Lothian NHS Board

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Date 20 August 2026
Our Ref 11724

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Dear

FREEDOM OF INFORMATION – EAST CALDER MEDICAL PRACTICE

I write in response to your request for information in relation to East Calder Medical Practice.

Question:
Under the Freedom of Information (Scotland) Act 2002, I would like to request the following information relating to the healthcare capacity and planned investment for East Calder Medical Practice:

1. Current registered patient list size at East Calder Medical Practice, and projected patient list size up to 2028.
2. Current FTE GPs at East Calder Medical Practice.
3. Current floorspace/ gross internal area of East Calder Medical Practice.
4. The assessed maximum capacity of the existing East Calder Medical Practice building.
5. Any business cases, options appraisals, feasibility studies, or investment plans produced since 2021 relating to: Expansion of the existing practice; and/or a new, purpose-built health centre.
6. Current status, programme milestones, or reasons for delay (if applicable) relating to the delivery of a new or expanded healthcare facility.

Answer:

I am advised that NHS Lothian has no correspondence in relation to a new health centre at East Calder. Announcements in the recent budget confirm the ongoing primary and community care infrastructure investment programme that is being developed by Scottish Government for construction from 2029/30. Detail on this is to be provided in due course by Scottish Government. We also understand that in terms of capital that three initial pilot sites (one of which is East Calder and East Livingston) and nine subsequent first phase projects within primary and community care were identified for infrastructure investment across NHS Scotland. Again, we await further detail on this.

The Initial Agreement for the programme is attached.

Below are links to previous Freedom of Information responses in relation to this:

- 6638 - https://org.nhslothian.scot/foi/wp-content/uploads/sites/22/2023/03/6638.pdf
- 7954 - https://org.nhslothian.scot/foi/wp-content/uploads/sites/22/2023/10/7954.pdf
- 8368 - https://org.nhslothian.scot/foi/wp-content/uploads/sites/22/2024/04/8368.pdf

- 8416 - https://org.nhslothian.scot/foi/wp-content/uploads/sites/22/2024/04/8416.pdf
- 9586 - https://org.nhslothian.scot/foi/wp-content/uploads/sites/22/2025/02/9586.pdf
- 11145 - https://org.nhslothian.scot/foi/wp-content/uploads/sites/22/2026/03/11145.pdf

I am sorry I cannot help further with your request.

If you are unhappy with our response to your request, \you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: https://org.nhslothian.scot/FOI/Pages/default.aspx

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing
Cc: Chief Executive

Primary Care Programme Strategic Initial Agreement

Project Sponsor: Jenny Long, Director of Primary Care

Date: 11/09/23

Version: 6.0

Contents

1 Executive Summary

1.1 Purpose

The purpose of this Initial Agreement is to set out the priorities for a programme of investment to improve access to General Medical Services (GMS) and Primary Care Services (PCS) across Lothian. It details the areas that require investment, in the main due to both historic and planned housing development and the corresponding population growth.

1.2 Background and Strategic Context

The Initial Agreement primarily concentrates on the need to provide both GMS and PCS services for those that have or will be moving to new dwelling places across Lothian.

The development of this Initial Agreement has been undertaken jointly with the Health and Social Care Partnerships in East Lothian, Edinburgh, Midlothian and West Lothian. The Initial Agreement identifies the future required investment to deliver the strategic aims and ambitions of the programme. The individual priorities identified in the programme are likely to be delivered as a series of individual projects.

The four HSCP's have all developed Primary Care Premises Strategies (Appendix 1) which have been used to inform this Initial Agreement.

1.3 Need for Change

We have a statutory duty to ensure everyone can be registered with a GP practice. There are current challenges in certain areas, particularly South East Edinburgh, for patients wishing to register with a GP practice.

This is largely due to increases in population, and the increased demand on general practice services that this growing population presents, which is the main driver for change for this strategic investment appraisal. The current total Lothian patient list size is 1,020,000. This has risen from 864,000 in the last 15 years – an increase of 156,000 or 18%. That equates to the equivalent of approximately 21 additional practices (based on the Scottish 2023 average list size of 7,200). However there have been no new additional practices in Lothian and existing practices have grown their lists to accommodate population increases.

This has put pressure on the existing GP and Primary Care estate and the services that work from this estate. There is now very limited flex to accommodate new population growth and a number of practices in recent months have formally closed their lists to new patient registrations. These measures are not taken lightly but are essential to ensure these practices can maintain safe delivery of care.

There is further planned housing development over the next 10 years with the National Records of Scotland (NRS) forecasting a further increase of Lothian's population by 91,000. This is further impacted by the change in demographics and with the increase in the older population. This means that just over 80% of Scotland's total population growth will be within the Lothians.

In addition to the population changes, other drivers for change include the implementation of the 2018 GMS Contract which has resulted in the requirement to accommodate a larger wider Primary Care multi-disciplinary team within general practice premises. Plus the National Code of Practice for GP Premises, which was agreed as part of the 2018 contract, sets out a new model where GP Practices will no longer

be expected to provide their own premises and a transition needs to take place over the next 20 years for GP premises to be NHS board owned or leased.

In summary, additional GMS and PCS premises infrastructure is urgently required to ensure that the existing and new population will be able to access these services, and we can continue to fulfil our statutory obligation of ensuring Lothian residents can register with a GP practice.

1.4 Investment Objectives

The investment objectives that this programme seeks to achieve are to:

- improve and sustain service arrangements to respond to the demands of the known significant population growth
- enable delivery of the Primary Care Improvement Plans (enhancing general practice multi-disciplinary team) to meet the requirements of the new GMS contract
- develop and improve physical estate to increase capacity
- facilitate an increase of the number of patients registered with Lothian Practices
- develop and improve physical estate as well as service models

1.5 The Preferred Option

The preferred option is to develop the programme of priorities and bring forward individual Outline Business Cases for these priorities.

1.6 Readiness to proceed

NHS Lothian, through the four Health and Social Care Partnerships, are ready to proceed with this programme and are committed to ensure the necessary resources are in place to manage it. Section 5.3 below details the project management arrangements and Section 5.2 outlines the governance support and reporting structure for the proposal.

1.7 Conclusion

There is a need for additional general practice premises infrastructure to accommodate the existing and growing population and to ensure that all Lothian residents can register with a general practice, and access services.

The priorities identified by the four HSCPs and prioritised on a pan-Lothian basis are the minimum that is required to develop and grow the services to meet the demand.

2 The Strategic Case

2.1 Existing Arrangements

There are currently 118 GP Practices working out of 98 premises across the four HSCP areas. These are a mixture of NHS owned, GP Practice owned and leased premises. The table below shows the split of the GP practices and premises across the four HSCPs.

Table 1: Split of GP Practices

HSCP	No. of GP Practices	No. of GP Premises
East Lothian	15	10
Edinburgh	71	60
Midlothian	12	11
West Lothian	20	17
Total NHS Lothian	**118**	**98**

The 118 GP practices currently have a combined patient list size of 1,020,000. This has increased by 18% (based on October 2008 list size of 864,000) over the last 15 years. This equates to the equivalent of approximately 21 additional GP practices (based on the Scottish 2023 average list size of 7,200). However there have been no new additional practices in Lothian and existing practices have grown their lists to accommodate the population increases.

The population of Lothian is expected to continue to rise further over the next 10 to 15 years.

The table below indicates the National Records of Scotland's (NRS) projected population growth, from 2018 to 2034 for the four local authority areas within Lothian.

Table 2: Population projections in Lothian

HSCP	2018/19	2033/34	Projected Increase	% Increase
East Lothian	105,790	116,613	10,823	10.2%
Edinburgh	518,500	566,377	47,877	9.2%
Midlothian	91,340	109,707	18,367	20.1%
West Lothian	182,140	196,707	14,567	8%
Total NHS Lothian*	**897,770**	**989,285**	**91,515**	

*NRS Board area projection, not cumulative local authority projections

The projected increases above account for approximately 80% of the forecasted increase in Scotland. It is generally accepted that there is a disparity between the NRS projections and actual practice list size growth, with the practice list sizes being consistently higher (this is the same across all practices in Scotland).

In addition to the projected population growth the GMS and PCS services are also under growing pressure from the changing age profile of the population. Both the working age population and the pensionable aged population are projected to increase at a higher rate than the Scottish average. The table below gives a breakdown of the NRS projections for Lothian.

Table 3: Breakdown of population projections in Lothian

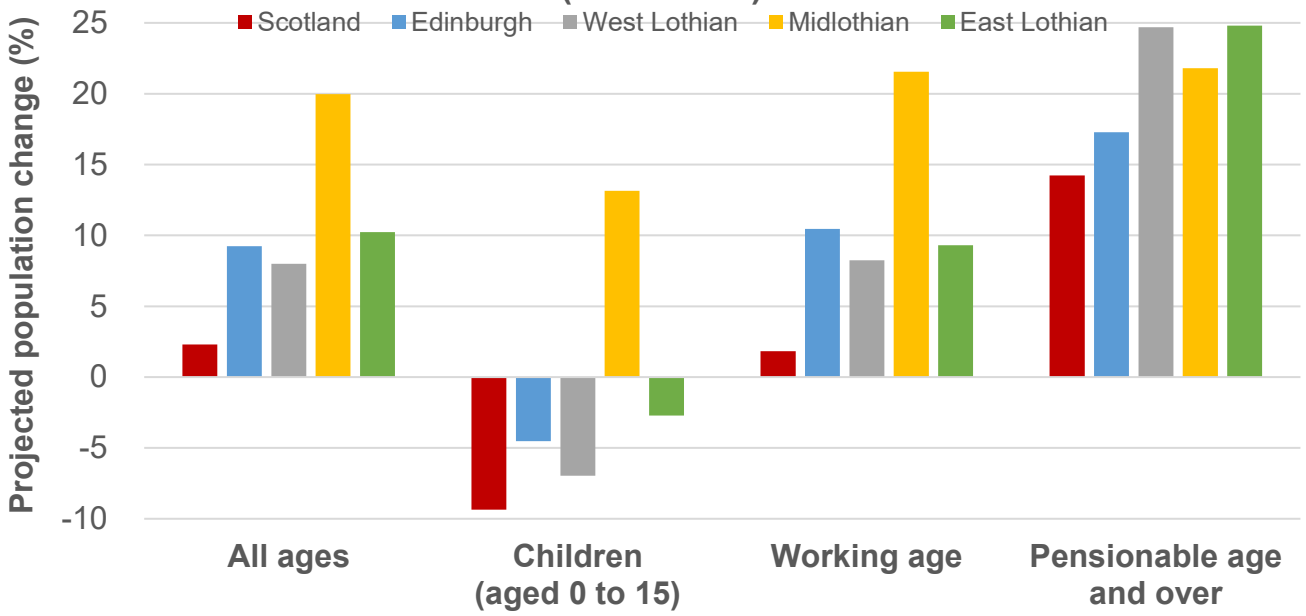
HSCP	0 to 15	Working Age	Pensionable Age
East Lothian	-526	6,053	5,296
Edinburgh	-3,550	37,826	13,600
Midlothian	2,313	12,193	3,742
West Lothian	-4,237	9,609	7,432
Total NHS Lothian*	**-4,237**	**65,680**	**30,072**

*NRS Board area projection, not cumulative local authority projections

The working age population is projected to rise by 11% across Lothian. This increase reflects migration to the region for study and work. The NRS projects net migration of over 57,000 into Lothian between 2018 and 2028, of which 45,000 are expected from oversees.

The graph below indicates the NRS projected population changes by age for Lothian compared to the overall national change:

Figure 3: Projected population change, by age (2018-2033)



East Lothian HSCP

East Lothian, with a practice list population of 117,000, has 10 premises providing accommodation for 15 practices. These range from new facilities such as Musselburgh Primary Care Centre to older facilities such as North Berwick Health Centre which does not meet current standards.

A number of GP Practices have, as a result of population growth, outgrown their premises. The practice population in 2008 was 101,000.

There has been some development of premises within East Lothian including the provision of the Musselburgh Primary Care Centre. However the majority of premises development over the last 15 years has been extensions and refurbishments to existing premises.

Edinburgh HSCP

Edinburgh, with a practice list population of 598,000, has 60 premises providing accommodation for 71 practices. The practice list population has increased from 485,000 in 2008.

A total of 7 new Primary Care premises have been provided over the last 15 years however these, along with the existing estate are reaching capacity.

Midlothian HSCP

Midlothian, with a practice list population of 102,000, has 11 premises providing accommodation for 12 practices. The practice list population has increased from 87,000 in 2008.

A total of 3 new Primary Care premises have been provided over the last 15 years. The majority of the estate in Midlothian is leased accommodation with most premises in their final 10 years of their leases.

West Lothian HSCP

West Lothian, with a practice list population of 203,000, has 17 premises providing accommodation for 20 practices. The practice list population has increased from 191,000 in 2008.

A total of 3 new Primary Care premises have been provided over the last 15 years. The majority of the estate in West Lothian is made up of traditional NHS health centres.

2.2 Drivers for Change

The principle driver for change is the significant increase in Lothian's population and specifically the increase in the practice list population across all four HSCPs.

The practice list population of Lothian has increased by c156,000 people between 2008 and 2023. This trend is expected to continue in with the implementation of the Local Development Plans in East Lothian, Midlothian and West Lothian and the Edinburgh City Plan 2030. These plans indicate a further c90k increase in the population by 2034.

Most of the growth to date has been absorbed into existing primary care provision but this cannot continue indefinitely, and most practices have reached their threshold. We currently have significant pressures for patients seeking to register as new patients, particularly in South East Edinburgh.

There is now very limited flex to accommodate new population growth, across Lothian, and a number of practices in South East Edinburgh in recent months have formally closed their lists to new patient registrations. These measures are not taken lightly but are essential to ensure these practices can maintain safe delivery of care. The list closures are dynamic – we have had a maximum of six practices with closed lists over the past six months, there are currently three practices with closed lists, and it is anticipated a further two will close their list imminently.

The need for change, for all the identified priorities, has been identified through the Strategic Assessments (Appendix 2) which have been carried out for each priority area. The general thread across all Strategic Assessments is that the existing practices, due to a mixture of limitations of physical capacity and workforce, are struggling to provide GMS services to the current population, let alone the significant additional population generated by the planned new housing.

The table below summarises the need for change, the impact it is having on present service delivery and why action is required now:

Table 4: Summary of the Need for Change

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now?
Further approved and planned house building on greenbelt and windfall sites will continue the rapid population growth	Sustained and increasing pressure on current practice populations from increasing prevalence of frailty, co-morbidities and mental ill health and areas of high deprivation	New House building has now been underway across Lothian for a period of 10-15 years resulting in a growing population that has largely been accommodated but has reached saturation point in the majority of areas Inability to meet Statutory requirement to enable GP registration Failure to respond now will likely increase acute hospital activity
Service is under strain as evidenced by requests from GP Practices to close or restrict their lists	Existing capacity unable to cope with current population growth and demand displaced elsewhere in the system	New population likely to include large numbers of families with babies and young children, an age group which are higher users of healthcare than the general population
Implementation of the new GMS Contract Scotland	Transformation of primary care services to meet the requirements of the new GMS contract Additional roles are being developed by the HSCPs to work in practice teams which requires additional working and clinical space for multi-disciplinary teams	New GMS contract came into effect on 1st April 2018, with time limited implementation for delivery of the Primary Care Improvement Plans to deliver the contract requirements to meet increasing patient facing activity for existing and new populations However, this has proved to be insufficient to meet the changing needs of the population

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now?
Long term sustainability of GP Practices and tenure of GP owned premises	GP Practices that own or lease their premises are having difficulties in replacing and appointing new partners, this is creating instability for provision of GMS GPs could sell premises creating further instability for provision of GMS	Opportunity to create long term sustainable premises for service delivery There is a Scottish Government Directive for NHS Boards to take over GP Leases
Some practices are operating from premises which prevent them responding to changing service needs	Premises have reached their maximum capacity through refurbishment and extension opportunities Some GP owned premises do not meet Statutory Compliance (eg. DDA, Sustainability) that cannot be altered due to their location / listed status	Practices are unable to respond to demand and increase capacity due to the limitations of their premises Inability to meet Scottish Government Net Zero Carbon targets
Inadequate facilities including building and IT infrastructure	IT development will help meet demand but there will always be the need for F2F assessments and the 20- minute neighbourhood will require those to take place in multiple sites	IT developments will enable and encourage new ways of working
Unable to maximise joint development opportunities that would give benefits of service integration	Potentially missing out on development opportunities with Local Councils / Authority Partners	Inability to achieve Scottish Government's desired way forward of joint facilities / community hubs Local Councils / Authority Partners unable to wait for NHS Governance and will potentially proceed on their own

2.3 Investment Objectives

The assessments of the existing situation and the drivers for change have been used to identify what must be achieved to deliver the changes required. These are defined as the investment objectives and are summarised in the table below:

Table 5: Investment Objectives

Effect of the need for change on the organisation	What has to be achieved to deliver the necessary change? (Investment Objectives)
NHSL will be unable to meet its statutory duty to provide access to primary medical services in and out of hours for its population	Improve and sustain service arrangements to respond to the demands of the known significant population growth and existing significant deprivation needs, ensuring easy accessibility
Inability to deliver the Primary Care Improvement Plan (PCIP) as required for implementation of the new GMS contract	Transformation of primary care services to enable delivery of the PCIP to meet the requirements of the new GMS contract
Instability of GMS provision due to physical limitations of existing premises and inability to meet SG Net Zero Carbon targets	Develop and improve physical estate to increase capacity and enable provision of new GMS Contract in line with PCIP Continue taking over GP Leases in line with Scottish Government Directive
Existing service arrangements unsustainable without increasing the size of the registered practice population.	Facilitate an increase of the number of patients registered with Lothian Practices
Instability of GMS Contract due to recruitment and retention	Develop and improve physical estate as well as service models to meet and enhance the wellbeing of staff in line with NHSL's Values

2.4 Benefits

Strategic Assessments (Appendix 2) have been completed by all four HSCPs, for all priorities within the proposed programme, these identifying the need for change, benefits of addressing these needs and their link to the Scottish Government (SG) five Strategic Investment Priorities of:

- Safe;
- Person-Centred;
- Effective Quality of Care;
- Health of Population;
- Efficient: Value and Sustainability

The above investment objectives and the SA have informed the development of a Benefits Register. As per the draft Scottish Capital Investment Manual guidance on `Benefits Realisation`, this initial register is intended to record all the main benefits of the proposal. A full Benefits Realisation Plan for each priority will be developed in the individual priorities Outline Business Case stage.

The key benefits to be gained from the proposal are as below:

- Ensure everyone is able to access timely, appropriate and relevant health and care services.
- Ability of the HSCPs to deliver the requirements of the 2018 GMS Contract.
- Increase integration through the creation of multi-service facilities.
- Improve the quality and condition of the estate and meet the 2030 Net Zero Carbon targets.

Category	Benefit	Strategic Investment Priority
Patients	Ability to access timely, appropriate and relevant health and care services within community setting	Person-Centred, Safe, Health of Population
	Equity of access and positive experience to primary health and care services, improving the service capacity and reducing restricted lists	Person-Centred, Safe, Health of Population
	Ensure everyone is able to register with a GP by increasing capacity	Person-Centred, Safe, Health of Population
Workforce	Deliver the requirements of the GMS contract. Ensure sustainability of general practice and provide high quality of care in the community	Effective Quality of Care, Person-Centred, Safe, Health of Population
	Increased integration through the creation of multi-service facilities.	Effective Quality of Care, Health of Population, Value & Sustainability
	Increase the ability to train GPs and other primary care practitioners.	Effective Quality of Care, Health of Population, Safe, Value & Sustainability
Sustainability	Improve the design quality and condition of the physical estate: attractive and comfortable environment enhances both patient and staff experience; compliant facilities attract new GP Partners	Person-Centred, Safe, Health of Population, Effective Quality of Care, Value & Sustainability
	Provide premises that meet the 2030 Net Zero Carbon targets	Value & Sustainability
	NHSL taking over GP Leases removes stress of building issues, increasing attraction of business model and giving greater security of building expenditure	Value & Sustainability

2.5 Strategic Risks

The table below highlights key strategic risks that may undermine the realisation of benefits and the achievement of the investment objectives. These are described thematically and potential safeguards and actions in place to prevent these:

Table 6: Strategic Risks

Theme	Risk	Safeguard
Business	Failure to provide GMS and PCS services to the population of Lothian	Work with partners to identify opportunities
	Inability to meet the required environmental sustainability conditions	Clear information communicated to design team on requirements
	Proposed developments not well received by patients and public	Clear communication and engagement plan
Scope	Scope of the programme exceeds deliverability	Clarity on scope, reduction of scope, management of expectation
Funding	Capital or revenue funding to deliver the project is unaffordable	Optimise resource usage Value engineering Cost certainty for individual OBC stages
Workforce	Insufficient workforce to meet the required capacity provision	Joint working by HSCPs and practices to facilitate required recruitment
External	Earlier impact and timing than projected of population growth	Monitor growth and work with practices to address interim measures

A register of strategic risks is included in Appendix 3. A full risk register will be developed for each priority as they progress to the Outline Business Case stage.

2.6 Constraints and Dependencies

The key constraints to be considered are:

- Availability of either capital or revenue funding may limit the ability to deliver the preferred solutions

The key dependencies to be considered are:

- Availability of suitable sites or alternative premises to deliver a timely solution
- Ability to create and sustain new practices to deliver GMS

3 Economic Case

3.1 Do minimum/baseline

It is not feasible to continue with the existing arrangements ('Do Nothing') as it does not address any of the strategic drivers for change and has the potential to cause instability to the existing services. A 'Do Minimum' option is therefore included as the baseline (as required by Scottish Capital Investment Manual guidelines).

The table below defines the 'Do Minimum' option including the requirements to implement this option.

Table 5: Do Minimum

Strategic Scope of Option 2 - Do Minimum	
Service provision	Continue with existing
Service arrangements	Existing GP practices with support for some capacity increase if possible
Service provider and workforce arrangements	Existing GMS provision – will require additional workforce to address any increase
Supporting assets	Limited physical alteration to existing premises to increase capacity if feasible
Public & service user expectations	Public and service users will expect full access to GMS, and require the ability to register with a GP in their local area

3.2 Engagement with Stakeholders

The table below summarises the stakeholders impacted by this proposal and the details of the engagement that has taken place with them to date and notes their support for this proposal.

Table 6: Engagement with Stakeholders

Stakeholder Group	Engagement that has taken place	Confirmed support for the proposal
Patients / service users	Engagement will be initiated with potential patients and service users when identified	Will be updated as individual Outline Business Cases progress
General public	Engagement will be initiated when a firm plan is in place	Will be updated as individual Outline Business Cases progress
Staff	At this stage no specific discussions have taken place with staff	Will be updated as individual Outline Business Cases progress
Key stakeholders and partners: Local practices Local councillors	Details of housing developments and population increase shared with all practices. Discussions on individual priorities have taken place with local practices and local councillors	Will be updated as individual Outline Business Cases progress

Further engagement with stakeholders will take place as the individual projects progress.

3.3 Long-listed Options

All four HSCPs have prepared Primary Care Premises Strategies (Appendix 1) which have been approved by the individual HSCPs. These strategies confirmed their priority areas and these have been categorised by NHS Lothian to determine their overall priority

Table 7: List of Priority Areas

Priority	HSCP	SA Score	NHSL Category
Danderhall / Shawfair*	Mid		A
East Calder*	West		A
Edinburgh SE Outer*	Edin		A
Liberton High School*	Edin		A
Maybury Primary School*	Edin		A
Meadowbank*	Edin		A
Leith Waterfront	Edin	23	A
Granton Waterfront	Edin	23	B
North Berwick	East	21	B
Leith Central	Edin	22	B
South Queensferry	Edin	22	B
Stockbridge	Edin	22	B
Rosewell / South Bonnyrigg	Mid	24	B
Barbauclaw (Armadale)	West	21	B
Winchburgh	West	19	B
Grange / Meadows	Edin	22	B
Morningside / Hermitage	Edin	22	B
Blindwells Phase 1	East	18	B
Haddington	East	18	C
Bangholm	Edin	21	C
Brunstane / Seafield	Edin	23	C
East of Millburn Tower	Edin	23	C
Sighthill	Edin	21	C
Whitburn	West	17	C
Howden	West	16	C
Wallyford	East	11	D
Blindwells Phase 2	East	18	D

*These projects are already currently in governance.

The definition of the categories assigned to each priority is as follows:

Category A – Essential / Needed now

Category B – Urgent

Category C – Important but not urgent (required in 5 – 7 years)

Category D – Currently not a priority (required in 10+ years)

Table 8: Long List of Options

Option	Description
1	Do nothing
2	Concentrate on increasing capacity in new population areas only with NHS only facilities
3	Concentrate on increasing capacity in new population areas only and maximise joint opportunities with public sector partners
4	Develop and improve existing estate in NHS only facilities to increase capacity
5	Develop and improve existing estate and maximise joint opportunities with public sector partners to increase capacity
6	Utilise new service delivery models to increase capacity in existing estate
7	Options 2 & 3 together
8	Options 2 & 6 together
9	Options 4 & 6 together
10	Options 5 & 6 together.

3.4 Short-listed Options and Preferred Way Forward

As this is a long term programme it is not possible, at this stage, to identify specific options for each priority. Therefore, the long list of option will not be reduced for this Initial Agreement.

The long list of options will be used for all priorities going forward and will be assessed, along with project specific options, in the individual Outline Business Cases.

3.5 Design Quality Objectives

The programme will use the Achieving Excellent Design Evaluation Toolkit (AEDET) to assess design quality throughout the procurement and design process for all individual projects and as part of the Post Project Evaluation process.

An initial AEDET (Achieving Excellence Design Evaluation Toolkit) workshop has been undertaken for the overall programme. AEDET will also be utilised for the individual projects.

A Strategic Design Statement has been produced, in conjunction with Architectural and Design Scotland, for the programme. This is attached as Appendix 5. The Design Statement will be used as the base template for all individual projects going forward.

The individual projects in the programme will follow the Sustainable Design and Construction Guide (SDAC) to ensure that they comply with the 2030 Net Zero Carbon targets.

Where appropriate the NHS Scotland Assure key stage review process will be followed.

4. The Commercial Case

4.1 Procurement Strategy

The indicative costs for the priorities range from £2m to £11m and most are currently within NHS Lothian's delegated limit of £10m. However, as the programme is driven by increased population growth and not maintenance of NHS Lothian's existing estate, it is anticipated that the individual projects will be submitted to the Scottish Government Capital Investment Group (CIG) for approval and funding.

It is anticipated that the procurement of the programme will be led by NHS Lothian supported by the individual IJBs.

The individual projects will be delivered in accordance with NHS Scotland construction procurement policy. The best option for procurement will be reviewed for each project.

4.2 Timetable

Detailed Project Plans will be produced for each OBC. At this stage the table below shows the proposed timetable for the progression of this Initial Agreement through governance:

Table 13: Project Timetable

Key Milestone	Date
Initial Agreement approved by LCIG	March 2023
Initial Agreement approved by Finance and Resources	June 2023
Initial Agreement submitted to SG Capital Investment Group	September 2023

5. The Financial Case

5.1 Capital Affordability

Estimated capital costs are included for each of the priorities and these are detailed in the table below. The estimated costs have been produced using the best information available for each priority (new build, refurbishment, expected size of patient population etc) and are based on current construction costs. The costs will be confirmed as each individual project progresses and they will be dependent on selected preferred options, timings etc.

Table 14: Estimated Capital Costs

Priority	HSCP	Estimated Capital Cost £m
Danderhall / Shawfair	Mid	10
East Calder	West	11
Edinburgh SE Outer	Edin	11
Liberton High School	Edin	7
Maybury Primary School	Edin	5
Meadowbank	Edin	4
Leith Waterfront	Edin	6
Granton Waterfront	Edin	5
North Berwick	East	10
Leith Central	Edin	6
South Queensferry	Edin	2
Stockbridge	Edin	10
Rosewell / South Bonnyrigg	Mid	6
Barbauclaw (Armadale)	West	9
Winchburgh	West	8
Grange / Meadows	Edin	11
Morningside / Hermitage	Edin	11
Blindwells Phase 1	East	5
Haddington	East	10
Bangholm	Edin	2
Brunstane / Seafield	Edin	6
East of Millburn Tower	Edin	6
Sighthill	Edin	2
Whitburn	West	8
Howden	West	8
Wallyford	East	4
Blindwells Phase 2	East	5
Total Estimated Capital Cost		**£188m**

A draft programme of the above priorities is attached as Appendix 4.

5.2 Revenue Affordability

The revenue costs will be assessed and refined through the process of the individual Outline Business Cases.

It is anticipated that there will be increased revenue costs however at this stage it is assumed that any revenue gaps will be funded by individual GP practices and/or the relevant HSCP.

5.3 Overall Affordability

The capital cost estimates detailed above are based on traditional capital funding, to give an indication of the value of the programme.

The affordability of both capital and revenue will be confirmed in the individual Outline Business Cases as the priorities progress.

6. The Management Case

6.1 Readiness to proceed

NHS Lothian, through the four Health and Social Care Partnerships, are ready to proceed with this programme and are committed to ensure the necessary resources are in place to manage it. Section 6.3 below details the project management arrangements and Section 6.2 outlines the governance support and reporting structure for the proposal.

6.2 Governance support for the proposal

Engagement with Stakeholders is detailed in the Strategic Case and includes information on how members of the proposal's governance arrangements have been involved in its development to date and will continue to support it.

The diagram below shows the organisational governance and reporting structure that will be in place to take forward the proposed solution.

6.3 Project Management

A Programme Board has been established to develop the list of priorities and Initial Agreement. The Board is led by NHS Lothian's Director of Primary Care with the membership including representatives from all four HSCPs and the Local Medical Council. The table below notes full membership of the Programme Board.

It is envisaged that individual Project Boards will be established when the programme moves on to the development of the individual priorities.

Table 18: Project Management Structure

Role	Individual
Senior Responsible Officer	Jenny Long, Director of Primary Care
Programme Director	Campbell Kerr, Capital Programme Director
Capital Finance Support	Immy Tricker, Finance Manager
Primary Care Finance	Mark Hunter, Head of PCCO Finance
Capital Planning Manager	Louise Macdonald, Capital Programme Manager
Strategic Planning	Colin Briggs, Director of Strategic Planning
East Lothian HSCP	Bill Ramsey, Primary Care Manager Jamie Megaw, General Manager for Primary Care
Edinburgh HSCP	David White, Strategic Lead, Primary Care and Public Health Lee Clark, Primary Care Planning and Premises Manager
Midlothian HSCP	Grace Cowan, Head of Primary Care & Older Peoples Services Denyse Aitken, Primary Care Services Manager
West Lothian HSCP	Neil Ferguson, General Manager
GP Sub Committee	Dr Iain Morrison, Chair, Lothian GP Sub Committee and LMC
Scottish Government	Phillip Mclean, Head of NHS Facilities and Environmental Sustainability
Capital Planning	Iain Graham, Director of Capital Planning and Projects

7 Conclusion

There is a need for additional general practice premises infrastructure to accommodate the existing and growing population and to ensure that all Lothian residents can register with a general practice (our statutory duty), and access services.

The priorities identified by the four HSCPs and prioritised on a pan-Lothian basis are the minimum that is required to develop and grow the services to meet the demand.