Service and Estates Toolkit launch - Q&A

Question
How do I access the toolkit?

Answer
https://shapeatlas.net/pcntoolkit/

As new versions are created, they will be available on SHAPE. Therefore, we do not propose to issue the toolkit any other way at present.

Question
What to do if there are any issues accessing the toolkit on SHAPE?

Answer
Please email PCNToolkit@communityhealthpartnerships.co.uk

Question
Who is funding the 'toolkit'?

Answer
NHSE/I have funded production of this toolkit.

Question
How long is it expected it will take for PCNs to complete the steps in the toolkit?

Answer
In the high-level plan, we have outlined a 4-month plan.

This is not a job for one and it is not expected to sit with the PCN Clinical Director, we suggest that you agree a core team to coordinate the work as outlined in Section 1b including interactions with other partners for their expertise, insight and ideas.

The exact timescale will depend on the current situation in your PCN, whether you have already started work on population health-led care model design including consideration of future workforce and digital requirements or if you are starting on this journey.

You may also have some work underway for example to consider the pressure the ARRS roles have on your current estate including possible interim solutions, so the time it needs to complete a full Service and Estates Plan may be as short as 3 months or as long as 6 months.

The toolkit is guidance around the approach you could take, you can reflect and adapt it according to your local needs.

Question
Estates is not in our remit as Clinical Directors, is it likely to be a mandate?

Answer
PCN clinical directors have a role in the decision making and the approval process for investments in localities, including ensuring proposed estates solutions will best support your clinical direction.

Question
How will PCNs be supported with this work?

Answer
We acknowledge that specific expertise including estates experience and knowledge, familiarity with SHAPE etc is required to support this work. Each PCN/Place should initially look at the available resources that could be utilised to support practices to develop this work, for example estates experience which may sit within the current CCG structures.

At a NHSEI level, the capacity to financially support PCNs with this work is being explored.

Question
We have been engaging PCNs for the last 12 months and a number have drafted PCN estates strategies and future operating model (clinical priorities) with subsequent investment business cases being approved. Is there an expectation this toolkit supersedes existing strategies, or can this be used to compliment instead of completely redrafting already completed ones?

Answer
The toolkit has been developed as a guide share best practice and compliment any work you have started; it is not a replacement and you will not be expected to duplicate any of the steps.

Question
Has any PCN used the toolkit and produced a "good" strategy to support dis/investment to date - be good to share what a "good" strategy looks like. A "PowerPoint template" was referenced - that sounds helpful and should make it easier for PCN.

Answer
The power point template is the proposed output of the toolkit, it provides a suggested structure for your Service and Estates Strategy.

We hope to provide some 'good' worked examples over time, via the SHAPE PCN Toolkit page, subject to PCN/Place agreement.

Question
Are 'existing' services - PCN services or wider health services?

Answer
Existing services covers services provided by the PCN practices individually and collectively, in addition we suggest you consider other health and care services that address population health needs within your footprint (co-located or in the community).

Question
What do you mean by 'future' services - at PCN level? or wider?

Answer
The future services that are planned across your footprint to address population health needs, starting across PCN but likely to extend further, involving wider partners.

Question
Is the suggested approach to combine the PCN work to build a picture across the patch / Place?

Answer
PCNs may progress at different rates but yes, Places may opt to collate the PCN plans to produce a full picture - we will be preparing another template for this, we will announce via SHAPE as soon as this is ready.

This will support a full understanding of the challenges and opportunities for PCNs to perhaps share space etc.

Question
Would this be required per ICS, potentially requiring a number to be completed per trust; or a combined document covering all PCN's?

Answer
One Service and Estate Plan per PCN, we are developing a document to combine multiple PCN plans into a Place overview.

Question
Will Core/Flex/Tail (see definitions within Section 2b) be rolled out to ICS Estate as a whole?

Answer
Systems are expected to update and refresh their Estates strategies in 2022. As part of that there will be a requirement for categorisation of all estate as Core/Flex/Tail - through assessment of the quality and condition of each building.

This identifies the need for investment within a particular area and it helps the system to prioritise allocations for future capital investment.

Question
Is the Core Estates review for the PCN to complete?

Answer
A lot of the Core Estate data is already available from the Primary Care Data Gathering (PCDG) exercise and so when it is downloaded from SHAPE a review is required for most data fields rather than PCNs having to hunt the data down.

Question
Could you give an update on the primary care data gathering programme and the survey feedback?

Answer
Nationally, the regional collection of data has been undertaken and every single area across the country is currently completing or has completed their GP engagement. The completion of the survey was on hold due to Covid-19 and has now resumed for delivery through to March/April 2022 where the additional surveying data will be uploaded to your existing datasets.

Question
How can we view the data analysis and outputs on the SHAPE platform?

Answer
For the PCDG SHAPE Atlas:
- CCG level access – CCG colleagues will be able to see the data for the geographical area at various levels of data access and editing. Through shape, click this link: https://shapeatlas.net/pcdg/**. Access is controlled at CCG level via a user access template. Please approach your relevant CCG colleagues to request approval for access request if not already in place.**
- PCN level access – GP Partners can see their own data directly, PCNs will be able to see the base data for all the GP practices within the PCN. Through shape, click this link: https://shapeatlas.net/pcdg/

For pre-populated template requests:
- CCG level access – We are building in the ability to request this level of pre-population directly within the page however to access the CCG templates in the meantime, please email PCNToolkit@communityhealthpartnerships.co.uk.
- PCN level access – Individual Pre-populated PCN templates can be requested here: **PCN Service and Estate Planning Toolkit | SHAPE (shapeatlas.net)**

Question

Are the templates available to wider organisations such as Integrated Care Systems (ICS)?

Answer
Access to the templates is permissible through the CCG leads who can request access to wider partners as required. If you have a query about this, please email PCNToolkit@communityhealthpartnerships.co.uk

Question
What about the assessment and measurement of clinical resource capacity planning / skills / gaps, contracts management, DSAs, to ensure the networks can manage? How does this PCN/Place-based level offer link with acute 'left shift / care closer to home' plans? Linking digital programs whilst simultaneously assessing what is already in place is a massive task and a must if you are to manage the improvement of the estate, space, NZC, patient flow / outcomes etc. who is doing this, and will they articulate the 'art of the possible' regarding digital innovations?

Answer
All of the issues raised in this question are important for how you plan your estate. The toolkit doesn't aim to specify all dimensions or considerations for planning your estate but it is important that your plans reflect local system plans, priorities and opportunities.

The potential of digital opportunities is constantly changing both in terms of patient care and impact on estate requirements. For some digital tools, suppliers may have evidence of impact on estates. The NAPC Digital programme supports Places to look at digital solutions that have the potential for improving population health. Please get in touch for more details.

Capacity is very important. Workforce considerations / capacity considerations come from the PH need. Re links to wider systems changes, ideally the PCN level plan and the system plan reflect each other but recognise that different systems are at different stages. Re Digital, with another hat on (from our NAPC Digital Programme) yes even having sight of the digital tools available / looking at the art of the possible is a huge challenge which we are trying to support people to overcome.

Question
Every PCN in the country will need to increase their estates. The probability of me getting additional estates is low. Is there a way of identifying whether starting this game is worthwhile?

Answer
PCNs have lots of ARRS to accommodate, optimisation of existing estate and thinking creatively (to use other space in community i.e., for social prescribers etc.) is key in the absence of significant capital investment.

The toolkit provides a framework to support these discussions and exploration of new and innovative ways to deliver care through your estate which may be of use, outside of identification for capital investment. Additionally, it enables the evidence-based argument in readiness for when capital and additional revenue bids may become available to enable swift response.

Question

There are so many things that need to happen that will have an effect on the level of estate along with digital that seem to be being thought about. One of those key things is that of digitising records. How do we progress this and make sure we can then get premises into the three groups without having to revisit due to the lack of progress on national decisions/policy?

Answer

Digital plays an important part in estates in regard to the pathways and the data behind the planning. The programme has an aim to hit the digitisation of records by the next financial year. Coordinate with your chief data officers or contact your local strategic estates lead to direct you to the appropriate person.