Estates and Technology Transformation Fund (Primary Care)

Guidance for CCGs – How to submit recommendations for funding

May 2016

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1 Background and Principles

1.1 In the General Practice Forward View that was launched in April 2016, a specific commitment is made (Chapter 4 – Practice Infrastructure) to go further and faster in supporting the development of the primary care estate and the greater use of technology to enhance patient care and experience. Primary and community services are the bedrock of healthcare. Many primary care services are excellent but they are under pressure, and are sometimes poorly integrated with other services. That is why NHS England has committed to continue its programme of investment to improve the infrastructure of general practice services. The purpose of the Estates and Technology Transformation Programme is to help practices establish infrastructure which enables extra capacity for appointments in hours and at evenings and weekends to meet locally determined demand.

1.2 In 2015/16, NHS England began a multi-year £1 billion investment programme to support primary care and general practice to make improvements across a range of areas, including in premises and in technology, linked to estates strategies and digital roadmaps for the NHS in local areas. This programme included both capital and revenue funding, and will continue. Additional capital investment will also be going into general practice beyond this programme, bringing the estimated overall total of capital investment in general practice over the next five years to over £900 million.

1.3 In 2015/16 the fund was used to support a range of developments including: improving GP premises and technology; expanding the GP workforce; supporting a step change in the number of clinical pharmacists working in general practice; introducing Summary Care Record in community pharmacies; and funding schemes to improve access to general practice.

1.4 The Estates and Technology Transformation Programme will continue to improve infrastructure in general practice and support the delivery of Sustainability and Transformation Plans, set out in the Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21.

1.5 In October 2015, we informed Clinical Commissioning Groups (CCGs) they would be invited to put forward recommendations for investment in primary care infrastructure in future years. Local health systems are developing Sustainability and Transformation Plans designed to provide healthcare services for the future. In relation to premises they have produced the initial versions of Local Estates Strategies in the manner set out in Local Estates Strategies: A Framework for Commissioners. These strategies will describe priorities for investment in premises. They are also developing Local Digital Road Maps in accordance with Paper-free at the Point of Care: Preparing to Develop Local Digital Roadmaps. As GP membership organisations, CCGs are uniquely positioned to identify priorities for primary care premises and technology.

1.6 We aim, through this process, to establish a three-year pipeline of investment in estates and technology. Every six months, we will take stock of progress,

reporting improvements that have been achieved for patients and looking ahead to assess financial commitments and timelines. Where we identify opportunities to do so, we may ask CCGs if they would like to recommend more schemes. It is not anticipated, at this stage, that a further national round of submissions will be offered as it is expected the fund will be fully committed and the pipeline fully populated following this second invitation for schemes. However the regional NHS England teams will work with CCGs to introduce new schemes should the opportunity and funding become available.

1.7   We expect that CCGs will submit recommendations which will contribute to improving extended access to effective care across local services and may include a wide range of projects, large and small, principally in support of GMS, PMS or APMS contractors. Proposals may include, but not be limited to:

    i.   Improvements or extensions to existing facilities used for primary medical care services

    ii.   Refurbishment of unused or under-utilised premises to increase clinical capacity

    iii.   Construction of new premises; for example for the co-location of practices to facilitate primary care at scale or to promote patient access to a wider range of services

    iv.   Implementation of IT systems which support the development of primary care at scale and integrated working practices; for example to support integrated care models and record sharing

    v.   Technology systems which enable the delivery of a service which is paper free at the point of care; for example, through the use of integrated digital care records

    vi.   Technology which enables the public to have better access to services; for example to enable electronic prescribing, new forms of clinical consultations, via email, webcam, telephone or clinical decision support.

1.8   An important aspect of the NHS Five Year Forward View is the expansion and strengthening of primary care, which will often take place as part of the development of a new care model or by the provision of primary care at scale. We anticipate that proposals will support the delivery of priorities which CCGs are identifying as part of emerging Sustainability and Transformation Plans.

1.9   As we set out in October 2015, all CCG recommendations, whether premises or technology related, will be considered against a number of Core Criteria, which detailed below. The purpose of this programme is to help practices establish infrastructure which enables sufficient routine appointments at evenings and weekends to meet local demand alongside effective access to out of hours and urgent care services. CCGs should demonstrate how improvement in access to care is at the heart of recommendations.

i.   Improved access to effective care

ii.   Increased capacity for primary care services out of hospital

iii.   Commitment to a wider range of services as set out in the CCG's commissioning intentions to reduce unplanned admissions to hospital

iv.   Increased training capacity.

2   Process and Milestones

2.1   To secure funding from this programme, CCGs will need to complete four stages:

i.   Stage 1 - CCG submits recommendations for investment
ii.   Stage 2 - NHS England completes an initial review
iii.   Stage 3 – CCGs, practices and NHS England work through due diligence
iv.   Stage 4 – Decision about formally approving the scheme will be made

2.2   CCGs and NHSE will ensure robust governance arrangements are in place throughout the process from submission to initial review, due diligence and delivery of all schemes. Each party will have regard for the approved NHS England Standing Financial Instructions (SFIs), Scheme of Delegation, Premises Directions 2013 and the formal approvals processes for capital expenditure.

Stage 1 - CCG submits recommendations

2.3   CCGs should already be pulling information together to support their recommendations. NHS England recognises that there are a number of infrastructure investment proposals which were the subject of practice-led bids in the 2015/16 financial year. NHS England regional teams will keep CCGs updated on the status of these 2015/2016 bids, which were supported in principle. This will allow CCGs to take account of existing schemes when they submit in June.

2.4   CCGs will need to support the revenue consequences of any scheme and the submission of the application by the CCG provides this assurance in principle. The due diligence stage will allow CCGs to define those costs and to reconfirm their commitment to the scheme.

2.5   We have discussed with the BMA GP Committee changes to the rules governing funding of premises so that over the next three years NHS England will be able to increase the levels of funding for a wider range of improvements to practices and new facilities. NHS England will work with the Department of Health with the aim of introducing revisions to the NHS GMS (Premises Costs) Directions from September 2016 to fund up to 100 percent of the costs of premises developments.

2.6   CCGs should submit their recommendations, whether for premises or technology funding, using the secure access programme portal which will become operational shortly and remain open until 30th June 2016. Access details will be sent to CCGs prior to the operational date. The information that is likely to be required in order to make a successful and effective submission is set out, in outline, in Section 4.

2.7   CCGs will be required to prioritise recommendations by assigning a ranking. This will help NHS England identify those projects which CCGs have identified as most important.

2.8   Each CCG will make a single electronic submission through the portal. They will be expected to provide the overarching strategic context for their recommendations, together with details of the individual recommended projects that the CCG supports for its area. CCGs will be asked to prioritise the recommendations and demonstrate that improvement in access to care is at the heart of the recommendations. CCGs will need to be mindful of the statutory guidance on managing conflicts of interest in reaching these recommendations. We are planning to enable CCGs to draft and then submit their recommendations on the portal over a four week period.

2.9   CCGs may wish to submit schemes on behalf of others, for example where a technology development covers a wider population.

2.10   NHS England recognises that some projects may be more developed than others and the levels of detail available when making initial recommendations may vary.

2.11   All recommendations which meet the Core Criteria are welcome and CCGs will have the opportunity to refine their recommendations once schemes have been assessed and supported for progression to the next stage of the process.

Stage 2 - NHS England completes an initial review

2.12   NHS England will carry out an initial review of all submissions against the criteria for programme funding set out in Section 3. The purpose of this assessment is to prioritise recommendations which meet the Core Criteria including an assessment of deliverability and whether improving access to care is central to the recommendations. We will provide feedback to CCGs about the outcome of this review. For each of the schemes presented, the feedback will indicate that:

   i.   The scheme meets programme criteria and moves to next stage, or
   ii. The scheme does not meet criteria

2.13   We anticipate completing the initial review process and provide feedback by the end of August 2016. It is acknowledged that many schemes will be at an early stage of design and may require additional support to shape the detail of the project. Other schemes may be well advanced with the opportunity to progress at a faster pace.

Stage 3 - Due diligence

2.14   For recommendations that move to this stage, detailed information will be required in preparation for business cases to be considered. The categories of information and degree of detail will vary with respect to the type and scale of scheme that has been recommended. They will need to demonstrate that the scheme will deliver benefits for patients and that improved access to care is central.

2.15   NHS England will provide further information about this process including the expected timescales. This stage will culminate in the production of a business case, which will be considered by NHS England.

2.16   CCGs will be expected to work with GP practices and NHS England to confirm the purpose and benefits of each estates or technology scheme, work up detailed descriptions and plans for the development and test options for funding in order to provide NHS England with assurance that the scheme delivers value for money.

2.17   All schemes will be expected to comply with relevant legal requirements and technical guidance and NHS England will expect to see that patients have been engaged in the design of the development.

2.18   For those schemes submitted by a CCG on behalf of other CCGs (for example, Digital Roadmap bids across a footprint), there will be an expectation that the lead CCG will share feedback from NHSE and involve these stakeholders in the development of the business case.

Stage 4 – Decision

2.19   Approval to fund each scheme will be based on the development of formal documentation covering all aspects of the scheme. If approved, this documentation will be used to draft a grant agreement. Further advice on scheme characteristics, the drafting of business cases and template documentation will be provided by the end of July 2016.

3   For investment in premises related projects

3.1   Recommendations for premises improvement or development which obtain formal approval, at Stage 4 above, will progress using one of a number of existing and new grant funding routes.

3.2   NHS England will work with the Department of Health with the aim of introducing revisions to the NHS (GMS - Premises Costs) Directions from September 2016 to fund up to 100 percent of the costs of premises developments, rather than the previous cap of 66 percent funding. This will improve affordability for GPs and in turn reduce recurring costs.

3.3 As a result of our work with the BMA GP Committee and the Department of Health, an operational framework will be developed to support NHS England and CCGs in exercising discrete powers under the Premises Costs Directions in relation to this programme. The final details of the framework will be published when revisions are agreed, to help CCGs consider preferred funding models.
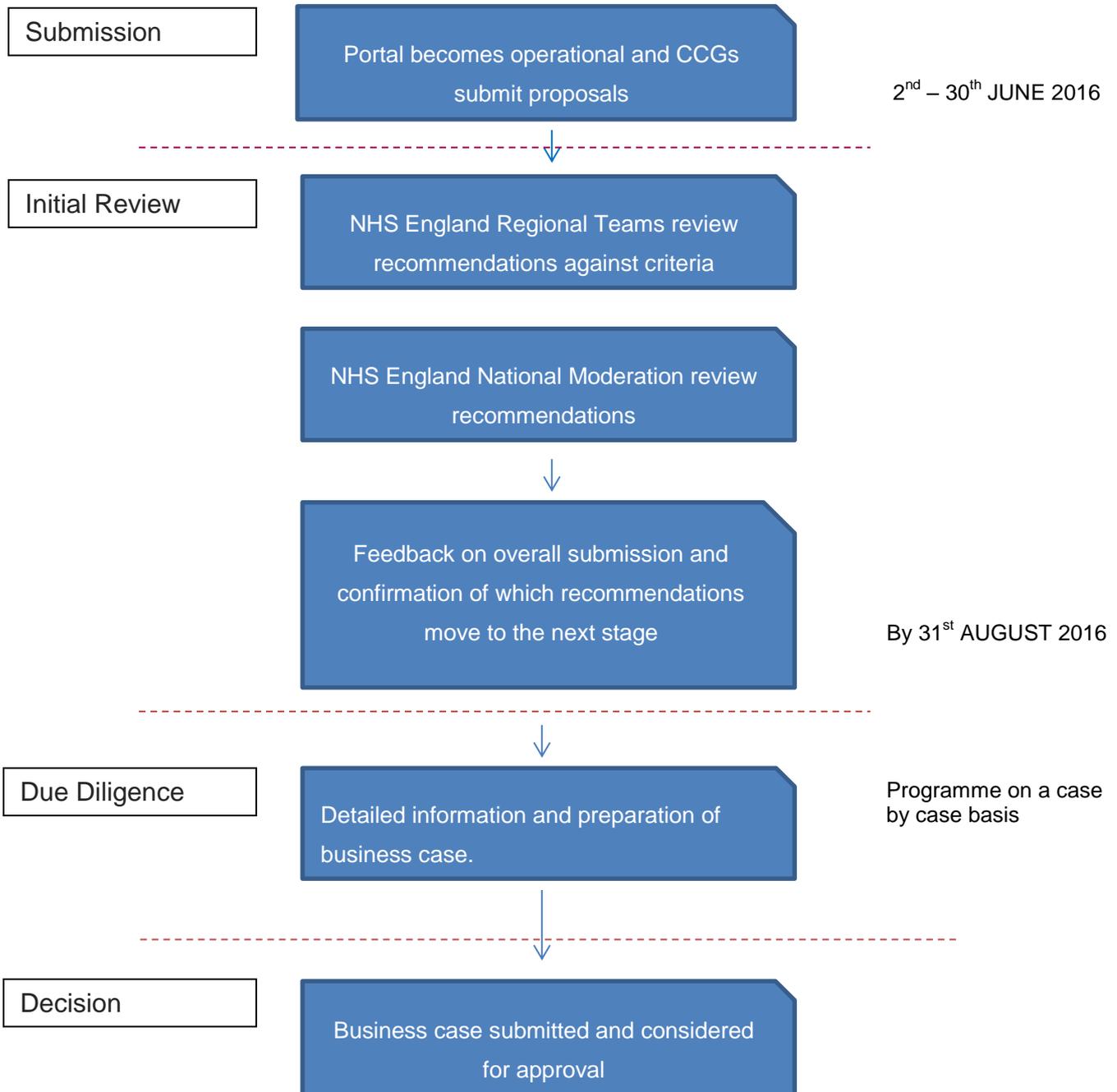
4 For investment in information technology projects

4.1 The development and improvement of IT infrastructure is a fundamental building block to transforming care and providing primary care at scale.

4.2 CCGs will continue to receive funding to deliver the requirements set out in Securing Excellence in GP IT Services published in April 2014. . The budget has been increased by 18.5% in 2016/17. The recent announcement of £4.2bn technology funding to underpin the delivery of 'National Information Board: framework for action', will be used to enhance national assets and help general practices deliver patient online digital services efficiently.

4.3 We expect that CCGs will submit technology related recommendations which deliver benefits across the four Core Criteria and are aligned with the CCG's local Digital Roadmap and Personalised Health and Care 2020 (published by the National Information Board and Department of Health). Favourable consideration will be given to those recommendations which work at scale for a larger population, rather than simply for individual small practice populations. A number of examples of potential technology projects are set out below:

   i. IT infrastructure investments which enable the public to have better access to services that link to the achievement of seven day primary care services, convenient to the patient's work and family life

   ii. Enabling patients to have digital access to their practice, through the use of apps which allow them to make appointments, receive phone backs and access their full medical record

   iii. Enabling new channels for consultations with a GP; for example, via telephone, using email, webcam or instant messaging, where deemed to be appropriate and clinically safe

   iv. Offering a 'click and collect' or 'click and deliver' service for repeat prescriptions, all being trackable online by the patient

   v. Telehealth devices being made available to patients to test and undertake diagnostics then upload to GP for consideration. Telecare and healthy living apps which enable patients to monitor and manage their health or live independently without having to visit their GP surgery as often

vi.   GPs visiting patients at home, care homes, or other care settings, having access to systems they would have if they were in their own practice building

vii.   Hospital referrals, prescriptions, test results, discharge summaries and clinical correspondence being sent electronically

4.4   All grant funding for technology projects should comply with relevant NHS England on Primary Care Digital technology at [capital guidance on digital technology](#)

5   Overall process map

5.1   The submission and approval process will be as follows.

| Submission | Portal becomes operational and CCGs submit proposals | 2nd – 30th JUNE 2016 |

| Initial Review | NHS England Regional Teams review recommendations against criteria | |

NHS England National Moderation review recommendations

Feedback on overall submission and confirmation of which recommendations move to the next stage — By 31st AUGUST 2016

| Due Diligence | Detailed information and preparation of business case. | Programme on a case by case basis |

| Decision | Business case submitted and considered for approval | |

6 Criteria for inclusion as an Estates and Technology scheme

6.1   As we set out in October 2015, all CCG recommendations, whether premises or technology related, will be considered against a number of Core Criteria, which are set out below. CCGs should demonstrate how improvement in access to care is at the heart of recommendations.

   i.   Improved access to effective care

   ii.   Increased capacity for primary care services out of hospital

   iii.   Commitment to a wider range of services as set out in the CCG's commissioning intentions to reduce unplanned admissions to hospital

   iv.   Increased training capacity

6.2   NHS England will normally give priority to those recommendations which will deliver the greatest benefit across these Core Criteria, with particular weight given to those recommendations that contribute to improvements in extended access to effective care.

6.3   In addition, all recommendations must satisfy the additional criteria set out in the Assessment Criteria document, as advised below. The criteria used to assess premises infrastructure investment are different to those that will be used to assess IT infrastructure development.

6.4   CCGs will need to describe how recommendations for premises improvements or developments accord with their Local Estates Strategy. High quality strategic estates planning is fundamental to maximising the benefits available from effective use of the programme. Commissioners will need to support the revenue premises costs associated with these schemes.

6.5   In relation to technology recommendations, CCGs should demonstrate they have taken into account the principles set out in Harnessing the Information Revolution. These recommendations should accord with the CCG's developing Local Digital Roadmap and Personalised Health and Care 2020: A Framework for Action published by the National Information Board and Department of Health.

7   Information required for Submission in June 2016

7.1   In order to be in the best position to make effective and successful submissions in June 2016, CCGs should now be collating the information to support their recommendations.

CCG overview

7.2   CCGs will be asked to provide a copy of their Local Estates Strategy and Digital Road Map in support of the scheme applications. They will be asked to summarise the main aspects of these plans which are specifically relevant to support the submitted estates and technology recommendations. CCGs will also be asked to provide basic demographic data.

8   Specific Information – Premises or Development

In relation to **premises improvement or development** recommendations, the following information should be provided wherever possible:

8.1 Base data

   i.   Scheme location
   ii.   Project Sponsor / Lead Practice
   iii. Details of affected practices, including practice profiles (e.g. list size, ownership structure, range of services, etc.)
   iv.   Current recurring premises costs reimbursement
   v.   Ownership and tenancy arrangements of affected practices.
   vi.   Scheme priority

8.2 Scheme details

   i.   Outline description of proposed improvement or development
   ii.   Benefits for patients and clinicians:
         a. improving extended access to effective care;
         b. increased capacity for primary care services out of hospital;
         c. commitment to a wider range of services as set out in your commissioning intentions to reduce unplanned admissions to hospital; and
         d. increased training capacity.
   iii. Project readiness (this information will be used to help prioritise developments, although recommendations which are at early stages may still be supported in principle)
   iv.   Whole-life project cost estimates
   v.   Long term affordability considerations
   vi.   Consideration of achieving productive use of the premises
   vii. Consideration of procurement proposals
   viii. Ownership and/or tenancy arrangements on completion
   ix.   Expected start date and end date of construction
   x.   Engagement with stakeholders to date (including practice engagement)

xi.   Consideration of risks to delivering the development within timescales and budget
xii. Progress in achieving necessary consents (e.g. planning, building regulations and/or landlord's consent).

8.3 Strategic context

i.   How does the recommended scheme meet the additional prioritisation criteria
ii.   How does the recommended scheme relate to the Local Estates Strategy
iii. How does the recommended scheme contribute to the CCG's commissioning plans for patients
iv.   Which schemes are linked or dependent on each other
v.   How will the development be able to adapt to changing healthcare needs and models of care in the future.

9   Specific Information – Technology

For **technology** recommendations, the following information will be required:

9.1 Base data

i.   Proposed location
ii.   Details of affected practices, including practice profiles
iii. Current system details or ways of working.

9.2 Project details

i.   Outline of proposed IT project
ii.   Benefits for patients and clinicians (as above)
iii. Project readiness (as above)
iv.   Project reliance on any other investment schemes
v.   Whole project cost projections
vi.   Long term affordability estimates
vii. Proposals to secure value for money
viii. Procurement and implementation proposals
ix.   Progress to date
x.   Engagement with stakeholders to date (including practice engagement)
xi.   Project specific delivery risks
xii. Information governance implications
xiii. Necessary consents (e.g. landlord's consent).

9.3 Strategic context

i.   Delivery against IT project criteria
ii.   How does the recommended scheme contribute to Sustainability and Transformation Plans

10   Estates and Technology Transformation Fund - Assessment criteria

Core Criteria for all CCG recommendations for estates and technology schemes - Tested at Initial Review Stage

Core criteria	Description
All proposals will be assessed against the four Core Criteria set out below	
Enabling <u>extended</u> access to effective care	The types of CCG recommendation that might satisfy this requirement are as follows: • Premises extensions or improvements, that will facilitate access to services outside core hours • IT projects, that will facilitate remote consultations • IT projects, which allow improved integration between providers and, as a result, promote extended access • New premises developments, which are designed and operated in a manner that provides extended access to patients. This list is illustrative only and NHS England hopes that many other innovative proposals will be brought forward for consideration.
Increased capacity of clinical services out of hospital	The relevant CCG recommendation must contribute to increased capacity of clinical services outside of hospital settings. This may mean the addition of capacity for a service currently provided out of hospital or the transition of a service from a hospital to a primary care setting. The addition of capacity for an existing out of hospital service may be driven by population growth, changing population demographics, to support new care models or for other reasons. Recommendations may include schemes to expand physical space or increase capacity through innovative technologies.

	CCG recommendations must reflect developments that, in the main, support investment in general practice services.
Increased training capacity	The number of doctors, community nurses and other primary care staff in training will need to increase in the coming months and years to build the workforce. The Estates and Technology Transformation Programme represents an opportunity to invest in the infrastructure that will support that expansion of training.

In order to satisfy this requirement, the relevant CCG recommendation must lead to an increase in functional training capacity for GPs or other staff who are supporting or providing primary care. We are aware that the ability of many practices to support training and development is constrained by the practice premises or the available IT. The increase in training capacity brought about by a particular recommendation must be proportionate to the value of the investment.

This could be to improve facilities in practices which are already training practices or enable practices to become registered training practices. |
| Enabling access to wider services as set out in commissioning intentions to reduce unplanned admissions to hospital | The NHS must take decisive steps to break down the barriers in the way in which care is provided between family doctors, community services and hospitals, between physical and mental health and between health and social care. As well as supporting increased capacity of clinical services out of hospital, the Estates and Technology Transformation Programme will be used to facilitate access to wider services more generally.

In order to satisfy this requirement, the relevant CCG recommendation must lead to or enable the provision of a wider range of services to NHS patients in out of hospital settings. Examples of the types of project which might satisfy this requirement are as follows:

- premises extensions, developments or improvements, which allow co-location of a wider range of services to contribute to the prevention agenda and wider community well-being; or

- IT projects which allow general practice to deliver a wider range of services to patients via, for example, Skype, telehealth or other electronic systems. |

Additional criteria for estates schemes – Tested through the Due Diligence assessment stage

In addition to Core Criteria, for all premises recommendations CCGs should demonstrate that the following criteria will be satisfied	
Patient involvement and engagement across the health economy	For the purposes of the initial submission and assessment, CCGs will need to demonstrate that they have considered and taken steps to involve patients and engage communities. For those recommendations which are supported in principle and progress towards formal approval, CCGs will need to demonstrate full patient and public engagement.
Consistent with Local Estates Strategies	CCGs should be able to demonstrate a link between the recommended scheme and their plans for commissioning services for patients in the future. CCGs are developing Local Estates Strategies which will link commissioning plans with estates requirements. CCGs will be required to explain how the recommended schemes will deliver longer term plans.
Clear identified need	There must be a clear and properly identified need for the particular recommendation and expected benefits, which should be adequately demonstrated in the CCG's submission. Part of demonstrating a clear identified need will be demonstrating the way in which new or improved infrastructure will be used.
Deliverable within the programme timeline	It is the intention that schemes accepted onto the Estates and Technology Transformation Programme will be delivered by the end of March 2019. CCGs should demonstrate an initial plan for project delivery, which should include consideration of the skills, expertise and leadership that will be required for successful implementation of the recommendation.
Sustainable in the long term	All CCG recommendations must be financially sustainable in the long term. CCGs must submit evidence that they have considered long term financial sustainability as part of their own approval process. It is acknowledged that a full financial analysis will be carried out when full valuations have been completed.

Flexible to changing healthcare delivery patterns	Healthcare delivery patterns change from time to time. CCGs should provide evidence that they have considered the way in which each of their recommendations, once implemented, might be future-proofed so it can be used flexibly and adapt to future healthcare delivery patterns.

Additional criteria for technology schemes - Tested through the Due Diligence assessment stage

In addition to Core Criteria, for all technology recommendations CCGs should demonstrate that the following criteria will be satisfied	
Demonstrates alignment with the Local Digital Roadmap, Personalised Health and Care 2020 – A Framework for Action and NHS England's Five High Impact Changes	The Five Year Forward View identified harnessing the information revolution as a key enabler to securing a sustainable NHS. By 2020, health and care professionals will be operating paper free at the point of care. This vision developed by the National Information Board was outlined in Personalised Health and Care 2020 – A Framework for Action. CCGs should be able to demonstrate a link between the recommended scheme and their plans for being paper free at the point of care in 2020.
Demonstrates that the CCG has considered Information Governance (for example all participants have or will comply with Information Governance Toolkit Level 2 and the proposal will include privacy impact assessment and an IG workstream).	The Information Governance Toolkit draws together the legal rules and Department of Health policy on information governance and presents them in in a single standard as a set of information governance requirements. Good information governance is essential to demonstrate that healthcare commissioners and providers can be trusted to maintain the confidentiality and security of personal information. All IT recommendations must include a requirement for privacy impact assessment and an IG workstream – demonstrating that information governance issues will be addressed and a commitment to comply with Information Governance law and policy.
Clear identified need	There must be a clear and properly identified need for the particular recommendation and expected benefits, which should be adequately demonstrated in the CCG's submission. Part of demonstrating a clear identified need will be demonstrating the way in which new or improved infrastructure will be used.

Deliverable within the programme timeline	It is the intention that schemes accepted onto the Estates and Technology Transformation Programme will be delivered by the end of March 2019. CCGs should demonstrate an initial plan for project delivery, which should include consideration of the skills, expertise and leadership that will be required for successful implementation of the recommendation.
Sustainable in the long term	All CCG recommendations must be financially sustainable in the long term and CCGs should submit evidence that they have considered long term financial sustainability as part of their own approval process.
Demonstrates a process for monitoring, measuring and evaluating expected benefits.	Monitoring, measuring and evaluating are essential phases in the implementation of a successful IT project. They must be planned at project initiation and CCGs should demonstrate that they have given consideration to the manner in which their recommendations will be monitored, measured and evaluated against the expected benefits.
Consistent with primary care commissioning plans	All investments in information technology infrastructure must be consistent with, and support delivery of, the relevant CCG's primary care commissioning plans and emerging priorities for Sustainability and Transformation Plans.
Evidence of patient involvement and engagement across the local health economy	NHS England is committed to working and engaging with patients, carers and the public. Ensuring that people's views are heard at all levels and across all parts of the healthcare system is essential for creating and delivering better health and care services. As a result, CCGs will need to provide evidence that there has been or they are committed to patient involvement in technology projects and wider stakeholder engagement.

11 Additional Resources

[Five Year Forward View](#)

[GP Forward View](#)

[NHS England Business Plan 2016-2017](#)

[Delivering the Forward View – NHS Planning Guidance 2016/17 – 2020/21](#)

[Local Estates Strategies: A Framework for Commissioners](#)

[The National Health Service (General Medical Services – Premises Costs) Directions 2013](#)

[NHS England Digital (IT) Capital Guidance](#)

[Harnessing the Information Revolution](#)

[Local Digital Roadmaps](#)

[Estates and Technology Transformation Programme: Frequently Asked Questions (FAQs) - April 2016](#)