NHS England

Project Initiation Document

TITLE OF SCHEME	East/North East Harrow Primary Care and Out of Hospital Care
SPONSORING NHS ORGANISATION(S)	Sponsor 1: NHS England (London) Sponsor 2:NHS Harrow CCG Sponsor 3: NHS Property Services
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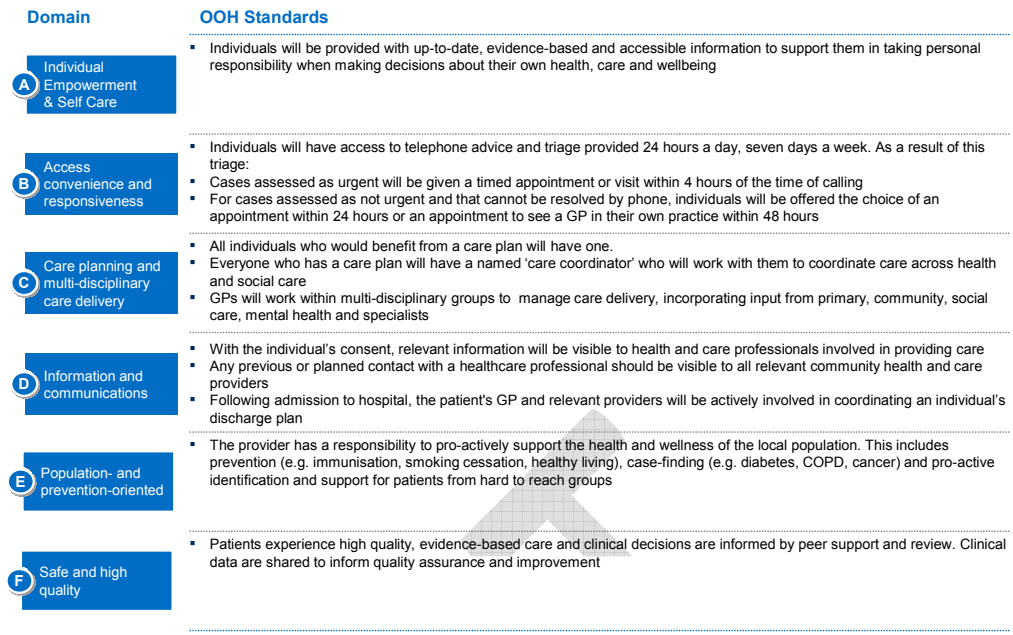
BRIEF SCHEME DESCRIPTION	*Shaping a Healthier Future* (SaHF) is a major programme of strategic change being delivered across by CCGs in North West London. One of its core objectives is to localise healthcare services which will mean moving activity out of acute settings and into primary and community care settings, which will result in a significant shift in the demand on out of hospital (OOH) settings in all 8 CCGs and transform the way services are delivered to patients. In response to this, Harrow CCG developed an Out of Hospital Delivery Strategy that articulates the high-level future service model and the types of services that will be delivered. Also articulated are the standards against which these services will be delivered:

Figure 1: North West London out of hospital standards



Out of hospital services in Harrow will be delivered in four key settings of care: in the home, at GP practices, across a network of GP practices and in hubs. These settings of care imply both a physical location, and a means of delivery. Hubs are a key component of out of hospital care as they enable the provision of local services to patients above and beyond what is currently available in general practice and wider primary and community care settings.

Hubs offer a number of advantages over the existing care model. They will provide: access to a range of out of hospital services in convenient settings, the additional space needed to meet demand being redirected from the acute sector and a site in which health and care staff can be collocated, supporting whole-systems integrated care and multi-disciplinary working. Hubs will both deliver services on-site and be used by clinicians and other professionals as base from which to deliver services in the community. They will be a shared resource across Harrow's GP networks (known as Peer Groups) supporting the collocation of clinicians and other professionals and ultimately the delivery of integrated care to patients. Hubs will also provide the opportunity to relocate primary care services from existing GP premises that are deemed to not be fit for purpose.

Hub services will be delivered from suitable premises within the CCG. The size of the required capacity has been informed by a process of activity modelling to determine the type and volume of activity that will take place in out of hospital settings to 2017/18. This work feeds into the Harrow CCG Strategic Service Delivery Plan (SSDP) which focuses on the implications of the new model of care for the local health infrastructure, with particular focus on the implications for the local health estate.

This PID relates to the development of a hub for the east/north east of Harrow. It describes the CCG's ambition to develop space from which to provide out of hospital services, improve GP estate and improve the utilisation of existing assets to reduce void costs and discusses potential options that would be

developed further in an Outline Business Case (OBC). The PID was developed by Harrow CCG and is supported by NHS Property Services.

We have identified a need for additional primary care capacity in the east/north east of Harrow, to deliver GP and out of hospital services for~75,000 people[1]. A refurbishment and/or development providing a total of ~1,900m² space is required, comprising ~800m² for GP services and ~1,100m² for out of hospitalservices[2]. This part of Harrow is the CCG's top priority for development of estate:

- Capacity is also provided in the west and south – the additional capacity would complete Harrow's current requirement for out of hospital hubs
- There has been historic underinvestment in the east/north east of the borough
- The area has a high population density
- The area has a high deprivation level

The provision of space for GP services would enable a number of GP practices to move from some of Harrow CCG's worst identified premises (6-facet rated as C-grade for building fabric quality, "not satisfactory, major repair needed") into appropriate modern facilities described by Health Building Note 11-01[3].

We have identified two sites capable of delivering the space required:

- **Belmont Health Centre**, 516 Kenton Lane, Harrow HA3 7LT – existing NHS Property Services owned health centre on land owned by Harrow Council (leased until 2077); options include combinations of refurbishment and new build; clinical room utilisation approaching 100%; C-grade 6-facet rating for building fabric quality; DX-rated for DDA access

- **Kenmore Clinic**, Kenmore Road, Harrow HA3 9EN – plot of land owned by NHS Property Services; options limited to new build

The potential OOH services that would be provided are listed below(see also 'Strategic Need' section) and initial work has been done to show that this would result in higher quality and lower cost delivery:

- Outpatient reprovision
- Primary care
- Minor surgery
- Integrated nursing
- Proactive intervention
- Physiotherapy
- Other therapies/AHP
- Mental health
- Teaching/education
- Local authority/health and wellbeing

The SSDP identified Belmont Health Centre or the Kenmore site as the preferred hub location. For the avoidance of doubt even though this PID and

[1] Estimate is the average of two methods of calculation: (1) Peer Group list size multiplied by the residual capacity required divided by the total capacity required – see '2. Commitment to space utilisation' in the 'Site options' section; and (2) total Harrow list size multiplied by capacity required in east/north east Harrow divided by the total capacity required
[2] See '2. Commitment to space utilisation' in the 'Site options' section
[3]Health Building Note 11-01, Department of Health, March 2013https://www.gov.uk/government/publications/guidance-for-facilities-for-providing-primary-and-community-care-services

	the subsequent OBC will be about Belmont Health Centre and the Kenmore site, we are committed to continue to assess a short list of alternative hub premises. Furthermore, the OBC will be prepared in line with HM Treasury best practice guidance with oversight from an accredited Better Business Cases professional. Depending on the options to be developed in the OBC, thecapital investment would be circa £2.9–7.8m. This amount was included in the capital return made to NHSEngland in December 2013. Investment in the east/north easthub site was included in the capital return made to NHS England in September and December 2013 (updated January 2014). The December and January returns served two purposes: 1. To alert NHSEngland to business case being progressed 2. To provide NHSEngland with capital budget information for 2014/15 and 2015/16 We are asking NHS England to approve this Project Initiation Document (PID) to allow us to move forward to prepare an OBC.
STRATEGIC NEED	**Strategic context** Pressure on health and care services is increasing, and care closer to home is needed to improve outcomes, support prevention and early intervention and also improve coordination and integration across health and care services. The CCG has set out its vision for out of hospital services and developed a model of care that will enable more care to be delivered at home, in GP practices and in wider community settings. Shifting demand away from hospitals will also unlock financial savings from acute services. To facilitate this shift in the model of care, we will need to cover the annual running costs for community services and source upfront investment for the physical estate to ensure it is fit for purpose. The development of a hub in east/north east Harrow is consistent with the strategic direction and delivery commitments of the *Shaping a Healthier Future* programme. North West London CCGs are expected to proceed at pace with these plans following the result of the Independent Review Panel and the statement accepting its recommendation by the Secretary of State in October 2012. The national spotlight will be on North West London as it does so. The Secretary of State for Health expects North West London CCGs to deliver on their radical vision for out of hospital care; this will include the delivery of seven day access to GP surgeries and the development of integrated care grounded in local needs. Investment in out of hospital services is justified by the future savings they can deliver across the system. The *Shaping a Healthier Future*Decision-Making Business Case (DMBC) identified significant savings in the form of QIPP targets. The savings will result from the redirection of services out of hospital and into lower cost (and higher quality) primary and community care settings. The QIPP targets have recently been refreshed to cover the period 2013/14 to 2017/18. Given that this is a “spend to save” scheme and that we are already almost at the end of the

2013/14 financial year, it is hoped our plans can be progressed swiftly.

This PID is built upon a wide range of supporting strategic documentation including:

- *Shaping a Healthier Future* – Out of Hospital Strategic Service Delivery Plan, March 2014
- Harrow CCG 3 Year Strategic and Financial Recovery Plan (2014/15 – 2016/17), 7 November 2013
- *Shaping a Healthier Future* – Out of Hospital Delivery Strategy, December 2013
- *Transforming Primary Care in London: General Practice A Call to Action*[4] , NHS England, November 2013
- *A Call to Action*[5], NHS England, July 2013
- *Shaping a Healthier Future* – Decision-Making Business Case[6], February 2013
- Out of Hospital Estates Plan, McKinsey, January 2013
- *Better Care, Closer to Home – Our strategy for co-ordinated, high quality out of hospital care*[7], April 2012

*Better Care, Closer to Home*outlined the original case for change in Harrow – that longer life expectancy, chronic disease and variability in patient experience are making our current model of healthcare unsustainable. The case for change is now even stronger:

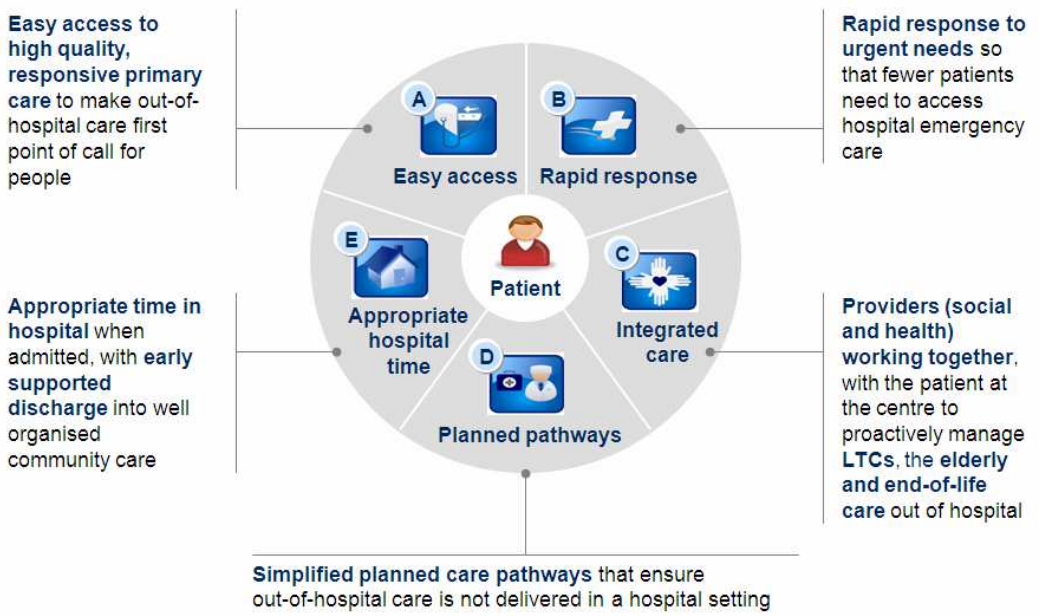
- **Growing health challenges** – Our Joint Strategic Needs Assessment[8] shows that Harrow's over 65 year old population will grow significantly in the next 15 years, and that our rates of obesity, diabetes and high risk drinking are above the London or national average. Early deaths from cancer, heart disease and respiratory disease account for 80% of all our deaths. Focusing on circulatory disease and smoking would have the biggest impact on life expectancy, so we must find a better way of addressing long term conditions.
- **Financial constraints** – We face a continued financial challenge to deliver more with less, including identifying £60m savings in NHS Harrow by 2017/18. Although we have made positive progress in identifying £24m savings to date, we need to find a way to deliver services in the most suitable, cost-efficient settings.
- **Variability in access** – Whilst people's experience of GPs in Harrow is positive, more must be done to improve primary care access. Although 91% of Harrow patients have confidence in their GP, only 21% of patients feel they have access to another health professional other than their GP, and only 3% believe they can access a walk-in service[9]. Patients in London also report feeling less able to book appointments or order repeat prescriptions online, or access next day appointments.
- **Government call for change** – NHS England's *A Call to Action* demands that the NHS must change if services are to remain free at the point of access. It wants to see a greater focus on preventative rather than reactive care; services matched more closely to individuals' circumstances instead of a one size fits all approach; people better equipped to manage their own health and healthcare, particularly those with long term conditions; and

more done to reduce inappropriate admissions to hospital and avoidable readmissions, particularly amongst older people.

A Call to Action in particular has made it clear that change cannot just be structural or top-down, but that a more fundamental transformation of how we use primary, secondary and community care is needed if Harrow's system of healthcare is to survive. Enhancing the role of primary care and delivering more services out of hospital is essential to achieve this.

Better Care, Closer to Home set the vision and strategic goals for out of hospital care. Each of our strategic goals below represents a specific commitment that patients can expect from out of hospital care.

Figure 2: North West London strategic goals for out of hospital care



We will deliver these goals in three ways:

- **Accessible care**: care that is responsive to patients' needs and preferences, timely and accessible.
- **Proactive care**: proactive planned care that is easy to access, convenient and able to utilise specialist skills where appropriate.
- **Co-ordinated care** (including rapid response and supported discharge): care that is patient-centred, co-ordinated and offers continuity of care to high need patients.

Development of the primary care estate in Harrow has been a top priority for the CCG and its predecessor, Harrow PCT. This PID has been prepared to support this development and to deliver two strategic objectives:

- To enable the delivery of the radical new model of out of hospital care outlined in *Shaping a Healthier Future* where extended primary care GP services play a major role in reducing the use of local acute hospital services
- To transform local primary care services and facilities serving ~75,000 local people in one of Harrow's areas of highest deprivation and health need, and improving the estate for local practices to deliver their core service to the

standards expected of practices in the high achieving category and deliver enhanced and extended primary care services from fit-for-purpose premises. This will allow NHSEngland and Harrow CCG to ensure that primary and community health care services are provided from fit premises and accommodation is large enough for the growing population.

In addition to the these strategic objectives, supporting objectives include:

- The enhanced building will improve the building fabric quality of the premises from which GPs currently provide services; and will facilitate Disability Discrimination Act compliant access
- The practices will operate over a greater number of hours per week including evening and weekend sessions, supporting extended GP hours
- There will be a single reception and booking system
- IT will act as an enabler for integrated services throughout the building and with partner organisations, with particular emphasis on mental health services and social care
- The premises will act as a base for integrated nursing and multi-disciplinary teams and will provide facilities for joint working across primary care, acute outpatients, mental health and social care
- The new facilities need to have a strong focus on GP and nurse training

Strategic need

From the activity modelling done to support the SSDP, we estimate that around 1,900m² of hub space is required in east/north east Harrow[10]. Based on this space requirement, the analysis and evaluation presented in the SSDP and engagement with NHSProperty Services, **Belmont Health Centre** and the **Kenmore site** have emerged as preferred locations. We would be happy to discuss the evaluation methodology and criteria with NHSEngland. In line with good practice, we will continue to develop this same evaluation criteria methodology as we move forward with OBC and FBC.

The current population and services

GPs in Harrow are clustered into 6 'Peer Groups' that broadly correspond to geographic localities. Peer groups are the unit of planning and organisation for primary and community healthcare services in Harrow CCG. The east/north east of Harrow has been identified in the CCG'sstrategic plans and other planning documents as the CCG's top priority for improving out of hospital estate.

<u>Health need</u>[11]

Based on the Greater London Authority (GLA) 2011 population estimates, Harrow's populationis currently estimated at 231,470 residents. There is a GP-registered population of around GP registered population of 250,000[12].

There is a predicted increase in growth over thenext 10–15 years, particularly amongst the 0–15 age group, and the over 65s, but with a declinein growth seen for those in the 15–44 age groups. Currently, the north of the borough has agreater proportion of older people than the south.

More than half of Harrow's population are from Black and Minority Ethnic (BAME) groups. Thebiggest of these is the Indian ethnic group who make up over a quarter of the Harrowpopulation. The population of all ethnic groups except white is expected to increase in thecoming 10 years.

Almost 80% of deaths are from three causes:

- **circulatory disease** (mostly heart disease and stroke)
- **cancer** (with the highest being breast, lung, prostate and bowel cancers)
- **respiratory disease** (mostly COPD/pneumonia)

Deaths from each cause occur more frequently in the most deprived parts of Harrow comparedto the most affluent (with the exception of breast cancer)

Smoking is the biggest underlying cause of preventable death – over 200 deaths per year inHarrow are caused by smoking. Currently 17% of the Harrow adult population smoke. Smokingrates are decreasing in all groups except young women and the routine and manual group. Smoking costs the NHS in Harrow £30 per person in the population – around £7 million in totaleach year.

20% of Harrow adults are obese – slightly higher than London average – and it is increasing. Physical activity levels in Harrow are well below London and national figures putting Harrow inthe bottom 25% for local authority participation rates. A high proportion of people are eatingthe recommended 5 fruit and vegetables a day but not in the more deprived parts of theborough.

People living in the poorest neighbourhoods will, on average, die seven years earlier thanpeople living in the richest neighbourhoods and will also spend up to 17 more years living withpoor health. A higher proportion of Harrow households are in receipt of means-tested benefitscompared to England as a whole. This is of particular concern because of the changes to thebenefits systems which will reduce the income and benefits of some of the most vulnerablefamilies and households in Harrow.

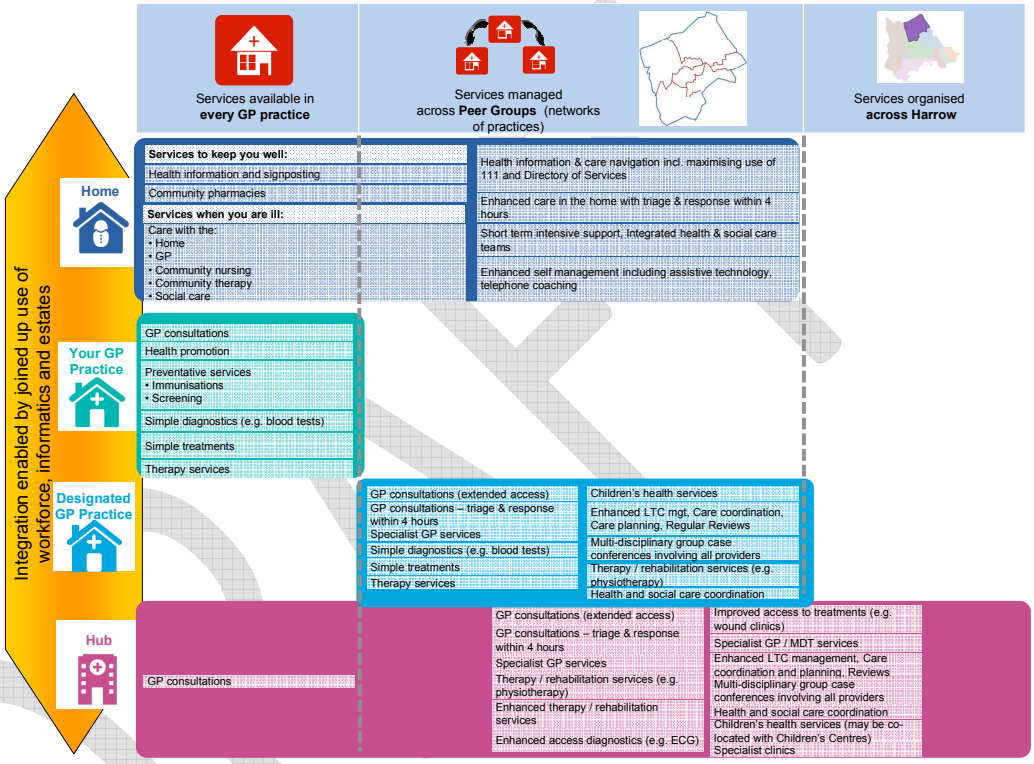
The following health and wellbeing priorities were identified in the Joint Strategic Needs Assessment:

Priority	Rationale
Long-term conditions (including CVD, respiratory disease and diabetes)	• The major causes of health inequalities • CVD is highest and respiratory disease the third highest cause of death in Harrow
Cancer	• 2nd highest cause of death in Harrow
Worklessness	• Impact on health inequalities • Affects wellbeing and quality of life • Has long-term impact
Poverty	• Impact on health inequalities • Affects wellbeing and quality of life • Has long-term impact
Mental health	• Affects wellbeing and quality of life • Has long-term impact, to include

	perceptions of crime
Supporting parents and the community to protect children and maximise their life chances	• Affects wellbeing and quality of life • Has long-term impact • Impact on health inequalities
Dementia	• Affects wellbeing and quality of life • Increasing prevalence due to aging population

Out of hospital service model

Figure 3: Care to be delivered at each setting in the new model



Northwick Park Hospital, just outside the southern boundary of borough will remain the main provider of local and specialist acute services for the Harrow population. Northwick Park is a major acute (general) hospital. It provides a 'hyper acute' stroke unit offering faster treatment to patients who suffer a stroke, including 'clot-busting' drugs 24/7. It has a £19m maternity department, including a midwife-led birth unit, and a major children's department, Jack's Place. Its busy A&E department has an Urgent Care Centre next to it so that patients who need to be seen quickly, but who do not have life-threatening illnesses or accidents, can be seen, treated and sent home. It has a newly £2.6m refurbished radiology department which is home to some of the most high-tech imaging equipment available[13].

Quality of primary care facilities

Existing provision at the Belmont Health Centre site

The following Peer Group 5 practices are based in the Belmont Health Centre:

Practice name	List size	Average core hours utilisation
Dr JJWijeratne& Partners	11,101	81%
The Circle Practice	7,613	78%
The Enterprise Practice	3,695	100%

The GPs rent a combined GIFA of 743m²– i.e. the ground floor of the building.

Additional services provided at the centre include:

- Antenatal clinic
- Asthma clinic
- Baby clinic
- Blood tests
- Cervical smears
- Child health surveillance
- Child immunisation
- Diabetic clinic
- Dietic clinic
- Family planning
- Flu vaccination
- Hypertension/coronary heart disease
- Immunisation
- Minor surgery (incl. warts and verrucae)
- Smoking cessation
- Travel clinic and yellow fever
- Well woman clinic

Service needs for the new primary care centre

The Out of Hospital Strategic Service Delivery Plan sets out the requirement for space. We have identified requirements for the following services with the scale/capacity as detailed below:

<u>CCG-wide space requirements by 2017/18</u>

Service	Activity (2017/18)	No. Rooms	GIA (m²)	Comment
Outpatient reprovision	95,000	14	1,000	Reprovision for around 95,000 outpatient appointments
Primary care	474,000	39	2,200	List size of ~54,000 to be moved into a hub setting
Minor surgery	1,500 1,250	2	150	Minor Surgical Procedures Day Case in Primary Care
Integrated nursing		9	500	Includes space for district nursing and treatment/interview rooms + space for care planning
Reactive intervention				Based in Northwick Park Hospital
Proactive intervention	57,000	15	500	3 × group rooms (for MDT) and 12 assessment rooms/bays for LTC/elderly
Physiotherapy Therapies/AHPs	35,200 ~25,000	7 6	300 200	Provision of rooms for direct access physio and other AHPs (assume 'other AHPs' require 2 rooms per hub)
Mental health	17,700	6	150	Interview rooms for PC MH nurses Make use of group rooms as required
Teach/education		1	100	Large seminar room
LA H&WB				Makes use of office space allowance for integrated nursing
Total		**98**	**5,100**	

See '2. Commitment to space utilisation' in the 'Site options' sectionbelow for how this is translated into space required at an east/north east hub.

<u>GP practices to be located in the hub</u>

Belmont Health Centre: it is assumed that, if the Belmont Health Centre is chosen as the hub location, the GP practices currently located there will remain and that no further practices will transfer.

Kenmore site: the CCG is currently reviewing its need for replacement GP premises in discussion with GPs. Consideration of which GP practices might be located in the hub were the Kenmore site to be selected will take place at OBC stage.

SITE OPTIONS

We have been through the SSDP/NHS Property Services process in selecting Belmont Health Centre and the Kenmore site as potential east/north east hub sites. As part of this, we reviewed a full list of estates drawn from an estates baseline survey conducted in Harrow and applied a size threshold criteria as a way of initially rationalising the number of premises about which to gather information. A cut-off of 500m² was chosen as a sensible size threshold as it is based on the assumption that an out of hospital hub will contain at least one and, more likely, 2–3 GP practices amongst other integrated services. Given the average size of a GP surgery in 6 CCGs within NWL (Harrow, Hillingdon, Brent, Hounslow, Central and West) is 319m², only sites that were capable of hosting a hub of greater than 500m² were deemed to pass the threshold criteria.

Although Belmont and Kenmore are the priority hub sites, we remain committed to keeping other options on under consideration through OBC. The other options for evaluation currently are:

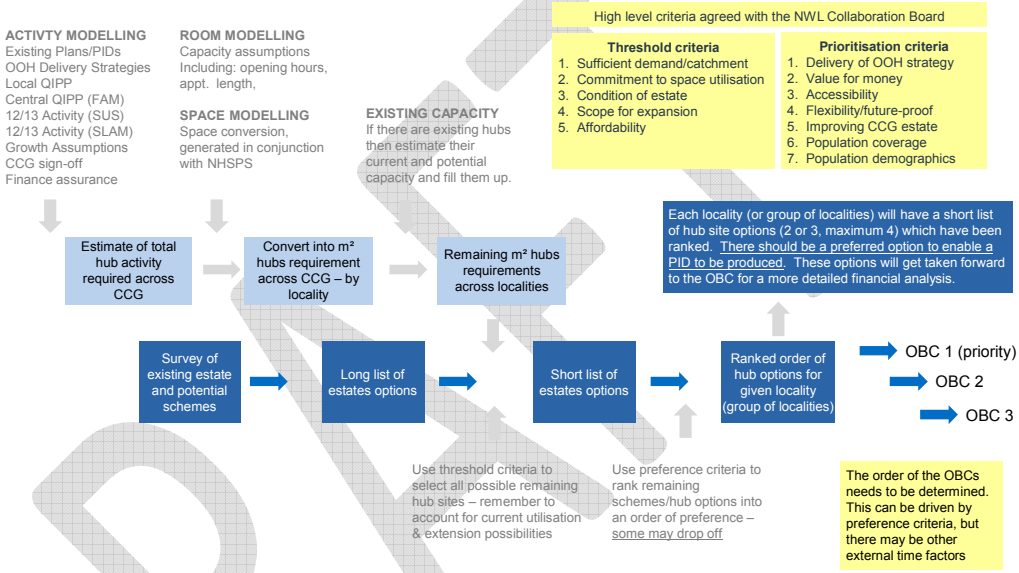
1. Do nothing
2. Virtual hubs (no buildings and addressed via network)
3. **Belmont** substantial refurbishment of existing building with expansion at ground and first floors to provide additional GP services space + new

second floor to provide OOH services

4. **Belmont** substantial refurb of the existing building with expansion at ground and first floors to provide additional GP services + new build on additional land purchased from the adjacent council-owned car park to provide OOH services
5. **Belmont** full new build on current site + land purchased from the adjacent council owned car park
6. **Kenmore** full new build
7. **Kenmore** full new build; and refurb of **Belmont**existing building

The following process was applied for selecting sites to ultimately be put forward to OBC:

Figure 4: Process for selecting sites to be put forward to OBC



A long list of estates options for Harrow was drawn up at the start of the process. Information was gathered about existing NHS properties alongside information about Local Authority estate, commercial estate, and potential development projects.

A survey was conducted across the Harrow GPs to understand of any potential extension or project opportunities which were in the pipeline.

NHS Property Services and Turner & Townsend worked to ensure that as complete information as possible was gathered about all existing premises. This was presented to the Harrow CCG Primary & Community Care Working Group for review.

Only estate options of 500m² or more were considered as a hub should include multiple GP practices (list size over 10,000) and integrated community services (see appendix for further detail).

Owner/ leaseholder	Own/lease detail	PG	Postcode	ID	Name/description
NHS	Lift Co - FH '32	PG 1	HA2 9DX	30	Alexandra Avenue Health and Social Care Centre
NHS	NHS PS - LH	PG 1	HA2 7HH	28	Talbot House
NHS	CNWL - LH	PG 2	HA1 4DH	20	Atkins House
NHS	NHS PS - LH '19	PG 2	HA1 3AW	27	The Heights (ground floor)
NHS	EHT - FH	PG 2	HA1 4UQ	23	Caryl Thomas Clinic
NHS	EHT - LH '20	PG 3	HA3 5EG	24	The Denham Unit
NHS	EHT - LH	PG 4	HA1 3UJ	26	Northwick Park Hospital
NHS	NHS PS - LH	PG 5	HA3 7LT	22	Belmont Health Centre
NHS	EHT - LH '18	PG 6	HA7 1AT	25	Honeypot Lane Centre
NHS	NHS PS - FH	PG 6	HA3 9EN	21	Kenmore Clinic
GP		PG 1	HA2 0UE	13	Roxbourne Medical Centre car park + existing building
GP		PG 1	HA2 8RS	14	Simpson House Medical Centre
GP		PG 2	HA1 4LP	9	Harrow Health Care Centre 84-88 Pinner Road
GP		PG 3	HA5 4EA	15	Elliot Hall Medical Centre
GP		PG3	HA5 3EE	29	The Pinn Medical Centre
Council		PG 1	HA2 8EQ	3	Northolt Road Clinic + Roxeth Library (next door)
Council		PG 2	HA1 2EW	16	Equitable House site
Council		PG 2	HA1 1NA	18	Greenhill Way - Uxbridge Road
Council		PG 2	HA1 3XD	17	Vaughan Road Car Park
Council		PG 3	HA3 6DH	19	Bentley Day Centre
Commercial/GP		PG 1	HA2 0RQ	11	GP Direct premises 3-7 Welbeck Road + adjoining houses
Commercial		PG 1	HA2 0NG	4	Derelict shops opposite Townsend house in South Harrow
Commercial		PG 1	HA2 9AA	5	Roxbourne pub site, Alexandra Avenue and Eastcote Lane
Commercial		PG 1	HA2 0EG	6	South Harrow Waitrose car park
Commercial		PG 2	HA1 1NL	12	Bradstowe House - Headstone Road, 1 Junction Road
Commercial		PG 2	HA1 4HZ	8	Harrow Hotel
Commercial		PG 2	HA1 4TY	7	Kodak Factory site
Commercial		PG 4	HA3 8AG	2	Wembley North Conservative Club
Commercial		PG 4	HA3 9DH	1	Dunwoody House, 396 Kenton Road
Commercial		PG 4	HA3 0YX	10	Kenton Road, <0.25 miles from Northwick Park Hospital
NHS	EHT - LH	PG 2	HA3 7AE	31	The Wealdstone Centre
NHS	CNWL - LH '14	PG 2	HA1 4TR	36	Waverly
NHS	NHS PS - LH	PG 4	HA3 0YG	33	NHS Harrow St Lukes
NHS	NHS PS - FH	PG 4	HA3 8AH		Elmwood Road
NHS	NHS PS - FH	PG 4	HA1 2NU		Northwick Park Road
NHS	NHS PS - LH '19	PG 6	HA8 5QL	32	Mollison Way

The following threshold criteria, agreed in December 2013 by the North West London CCG Collaboration Board, were applied:

Figure 5: Threshold criteria agreed by the North West London CCG Collaboration Board

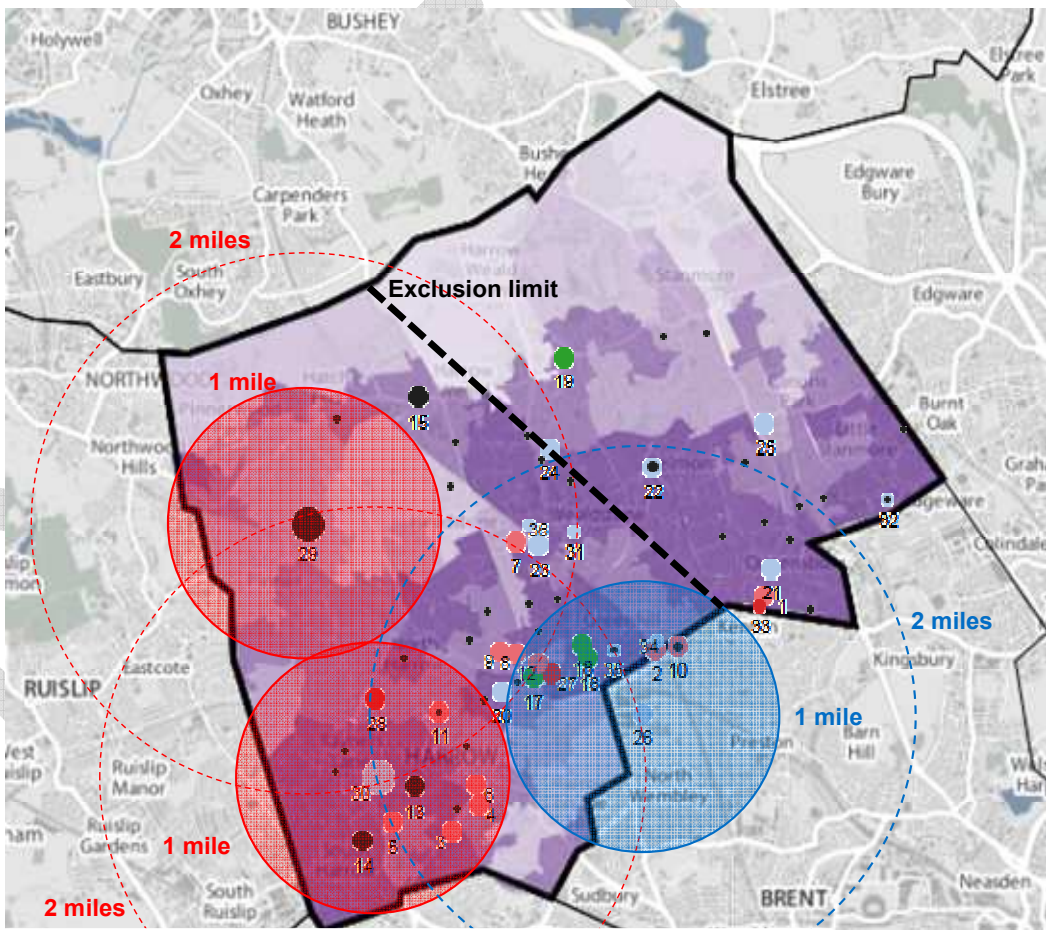
	Agreed at Collaboration Board			Scoring Approach for Hubs		
	Category	Description	Hubs Criteria	Supporting Materials	SSDP CCG-wide Scoring Approach	Local Approach
Threshold – SSDP	Population size (catchment area/list size)	**Catchment area meets minimum threshold**	§ Proposed number of hubs provides sufficient throughput § Demand levels in each area are large enough to support proposed configuration	§ Data on planned activity within catchment area held	§ Pass or fail based on whether the service is expected to be utilised i.e. is there evidence that the future service model is based on a reasonable estimate of future demand	§ Results of peer group level demand analysis § Assume no new hubs within 1 mile of current hubs or Local Hospital
	Commitment to space utilisation	**Plans for estate make maximum use of spare capacity**	§ Proposed overall configuration fully utilises all spare capacity across the borough before committing to additional investment	• Estates baseline utilisation score	• Assuming existence of surplus, pass or fail on whether utilisation of existing supply is addressed • One single hub is preferred over a hub and spoke model	• Prioritise NHS estate over LA, Commercial & New Build. • Assume Alex and Pinn fully utilised
	Condition of estate	**Estate meets, or can be improved to meet, minimum standards**	§ Proposed sites must not have a DX/CX condition rating	• Estates baseline condition rating	• Pass or fail • Proposed sites must not have DX/D/CX rating	• Fail and DX/D/CX hubs
	Scope for expansion	**When expanding or building new, proposed estate can accommodate new services**	§ Proposed buildings must be able to accommodate additional services, either through expansion or improved utilisation	§ Estates baseline § NHS PS assessment	§ Pass or fail (fail if no capacity to expand or no alternative use)	§ Hub sites must be big enough to cope with forecast demand or have potential to be expanded
	Affordability and value for money	**Plans are affordable**	§ Funding sources are identified and available	• N/A at this stage	• N/A at this stage	• N/A at this stage

1. Population size/catchment area

Activity data indicates that the east and north east of the borough have the demand to sustain at least one hub, even when Alexandra and The Pinn are operating at full capacity[14]. Catchment areas of existing hubs also suggest the focus for a new hub location should be to the east and north east of the borough.

Central Harrow is currently served by combination of The Pinn, Alexandra Avenue and Northwick Park Hospital (see overlap of the 2 mile radii). However there may be potential for a future development in this area depending on residual need after an east/north east hub.It is assumed that a new hub would not be located within 1 mile of Northwick Park Hospital, from where activity is being shifted.We therefore focus on properties to the east and north east of the borough.

Figure 6: Areas already served in Harrow



Owner/ leaseholder	Own/lease detail	PG	Postcode	ID	Name/description
NHS	Lift Co - FH '32	PG 1	HA2 9DX	30	Alexandra Avenue Health and Social Care Centre
NHS	NHS PS - LH	PG 1	HA2 7HH	28	Talbot House
NHS	CNWL - LH	PG 2	HA1 4DH	20	Atkins House
NHS	NHS PS - LH '19	PG 2	HA1 3AW	27	The Heights (ground floor)
NHS	EHT - FH	PG 2	HA1 4UQ	23	Caryl Thomas Clinic
NHS	EHT - LH '20	PG 3	HA3 5EG	24	The Denham Unit
NHS	EHT - LH	PG 4	HA1 3UJ	26	Northwick Park Hospital
NHS	NHS PS - LH	PG 5	HA3 7LT	22	Belmont Health Centre
NHS	EHT - LH '18	PG 6	HA7 1AT	25	Honeypot Lane Centre
NHS	NHS PS - FH	PG 6	HA3 9EN	21	Kenmore Clinic
GP		PG 1	HA2 0UE	13	Roxbourne Medical Centre car park + existing building
GP		PG 1	HA2 8RS	14	Simpson House Medical Centre
GP		PG 2	HA1 4LP	9	Harrow Health Care Centre 84-88 Pinner Road
GP		PG 3	HA5 4EA	15	Elliot Hall Medical Centre
GP		PG3	HA5 3EE	29	The Pinn Medical Centre
Council		PG 1	HA2 8EQ	3	Northolt Road Clinic + Roxeth Library (next door)
Council		PG 2	HA1 2EW	16	Equitable House site
Council		PG 2	HA1 1NA	18	Greenhill Way - Uxbridge Road
Council		PG 2	HA1 3XD	17	Vaughan Road Car Park
Council		PG 3	HA3 6DH	19	Bentley Day Centre
Commercial/GP		PG 1	HA2 0RQ	11	GP Direct premises 3-7 Welbeck Road + adjoining houses
Commercial		PG 1	HA2 0NG	4	Derelict shops opposite Townsend house in South Harrow
Commercial		PG 1	HA2 9AA	5	Roxbourne pub site, Alexandra Avenue and Eastcote Lane
Commercial		PG 1	HA2 0EG	6	South Harrow Waitrose car park
Commercial		PG 2	HA1 1NL	12	Bradstowe House - Headstone Road, 1 Junction Road
Commercial		PG 2	HA1 4HZ	8	Harrow Hotel
Commercial		PG 2	HA1 4TY	7	Kodak Factory site
Commercial		PG 4	HA3 8AG	2	Wembley North Conservative Club
Commercial		PG 4	HA3 9DH	1	Dunwoody House, 396 Kenton Road
Commercial		PG 4	HA3 0YX	10	Kenton Road, <0.25 miles from Northwick Park Hospital
NHS	EHT - LH	PG 2	HA3 7AE	31	The Wealdstone Centre
NHS	CNWL - LH '14	PG 2	HA1 4TR	36	Waverley
NHS	NHS PS - LH	PG 4	HA3 0YG	33	NHS Harrow St Lukes
NHS	NHS PS - FH	PG 4	HA3 8AH		Elmwood Road
NHS	NHS PS - FH	PG 4	HA1 2NU		Northwick Park Road
NHS	NHS PS - LH '19	PG 6	HA8 5QL	32	Mollison Way

2. Commitment to space utilisation

NHS England's investment strategy is that there should be a commitment to maximise the utilisation of existing NHS estate and local authority estate (including space designated for health estate) before considering alternatives. This must therefore be prioritised over commercial redevelopment or new build.

Owner/ leaseholder	Own/lease detail	PG	Postcode	ID	Name/description
NHS	EHT - LH '20	PG 3	HA3 5EG	24	The Denham Unit
NHS	NHS PS - LH	PG 5	HA3 7LT	22	Belmont Health Centre
NHS	EHT - LH '18	PG 6	HA7 1AT	25	Honeypot Lane Centre
NHS	NHS PS - FH	PG 6	HA3 9EN	21	Kenmore Clinic
Council		PG 3	HA3 6DH	19	Bentley Day Centre
Commercial		PG 4	HA3 9DH	1	Dunwoody House, 396 Kenton Road

Scenario 1 Assumes all patients from Peer Groups 1 and 3 travel to existing hubs

Scenario 2 Assumes all patients from Peer Groups 1 and 3 travel to existing hubs; and half from 2, 4 and 5

Scenario 3 Assumes all patients across Harrow travel to existing hubs

Scenario 4 Assumes all patients across Harrow travel to existing hubs; and that both hubs are running at 80% utilisation of all GP rooms during core hours of 09:00 to 17:00 (50% utilisation in non-core hours)

We assume that the unutilised capacity of Alexandra Avenue and The Pinn does get used, but not by people from east/north east of Harrow. This puts the out of hospital space requirement somewhere between scenarios 2 and 3 (assume midway). We assume Alexandra Avenue and The Pinn utilise GP space is used more efficiently than currently. This puts GP space requirement somewhere between scenarios 3 and 4 (assume midway).

Activity type	Scenario 1	Scenario 2	Scenario 3	Scenario 4
Out-of-hospital	~2,100m²	~1,500m²	~ 700m²	~ 700m²
GP in hubs	~1,500m²	~1,100m²	~1,100m²	~ 500m²
Total m² required	~3,600m²	~2,600m²	~1,800m²	~1,200m²

	Assumption range mid-point
Out-of-hospital	~1,100m²
GP in hubs	~ 800m²
Total m² required	~1,900m²

Note that the approximate figure of 1,900m² has been arrived at through top-down modelling and does not take into consideration the precise spare requirement of GP practices that may move into the hub. At OBC stage we will undertake bottom-up modelling of services to be provided at the hub in order to determine the amount of space required.

3. Condition of estate

Exclude any existing buildings with a 6-facet DX/D/CX rating – these could not be refurbished to deliver modern healthcare services. None of the remaining premises have these ratings.

6-facet rating key	
A	Very satisfactory, no change needed
B	Satisfactory, minor change needed
C	Not satisfactory, major repair needed
CX	Not satisfactory, major replacement needed
D	Unacceptable in its present condition
DX	Unacceptable, not capable of being improved

Owner/ leaseholder	Own/lease detail	PG	Postcode	ID	Name/description
NHS	EHT - LH '20	PG 3	HA3 5EG	24	The Denham Unit
NHS	NHS PS - LH	PG 5	HA3 7LT	22	Belmont Health Centre
NHS	EHT - LH '18	PG 6	HA7 1AT	25	Honeypot Lane Centre
NHS	NHS PS - FH	PG 6	HA3 9EN	21	Kenmore Clinic
Council		PG 3	HA3 6DH	19	Bentley Day Centre

4. Scope for expansion

The site(s) should be capable of hosting hub space of ~1,900m² (including primary care space) or have scope for expansion. This rules out a further three premises.

Owner/ leaseholder	Own/lease detail	PG	Postcode	ID	Name/description
NHS	EHT - LH '20	PG 3	HA3 5EG	24	The Denham Unit
NHS	NHS PS - LH	PG 5	HA3 7LT	22	Belmont Health Centre
NHS	EHT - LH '18	PG 6	HA7 1AT	25	Honeypot Lane Centre
NHS	NHS PS - FH	PG 6	HA3 9EN	21	Kenmore Clinic
Council		PG 3	HA3 6DH	19	Bentley Day Centre

This process left two sites for "prioritisation". The following prioritisation criteria, agreed in December 2013 by the North West London CCG Collaboration Board, were applied:

Figure 7: Prioritisation criteria agreed by the North West London CCG Collaboration Board

	Agreed at Collaboration Board			Scoring Approach for Hubs		
	Category	Description	Hubs Criteria	Supporting Materials	SSDP Scoring Approach	Local Approach
Prioritisation	Achieving our OOH strategy	**Plans that make a larger contribution to the delivery of the OOH strategy will be prioritised**	§ Plans that can deliver the widest range of key OOH services and/or the largest volume of OOH activity will be prioritised	§ OOH Delivery Strategy	§ Ranking based on assessment of contribution to key delivery elements in the OOHDS	§ Judgement as to whether the site fits with the OOHDS
	Affordability and value for money	**Plans offer good value for money**	§ Proposed capital and revenue expenditure are affordable to all parties affected (including providers, CCG and NHSE) § Impacts across the system are clear § Investment is proportional to population covered	§ Capital costs agreed with NHS PS At SSDP stage, VFM is assessed through capital cost estimates. Affordability and VFM will be addressed further at OBC stage	§ Scoring based on high level capital costs	
	Accessibility	**Accessibility**	§ Site accessible by public transport § Site meets DDA requirements	§ Accessibility: Public Transport Accessibility Level rating (PTAL) § DDA rating, from the estates baseline	§ Scoring based on accessibility (PTAL) and DDA rating	PTAL score
	Commitment to space utilisation	**Flexible solutions**	§ Plans include flexible spaces that can be adapted to different purposes (including multi-function rooms) § GIFA of at least 500m²	§ NHS PS qualitative assessment § GIFA from estates baseline	§ Ranking against other sites based on flexibility § It is expected that the NHS estates would be utilised before looking at other public sector and then commercial space	NHSPS assessment as to whether space is flexible
	Condition of estate	**Plans improve the overall suitability of the borough estate**	§ Plans that reduce the number of DX/CX rated building are prioritised	§ Estates baseline § Number of DX/D/CX rated properties in the catchment area	§ Ranking based on number of DX/D/CX buildings in the local catchment area	Count number of C rated GP practices in close proximity
	Population size (catchment area/list size)	**The maximum number of people are affected**	§ Plans where hubs cover larger populations are prioritised § Areas with higher levels of demand are prioritised	§ Population density data (ONS)	§ Ranking based on population density scores	Population/km²
	Deprivation	**Areas with higher deprivation are prioritised**	§ Configurations prioritising more deprived areas are prioritised	§ Deprivation data – Indices of Deprivation	§ Ranking based on deprivation scores	Deprivation indices

1. Achieving our OOH strategy

This criterion scores hub/sites on whether they are able to deliver Harrow's Out of Hospital Delivery Strategy. All hubs should score positively on this criterion.

Score	Delivery against Out-of-Hospital Delivery Strategy
++	Hub/sites currently capable of delivering the OOHDS
+	Hub/sites potentially capable of delivering the OOHDS
	[Not used]
-	Hub/sites not capable of delivering an element of the OOHDS
--	Hub/sites not capable of delivering multiple elements of the OOHDS

Site	Score	Rationale
Belmont	+	Potentially capable if extended or used with other sites
Kenmore	+	Potentially capable (not yet built)

2. Value for money – high level cost of site

High level capital cost to be attached to project based on whether it is a light, medium or heavy refurbishment or a new build. Cost estimates supplied by NHS Property Services and Turner & Townsend (see appendix). These are not adjusted for optimism bias.

We assume a requirement for 900m² GP space and 1,000m² other OOH space as per activity modelling.

Score	Value for money
++	Comparatively very good value for money
+	Comparatively good value for money
	Neutral: average value for money – or not yet assessable
-	Comparatively poor value for money
--	Comparatively very poor value for money

Site	No refurb	Light refurb	Medium refurb	Heavy refurb	New build	Land cost	s.106 funded	Total m²	Total cost	Score
£/m² cost	£0	£500	£1,200	£1,800	£2,600	TBC	£0			
Belmont		550m²	600m²		700m²			1,900m²	£2.9m	
Kenmore					1,900m²			1,900m²	£4.9m	-- *

*Relative scoring compared to Belmont, based on high level capital costs only. Affordability and value for money would be addressed further at OBC stage.

3. Accessibility by existing public transport services

The Public Transport Accessibility Level (PTAL) is a method used in United Kingdom transport planning, particularly in Transport for London schemes to assess the access level of geographical areas to public transport (see appendix for further detail). The bus index has been used for pre-scoring because the Harrow CCG Estates Panel advised that this is the most important method of transport. Population density will also have a significant impact on accessibility, so these two factors should be considered together.

Note: once a hub has been planned it may be possible to engage with Transport for London about increasing bus services if required.

Score	Bus index
++	7, 8
+	6, 7
	4, 5
-	2, 3
--	0, 1

Site	Bus index	Bus lines*	Tube index	Tube stations*	Rail index	Rail stations*	Total index	PTAL	Score
Belmont	4.2	186, H18, H19	0	n/a	0	n/a	**4.2**	1b	
Kenmore	4.1	18, 114, 324	0	n/a	0	n/a	**4.2**	1b	

4. Commitment to space utilisation

A judgement by NHS Property Services as to the potential future flexible use of the site once developed. Both sites would be developed with this in mind so both score positively.Commitment to NHS estate utilisation favours existing sites/land owned or leased by the NHS.

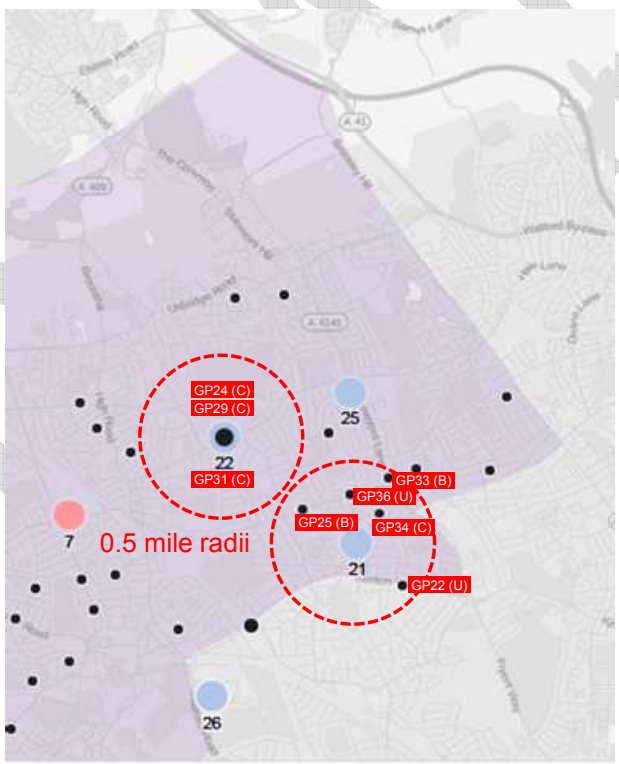
Score	NHSPS view on flexibility	Tenure
++	*[Not used]*	
+	Site use is flexible	NHS owned/leased
	[Not used]	
-	Site use is inflexible	Not NHS owned/leased
--	*[Not used]*	

Site	a. Flex	b. Tenure	Score
Belmont	+	+	+
Kenmore	+	+	+

5. Condition of estate

Score the suitability of an option as to the number of poor quality (C or below) GP premises which could move in (those premises in close proximity to the hub – assume 0.5 miles). Assume that it is preferred to not move B premises into a hub so that scores negatively.

Figure 8: GP practices within 0.5 miles of the Belmont or Kenmore sites

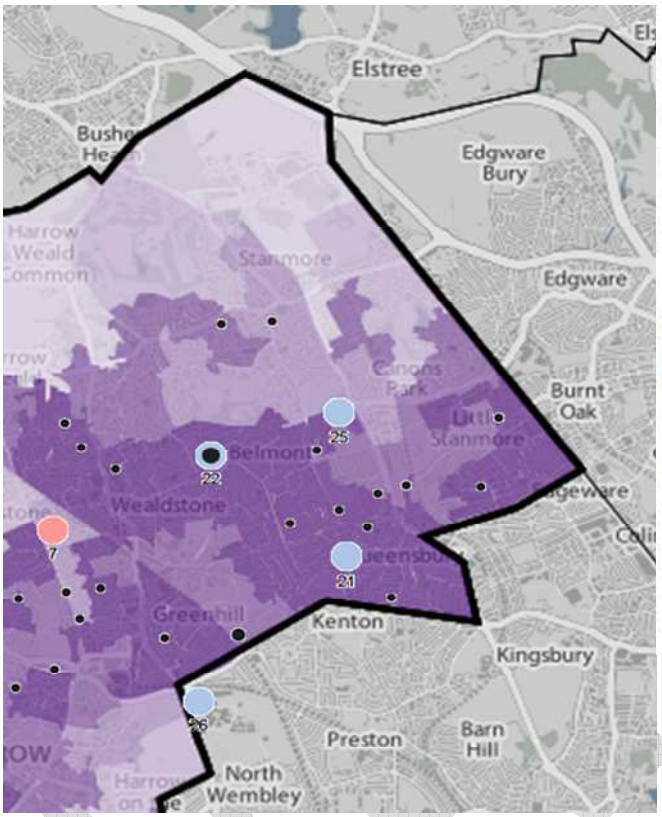


Score	Proximity to GP practices
++	2 or more C rated premises
+	At least 1 C rated premises
	At least 1 of unknown quality
-	2 or more B rated premises
--	No GP practices

Site	Score	
Belmont	++	• The 3 Belmont Practices (3×C)
Kenmore	+	• Kenton Clinic (U) • Streatfield Health Centre (B) • Streatfield Medical Centre (U) • Honeypot Medical Centre (B) • Charlton Road Medical Centre (C)

6. Population

Source: population density from 2011 census, scoring more densely populated areas highly and using Harrow-specific quintiles as boundaries. Scored on the basis of the predominant local quintile colour.



The analysis focuses on the population density of all people measured per square mile.

Harrow CCG's population density of all people is **11,707 per square mile**, shown against the England-wide distribution of 6 to 218,551 and mean value of 10,676 per square mile.

Key

The map shows the values for LSOAs within the selected boundary.

The colours on the map represent the five quintiles:

- 16,067 to 218,551 people/mile²
- 10,878 to 16,067 people/mile²
- 6,498 to 10,878 people/mile²
- 1,972 to 6,498 people/mile²
- 6 to 1,972 people/mile²

Data

Numerator:
228,127 people

Denominator:
19.49 miles²

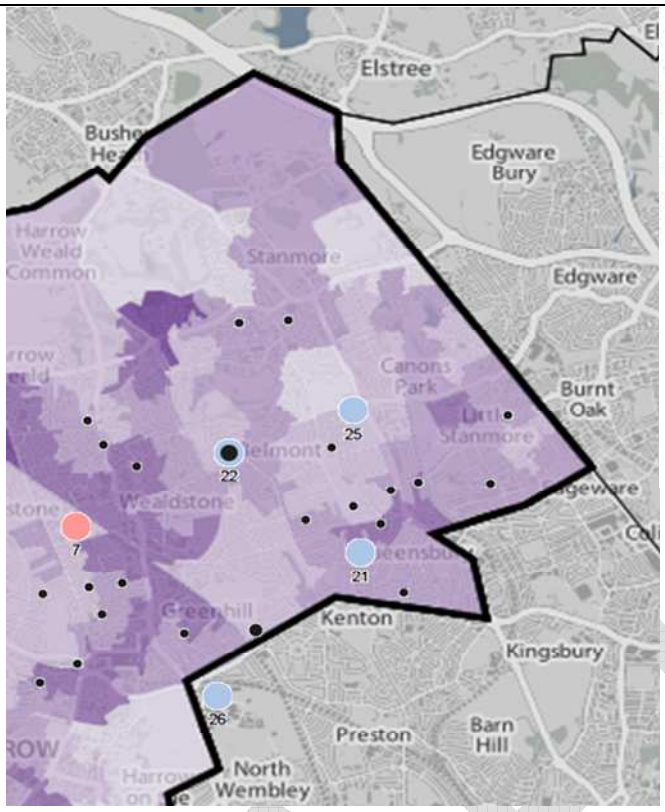
Sources of data: ONS mid-2009 estimates. LSOA boundary data.

Score	Population
++	1st quintile
+	2nd quintile
	3rd quintile
-	4th quintile
--	5th quintile

Site	Score
Belmont	++
Kenmore	++

7. Deprivation

Source: index of deprivation from 2011 census, scoring more deprived areas highly and using Harrow-specific quintiles as boundaries. Scored on the basis of the predominant local quintile colour.



The analysis focuses on the Index of Multiple Deprivation (IMD) which combines a range of economic, social and housing issues into a single deprivation score.

Harrow CCG's Index of Multiple Deprivation is **15.49** with an average LSOA rank of 19022 for year 2010. The England-wide IMD distribution is 0 to 87.8 and mean value is 21.66.

Key

The map shows the values for individual LSOAs.

The colours represent the quintiles:

- 34.17 to 87.81
- 21.35 to 34.16
- 13.8 to 21.34
- 8.5 to 13.79
- 0.53 to 8.49

Score	Deprivation
++	1st quintile
+	2nd quintile
	3rd quintile
-	4th quintile
--	5th quintile

Site	Score
Belmont	-
Kenmore	

Overview of scores

Site	Location	OOHDS	VFM	Access	Space	GPs	Pop.	Depriv.	Notes
Belmont	NE	+			+	++	++	-	Plans have been produced for a refurb, an extension and a rebuild. So three options to consider. Ealing ICO likely to move out.
Kenmore	NE	+	--		+	+	++		NHS site, so will be the cost of a new build.

It was not possible to decide a preferred location on non-financial grounds, although the high-level capital investment analysis suggests that Belmont would be a better value for money investment. We have therefore taken both sites through to PID stage.

CONSISTENCY WITH COMMISSIONING AND ESTATES PLANS

We have commented above that this PID is consistent with the case for change set out in SaHF/DMBC and SSDP. Fundamental to this is a switch in commissioning intentions to high quality and lower cost OOH hubs. Certain acute capacity may become vacant and available for disposal. We have outlined above the types of OOH services that will go into this hub. Therefore the PID is consistent with commissioning plans.

We have worked with NHS Property Services to ensure that our

	preferred/priority hub site is the best available option. This will be kept under review.
COST ESTIMATES (INC. VAT)	*See "Value for money – high level cost of site" above*
ANTICIPATED CAPITAL SOURCES	The financial case within the OBC will set out in much greater detail the investment needed and the potential sources of funding. We are committed to testing a variety of funding options including, but not limited to, NHS England capital funding and private funding including GP ownership and renting. We will consider which funding option provides best overall value for money.This might mean all or part of the capital investment being funded by NHSEngland (as capital or rental via the CCG) or through a LIFT scheme.
REVENUE AFFORDABILITY	**Overview** The scheme will support the implementation of the core principles of the North West London CCGs' out of hospital programme and will generate revenue benefits from sources that include: • Service redesign, including: – Reduction in non-elective – Reduction in elective admissions – Reduction in hospital-based outpatient appointments – Reduction in A&E attendances • Service delivery below tariff • Estate costs revenue In establishing the revenue benefit at this stage, the impact is presumed to fall (in effect) to the CCG. At OBC stage, we will focus in particular on the service redesign revenue reductions which will benefit the CCG. Primarily, these will arise from acute outpatient clinics. The hub will also offer the CCG the opportunity to provide higher quality out of hospital services at a lower cost. This might mean the associated revenue funding comes solely from the CCG including fund flow via contracting arrangements with local providers. Savings will be considered in greater detail in the OBC, however, at a high level we can expect savings to arise from a number of areas which – simplistically put – include: 1. Same delivery but at a cheaper price point 2. A new delivery model – i.e. efficiencies made including combining multiple appointments 3. Prevention of escalation in the seriousness of conditions

	4. Savings in patients time (this is an economic case saving and costs might rise if we make access to care easier as demand will increase) 5. Stopping doing certain things (which carries the risk of an escalation in the seriousness of conditions) **Rent reimbursement at the Belmont Health Centre** The current rent reimbursement for GPs at the Belmont Health Centre agreed between NHS Property Services and NHS England is £29,597 per annum, for approximately 743m² out of a total 1,049m². The property is a capital asset and the rent is calculated as the sum of a 3% capital charge on the value of the building plus an amount corresponding to a straight line depreciation over 28.93 years, the District Valuer's assessment of remaining life. In March 2011, the District Valuer "estimated that rents from all tenants within the building at current market value (CMR) should total some £180,000 per annum."[15]This suggests that the current GP rent is only around 23% ofthe market value of ~£127,500[16]. NHS Property Services will be moving to market value rents in 2014/15, which might increase the notional rent to this amount. We have crudely estimated the potential increase in notional rent at the Belmont Health Centre,were the site to be developed as a hub, by the following method: • Start with NHS Property Services' figure of 961m²space requirement for HBN 11-01 compliant[3] GP practice serving 22,500 patients (today) • Apply the SSDP demographic, non-demographic and care planning activity growth assumptions to activity to produce a future requirement of 1,100±100m² by 2017/18[17] • NHS Property Services have provided a benchmark notational rent figure of £250/m² for a brand new health centre in Harrow • Assuming that a *significantly*refurbished/rebuilt Belmont Health Centre attracts this notional rent (note that other options will also be considered), 1,100m² would correspond to a rent of £275,000. In summary, we anticipate that GP annual notional rent at Belmont Health Centre mightincrease: • from £29,597 to ~£127,500 in 2014/15 as a result of NHS Property Services **moving to market value rents** • to~£275,000 per year as a result of **growth in space requirement** and **improvement in quality of premises** to HBN 11-01 standards[3]. **Rent reimbursement at the Kenmore site** The CCG is currently reviewing its need for replacement GP premises in discussion with GPs. Consideration of which GP practices might be located in the hub were the Kenmore site to be selected will take place at OBC stage.
ESTIMATED PROJECT DEVELOPMENT	Already incurred by project sponsor(s). PA Consulting Group will progress the OBC as part of their OOH hub engagement.

COSTS (INC. VAT)	
PROPOSED PROCUREMENT STRATEGY	To be considered at OBC and FBC.
KEY RISKS	Key risks include: • General management resource and expertise around running the hub in a way that achieves its objectives • Sustainability of the solution • Reputation • Delivery of primary care services within the reconfigured facilities • Delivery of community services within the reconfigured facilities • Delivery of third party health and wellbeing services within the reconfigured facilities • Planning permission Mitigations include: • Funding and commissioning/procurement route selected • Hub premises are much more suited to alternative use, if not fully utilised, than acute hospitals will ever be • An out of hospital programme across 8 CCG through which we are able and committed to benchmarking assumptions. These risks will be further refined as part of the OBC process.

Note: By endorsing the Project Initiation Document below the project sponsor(s) commits to reimbursing project costs incurred by a third party if the sponsor(s) subsequently decides not to proceed with a viable project.

ENDORSED BY:		
SPONSOR ORG 1 DIRECTOR OF FINANCE/CHIEF FINANCIAL OFFICER	Organisation	NHS England (London)
	Name	Julie Sands
	Signature	
	Date	
SPONSOR ORG 2 DIRECTOR OF FINANCE/CHIEF FINANCIAL OFFICER	Organisation	NHS Harrow CCG
	Name	Dr Amol Kelshiker
	Signature	
	Date	
NHS PROPERTY SERVICES REGIONAL DIRECTOR	Name	Tony Griffiths
	Signature	
	Date	
COMMUNITY HEALTH PARTNERSHIPS	Name	
	Signature	
	Date	
NHS ENGLAND REGIONAL DIRECTOR OF FINANCE	Name	
	Region	
	Signature	
	Date	

PRIORITISATION (For regional use only)	