years previously, when this status was used only in exceptional circumstances.

2.13 Currently, 42 of the 73 practices are restricted and increasing number of patients appeal to the Practitioner Services to be placed with a GP practice. Premises are an important factor in allowing practices to expand their lists.

2.14 This creates a ripple effect on neighboring practices, as patients are required to register further afield and in turn create more pressure on those practices who may have been managing their list size satisfactorily. Obviously, there is also an impact on patients who will have to travel further from home.

2.15 GPs emphasised, as part of the 2014 consultation, their reluctance to restrict their lists in this way and their willingness to work with Edinburgh Health and Social Care Partnership (EHSCP) to find a better balance between population growth and GP primary care capacity. The current proliferation of restrictions is an indication of how critical the current situation is.

2.16 In 2014, population pressure and restricted lists were very much a problem for the North of the City. Three years on, the problem is city-wide.

2.17 In late 2012, a short-term measure was designed and proposed; the Edinburgh List Extension Grant Uplift (LEGUP), to help with the immediate pressure. This was intended to help Practices who could extend their list sizes to do so, and release pressure from surrounding Practices.

2.18 The LEGUP grant of £25,000 enables practices to implement the necessary actions required to grow by the agreed amount of 500 patients over a 12 month period. As there is a time lag in the income associated with list increases, practices had found it difficult to grow because of the associated costs – LEGUP enables the management of that pressure.

2.19 Dialogue with GPs across the city noted concern that the LEGUP mechanism might be seen as anything more than a short-term solution to the mismatch between infrastructure and population growth.

2.20 A series of dedicated meetings in 2013 used a standard template and gave geographically sensitive information on likely population build up per Primary Care locality estimated from planned housing developments, (which is acknowledged to be lower than actual population growth).

2.21 These local meetings were universally welcomed by GPs, who embraced the opportunity of a more deliberately planned and consensual position on this issue. The meetings were held again in 2014 and widely acknowledged as useful. Due to the CEC Local Development (Housing) Plan being reviewed by the Scottish Government, no meetings were held in 2015. The LDP as modified in examination was released in September 2016 and dedicated GP premises meetings took place in November 2016 across each of the 'new' locality areas.

3. Locality Overview (see appendices II - V for detail)

3.1 Appendix I summarises the overall City position and gives indicative figures and timescales. Local Development Plan sites identify considerable development in green belt areas, particularly in the South East Wedge, West and North West. Scheduling now identifies that building will commence on most sites during 2017 and this could be accelerated as demand increases.

3.2 Appendices II to V set out the local consensual outcomes of these discussions. These recognise the long-term need for new buildings, partly in response to poor existing accommodation and partly in response to population pressure. They also suggest more limited investment in existing buildings, where it is possible to augment or to expand list size. Thirdly, they prioritise those Practices who could be helped to keep their list size open, and continue to welcome new patients over the next three years (LEGUP grants).

3.3 North West (pop. 156k with 19 practices) Appendix II

Some of the population increase in this area will be absorbed by a combination of the New Partnership Centre which is already underway and adjustments through extension/reorganisation grants and LEGUP. The planned increase on the Granton Waterfront predicted to be c10, 000 post 2019 is separate to the population increase in Muirhouse. A second new practice and new practice building needs to be established in this area of the City. There are three new development sites clustered around the Gogar roundabout, one of which has a new Primary School site anticipated. This would give opportunity for a combined infrastructure solution in the area.

A small scheme investment was made at Davidson's Mains and this additional capacity of c1000 remains unused. There is also capacity at the Parkgrove Surgery provided a lease can be agreed post 2019. Together, these will be adequate to serve the imminent Cammo development.

In 2017, South Queensferry will benefit from an Intermediate Scheme, potentially allowing a further 3000 to be offered General Medical Services (GMS) from the existing premises.

There is a longstanding requirement to renew the accommodation of the Stockbridge Practices. There are several options including the opportunity of the Royal Victoria Hospital site development.

3.4 North East (pop. 125k with 18 practices) Appendix III

As a part of the 2014 work, GPs looked imaginatively at their existing premises and c7,000 of potential new population capacity was identified as able to be accommodated through a combination of both extension/ reorganisation and LEGUP funded growth. The capacity of the Leith Mount practice is now almost exhausted and the establishment and relocation of the Victoria practice has helped immensely over the last three years.

Since the 2014 recommendations, the Leith Walk scheme has been progressed and an additional 2,000 of physical capacity will be created by Spring 2017. In addition, the list of Leith Links has now re-opened and is able to absorb a further 2000. North East Edinburgh is strong example of a series of modest investments and close working with practices averting a widespread local crisis. The next stage is to ensure that the North East HUB in Leith Walk or Gamechanger (Easter Road) or combination of both, are able to address the immediate requirements of the Brunton and Leith Links practices. An additional Leith Waterfront population needs to be considered separately. There is a further potential opportunity for renewal with the planned development

of a new primary school to respond to the population expansion in the Waterfront area in particular.

Some modest additional capacity may be available in the Mill Lane premises, where a lease has been agreed until 2032.

The second major area of expansion is Craigmillar where a new practice (Niddrie) was appointed in 2014 with capacity to absorb another 2/3000. In addition, there remains some capacity in Mountcastle (Milton and Southfield). In the longer term, more capacity will be needed and possibly another practice building as the Craigmillar population expands further.

Another area of relatively recent concern is the expansion of the Brunstane / Newcraighall population. This expansion is not large enough to justify a new practice in itself, but none of the surrounding practices are in a position to absorb the predicted additional population without associated infrastructure development. A meeting has been held with the affected practices and a possible solution is being developed.

3.5 South East (pop. 124k with 20 practices) Appendix IV

The population of SE remained static until 2014 when the certainty of change was highlighted. There are four distinct areas of pressure with several practices struggling with capacity and restricting their lists.

Firstly, there is an area towards the City boundary with the bypass, where quantity and timescales of build-up is now much more certain. There are two practices on the Gilmerton side which need new premises and the possibility therefore, of a joint development which accounts for the additional population expected at the City boundary. Early exploratory discussions are underway with CEC 21st Century Homes to consider joint developments.

The development of Edinburgh's first 'intermediate' scheme at Liberton has added some welcome capacity in the area.

The second critical area is a corridor from the Cowgate to Cameron Toll with five practices plus the University Practice. Only one of these practices now requires urgent replacement following the relocation of Southside to Conan Doyle. This area is also subject to considerable pressure from the concentrating university population. This cannot be further absorbed by the University Practice which is at its limit. Discussions with McKenzie and St Leonards should confirm they have capacity to respond to this.

The inner city area is complicated, with several small practices with overlapping boundaries. The long-term future of the small Marchmont and Newington based practices are key to this picture

The optimum long-term solution for both these areas where there is a need for practice re-provision would be a single site development with co-location of the practices. Naturally this would be dependent on site availability, and the willingness of each of the independent contractors to commit to it. The re- development of the Royal Hospital for Sick Children's site could offer an opportunity, but would be dependent on the plans of the developer as the site will be out with NHS control. In addition, the NHS has a large site at the Lauriston building and consideration of the inclusion of a substantial primary care facility would be welcome.

The building currently leased by NHS Lothian for use by the Boroughloch Practice has been sold. The Boroughloch practice currently has three year tenure until September 2019.

A further ‘intermediate’ scheme may be possible at the Grange practice to help with capacity in the medium term.

The remaining area concerns the Hermitage Terrace practices, and potentially the Morningside practice which could be grouped together. The Phase 3 development of the Royal Edinburgh Hospital site offers a potential solution for this development and timing would fit with practice plans.

The plans for the development of the Access practice currently in temporary accommodation in Spittal Street are well underway. There is a good option for this practice and the business case is well developed and should come forward when a rental and capital investment between NHS Lothian and CEC is agreed.

3.6 South West (pop. 130k with 17 practices) Appendix V

Ratho surgery will be re-provided in 2017 in new premises with increased capacity – sufficient to absorb early population build up from new developments in the West until a new practice is established.

The other immediate challenge is that the Polwarth practice is now a 2c (directly managed) practice with a six-month rolling lease. This requires an urgent solution in 2017 due to uncertainty of tenure. Discussions on a potential option at Tollcross Health Centre are ongoing. If successful this will avoid a capital investment of c £2.5M.

Allermuir Health Centre will open in 2017 and provide new accommodation with increased capacity for Craiglockhart / Oxgangs and Firrhill Practices. There is sufficient physical capacity to accommodate the Craighouse development and the likely future development of Redford Barracks for residential use.

The Pentlands Practice catchment area includes new developments already underway and likely to bring an additional cohort (approx 2,000 people) into the Practice catchment. The current building may be able to be augmented (Minor / Intermediate scheme) to facilitate.

4. Key Understandings

4.1 The population build-up due to new housing has been estimated to account for c50% of the actual increase. These figures will be locality sensitive and the conclusions they provoke will be adjusted and refined annually. Accordingly, we have only recommended capital investment where we believe there is a high probability of substantial population increase and/or the urgent requirement to renew existing premises.

4.2 A further complicating factor is the student population. The student population equates to approximately one third of an average population in terms of primary care workload. It is important to recognise the administrative workload caused by high turnover and the concentration of this in October in particular. In some areas, notably central South East and more recently, central South West, an increase in dedicated student accommodation locally, can create rapid rises in list sizes which in reality are only associated with relatively modest clinical demand. It is important we do not either over-react to this or fail to make adequate provision. The overall size of the student population continues, we understand, to be relatively stable.

4.3 The 2014 work recognised the strategic opportunity which occurs when an existing GP Partnership decides to reform into two new partnerships. This has provided a very welcome response to rapid population build-up in two areas of the city (Niddrie and Victoria).

4.4 A further development has occurred for the large new North West Partnership Centre (Muirhouse) has agreed to seed or nurture the fledgling practice ('Penny well') and to make the list size sustainable. This innovation has so far proved a very attractive mechanism saving considerable cost and protecting patients against the risks of an unsupported clinical function.

4.5 The issue of practice size needs to be addressed as part of the planning process. Historically, a list size of c3000 was regarded as sufficient for stability and in many parts of Scotland it could be less for geographical reasons. The average practice size in Edinburgh is now 7,200. Only six practices out of 73 now have a list size under 5000. Four are set to grow beyond 5000 and the remaining two will be absorbed into neighboring practices or merged as senior partners retire. By 2020, it is likely that no practice in Edinburgh will have a list size under 5000, and the average practice size will rise to around 8000.

4.6 The issue of Practice boundaries has re-emerged as a live topic further to the Locality and Clusters formations. There is an appetite for a rationalisation of current boundaries which are unfeasibly wide in many cases. This work will be taken forward during 2017.

4.7 Work was undertaken which suggested that the catchments of all 73 practices could be helpfully interpreted as 16 Primary Care delivery areas – or 'sub clusters' where groups of practices have significantly overlapping geographical concentrations of patients. This work is potentially helpful in a number of ways.

Firstly, it helps to legitimise the clusters, i.e. when the natural population concentrations of practices are mapped they suggest affiliations between practices which accord with the cluster groupings. Obviously this becomes more subjective with some practices, e.g. Meadows practice could have been interpreted as an extension of the South West (SW) 'Canal' cluster or as part of the South East (SE) 'North' cluster. The decision was made to place it in the SE North cluster as it sat within the SE locality boundary. The overriding point is that no practice has been placed into a cluster arrangement which is not solidly founded on consideration of significant population in common.

4.8 The provision of Primary Care infrastructure is moving from an opportunistic approach to deliberate planning in parallel with the City's expansion. Although the Local Development plan offers a very helpful guide to expansion, it cannot account for the cumulative development of windfall schemes, nor the now more intensive use of available stock, nor associated timescales. In short, we have to respond to a more complex picture than that indicated by the Plan. This includes erstwhile stable practices declaring their intention to withdraw service with six months notice.

4.9 The Government review of Primary Care Premises is due to report and may give a strengthened role in premises provision and management to the NHS/ Integrated Joints Boards (JBs). Independent contractors' views on their practice size, the suitability of their buildings and their location may vary sharply from other assessments. There is no mechanism to oblige an independent practice to move or grow.

4.10 Work has been ongoing with City of Edinburgh Council Planning Department to identify the impact on GP practices from new developments, and to quantify the potential for Developers' Contributions to contribute toward the cost of delivery interventions to mitigate the impact of the associated growth. The methodology for contributions is explained further in the next section.

4.11 Work has also been undertaken with CEC colleagues to explore opportunities for co-location with planned new schools, housing developments and existing CEC estate.

5. Developers Contributions Methodology

Developers' contributions have been calculated using a range of options to address the variety of solutions to primary care premises infrastructure. The options vary from small schemes whereby a practice increases capacity through modest means, to full re-provision or new build. This approach enables a flexible and proportionate response to the population increases arising from local developments.

There are numerous variables that influence the proposed actions including; number of patients generated, type of solution (scale of refurbishment, use of shared building, condition of existing building, shared location, type of new build and availability of land/space), cost of solution, proportion of solution required to cater for new patients etc.

The options and estimated costing are outlined below, and **Appendix VI** sets out the calculations for each proposed development in more detail.

5.1 **Small Schemes** Cost range: £0.01m-£0.1m

Schemes to increase capacity by creating additional consulting space / reorganisation within existing practice premises. Cost range is based on the work carried out for comparable schemes in over 20 practices in the past 3 years

5.2 **Intermediate schemes** Cost range £0.1m – £0.5m

An intermediate scheme is a more substantial scheme for existing practice premises, where an extension is added or significant internal refurbishment is required to add sufficient increased capacity. Costs are based on completed schemes or schemes in development in the last 3 years.

5.3 **Refurbishment/redesign entire practice premises** Cost range £0.5m - £1.2m

This involves extensive redesign which may include augmentation of premises as well. If the redesign is not wholly attributable to new development pressures, only a percentage of the total scheme cost would apply for developers' contributions e.g. If a practice of 8,000 patients requires a capacity increase to accommodate a further 2,000 growth from developments, then only the percentage costs relevant to the development would apply for contributions i.e. 20% of the cost of the total scheme.

5.4 **New build** Cost range highly variable

Required when an entirely new building is needed or a new practice is required, needing both premises and staff. In particular the latter will apply in instances where there is no general practice provision in the area or that which is there is unable to respond to the increased need. Cost will vary dependent on solution to deliver scheme and the number of patients which the practice will serve. Indicative costs are based on Scottish Future Trust metrics.

6. Partnership Working

6.1 GPs continue to be receptive to the idea of sharing premises with neighbouring practices and indeed other public services. Much closer working between CEC, NHS and other agencies has developed over several years and the EHSCP. Buildings which are no longer required or which are considered unfit for purpose by one agency, may present a long-awaited opportunity for a partner.

6.2 The ideal 'partnership' models have been brought together in developments such as WesterHailes and prospectively the new North West Edinburgh Partnership Centre (NWEPC) development. These are essential in areas which have high levels of economic deprivation, but are not necessarily a requirement in other areas of the City. We already have obvious Partnership groupings in several areas with high deprivation;

- Craigmillar
- Liberton and Gilmerton
- Wester Hailes
- North West Edinburgh Partnership Centre (NWEPC) (scheduled)

6.3 Areas with high levels of economic disadvantage which have no obvious public sector 'hubs', are;

- Sighthill area – possible redevelopment of Sighthill
- Craigentinny / Lochend – North East HUB / Gamechanger
- Leith

7. Resources Sought (Primary Care Population Growth Funds)

7.1 Appendix V summarises the resources required with indicative timescales.

7.2 In 2014, c30 practices across the City told us that with a 'reorganisation or extension' grant (less than 50k per practice) they could increase their list size by 500 or more. Since then we have given out 17 LEGUPs and undertaken 17 minor works schemes to increase physical capacity.

7.3 The combination of a 'reorganisation and expansion' grants scheme and the LEGUPs, have provided additional capacity for c10000 patients across the City. The cost of this was approximately £400k; a fraction of the cost of establishing a new practice and providing premises.

7.4 The modest annual provision of £200k for minor premises 'reorganisation and expansion' grants (less than 50k each), should be continued – in the last two years, only half was allocated albeit capital slippage augmented some of the shortfall.

7.5 8-10 LEGUPs are required per year. In 2014, eight were given out, in 2015, this reduced to five and in 2016 only three were available. The number of restricted lists has risen accordingly.

7.6 Around 10 practices are currently willing to consider LEGUPs in 2017 and this is a way to augment capacity whilst further infrastructure solutions are put in place.

7.7 Further capital schemes are recommended with an indicative cost of £57m. These are proposed partly in response to poor current conditions and partly to respond to the growing population. Many are as a result of both influences.

9. Equalities Impact Assessment

A Rapid Impact Assessment was undertaken on 23.1.2014. The assessment highlighted the following points:

- The opportunity for Public and Third Sector services to plan for the population increase collectively through the Edinburgh Partnership.

- The risks associated with any new population being unable to access a GP list or appointments are thought to be greater for areas of widespread economic deprivation.

The consequences of substantial numbers of the population by-passing Primary Care Services would be increased pressure on Acute and other direct access health and social care services.

10. Recommendations

10.1 Note the quantification of the significant under provision of suitable Primary Care premises in many parts of the city.

10.2 To note that c55,000 more people will live in Edinburgh by October 2026 and full implementation of the clear set of actions in Appendix I is required to match infrastructure to population growth.

10.3 To note (Appendix I) that an additional c£57m is required to provide and renew accommodation for the existing and additional population. To note that £21m investment is being made in 2017 which will give physical capacity for an additional 11,000 people.

10.4 To recognise the historic flexibility of Primary Care in absorbing the pressure of additional population demand.

10.5 To continue to support established practices to absorb new population, whether through new buildings or amalgamation of existing buildings.

10.6 To establish four entirely new practices in new buildings during this period.

10.7 To support the development of infrastructure which allows Practices to share services with relevant partners. To recognise that sustainable Primary Care practices embedded in their local communities and connected to local services are the preferred model. Where an opportunity arises, GP practices will also be sited together.

10.8 To note that the attached locality appendices (II - V) will continue to be updated annually and discussed at local GP Representative Meetings across the city and with the GP Sub-Committee.

10.9 To progress established developments (North West Edinburgh Partnership Centre, Leith Walk, Allermuir, Ratho) to implementation in 2017.

10.10 To continue to request c£0.7m Primary Care population growth funds each year as a interim measure to support LEGUP grants, small schemes and one 'intermediate scheme' per year.

10.11 To recognise that premises, GMS income and associated funding streams are only part of the service capacity which needs to be developed. This work needs to come together with the workforce capacity planning for all associated disciplines.

10.12 To note and support the partnership working with CEC Planning Department to quantify the expected growth from the Local Development Plan (LDP) and the CEC LDP Action Programme which identify Primary Care impact and actions attributable to the LDP.

10.13 To note support CEC Planning department in collecting developer contributions towards the Primary Care infrastructure required to support new housing.

10.14 To support a review of the IJB/CEC/NHSL governance arrangements to enable a timely response to urgent premises situations or opportunities which arise within a fixed timescale.

10.15 To note that this document reflects the position as at the beginning of 2017.

Edinburgh Health and Social Care Partnership - Population and Premises Plan **Appendix I**

Location	Details	Estimated capacity increase	Building required	Estimated Capital Cost (BCIS 2017 Q4) £m	Current status	Urgency category / Scheme type
North East						
Leith Walk Surgery*	Re-provision with increased capacity	2,000	2017	1.07	Underway - landlord scheme	R
New Practice - Leith	Required to mitigate impact of Leith Waterfront development	10,000	2020-2022	4.5	Exploring options -co-locate with new school /NE Hub	N
Brunton Practice	Re-provision with increased capacity	2,000	2018	4.5	Exploring options - Gamechanger	N
Leith Links	Re-provision with increased capacity	2,000	2019	4.5	Exploring options - Gamechanger /Hub. ?Extend lease post 2019	N
Niddrie	Expansion or re-provision	2,000	2020	4.5	Speculative	N
Restalrig*	Intermediate scheme	1,500	tbc	tbc	Landlord scheme	I
Brunstane	Required to mitigate impact of Brunstane/Newcraighall developments	3,500	2019	0.1	Exploring options with local practices	S
	Sub total	**23,000**		**19.17**		
North West						
South Queensferry *	Intermediate scheme - internal refurbishment	3,000	2017	0.3	Underway _ landlord scheme	I
New practice North West Edinburgh **	Provision of new practice within North West Edinburgh partnership centre	5,000	2017	12.1	Underway as part of NHSL bundle	N
New practice - Granton Waterfront	Establish new practice to mitigate impact of Granton Waterfront developments	10,000	2021	4.5	Exploring options - co-locate with new primary school	N
New practice West Edinburgh	Establish new practice to mitigate impact of developments in West Edinburgh - Maybury, IBG, Ed Park, South Gyle	8,000	2020	4	Exploring options	N
Stockbridge(s)	Re-provision of practices / upgrade to Stockbridge Health Centre	0	2020	7	Exploring options - Royal Victoria Site. Potentail capital receipt if full reprovision	N
Parkgrove	Extend lease post 2019 plus Intermediate scheme - internal refurbishment to mitigate impact of Cammo development	2,000	2019	0.1	NHS Lothian requires IJB confirmation to action lease extension post 2019	I
Cramond	Intermediate scheme	1,000	2018	0.25	Exploring in tandem with lease renewal works	I
	Sub total	**29,000**		**28.25**		

Edinburgh Health and Social Care Partnership - Population and Premises Plan **Appendix I**

Location	Details	Estimated capacity increase	Building required	Estimated Capital Cost (BCIS 2017 Q4) £m	Current status	Urgency category / Scheme type
South East						
New practice Gilmerton +/- re-provision of existing local practice(s)	Establish new practice to mitigate impact of SE Edinburgh developments. Potentially combine with re-provision of Ferniehill and Southern	6,000	2018	3 (8)	Exploring options - potential development with 21stC Homes or Morrisons supermarket.	N
Edinburgh Access Practice	Re-provision of unsuitable premises, temporarily in Spittal St	0	2018	2	Business case in development for city centre site	R
Southside	Re-provision of premises due to loss of existing premises	0	2017	0.02	Underway - moving to Conan Doyle	S
Morningside	Re-provison of 2-3 practices	1,000	2021	6.5	Speculative-potential opportunity Royal Edinburgh Development ph 3	N
Meadows area	Re-provision of premises for up to 3 practices	1,000	?2019	3	Speculative - limited site opportunities	N
Grange	Intermediate scheme - extension	2,000	2018	0.4	Discussions with practice/exploring options	I
	Sub total	**10,000**		**19.92**		
South West						
Ratho Surgery	Re-provision with increased capacity	3,000	2017	1.2	Underway	N
Allermuir Health Centre**	Re-provision of Craiglockhart/Oxgangs and Firrhill practices	2,000	2017	7.3	Underway	N
Pentlands Medical Centre	Intermediate scheme - internal refurbishment	1,500	2018	0.5	Early discussions with practice	I
Polwarth	Re-provision of premises due to loss of existing premises	0	2017	0.17	Exploring options for relocation to health centre	I
	Sub total	**6,500**		**9.17**		
TOTAL		**68,500**		**76.51**		

*** Revenue schemes, landlord developing**
**** Total cost of partnership centre**

URGENCY KEY
- Underway
- Immediate - 3 years
- 3 - 7 years
- 7 years plus

SCHEME TYPE
- NEW BUILD
- REPROVISION
- INTERMEDIATE
- SMALL

EHSCP DRAFT POPULATION / PREMISES PLAN
NORTH WEST EDINBURGH SUMMARY
v. March 2017

Key Understandings

- Across Edinburgh, population projection is at the rate of 5,000 / per year. New housing developments have accounted for around half of this growth. Several of the City's areas of major population development are in the NW sector.
- An intermediate scheme planned for South Queensferry in early 2017 will create increased capacity to facilitate local population growth
- A new practice in development for the NWE Partnership Centre will absorb population growth associated with the redevelopment of Muirhouse/Pennywell and some early development at Granton Waterfront
- Substantive development at Granton Waterfront will require a further new practice
- Parkgrove practice is well placed to provide capacity for the development at Cammo and further capacity is available at D Mains following a small scheme
- A new practice will be required for the population associated with the developments to the west of the city including Maybury and International Business Gateway. In the meantime, Ratho boundary (SW Locality) has been extended to cover these areas
- The City Centre population continues to put pressure on West End, Stockbridge and Eyre, despite not being associated with large scale additional housing developments.
- The development of the RVH site may allow for the development of new practice premises for Stockbridge(s)
- Further population can be accommodated by some existing practices if a 'reorganisation and extensions' grants fund and LEGup is available

Population (GP List Size as at 1st July) *(using new localities)*

2008	2016	%	Additional population 2016 -2021	Known developments of c1,000 and more
147,789	158,383	7.17	circa 6,822 from planned housing	Granton Waterfront, South Queensferry, Maybury/Cammo, Edinburgh Park

New build/New Premises development ***(****part of Lothian-wide Primary Care Prioritisation)*

	Completion
West End Medical Practice + 1,000 (already absorbed)	2014
NWE Partnership Centre – new practice + 5,000	2017

Extension/reorganisation to enable growth

	Extra capacity	**Estimated £**	**Status**
Davidson's Mains	1,000	40.5k	**Actioned 2014**
Parkgrove & E Craigs	500	18k	**Actioned 2014**
Inverleith	500	7.7k	**Actioned 2014**
Longhouse	500	8k	**Actioned 2015**
Eyre	500-1,000	49.5	**Actioned 2016**
Bangholm	1,000	42k	**Programmed 2017**
Intermediate scheme			
Sth Queensferry	3,000	300k	**Programmed 2017**
Total	**7,500**		

LegUp

Year	**Practice**	**Extra population**	**Status**
2014/15	E Craigs/Parkgrove	500	**Actioned**
	Longhouse	As above	**Actioned**
	Inverleith	As above	**Actioned**
2015/16	South Queensferry	500	**Actioned**
	Muirhouse	New practice	**Actioned**
2016/17	Muirhouse	New practice	**Actioned**
2017/18	Bangholm?		

North West Edinburgh - Planned Developments

The following table represents the expected completions of housing developments, based on the City of Edinburgh Council Housing Land Audit (HLA) 2016. The HLA, which is updated annually, programmes expected completions over the audit period 2016-2021, and in the longer term. The audit includes housing sites that are under construction, sites with planning consent, sites in the Local Development Plan and constrained sites which have not been programmed yet. The audit is effectively a snapshot as at 1st April 2016, therefore sites which have received planning consent since that date may not appear until the 2017 HLA.

Population projections have been calculated by multiplying the planned number of units to be built by the average household size for Edinburgh, source National Records Scotland (NRS). The average household size projected for 2017 of 2.1 has been used in these calculations, although it is expected to decrease over time. It is worth bearing in mind that if the planned developments include family housing, the population projections from the developments will be much higher; therefore, the figures below are only indicative.

There are potentially a number of other sources of land for development, including constrained sites, windfall and other development land coming forward . Some examples are noted below. These are not included in the population projections above.

CONSTRAINED SITES SOUTH WEST	Units
Hillwoood Road	50
Newbridge Nursery	25
Newbridge	500

CARE HOMES/RETIREMENT FLATS SOUTH WEST - YET TO COMMENCE			
Address	Bedrooms	Proposal	Applicant
17-21 Allan Park Crescent	44	New care home and new residential development and new vehicular and pedestrian access.	Allan Park Ltd
40 Drumbryden Drive	60	New build two storey care home for the frail elderly.	City of Edinburgh Council

STUDENT ACCOMMODATION (*as at Dec 2015)*	
	Student bed spaces
Under construction	
Orwell Terrace	234
Slateford Road	220
Consent granted	
Fountainbridge	261
The Freeway , Thompson Hall	450
Gorgie Road	318
Gorgie Road	256
Awaiting determination	
Dundee Street	216
King's Stables/Lady Wynd	245
Lanark Road	247
Murieston Crescent	101
St Peter's Place	31

NB: Student accommodation as per annual report Dec 2015, so the status of some sites may have changed since the report. Will be updated when 2016 report available.

Appendix VI

Primary Care Developer Contributions

The following calculations represent the **estimated** costs for each proposed Healthcare Action, and the consequent developers' contribution, in whole or part, depending on the proposed solution and the element attributable to housing developments. The methodology explains how the relevant contribution has been reached, with adjustment for student accommodation as student numbers usually have less of an impact on GP practices than the corresponding numbers of general population.
The exact cost of each action will depend on the actual solution which is delivered.

Contribution Zone 1
Leith Waterfront

- **Solution**: **New** practice. Action is for a new practice (building and medical staff)
- **No of patients**: 10,000 from new development= 100%
- **Cost of Action**: £4.5m
- **Contribution**: £945 per dwelling or £150 per student bedspace
- **Methodology** –£4.5m divided by 10,000 patients = £450 per patient= **£945** per household based on 2.1/household. Student contribution is circa one third of cost per patient = £150
- **NB**:

Contribution Zone 2
Leith Links

- **Solution**: **New** practice for 10,000. However, only part is needed to cater for new development
- **No of patients**: 2000 from new development= 20%
- **Cost of action**: £4.5m
- **Contribution**: £945 per dwelling or £117 per student bedspace
- **Methodology** – 20% of £4.5m = £0.9m divided by 2,000 patients = £450 per patient= **£945** per household based on 2.1/household. Student contribution is circa one third of cost per patient = £150

Contribution Zone 3
Brunton

- **Solution: New** practice for 10,000. However, only part of practice is needed to cater for new development
- **No of patients**: 2000 from new development = 20%
- **Cost of Action**: £4.5m (20% of £4.5m = £0.9m)
- **Contribution**: £945 per dwelling or £150 per student bedspace
- **Methodology:** 20% of £4.5m = £0.9m divided by 2,000 patients = £450 per patient= **£945** per household based on 2.1/household. Student contribution is circa one third of cost per patient = £150

Contribution Zone 4
Niddrie

- **Solution**: **New** practice for 10,000 or redesign of existing practice (TBC)
- **No of patients**: 2000 from new development = 20%
- **Cost of Action**: £4.5m

- **Contribution**: £945 per dwelling or £150 per student bedspace
- **Methodology** – 20% of £4.5m = £0.9m divided by 2,000 patients = £450 per patient= **£945** per household based on 2.1/household. Student contribution is circa one third of cost per patient = £150
- **NB**: Yet to decide if it needs a new practice or redesign of existing practice

Contribution Zone 5

Brunstane

- **Solution**: Small schemes at two existing practices
- **No of patients**: 3,500 from new development,
- **Cost of Action**: £0.1m
- **Contribution**: £60 per dwelling or £10 per student bedspace
- **Methodology** –£100,000 divided by 3,500 patients = £29 per patient= **£60** per household based on 2.1/household. Student contribution is circa one third of cost per patient = £10

Contribution Zone 6

Meadows

- **Solution**: **Refurb/redesign**. Re-provision of existing practice and only part of it needed to cater for new development
- **No of patients**: 1000 people from new development= 17%
- **Cost of Action**: £3m
- **Contribution**: £1260 per dwelling or £200 per student bedspace.
- **Methodology** – 17% of £3m = £0.51m divided by 1,000 patients = £510 per patient= **£1071** per household based on 2.1/household. Student contribution is one third of cost per patient = £170 per student
- **NB**: Re-provision of existing practices by providing new facility of which only a proportion of the capacity will be required.

Contribution Zone 7

Gilmerton

- **Solution**: **New** practice required as no spare capacity
- **No of patients**: 6000 people
- **Cost of Action**: £3m for new practice (£8m for new combined building if required)
- **Contribution**: £1050 per dwelling or £170 per student bedspace
- **Methodology** – £3m divided by 6,000 patients = £500per patient= **£1050** per household based on 2.1/household. Student contribution is one third of cost per patient = £167
- **NB**: Change caused is significant. New practice is now required.

Contribution Zone 8

Ratho

- **Solution: New practice**. Expansion of existing practices to cater for additional houses
- **No of patients**: 3000 people = 60%
- **Cost of Action**: £1.2m
- **Contribution**: £504 per dwelling or £80 per student bedspace

- **Methodology** – 60% of £1.2m = £720,000 divided by 3,000 patients = £240 per patient= **£504** per household based on 2.1/household. Student contribution is one third of cost per patient = £80
- **NB**: Project underway, expected to be complete end of 2017. Current premises are not fit for purpose (converted 1 bedroomed flat) and do not allow for expansion

Contribution Zone 9

Polwarth

- **Solution**: Relocation and expansion (**Intermediate** option)
- **No of patients**: 1,000 = 20%
- **Cost of Action**: £0.17m
- **Contribution**: £84 per dwelling or £14 per student bed space
- **Methodology** – 20% of £170,000 = £34,000 divided by 1,000 patients = £34 per patient= **£71.40** per household based on 2.1/household. Student contribution is one third of cost per patient = £11.34
- **NB**: Note this is a refurb/redesign, however, cost is below that cost range set out in the contributions table, therefore intermediate applies.

Contribution Zone 10

Pentlands

- **Solution:** Expansion of existing practice **(Intermediate** option)
- **No of patients**: 1500
- **Cost of Action**: £0.5m
- **Contribution**: £702 per dwelling or £111 per student bed space
- **Methodology** –£0.5m divided by 1,500 patients = £334 per patient= **£702** per household based on 2.1/household. Student contribution is circa one third of cost per patient = £111

Contribution Zone 11

Allermuir

- **Solution: New practice** but only part will be used for new development i.e. within larger building re-provides for 2 practices
- **No of patients**: 2000
- **Cost of Action**: £7.3m total of which 49% or £3.58m is attributable to GP Practices
- **Contribution**: £504.21 per dwelling or £80 per student bed space.
- **Methodology:** combined list size of the 2 practices is 14,500, therefore an increase of 2,000 patients represents 14% of the costs. 14% of 3.58m = £501200 divided by 2000 patients =£250.60 per patient **=£526.26** per household based on 2.1/household . Student contribution is one third of cost per patient = £83.54

Contribution Zone 12

South Queensferry

- **Solution**: Internal refurb of existing building. (Intermediate option)
- **No of patients**: 3000
- **Cost of Action**: £0.3m
- **Contribution:** £210 per dwelling or £34 per student bed space
- **Methodology** – £0.3m divided by 3,000 patients = £100 per patient= **£210** per household based on 2.1/household. Student contribution is circa one third of cost per patient = £34

- **NB**: This scheme is a landlord led revenue scheme; they agreed to fund it based on an extension to the lease

Contribution Zone 13

West Edinburgh

- **Solution: New practice**. No practice at present therefore requires new staff and building.
- **No of patients**: 8000
- **Cost of Action**: £4m
- **Contribution:** £1050 per dwelling, £170 per student bedspace
- **Methodology** – £4m divided by 8,000 patients = £500 per patient= **£1050** per household based on 2.1/household. Student contribution is one third of cost per patient = £167
- **NB**: Size of facility depends on wider issues. The intension is to co locate with the school.

Contribution Zone 14

Parkgrove

- **Solution:** Expansion of existing practice (Intermediate option)
- **No of patients**: 2000
- **Cost of Action:** £0.1m
- **Contribution**: £105 per dwelling, £17 per student bedspace
- **Methodology** –£0.1m divided by 2,000 patients = £50 per patient= **£105** per household based on 2.1/household. Student contribution is circa one third of cost per patient = £17

Contribution Zone 15

NWEPC

- **Solution**: **New practice** within larger new building used for multi purposes.
- **No of patients**: 5000
- **Cost of Action**: £12.1m total of which 11% or £1.33m is attributable to GP Practice
- **Contribution:** £554 per dwelling, £88 per student bedspace
- **Methodology** – £1.33m divided by 5,000 patients = £266 per patient= **£559** per household based on 2.1/household. Student contribution is circa one third of cost per patient = £89

Contribution Zone 16

Granton Waterfront

- **Solution**: **New practice**. Requires new staff and building
- **No of patients**: 10,000
- **Cost of Action**: £4.5m
- **Contribution**: £945 per dwelling, £200 per student bedspace
- **Methodology** – £4.5m divided by 10,000 patients = £450 per patient= **£945** per household based on 2.1/household. Student contribution is circa one third of cost per patient = £150