

# Primary Care Estates Prioritisation Criteria

June 2025



Trust



Respect



Integrity



Accountability



Care and  
Compassion

# Prioritisation Criteria – Primary Care

Evidence-based criteria which will be used to prioritise the Primary Care Estates pipeline.

## LEVEL OF NEED (based on national PCN Prioritisation Matrix, SHAPE Atlas)

COMMUNITY HEALTH NEED	COMMUNITY DEMOGRAPHICS	STATE OF THE ESTATE
12.5%	10%	22.5%
Red – 12.5 points Amber – 7.5 points Green – 0 points  Indicators relating to prevalence of: Cancer, CHD, COPD, Dementia, Depression, Diabetes, Learning Disabilities, Mental Health, Obesity and Stroke & TIA <ul style="list-style-type: none"> <li>Number of patients per wte primary medical care clinician</li> <li>Travel times to urgent care services</li> </ul>	Red – 10 points Amber – 5 points Green – 0 points  Indicators relating to: <ul style="list-style-type: none"> <li>IMD for GP Contractual Area</li> <li>Ethnic Minorities</li> <li>Registered patients ages 65+ proportion</li> <li>Population growth in last 4 years</li> <li>Life expectancy at birth</li> <li>Rurality index</li> </ul>	Patients per m <sup>2</sup> NIA: >30 – 17.5 points 23.4-30 – 12.5 points 18-23.3 – 7.5 points <18 – 0 points  AND  Building age & condition > 60 years and/or evidence of poor building condition impacting on quality/performance of patient care – 5 points

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## ACHIEVABILITY AND VALUE OF PROPOSED SOLUTION

AFFORDABILITY	VALUE FOR MONEY (VfM)	DELIVERABILITY	RESILIENCE & SUSTAINABILITY	WORKFORCE DEVELOPMENT	QUALITY OF PATIENT EXPERIENCE
15%	10%	7.5%	7.5%	7.5%	7.5%
<p>Direct revenue impact (rent &amp; rates) is cost-neutral / net saving to ICB –15 points</p> <p>OR</p> <p>Low direct revenue impact (&lt;£50k p.a. for first five years) –10 points</p> <p>OR</p> <p>High initial direct revenue impact but with expected reducing costs in future years, which will increase affordability –5 points</p> <p>High direct revenue impact to ICB (&gt;50k p.a.) –0 points</p>	<p>Revenue impact significantly offset by S106 / other opportunity enabling good VfM AND/OR</p> <p>Improves utilisation (and VfM) of existing asset –10 points</p> <p>OR</p> <p>Evidence that scheme will directly support delivery of service transformation expected to deliver cash-releasing benefits to system to support revenue impact (e.g. new approaches to urgent care delivery, prevention/PHM, LTC management) –7.5 points</p>	<p>Scheme is part of wider development (e.g. housing development), with professionals on-board and significant resources available to support delivery –7.5 points</p> <p>OR</p> <p>Enabling funding available to support appointment of professionals to support delivery –5 points</p>	<p>Expected to help to prevent situation arising which would cause a risk to patient continuity of care/ safety –7.5 points</p> <p>OR</p> <p>Enables a more efficient &amp; resilient business model (e.g. supports practice merger, co-location of operational/ clinical teams) –7.5 points</p>	<p>Directly supports continuation/ expansion of practice/ PCN training role (as confirmed by Workforce Team) –10 points</p> <p>OR</p> <p>Evidence scheme will directly support recruitment/ retention issues –7.5 points</p>	<p>Scheme will improve quality and safety of patient experience through improved service accommodation, e.g. will improve compliance with HBNs/HTMs, Equality Act, CQC –5 points</p> <p>AND/OR</p> <p>Evidence scheme will directly support continuation of high achievement/ improvements for patient access (e.g. practice workforce and service improvement plan for utilising any additional premises capacity to increase appointment availability / extend opening hours.) –5 points</p>