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<th>Abbreviation</th>
<th>Definition</th>
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<tr>
<td>BBG</td>
<td>Bexley, Bromley and Greenwich</td>
</tr>
<tr>
<td>BBG LIFTCo</td>
<td>BBG LIFT Accommodation Services Limited</td>
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<tr>
<td>BT</td>
<td>British Telecom</td>
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<tr>
<td>Care Trust</td>
<td>PCT which also manages some social care services</td>
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<tr>
<td>DDA</td>
<td>Disability Discrimination Act</td>
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<td>DOH</td>
<td>Department of Health</td>
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<td>DTC</td>
<td>Diagnostic and Treatment Centre</td>
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<td>GIA</td>
<td>Gross Internal Area</td>
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<td>GMS</td>
<td>General Medical Service</td>
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<td>GP</td>
<td>General Practitioner</td>
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<td>GPwSI</td>
<td>GP with a Special Interest</td>
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<td>GSL</td>
<td>Global Solutions Limited</td>
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<td>HC</td>
<td>Health Centre</td>
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<td>HIMP</td>
<td>Health Improvement and Modernisation Programme</td>
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<td>ICT</td>
<td>Information and Communication Technology</td>
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<td>IM&amp;T</td>
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<td>ITN</td>
<td>Invitation to Negotiate</td>
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<td>JV</td>
<td>Joint Venture</td>
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<td>LDP</td>
<td>Local Delivery Plan</td>
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<td>LIFT</td>
<td>Local Improvement Finance Trust</td>
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<td>Local Medical Committee</td>
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<td>LSP</td>
<td>Local Service Provider</td>
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<td>MOI</td>
<td>Memorandum of Information</td>
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<td>NHS Information Authority</td>
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<td>National Service Framework</td>
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<td>OJEC</td>
<td>Official Journal of the European Community</td>
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<td>ONS</td>
<td>Office of National Statistics</td>
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<td>OSPCC</td>
<td>One Stop Primary Care Centre</td>
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<tr>
<td>PCDTC</td>
<td>Primary Care Diagnostic and Treatment Centre</td>
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<tr>
<td>PEC</td>
<td>Professional Executive Committee</td>
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<tr>
<td>Primary Care</td>
<td>Those health care services provided by health care professionals in the community</td>
</tr>
<tr>
<td>Secondary Care</td>
<td>Those health care services usually provided from or at hospitals</td>
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<tr>
<td>Tertiary Care</td>
<td>Those specialist health care services only available from specific hospitals in a region</td>
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<td>PCT</td>
<td>Primary Care Trust</td>
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<td>PFI</td>
<td>Private Finance Initiative</td>
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<td>PMS</td>
<td>Personal Medical Services</td>
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<td>PPP</td>
<td>Public Private Partnership</td>
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<td>PHI</td>
<td>Partnerships for Health</td>
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<td>PUK</td>
<td>Partnerships UK</td>
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<td>SFA</td>
<td>Statement of Fees and Allowances</td>
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<td>SHA</td>
<td>Shareholder Agreement</td>
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<td>SPA</td>
<td>Strategic Partnering Agreement</td>
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<td>SPB</td>
<td>Strategic Partnering Board</td>
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<td>SSDP</td>
<td>Strategic Service Development Plan</td>
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<td>---------------</td>
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<tr>
<td>Stage 1 Approval</td>
<td>The stage where schemes have received initial approval of outline designs and costings by appropriate bodies, including relevant PCTs and the SPB.</td>
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<tr>
<td>Stage 2 Approval</td>
<td>The stage where schemes have received final approval to enter into a Lease Plus agreement for the scheme and any other relevant contracts by appropriate bodies, including relevant PCTs and the SPB.</td>
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<tr>
<td>StHA</td>
<td>Strategic Health Authority</td>
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<td>TPCT</td>
<td>Teaching Primary Care Trust</td>
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Mission Statement

Bexley, Bromley and Greenwich NHS Local Improvement Finance Trust

The Bexley, Bromley and Greenwich (BBG) LIFT Strategic Partnering Board is committed to improving the health of the population of BBG by raising the quality of primary and community services. It has ambitious plans to deliver modern patient-centred services from radically improved premises. This aim will be pursued through the development of a Joint Venture Partnership with its Private Sector Partner, Global Solutions Ltd/Babcock & Brown.

BBG LIFT aims to improve the health of the population of Bexley, Bromley and Greenwich by providing modern services in appropriate buildings in the locations where they are required.

The project is driven by service planning and the need to achieve a change in the quality of facilities both in terms of new build and maintenance through entering into a partnership with the private sector for the next 20 years.

To achieve this it is intended to fully involve all potential stakeholders in health and social care in developing services and the location of these services. The stakeholders include local interest groups, health professionals, Primary Care Trusts, Local Authorities and other NHS Bodies.

The Strategic Partnering Board promotes the involvement in the decision making process of service users, carers and citizens through ensuring there is full access to and openness of information.

Stakeholders are consulted at all stages of the development process and the Strategic Partnering Board undertakes to respond appropriately to views expressed.
Partner Organisations

Contracting Authorities

Simon Leftley
Chief Executive
Bexley Care Trust

Bridget Riches
Chief Executive
Bromley Primary Care Trust

Jane Schofield
Chief Executive
Greenwich Teaching Primary Care Trust

Nick Johnson
Chief Executive
London Borough of Bexley

David Bartlett
Chief Executive
London Borough of Bromley

Mary Ney
Chief Executive
London Borough of Greenwich

John Watkinson
Chief Executive
Bromley Hospitals Trust

Stephen Firn
Chief Executive
Oxleas Trust (Mental Health)

Helen Moffatt
Chief Executive
Queen Mary’s Sidcup Trust

Stuart Bell
Chief Executive
South London and Maudsley Trust (MH)

Supporting Agencies

Chief Executive
Queen Elizabeth Hospital Trust

Chief Executive
South East London Strategic Health Authority
1. Executive Summary

1.1 The first Strategic Service Development Plan (SSDP) was published in December 2002 and described the vision of the local care economy for a radically improved, modern, patient centred service and ambitious plans to develop premises and facilities to help deliver the vision. This document sets out the second SSDP which provides an update on the primary and community based health and social care services in Bexley, Bromley and Greenwich (BBG).

1.2 The Primary Care Trusts (PCTs) of BBG are responsible for ensuring high quality primary care services are available in their area to meet the needs of local people. This SSDP details the stages that current LIFT schemes are at and sets out a vision for future new schemes.

1.3 BBG have varying levels of deprivation which consequently have an impact on the local health and social community. Each PCT has adopted a locally sensitive and appropriate process for planning and consultation for the development of individual schemes. This joint plan identifies the varying levels of development that individual schemes are at. Bexley, Bromley and Greenwich have in common dynamic and growing communities that will continue to need more extensive as well as a wider range of good quality health and social care facilities for the foreseeable future.

1.4 By bringing the plans together and working together as BBG LIFT, the local health and social care economy has maximised the benefits for the whole population. This SSDP offers continuing substantial and long-term investment opportunity for private sector partners.

1.5 The organisations responsible for providing health and social care in BBG continue to have ambitious plans for primary and community based health care services. Their aim is to secure significant improvements in both the health and social care services for local people.

1.6 LIFT has provided the essential financial leverage to implement a programme that will dramatically raise the standards of service delivery and as such provide the ideal opportunity to give BBG a 21st century care network which local people can be proud of. This document details the successful progress made since production of the first SSDP, and plans for the future under LIFT.
2. **Introduction**

2.1 This document represents the strategic programme of proposed developments in Bexley, Bromley and Greenwich over the next three years. Individual schemes and new development opportunities will be reviewed as required and the document updated annually.

2.2 LIFT gives all partner organisations an opportunity to improve and modernise service delivery by developing new facilities maintained over the life of the building.

2.3 Following the publication of the first SSDP, which invited expressions of interest from private sector partners in long-term investment in Bexley, Greenwich and Bromley, thirteen responses were received via the European Community tendering exercise. By March 2003 prospective private sector candidates had been short-listed to three. These were invited to respond to an Invitation to Negotiate (ITN). Each applicant was asked to develop design concepts for three sample (first tranche) schemes (redevelopment of the Beckenham Hospital site in Bromley; The Lakeside Health Centre in Bexley and the Garland Road Clinic development in Greenwich). These proposals were submitted at the end of June 2003, and were evaluated against the LIFT National Framework in order to test design acceptability, partnering, financial, technical and legal arrangements. Following detailed reviews GSL/Babcock & Brown Consortium were recommended as ‘Preferred Partners’ for BBG LIFT in October 2003. Since this time, the Consortium has been working proactively with all PCTs to achieve Financial Close on all the sample schemes. Significant progress has also been achieved on a number of non-sample schemes. The first Financial Close achieved has been Beckenham, which represents the biggest LIFT scheme in the country.

2.4 Whilst LIFT is a long term agreement and commitment, LIFT partner organisations have signed up to develop 12 schemes over a 7 year period, subject to affordability. Partner organisations will not have to retender for individual schemes but can use LIFTCo.

2.5 LIFT is necessary to meet PCT and other organisations strategic objectives. These are outlined in Section 4 and represent the strategic objectives of all partner organisations.

Owen Ingram
SPB Chairman
3. **What is LIFT?**

3.1 The initials LIFT stand for “Local Improvement Finance Trust”. LIFTs are new kinds of joint venture companies that involve NHS organisations and private sector companies as shareholders. They are sometimes called “public private partnerships” and the word partnership is important in this context.

3.2 The main purpose of LIFT companies, which are being established in all parts of the country, is to improve and modernise GP surgeries and other types of community-based health care services including, where appropriate, PCT community services, dental surgeries, pharmacies and optometrists' buildings. The service provided from these types of facilities is generally known as “primary care” and is distinct from the service provided from large district hospitals which is generally known as “secondary care”.

3.3 The vast majority of care that the NHS provides takes place in a primary care setting. And each year more and more advice, diagnosis, treatment and therapy are migrating out of hospitals and into GP’s surgeries and other community-based health care settings. This reflects modern trends in health care which aim to provide services closer to patients' homes. Also, and where it makes sense to do so, there is a drive to integrate health and social care services (provided by local authority staff) so that service users receive a seamless and responsive service.

3.4 Investment in primary care and community health service buildings has historically been more sporadic than it could have been. While there are many excellent modern facilities, far too many buildings are unsuitable for the delivery of modern health care. Buildings are often inconveniently situated for their users and in some instances disabled people find them difficult to access. Spending on maintenance has not been adequate.

3.5 LIFT has been established to deal with these problems. The aim is to marry the health and social care knowledge and expertise of public sector professionals with the design, construction and property management and maintenance expertise of specialist private sector companies.

3.6 Under LIFT, NHS organisations and private sector companies – who are selected through a competitive tendering process – become shareholders in a joint venture company that is given a 20 year contract to deliver the health service’s building and maintenance requirements across a specific area. In our case the area covers the London Boroughs of Bexley, Bromley and Greenwich. Local Authorities can also become shareholders in LIFT companies – as can GPs themselves.

3.7 The LIFT programme has been co-ordinated nationally by an organisation called Partnerships for Health (PfH) (also a shareholder in LIFT) which is a joint venture between Partnerships UK (PUK) and the Department of Health. PfH has developed a standardised approach to setting-up and running LIFT companies which aims to make it quicker, cheaper and simpler to modernise the stock of primary and community care buildings across the country.

3.8 The BBG LIFTCo (BBG LIFT Accommodation Services Limited) was formally established at the end of March 2004 following the selection of Global Solutions Ltd and Babcock & Brown as the private sector partner. Global Solutions specialises in the provision of service support solutions to public authorities and corporate organisations in the UK, South Africa
Strategic Service Development Plan
2005-2008

and Australia. Babcock & Brown is a global merchant and investment banking firm and its
UK office is in Holborn, London EC4.

3.9 The full list of organisations who are stakeholders in the BBG LIFT initiative is:
- Bromley Primary Care Trust
- Bexley Care Trust
- Greenwich Teaching Primary Care Trust
- Queen Mary’s Sidcup NHS Trust
- Bromley Hospitals NHS Trust
- London Borough of Bexley
- London Borough of Bromley
- London Borough of Greenwich.
- South London and Maudsley NHS Trust
- Oxleas NHS Trust
- Partnerships for Health
- Babcock & Brown
- Global Solutions Limited

3.10 The work of BBG LIFTCo is commissioned and monitored by a body called the Strategic
Partnering Board. In addition to the above organisations, there are supporting agencies
also represented on the Board:
- South East London Strategic Health Authority
- Queen Elizabeth Hospital NHS Trust

3.11 One of the most important roles of the Strategic Partnering Board is to review the
investment needs across the area served, decide which buildings should be developed
during a particular year and then instruct BBG LIFTCo to carry out necessary planning and
design work, access funding for each development and put in place necessary legal
documentation.

3.12 The relationship of these various bodies is summarised in the diagram in Appendix 1.

3.13 This document, the second SSDP - Strategic Service Development Plan – summarises the
Strategic Partnering Board’s investment proposals for the next three years and the strategic
and local context in which these investment proposals are made.

3.14 An initial Strategic Service Development Plan was published in December 2002 at the start
of the process which led to the selection of Global Solutions and Babcock & Brown as our
private sector partners.

3.15 Since it came into being, BBG LIFTCo has been actively working on a number of LIFT
schemes across Bexley, Bromley and Greenwich. Further information about these
schemes is included in Section 6 and in Appendices 2 and 3.

3.16 Details of new schemes for 2004/05 are described in Section 7 and in Appendix 4. These
are schemes that BBG LIFTCo has not yet committed any planning resources to
developing and with the approval of this Strategic Service Development Plan, the Company
will be asked to begin work on the necessary planning and design work during 2004/05.

3.17 The key stages relating to the development of LIFT schemes are outlined in Appendix 5.
4. Strategic Context

4.1 Introduction

4.1.1 The NHS Plan in 1999 set out a major programme of change aimed at delivering faster and more convenient access to care, improving quality and an increased range of services. There has been growth in funding and staff numbers, expansion and modernisation of buildings and equipment, and the improvement of the surroundings in which many services are based – improving the quality of services and enabling them to provide effective healthcare in a more suitable environment. NHS bodies have tailored services to meet the local populations need.

4.2 Strategic Priorities: The Local Context

4.2.1 Moving forward locally, delivering ‘more of the same’ is no longer sustainable. The NHS in London needs to develop different ways of working that reflect both the workforce that is available and the changing requirements of the service to meet patient needs and expectations. Future developments should reflect current trends and best practice emerging from the modernisation agenda including:

- Less reliance on traditional hospital beds, with more elective day care, intermediate care facilities, enhanced and increased care at home or in local settings underpinned by patient choice.
- Better, more comprehensive and robust primary care services will be achieved by significant investment in primary care facilities (through LIFT and other schemes) including diagnostic facilities and multi-skilled teams of health care professionals.
- Workforce development through extending the roles and role redesign of health professionals.
- Integrated health care systems providing planned and unplanned care in a wider range of settings, and managing long term illness to best meet the patient’s needs.

4.2.2 The challenges of delivering better patient outcomes and improvements to the service will be achieved through a number of means. Some of these are:

- Using existing hospital facilities to focus on complex, high tech and unplanned care, making best use of the available facilities.
- An expansion of Diagnostic and Treatment Centres (DTCs) to support planned work and fast track diagnostics offering significant patient choice.
- A significant expansion in primary care and community facilities, building on the successes of Healthy Living Centres and new models of primary care delivery which are currently seen as best practice.
- A focus on promoting health, preventing ill health and managing long term illness through working across all agencies to support people in their own communities.

4.2.3 Although the pattern of delivery will change, additional revenue and capital will be required if the needs of the growing population are to be met.
4.2.4 One model promulgated in the London Thames Gateway: Health Services Assessment is of the basic primary care model the One Stop Primary Care Centre (OSPCC). These centres will accommodate about 8 to 10 GPs and offer a much wider range of primary care services than traditional GP surgeries. The OSPCC will have up to three integrated adaptive modules, designed to work under one operational policy.

- A core Primary Care Centre providing GP services and a number of practice nurses;
- A specialist module, such as a diabetic centre, addressing a particular local health need and using the services of one or more practitioners with a special interest;
- A community initiative or outreach module, again tailored to the local area.

4.2.5 The Primary Care Diagnostic and Treatment Centre (PCDTC), also cited in the London Thames Gateway: Health Services Assessment will be an expanded OSPCC. The main difference the PCDTC and the OSPCC is that the PCDTC will include substantial outpatient services, clinic space and basic diagnostic facilities, such as X-ray or endoscopy. Typical locations for these new types of centre will be in newly invigorated town centres. However, local need will be the key determinant of the precise configuration of services.

4.2.6 The larger primary care facilities will not just be health centres. A range of supporting and allied services may be appropriate. Crèche facilities and self-funded cafes could be included. In addition, neighbourhood spaces and employment initiatives might be situated within or alongside these centres including an Advice Centre or Citizens Advice Bureau (CAB) Service. Other practitioners and services may wish to cluster in or around these centres. Obvious candidates are optometrists, osteopaths, and complementary therapists.

4.2.7 As well as the above models, General Practices are also interested in using LIFT as a mechanism for upgrading and improving traditional General Practice facilities. Where possible, PCTs will support these development opportunities.

4.2.8 New Primary Care Contracts include the new General Medical Service (GMS) contract which was implemented in 2004. This will be followed by a new General Dental Service contract in October 2005 and Community Pharmacy contract also in 2005. Under the new GMS contract, premises funding has become cash-limited for the first time. This has led PCTs to review their planning assumptions and priorities. We do not as yet know whether premises funding will be available under the new dental and pharmacy contracts. However PCTs will enter a new long term service commissioning relationship with all primary care independent contractors which could in future lead to new opportunities for premises development. Many contractors will wish to retain and develop their own premises while some will be interested in moving into new primary care centres.

4.3 The NHS Improvement Plan, June 2004

4.3.1 A major policy statement was issued in June 2004 which describes a commitment to ensure that a drive for responsive, convenient and personalised services takes root across the whole of the NHS and for all patients. For hospital services, this means that there will be a lot more choice for patients about how, when and where they are treated and much better information to support that. For the millions of people who have illnesses that they will live with for the rest of their lives, such as diabetes, heart disease, or asthma, it will mean much closer personal attention and support in the community and at home. The LIFT programme
described within this Strategic Services Development Plan is intended to support many of these aims, in particular by providing first class facilities to enable the better support and care for patients, closer to their home.

4.3.2 In July 2004 new guidance was issued by the Department of Health entitled National Standards, Local Action. This includes seven domains for standards that the NHS must comply with. These standards will be taken into account in all LIFT schemes. The seven domains are:

- Safety
- Clinical and cost effectiveness
- Governance
- Patient focus
- Accessible and responsive care
- Care environment and amenities
- Public Health

4.4 Population Change

4.4.1 Table 4.1 gives population figures and Graph 4.1 shows percentage increase in the population for Greenwich, Bexley and Bromley from 2001 projected to 2006, 2011 and 2016. These projections are updated annually in keeping with planned developments. It can be seen from Graph 4.1 that the populations of Bexley Bromley and Greenwich are set to rise considerably over the coming years. This is particularly evident in Greenwich, where there are developments in the North of the Borough.

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<tr>
<td>LB Greenwich</td>
<td>215,238</td>
<td>238,580</td>
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<td>LB Bexley</td>
<td>218,756</td>
<td>223,053</td>
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<td>LB Bromley</td>
<td>296,155</td>
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<tr>
<td>Total Population</td>
<td>730,149</td>
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<td>Increase from Previous Population Estimate</td>
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<td>Increase 2001-2016</td>
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<td>78,813</td>
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4.4.2  Detailed demographic data is available for individual PCTs in annual reports.

4.5  **Current Population and Health Needs**

4.5.1  The population of BBG is socio-economically and ethnically diverse. BBG have pockets of severe deprivation with a substantial amount of the wards within BBG listed amongst the lowest 10% nationally according to the multiple index of deprivation. The 11th most deprived ward in England is in Greenwich. People living in BBG cover the extremes of affluence and poverty, and their health experience reflects this.

4.5.2  The BBG locality experiences a high level of morbidity and mortality, coronary heart disease, stroke, cancer, diabetes, teenage pregnancy, mental illness and suicide rates. Amongst school children there is also evidence of activity detrimental to health in terms of smoking, drugs misuse, poor diet and lack of exercise. There are small but well defined areas which present particular problems in terms of educational achievement, low incomes and health “hot spots” relating to respiratory illness and low birth weight, which also represent significant communities of older people.

4.5.3  BBG localities have relatively high levels of some health indicators related to poor health status, for example high unemployment, high proportions of minority groups, relatively high levels of low birth-weight and very high levels of admission to hospital for congenital abnormalities, injury and poisoning, gastroenteritis and respiratory disease.

4.5.4  There is a significant proportion of minority groups, including refugees and asylum seekers in which health problems are more common: Coronary Heart Disease in people from the Indian Subcontinent, Diabetes in Asian and Vietnamese people, Sickle Cell and High Blood
Pressure in African-Caribbean people and Tuberculosis amongst some more recent refugees and asylum seekers.

4.6 Estates

4.6.1 Primary Care Premises

4.6.1.1 Improving primary care services is a key priority for the public and patients, for clinicians and managers and for the government. Of all patient contacts within the NHS, around 90% of healthcare contacts occur in primary care. The conditions and suitability of the existing primary care estate do not facilitate the delivery of modern health care services. Current facilities often fail to meet patients’ expectations, with physical quality and accessibility below an acceptable standard.

4.6.1.2 Primary care facilities have rarely been designed to achieve integrated service delivery between different health care organisations and social care providers. General practice, dentists, optometrists, pharmacists, community services and other social and primary care providers have their premises planned, funded and developed in entirely different ways.

4.6.1.3 GPs face significant disincentives to practise in inner cities, including restrictive long-term leases and where existing premises are often poor and inappropriate for modern delivery of primary care.

4.6.1.4 The fundamental challenge for primary health care is to invest in premises so that they meet the requirements for modern integrated primary care services and their effective delivery. The challenge for the PCTs is to secure the additional recurring premises growth money in order to support primary care to realise this ambition.

4.6.1.5 Many GPs are practicing from inadequate practices in terms of space when compared to national standards and quality. In particular, there is a need for improvement in the following areas.

- Access for people with a disability
- Infection control
- Maintenance of buildings

4.6.2 Community Services Estate

4.6.2.1 In common with GP surgeries much of the Local Authority building stock across Bexley, Bromley and Greenwich is in need of repair and improvement which detracts from the quality of service the LAs would want to provide. Buildings from which preventative and support services are delivered (such as day and ‘drop in’ centres, family resource centres, etc.) as well as other community facilities such as libraries each have suffered from a limited ability to invest in maintenance and improvement. They are therefore unable to provide an appropriate resource from which to deliver modernised services which will allow people to maximise their opportunities to live independently and promote their well-being.

4.6.2.2 Each PCT has an annually reviewable Estates Strategy which sets out plans for the future development of the Trust Estate. These plans need to support the strategic developments outlined in the SSDP.
4.6.2.3 Estates strategies are typically about the condition of the Trust’s estate, and using guidance from Estatecode it is assessed under the following headings:

- Functional suitability
- Space utilisation
- Physical condition
- Energy efficiency
- Fire safety and statutory standards

4.6.2.4 PCTs will use opportunities created within the SSDP to enact improvements in the condition of its own estate. Key issues that need to be addressed in all or some of buildings in question are:

- Under-occupied properties requiring substantial backlog maintenance to make them functionally suitable.
- Overcrowded buildings which do not meet the SFA standards in terms of functional suitability for current and future use.
- The significant amount of capital investment required for backlog maintenance to achieve fully acceptable physical conditions.
- The quality of buildings from which clinical services are delivered.
- The need to create capacity for one-stop primary care centres and primary care diagnostic and treatment centres.
- The need to develop multi-agency premises with the appropriate I.T., future – proofing and space flexibility.
- Poor security to staff and patients due to design of current building stock.
- Poor integration of clinical services due to Trust services being delivered remotely from GP services.

4.6.2.5 Baseline estates assessments will be reviewed.
5. **Having a Positive Impact**

5.1 **Introduction**

5.1.1 For the first time, LIFT has enabled Bexley, Bromley and Greenwich to embark on an ambitious programme of modernisation through partnership with the private sector. Uniquely, this opportunity has been extended to partner organisations in the Local Authority which underpins service delivery. The new LIFT company brings together the expertise in health planning with expertise from the private sector in property development to provide excellent design in healthcare.

5.1.2 LIFT will have a positive impact on the following:

- Responding to client and patient expectations.
- Adopting common approaches, including integration of services.
- Regeneration of local communities
- Optimal use of IM&T.
- Supporting staff recruitment and retention.

5.2 **Responding to Client and Patient Expectations**

5.2.1 The LIFT approach will enable health and social care organisations to develop services to meet the needs of local people. Patient and public involvement can be achieved in a number of different ways. These are set out below and should be viewed as interdependent to each other and integral to the development of a specific scheme:

- Overview and Scrutiny Committees of respective Borough Councils
- **PCT Patient and Public Involvement Fora with involvement in the overarching programme and specific schemes, advising on achieving closer input of users.**
- Representation on specific schemes from the community and voluntary sector, so that people can influence developments from the earliest possible stage
- Consideration of potential adverse effects of a scheme by the responsible project team, followed by local meetings to discuss/address emerging issues with interested patients, public or other interested parties
- Local public meetings
- Supporting the Public Consultation at the Planning Application stage of schemes
- Where necessary, via statutory consultation, focussed on users of service affected by the proposed move to an alternative development

5.3 **Common Approaches**

5.3.1 The following principles underpin plans for future investment through the BBG LIFT. They will facilitate the development of the future models of service delivery and care that are being developed by local partners. The principles address the NHS Plan as well as other national targets, and respond to patient and client expectations. They are:
- Co-location and integration of relevant staff and services under one roof, for example, GPs, community health staff and social services care managers, pharmacists, dentists, etc. – a ‘one-stop shop’ approach.

- Where possible premises will provide a single point of access to all services through a common reception and patient/client administration system. This will be based on electronic health records linked to social services information systems. It will give equity of access to all patients and clients.

- Where appropriate, a reduction in the number of single-handed premises. This does not necessarily mean a reduction in the number of single-handed GPs, but rather the provision of buildings that will accommodate a number of GP practices, sharing support services, and thereby improving the support network available to solo practitioners who wish to work in this way.

- Extension of opening hours to widen access to services.

- Enhanced patient services through Information Management & Technology (IM&T) developments, for example directly booked hospital appointments, electronic test results and, over time, email consultations. An open door will be provided through IM&T to a range of services and information such as health advice ‘off the net’.

- Provision of physical capacity to allow a shift of services between secondary care to a primary care setting.

- Shared diagnostic and referral protocols between secondary and primary care, to improve standards of elective care.

- Service design to reflect and meet the particular ethnic, cultural and language requirements of the population, and physical accessibility (to comply with the DDA and Race Relations (Amendment) Act).

- Support for family friendly principles and changes in working practice such as working from home and hot-desking, linked to changes in culture, organisational development and a new workforce strategy.

- Provision of facilities for education and training for staff where space is available.

- Flexible design to facilitate specialist services, change and innovation.

### 5.4 Regeneration

5.4.1 There are a number of regeneration initiatives that are underway in BBG. It is the express intention of BBG LIFT to ensure that its development proposals, and the wider primary care strategy, are integrated with other social, community, economic and education projects. Health and social care providers in BBG are working towards neighbourhood renewal. LIFT can support this and the following principles will be followed in the schemes in the BBG programme.

- Developments should improve health and social care facilities. New developments will incorporate good design including health and safety compliance, DDA compliance, promotion of safety of staff, visitors and the community, and will have a positive impact on the local population. In addition buildings will be well maintained over the long term to support the positive impact of a new development on the local community.
• Where relevant, developments will bring together services from different disciplines and agencies to improve access and reduce complexity of services to users. This will mean the development of highly innovative designs for buildings. Plans are in place for new facilities, potentially, to be used as access points for health, social care, housing services, police services, leisure services and other providers.

• To ensure that new developments meet the needs of the local population clients and residents will be able to influence what is developed in their community. In addition LIFTCo will have an objective to offer employment to the local population in the new developments. The BBG LIFT should achieve change through more effective service planning and delivery at a neighbourhood level – service providers should share local objectives and improvement plans and be accountable for their performance. Schemes will seek to promote healthy lifestyles, for example in the provision of cycle racks to encourage the use of bicycles.

• The structure of LIFT with the presence of the SPB, promotes joined up working across partner organisations.

• Diversity – BBG LIFT will address barriers that exclude because of racism and sexism, discrimination against disabled people, older people, gays and lesbians, and domestic violence. It is committed to diversity – a strength in our neighbourhoods that has yet to be fully realised.

5.5 Information Management & Technology (IM&T)

5.5.1 IM&T will support the implementation and functioning of the network of care and new service models by:

• Enabling people to obtain information that will facilitate them to maintain their own health.

• Improving the speed of access to services and the effectiveness of health services provided by maximising the use of available information about both individuals and their health status.

• Improving the speed at which health services can be delivered.

• Improving the efficiency of service providers to achieve “best value”, including reducing administration time and avoiding duplication of data collection.

5.5.2 To achieve these aims within BBG it will be necessary to put in place a communications infrastructure that will enable all health and social services providers to obtain information on individuals who are, or are to be, the recipients of services.

5.5.3 The Wanless report on securing the future health service published in April 2002 recognised that “without a major advance in the effective use of ICT, the health service will find it increasingly difficult to deliver the efficient, high quality service which the public will demand. This is a major priority which will have a crucial impact on the health service over future years.”

5.5.4 The subsequent announcement on a new nationally led strategy for IM&T in June 2002 underpins the approach LIFTCo will be required to take in design and development so as to facilitate the modernisation of IM&T in primary care. The total investment required to support
this strategy is significant and updated funding regimes will be crucial to the delivery of these systems.

5.5.5 The nationally led IM&T programme is all about providing clearer central direction and management, improved procurement and national standards and specifications for ICT in the NHS. LIFTCo will be required to consider the design and development implications of the implementation of the National Programme for IT (NPfIT). In the years 2003-06 the elements of the NPfIT to be delivered involve:

- infrastructure,
- records,
- prescribing and
- booking.

5.5.6 LIFTCo is to play a key role in the development of Local Delivery Plans (LDPs) to implement the National Strategic IM&T Programme. It should identify its information requirements and develop plans in conjunction with key local stakeholders. To support the NHS in the development of these plans, national guidance has been published by the Primary Care Information Modernisation Programme Board and is available at www.pcimb.nhs.uk.

5.5.7 At the core of the procurement strategy is strategic outsourcing i.e. selectively outsourcing major components of the programme with delivery of some components at a national level via the NHS Information Authority (NHSIA), and/or via the Capital Care Alliance, as the named Local Service Provider (LSP), the latter responsible for providing N3 (Broadband) links.

5.5.8 Certain minimum requirements will apply in the procurement of buildings. These are:

- all build schemes must include IM&T infrastructure which is defined as cabling, power points, any accommodation necessary for IM&T equipment (such as server rooms) and sufficient space for individual equipment (such as PCs). This will have an influence on the build design stage. IM&T infrastructure may also include telephony, unless that is being procured as equipment;

- LIFTCo will be responsible for delivering, as a minimum, key elements of IM&T. These elements of IM&T are defined as those upon which the build is in some way dependent (for example if a design solution assumes less space requirement, due to a move towards electronic medical records storage); and

- within the context of the build there continues to be the goal of ensuring that the IM&T necessary to support the build is available and performing acceptably when the new or refurbished facility is in use.

5.5.9 Development of tele-medicine, the exchange of medical information from one site to another using electronic communications, where appropriate and cost-effective, as a means of speeding up the provision of expert opinion and improving diagnosis is key to the modernisation of IM&T in BBG.
5.6 Staff Recruitment and Retention

5.6.1 There are national shortages of NHS staff in many areas and BBG are committed to improving the quality of working lives for staff where it can. One option available is to improve the quality of the environment and LIFT is seen as an important part of the recruitment and retention strategies being adopted by PCTs.

5.6.2 The development of Integrated Care Teams is seen as being vital in terms of re-configuring the workforce and providing exciting opportunities for healthcare professionals. The constituent PCTs are looking to introduce development programmes for staff that do not hold a professional qualification. There are also plans to develop close links with community groups to ensure that NHS careers have an increased profile within ethnically diverse localities.

5.6.3 In order to provide changes to services it will be necessary to improve the recruitment and retention of clinical staff (e.g. nurses, midwives, doctors and therapists), and this will be achieved by:

- Encouraging local people who may have left the care sector to return to practice.
- Increasing training and recruitment of local people, including access initiatives that permit accreditation of overseas qualifications held by people now living permanently in Bexley, Bromley and Greenwich.
- Providing good employment practice, more flexible training and employment packages (including child care).
- In particular cases, maintaining optimum staffing levels in order to reduce the stress on existing staff.
- Providing training and education facilities within new buildings to ensure staff have opportunities for development close to their place of work.
- Providing a better working environment.

5.6.4 Support the need to increase recruitment and retention of primary care staff (particularly GP’s) to meet NHS Plan requirements, working in modern, multi-professional care settings. Successful implementation of PMS has led to new GPs being recruited: the limiting factor in developments in some areas is accommodation, which is also a limiting factor in the ability to extend training opportunities for GPs. LIFT could help address these issues.

5.6.5 In the longer term, it may be beneficial to coordinate plans with housing developers interested in providing key worker housing. This would help with recruitment and retention and also contribute to borough green transport plans since housing located in the same borough as places of work will reduce commuting.
6. **Financial Appraisal**

6.1 **Financial Context of the Local NHS**

6.1.1 New facilities are required to replace unsustainable accommodation for existing services and to house new services to meet the needs of new populations. New facilities also have an important role to play in modernising services, developing new working practices and making services more accessible. Increasingly, experience is showing that services are more effective when collocated with those of other agencies. Whilst new and reconfigured buildings may well be more expensive than current accommodation, as part of a creative, well thought through strategic development they can represent a sound investment and good use of funds. The broad spectrum of Partner Organisations in the BBG LIFT will in time facilitate inter-agency working and the creation of new types of facilities.

6.1.2 Although in recent years there has been a substantial year-on-year rise in the real-terms level of funding made available to the NHS, this funding has been accompanied by NHS Plan targets which have been and remain challenging. There are also many existing and evolving healthcare needs all of which compete for funding. The balance has therefore to be struck between the costs and added value of employing additional healthcare staff and the costs of acquiring and running suitable buildings.

6.1.3 In general, old premises tend to be relatively more expensive to run, heat, and maintain, and many local service users and staff will know of buildings where necessary repairs have not been carried out over the years as maintenance budgets have often been a soft target for short term savings. This is damaging to the quality of service that some service users receive and also impacts on staff morale, recruitment and retention, generating feelings of frustration as well as consuming valuable time sorting out problems with buildings.

6.1.4 LIFTCo will be resourced to help sort out these problems more quickly than has often been the case in the past. It will be able to develop plans in partnership with staff and service users. However, for schemes to be affordable they will need to be carefully planned to ensure that increased costs of new NHS facilities is matched and justified by a combination of the need for new services and the ability to deliver better, more appropriate, clinical services. As new facilities will dictate the pattern of services for the foreseeable future it is essential they underpin and are driven by, the overall service strategy of each PCT.

6.1.5 If new facilities cost more money each year, the pace of development will depend upon a number of potential sources of funds – such as rationalisation or other savings in the cost of services, creative solutions around use of land and buildings by LIFTCo, cash limited central funding and future PCT growth funds, which will need to be shared with competing demands for service developments throughout the local health economy, and funds specifically earmarked for non-LIFT developments (eg practice developments).

6.2 **Developing Affordable Schemes**

6.2.1 Once, the relevant Partners have finally agreed to proceed with a new development they will need to be paid for from the day they are open for the following 25 years. They will also have to pay for the costs of developing a scheme if for whatever reason they decide they no longer wish to proceed with it. The costs associated with a well advanced scheme which is near to getting planning permission could be nearly as much as the cost of running the new scheme for a whole year.
6.2.2 Individual schemes will therefore need to be carefully prioritised and realistic budgets set. The scope of each scheme will be set out in an Application for Stage 1 Approval, which will establish the scheme objectives, and its projected costs and benefits. This document will be approved by each of the relevant Partners’ Boards, and in the case of a PCT, the projected expenditure will be reflected in the Local Development Plan which they each manage. At this time, the PCTs are actively developing Applications for Stage 1 Approval in respect of the six schemes listed in Appendix 3.

6.2.3 Once a scheme is in development it will be equally important to ensure that as the health care planners and architects strive to meet the needs of service users and staff that schemes do not drift in terms of size of scheme and content and in particular budgets, including inflation, are not exceeded. Considerable skill will be needed to ensure that effective compromises are reached. Working together everyone will need to ensure that planned services can be delivered, in a way that avoids any excess or waste, which might breach the affordability of the scheme.

6.2.4 Schemes will normally only proceed if the total annual cost of the final solution is within the budget that was set at the outset and the scheme is within the value for money benchmarking agreed locally for LIFT schemes. Not to do so would threaten the ability of other projects to proceed which are well developed and much needed but happen to be further up the pipeline.

6.2.5 In each case an Application for Stage 2 Approval will be submitted to the Boards of the relevant Partners, before the PCT enters into a binding agreement to go ahead with the scheme at the finally agreed fixed price. This document will compare the outturn cost of the project with the original budget and demonstrate the basis on which the scheme is adjudged to be both affordable and value for money. The latter will normally be underpinned by formal assessments carried out by an independent cost consultant and the District Valuation Office of the Inland Revenue.

6.3 Enabling Funds

6.3.1 The three PCTs have been allocated £4 million of enabling funds, which will be made available for capital expenditure over the three financial years, 2003/04, 2004/05 and 2005/06. They will be used partly to fund the cost of advice and assistance with establishing each scheme and partly to acquire sites and possibly carry out minor works prior to transferring them to LIFTCo.

6.3.2 All properties will be transferred to LIFTCo either as freehold or long (125 year) leases) at the current market value as assessed by the District Valuation Office of the Inland Revenue. In this way some of the enabling funds will be recycled and made available to pump prime future projects.

6.4 Investment in LIFTCo

6.4.1 Now that the partnership has been established, the three PCTs each have an equal shareholding in LIFTCo, which together represent 20% of LIFTCo’s equity. As each project is entered into, each PCT will increase its investment in LIFTCo in proportion to its equity holding. As a rule the PCTs will between them invest 2% of the capital cost of each project in the form of a loan which will be repaid over the life of the project.
6.4.2 The PCTs will expect to be paid a combination of dividends and interest that is substantially more than the return that they expected to make on the underlying investment and so subsidise the cost of their ongoing activities. However, as with any equity investment the value of the returns may rise or fall over the life of the investment. The PCTs will have a Director on the board of LIFTCo to represent their interests as minority shareholders, with voting rights and legal obligations.
7. Schemes in Progress

7.1 Overview

7.1.1 Prior to the establishment of LIFTCo and the Strategic Partnering Board, significant progress was made across Bexley, Bromley and Greenwich in taking forward planning on three ‘sample schemes’ and one newly built development which was transferring into LIFTCo. Sample schemes were those identified by BBG as part of the selection and evaluation process to find the right long term local private sector partner. These were chosen to reflect the different sizes of potential developments; complexity and deliverability, and are identified in Section 7.2 below. BBG LIFTCo also set to work on a number of other first tranche developments; and again, significant progress has been made on the majority of these. A small number of schemes have sought alternative means of development and therefore have not been included in this SSDP.

7.2 Schemes at or Close to Stage 2 Approval

7.2.1 These include:-
- Lakeside Health Centre, Bexley CT
- Erith Primary Care Centre, Bexley CT
- Beckenham Hospital site redevelopment, Bromley PCT
- Garland Road GP Practice redevelopment, Greenwich TPCT

7.2.2 Summary details of these schemes are shown in Appendix 2. All schemes in this section are near to being approved to affordability stage 2 by PCTs and other key stakeholders.

7.3 Schemes at or Close to Stage 1 Approval

7.3.1 In addition to the above schemes, the LIFTCo staff and design team have been working with clinicians and PCT staff across Bexley, Bromley and Greenwich to plan a range of other developments previously identified in the first SSDP. These schemes include:-

- Child Development and Community Diagnostic Centre, Bexley CT
- 11-13 Bromley Common, Bromley PCT
- Crofton Road Surgery, Bromley PCT
- Robin Hood Surgery, Croydon Road, Penge, Bromley PCT
- Vanbrugh Hill Health Centre, Greenwich TPCT
- Godstow Road, Greenwich TPCT

7.3.2 The planning of these schemes will be completed during 2004/05 and construction will begin shortly afterwards. Summary details of these schemes are shown in Appendix 3.
8. Future Schemes

8.1 New Schemes

The schemes prioritised by Bexley, Bromley and Greenwich PCTs are provided below and in more detail in Appendix 4.

8.1.1 LB Bexley

8.1.1.2 The schemes outlined below are the schemes that have been prioritised in Bexley for the next stage of development.

- Clocktower Primary Care Centre – core and cluster
- Frognal Primary Care Centre – core and cluster

8.1.2 LB Bromley

8.1.2.1 There is considerable interest in LIFT across the general practice community in Bromley. This reflects the lack of investment there has been in Bromley’s primary care infrastructure over a number of years. As a result, Bromley has seen its first ever Health Centre opening in November 2004, based in Addington Road, West Wickham. It therefore follows that in addition to the national and local strategic vision set out in Section 4, the PCT is also focussed on opportunities to support practices to deliver a growing and comprehensive range of services in fit for purpose premises, which in turn will enable local people to have equity in access to services that should be provided in a primary care setting.

8.1.2.2 Whilst roughly half the practices in Bromley would like to have the opportunity to develop their infrastructure and six of community clinics have been identified either currently or in the future as part of LIFT developments, the PCT recognises the importance of prioritisation, resourcing and seizing opportunities. As such, only a small number of schemes are outlined in the SSDP to take forward. These are:

- Integrated development in Penge and Anerley
- Integration of 2 practices and community services in Chislehurst
- Integration of GP, Dental, Community Services and other services in Station Road, Orpington
- Reprovision of practice in Beckenham in vacated Beckenham Clinic premises, following relocation of current Beckenham Clinic Services to the redeveloped Beckenham Hospital site in 2008

8.1.2.3 One further scheme prioritised in the first SSDP has had to be revisited as a result of the originally proposed land purchase falling through. This is the Manor Road General Practice redevelopment.

8.1.2.4 The proposed integrated development in Mottingham involving local health, community and social care services, which was identified as a priority for the PCT within the first SSDP may not be viable to proceed via LIFT, following an initial financial appraisal. The PCT with its partners will continue to explore options both in and outside of LIFT.
8.1.3 LB Greenwich

8.1.3.1 The schemes identified in Greenwich to be prioritised in the next stage of development are listed below.

- Eltham – New Primary Care Centre
- Thamesmead Town Development
- Market Street, Woolwich

8.2 Potential Future Schemes

8.2.1 The potential future schemes for all London Boroughs are summarised below. These schemes that have been identified have not had any work applied to date. It is important to have a flexible approach to reviewing and prioritising schemes in accordance with strategic priorities to ensure that any unforeseen opportunities are addressed.

8.2.2 The schemes that have been identified as potential future schemes in this section may include some schemes identified in the previous SSDP. These developments across the BBG Primary Care estate will continue to evolve and be supported appropriately.

8.2.3 LB Bexley

8.2.3.1 The potential to develop locality core and clusters centred on primary care centres and providing multi-agency services will be explored with partners.

8.2.4 LB Bromley

8.2.4.1 The following practices, (which have been identified on the basis of the area in which they practice) have expressed an interest in developing services and facilities within the LIFT framework:

- Biggin Hill
- Hayes (2 practice)
- Central Bromley (2 practices)
- Orpington (2 practices)
- Beckenham
- Penge

8.2.5 LB Greenwich

8.2.5.1 Kidbrooke Clinic is a potential scheme that will be considered for development under LIFT.
9. Project Management and Implementation

9.1 Decision Making

9.1.1 The following flowchart illustrates the ways in which information, communication and decision making flow across the BBG LIFTCo Initiative.

![Flowchart illustrating decision making flow]

9.1.2 The role of LIFTCo is to oversee the design and construction, property development and supply chain management of schemes, as well as to deliver optimal finance solutions and appropriate legal and commercial structures for each scheme. This requires the assistance of Supply Chain Providers including builders, architects, health planners, planning advisers, maintenance teams, legal teams, financial advice and commercial partners. LIFTCo also provides planning advice, partnering services and “Lease-Plus” services to tenants.

9.1.3 The Project Board became the Strategic Partnering Board (SPB) once LIFTCo was established. The SPB commissions schemes from LIFTCo and reviews/approves LIFTCo’s scheme proposals.

9.1.4 The role of the BBG Executive Partnering Group is to provide the forum for discussing schemes to a greater level of detail and to draw up recommendations and other proposals for the SPB. Membership will consist of the BBG NHS LIFT Director, Lead Directors for LIFT from each PCT and LIFTCo representatives.

9.1.5 Bromley, Bexley and Greenwich LIFT Groups undertake detailed work within each London Borough to ensure schemes are developed in a manner which is acceptable to individual organisations and interested parties.

9.1.6 The BBG NHS LIFT Director is the named senior individual responsible to the Strategic Partnering Board for the day-to-day management of the LIFT programmes. The post holder will commence in November 2004 and will be directly employed by Bromley PCT but will be accountable to all PCTs.
9.1.7 Each of the Borough based LIFT groups will consider appropriate representation from local interested parties. Levels of engagement are set out in Section 5.3.

9.1.8 Individual PCTs will make their own arrangements for the management of individual schemes. They will be responsible for the day-to-day detailed management of the scheme in their PCT. They will provide the interface between the BBG LIFT Director and the supply side of the project team.

9.1.9 A Project/Scheme Team consisting of both clinical and support staff and LIFTCo partners will support each individual scheme through its development phase, overseen by the BBG LIFT Director. The key members of the Project Team will establish robust project structures to deliver defined objectives.

9.1.10 Partnerships for Health will assist BBG LIFT in benchmarking and delivering best practice.

9.2 Risk Management Strategy

9.2.1 Introduction

9.2.1.1 As part of the contract closure process for BBG LIFT and the schemes at or close to Stage 2 Approval, a joint risk assessment has been undertaken by the relevant stakeholders in the process across the public and private sector. The objective of each assessment was to identify the key risks to the success of the initiative, allocate those risks to the most appropriate parties, and define strategies for the mitigation of those risks. The output from the process for BBG LIFT and each individual scheme is a risk register, identifying the key risks likely to be faced in the LIFT process within BBG over the first 12 months of the formally constituted partnership, and a strategy for how those risks will be best managed. The risk register has been approved by the predecessor to the SPB.

9.2.1.2 Before the end of the first year following the first financial close, a comprehensive LIFTCo Risk Management Process will be developed. In particular the Risk Register will address the risks inherent in the LIFT's objectives and growth strategy.

9.2.1.3 The main issues to be considered with respect to the approach to risk will be:

- Roles and responsibilities
- Risk reporting
- Communication
- Embedding risk management in the LIFT culture
- Programme risks
- Estate / technical risks
- Financial risks
- Sub-contract risks
- External environment risks

9.2.1.4 A scheme-specific risk register will be incorporated into Stage 2 Approval Application for each development.
9.2.2 LIFTCo Supply Chain Risk Management

9.2.2.1 Linked to the LIFTCo approach to risk allocation, is a clear statement of risk and responsibility upon which a Stage 2 Approval Application is built. BBG LIFTCo and its supply chain risk allocation structure is designed as such that each risk to the overall delivery of the scheme is passed to the party best positioned to manage that risk. Over time these responsibilities may change as LIFTCo refines its strategies, but the initial framework has been prepared to provide an appropriate environment in which LIFTCo can start to deliver.

9.2.2.2 As has been experienced by the participants in the LIFT process up until the first financial close, a key milestone in reaching financial close and stage 2 approval for each site is to hold a scheme specific risk workshop. The workshops will have the following objectives and attributes:

- To work through a systematic, tried and tested approach to risk identification and mitigation for known and potentially significant risks;
- To develop a team-based approach to the risk identification and mitigation process, facilitating the communication of significant risks, key information and past experience;
- Preparation of a detailed record of actions taken to manage and mitigate risks;
- Development of a detailed understanding of residual risks;
- Development of a strategy for the effective monitoring of risk through setting responsibilities and times for completion of actions.

9.2.2.3 These powerful team based sessions help stakeholders to minimise threats to the successful delivery of scheme objectives, and at the same time assist the participants in maximising affordability and value for money of each scheme through a continual process of knowledge exchange and sharing of best practice.

9.2.2.4 It is intended that the workshop process will evolve as the partnership grows – it will be kept under review and improved in the light of experiences gained.

9.2.3 The Future

9.2.3.1 By five years into LIFTCo’s existence, it would be expected that a reasonable sized portfolio of schemes will have been created, with a support infrastructure to match. At this stage the LIFT will be faced with a number of decisions relating to its strategy and the nature of the partnership it wants to be, how it wishes to allocate risks and how it receives Lease Plus Services. The risk management strategy will be kept under constant review as the partnership develops.
9.3 Prioritisation of Future Schemes

9.3.1 Each PCT in BBG will decide on local priorities and then the SPB will be responsible for prioritising these schemes in an equitable manner.

9.3.2 All schemes to be put forward will fulfil the following essential criteria:-

- Consistent with overall strategic service development plans for health and social care economy
- Affordable, based on LDP known commitments and potential GMS growth monies. Consideration of the ‘do nothing’ should be taken into account and future costs
- Site availability or strong likelihood in suitable location, including positive feedback from local Council

9.3.3 The following criteria may be considered by individual PCTs to prioritise schemes.

- Does the scheme intend to develop long term illness management services?
- Does the scheme address existing unmet service need (other than long term conditions)?
- Will this development support anticipated increasing service need/demand (population specific or as a result of strategic shifts in service into primary care)?
- Does the scheme have local partnership support in respect of integrating services and/or in facilitating multi-agency service delivery?
- Does the scheme enjoy the support of local affected parties?
- Is there support from local non-statutory organisations?
- Are the existing premises unsuitable? (e.g. too small, non-DDA compliant, unable to meet GMS Regulations space guidance)
- Is there potential to attract other investment/resources to contribute to the recurring or non-recurring costs of this scheme?
- Does the scheme facilitate access by disadvantaged, disabled or minority groups?
- Does the scheme facilitate the development of community based specialist services where this is preferable to basing them in hospital?

9.3.4 Schemes will be prioritised on the basis of equitable access to LIFTCo resources across BBG subject to the affordability framework identified by each PCT.

Choice of Sites/Locations

9.3.5 In order to develop effective service models, there will be whenever possible an appraisal of several site development options against explicit criteria in order to arrive at the best options. Local constraints would need to be taken into account.
Appendix 1: Organizations Involved in the Bexley, Bromley and Greenwich LIFT

**Private Sector Partners**
Babcock & Brown and GSL
60% Shareholding

**Public Sector Partners**
20% Shareholding

**Partnerships for Health**
20% shareholding

**Strategic Partnering Board**
- Strategic overview
- Commissions schemes from LIFTCo & reviews/approves LIFTCo’s scheme proposals

**BBG LIFTCo**
- Design & construction
- Property development
- Planning advice
- Supply chain management
- Partnering services
- “Lease-Plus” services
- Financial structuring
- Legal services

**Membership of SPB drawn from BBG Partners Health and Social Care**

**Supply Chain Providers**
- Contractors, architects
- health planners
- planning advisers
- maintenance teams
- legal teams, lenders
- engineers, traffic consultants

**Tenants**
- Tenants e.g. PCT or GPs, take out a lease
- (“Lease Plus Agreement”)
- Lease Plus includes Use of building and internal and external maintenance
Appendix 2: Schemes at or Close to Stage 2 Approval

**SUMMARY**

The schemes listed below have received final approval to enter into a Lease Plus agreement for the scheme and any other relevant contracts by appropriate bodies, including relevant PCTs and the SPB. Further details on each scheme can be found on the following pages.

<table>
<thead>
<tr>
<th>NHS BODY</th>
<th>SCHEME NAME</th>
<th>BUILD COST</th>
<th>SEE APPENDIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bexley Care Trust</td>
<td>Lakeside Health Centre</td>
<td>£5.0 m</td>
<td>2.1</td>
</tr>
<tr>
<td>Bexley Care Trust</td>
<td>Erith Primary Care Centre</td>
<td>£4.7 m</td>
<td>2.2</td>
</tr>
<tr>
<td>Bromley Primary Care Trust</td>
<td>Beckenham Hospital</td>
<td>£23.5 m</td>
<td>2.3</td>
</tr>
<tr>
<td>Greenwich Teaching Primary Care Trust</td>
<td>Garland Road Clinic</td>
<td>£1.9 m</td>
<td>2.4</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>£35.1 m</strong></td>
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</tbody>
</table>
Appendix 2.1: Lakeside Health Centre

NHS BODY: Bexley Care Trust

SCHEME NAME: Lakeside Health Centre

SCHEME ADDRESS: Yarnton Way, Tavy Bridge, South Thamesmead, Kent

GROSS INTERNAL AREA: 2002m²

BUILD COST (confirmed): £5 million

SCHEME DESCRIPTION:

Lakeside Health Centre is situated in the socially deprived Tavy Bridge area of Thamesmead, within the borough of Bexley. The neighbourhood is part of London Thames Gateway development zone 6 and the Gallions Housing Association are developing a neighbourhood regeneration plan to refurbish the existing 1960s housing stock and also to build new housing for an anticipated 1200 new residents over the next 10 years. The new health centre will be an early landmark in the neighbourhood development plan.

Services include:

- GPs and associates/trainees
- Community dental service
- Salaried dental service
- 1 general dental practitioner
- 1 general dental technician
- District nursing
- Health visiting
- School nursing
- Podiatry
- Speech and language therapy
- Community mental health service
- Counselling
- Social Services
- Legal and other advisory services
- Age Concern
- Other voluntary sector services
Appendix 2.2: Erith Primary Care Centre

NHS BODY: Bexley Care Trust

SCHEME NAME: Erith Primary Care Centre

GROSS INTERNAL AREA: 1933m²

BUILD COST: £4.7 million

FINANCIAL CLOSE: DATE OF OPENING: Already open

SCHEME DESCRIPTION:

Erith Primary Care Centre was planned and constructed under a previous business case and the final phase opened in September 2003. Erith is in Thames Gateway development zone 6 and a population rise of at least 4,800 is expected over the next 10 years. This figure is a conservative estimate and the Thames Gateway project recommends an increase in local primary care provision as and when new housing developments come on stream. The primary care centre is adjacent to the local shopping centre and comprises:

- 2 GP surgeries
- Health Visiting
- School Nursing
- Speech and Language Therapy
- District Nursing
- Voluntary Sector Services
- Community mental health services
- Community Dental Service

Two consulting areas are vacated and there is design flexibility to accommodate increases in population need and primary care provision over the next few years. It is intended to transfer the existing building and land into LIFT Co.
**Appendix 2.3: Beckenham Hospital**

<table>
<thead>
<tr>
<th><strong>NHS BODY:</strong></th>
<th>Bromley Primary Care Trust</th>
<th><strong>FURTHER DETAILS VIA:</strong> Jill Webb</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SCHEME NAME:</strong></td>
<td>Beckenham Hospital</td>
<td></td>
</tr>
</tbody>
</table>
| **SCHEME ADDRESS:**    | 379 Croydon Road  
Beckenham, BR3 3QL |                                   |
| **GROSS INTERNAL AREA:** | 9,207 m² | **BUILD COST:** £23.5 million  |
| **FINANCIAL CLOSE:**   | November 2004 | **DATE OF OPENING:**  
First phase – December 2006  
Second phase – May 2008 (TBC) |

**SCHEME DESCRIPTION:**

The current Beckenham Hospital is a former cottage hospital with a range of outpatient clinics, radiology, phlebotomy, physiotherapy facilities, including a number of clinical support functions. It is extremely accessible and has adequate room to facilitate a phased whole site redevelopment which would accommodate all non-acute local healthcare needs. This is the largest scheme within the proposed LIFT.

Beckenham Hospital dates back in part to the Victorian era, and has been developed to increase the range of services in a piecemeal manner. The most recent additions have been timber framed and clad modular buildings with some internal refurbishment. There is a considerable backlog maintenance problem with the site to the extent that a refurbishment solution would not present any financial benefit whatsoever. The PCT’s vision is therefore one of a phased rebuild of which will retain the full range of services at all times and upon completion, enhance them. In particular the PCT proposes to relocate two large GP practices and a cramped community clinic onto the site and establish a diabetic centre in line with the new model of care envisaged across the Borough. The Local Authority has locally listed the frontage and has given a clear indication of the two sections which it feels must be retained for reasons of historical merit.
The majority of the site was previously owned by Bromley Hospitals NHS Trust which has now been sold to LIFTCo. A small piece of land on the southern edge bordering the adjacent recreation ground was owned by the London Borough of Bromley and leased to the NHS. This is now in LIFTCo’s possession. It is designated as “Urban Open Space” in the District Plan and as such its use as car parking will continue.

**Full planning permission was granted at the beginning of August 2004 and Financial Close was achieved on 29 November 2004.**
**Appendix 2.4: Garland Road**

<table>
<thead>
<tr>
<th><strong>NHS BODY:</strong></th>
<th>Greenwich Teaching Primary Care Trust</th>
<th><strong>FURTHER DETAILS VIA:</strong></th>
<th>Annabel Burn</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SCHEME NAME:</strong></td>
<td>Garland Road</td>
<td><strong>BUILD COST:</strong></td>
<td>£1.9 m (approx)</td>
</tr>
<tr>
<td><strong>GROSS INTERNAL AREA:</strong></td>
<td>1004m²</td>
<td><strong>DATE OF OPENING:</strong></td>
<td>Summer 2006</td>
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<tr>
<td><strong>FINANCIAL CLOSE:</strong></td>
<td>January 2005</td>
<td><strong>DATE OF OPENING:</strong></td>
<td>Summer 2006</td>
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</tbody>
</table>

**SCHEME DESCRIPTION:**

A small to medium scale Health Clinic in Greenwich (new build) The existing clinic is owned by the Trust and is used by Health Visitors and District Nurses with a multi purpose area for Baby Clinics. The property was designed and built in the 1940’s and is in need of substantial upgrading to reach current health and safety standards. Whilst the location is good the building is a prefabricated pre-cast concrete frame structure of poor standard with single skin blockwork external walls and aluminium roof.

The current footprint of the building does not utilise the site to its full potential. There are also a range of buildings on the site that are not currently in use. Whilst demolishing and rebuilding the site it is the intention to provide temporary accommodation nearby for the existing services at another health centre owned by the PCT.

A GP practice in close proximity has expressed clear interest for accommodation on the new site. They will privately dispose of their property and relocate to the new facilities upon completion.

The new facility will provide modern services that will include 3 GPs, health visitors, district nursing, family planning, cytology clinic, antenatal.
## Appendix 3: Schemes at or Close to Stage 1 Approval

### SUMMARY

The schemes listed below have received initial approval of outline designs and costings by appropriate bodies, including relevant PCTs and the SPB. The gross internal areas and build costs quoted are current estimates and will be finalised following detailed design work.

<table>
<thead>
<tr>
<th>NHS BODY</th>
<th>SCHEME NAME</th>
<th>BUILD COST</th>
<th>SEE APPENDIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bexley Care Trust</td>
<td>Child Development and Outpatients Services Centre, Bexley</td>
<td>£6.5 m</td>
<td>3.1</td>
</tr>
<tr>
<td>Bromley Primary Care Trust</td>
<td>11/13 Bromley Common</td>
<td>£2.0 m</td>
<td>3.2</td>
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<tr>
<td>Bromley Primary Care Trust</td>
<td>Robin Hood Surgery, Croydon Road</td>
<td>£1.8 m (TBC)</td>
<td>3.3</td>
</tr>
<tr>
<td>Bromley Primary Care Trust</td>
<td>Crofton Road Surgery, Bromley</td>
<td>£2.5 m</td>
<td>3.4</td>
</tr>
<tr>
<td>Greenwich Teaching Primary Care Trust</td>
<td>Vanbrugh Hill Health Centre</td>
<td>£6.0 m</td>
<td>3.5</td>
</tr>
<tr>
<td>Greenwich Teaching Primary Care Trust</td>
<td>Godstow Road</td>
<td>£2.0 m</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>£20.8m</strong></td>
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</table>
Appendix 3.1:  Child Development and Community Diagnostic Centre, Bexley

**NHS BODY:** Bexley Care Trust  
**FURTHER DETAILS VIA:** David Quigley

**SCHEME NAME:** Child Development and Community Diagnostic Centre, Bexley

**SCHEME ADDRESS:**

**GROSS INTERNAL AREA:** 1560m²  
**BUILD COST:** £6.5 m

**FINANCIAL CLOSE:**  
**DATE OF OPENING:**

**SCHEME DESCRIPTION:**

The site is owned by Oxleas NHS Trust and is co-located with community mental health services and also the separate GP surgery for Northumberland Health. It is an aging and small outpatients department of 4 consulting suites, a portacabin housing part of the child development service and a second world war bunker housing the x-ray department. The adjacent and diagnostic services are provided by Queen Mary’s Hospital, Sidcup NHS Trust under a service level agreement in the Bexley Care Trust.

Following informal and formal consultation with all stakeholders, it is intended to concentrate all child development services in one multi-agency children’s development centre and also to refurbish a modern ambulatory care and diagnostic centre with outreach consultant clinics, nurse practitioner and primary care specialist clinics and diagnostic services including x-ray and ultrasound. The NHS Plan calls for more outpatient services activity to take place in community settings.

Erith and neighbouring Belvedere are part of London Thames Gateway development zone 6 and a population rise is expected over the next 10 years. There are pockets of social deprivation 67% of children with special needs live in North Bexley and the service will be more accessible, while the improved ambulatory care and diagnostic service will address the major causes of ill health and premature mortality in Bexley.
Appendix 3.2:  11/13 Bromley Common

NHS BODY:  Bromley Primary Care Trust  FURTHER DETAILS VIA:  Jill Webb

SCHEME NAME:  11/13 Bromley Common

SCHEME ADDRESS:  11/13 Bromley Common,
Bromley, BR2 9LS

GROSS INTERNAL AREA:  859.7m²

BUILD COST (confirmed):  £2.0 million

FINANCIAL CLOSE:  April / May 2005 (TBC)

DATE OF OPENING:  Autumn 2006

SCHEME DESCRIPTION:

A medium scale Primary Care centre in Bromley (part new build) Bromley Common is a relatively deprived Ward within the Borough. There is one four-partner GP practice serving this population and two small community clinics. All of these buildings are cramped and no longer fit for purpose.

Bromley PCT owns two properties along the main A21 road, which are two sides of a pair of semi-detached houses within a conservation area. They are currently empty but for some time have been identified as the site for a new health centre to accommodate the GP practice and some of the local clinic services. They were initially emptied due to structural problems which have since been rectified but a lack of further capital to undertake the necessary alterations and refurbishments has left the buildings empty for around four years. LIFT is therefore an ideal mechanism for undertaking these works.

The properties are at one end of a large conservation area which extends for almost the whole length of the A21 through the area. Whilst this road is therefore the ideal location for the proposed health centre, in practice there are no suitable alternative sites, except the one currently owned by the PCT. This fact has been recognised by the Planning Authority who will be receiving the planning application in December 2004.

The proposed new development will partially demolish the rear of the buildings prior to construction of a new extension and upon completion provide 860 square metres of redeveloped space.
Appendix 3.3:  Robin Hood Surgery, Croydon Road

NHS BODY: Bromley Primary Care Trust  
FURTHER DETAILS VIA: Jill Webb

SCHEME NAME: Robin Hood Surgery, Croydon Road

SCHEME ADDRESS: Dr Mozley and partners, Robin Hood Surgery,  
94 & 96 Croydon Road, Penge, SE20 7AB

GROSS INTERNAL AREA: 460 m²  
BUILD COST: £1.8 million (TBC)

FINANCIAL CLOSE: April / May 2005 (TBC)  
DATE OF OPENING: Autumn 2006 (TBC)

SCHEME DESCRIPTION:

A GP practice formerly owned one half of a pair of semi-detached houses providing cramped accommodation. The neighbouring property achieved a planning consent for change of use from residential to GP practice. LIFT is seen as the ideal vehicle for implementing the long standing plans. The PCT has recently purchased the neighbouring property and GP practice to allow an extension by redeveloping both properties to be transferred into LIFTCo at Financial Close.

This exciting premises development brings two practices together, into one partnership site centrally situated in Croydon Road Penge SE20, serving a practice population circa 7100 patients. As a Personal Medical Service Contract, the new practice partnership provides a full range of personal medical services.

Through the premises reconfiguration organisationally and structurally, integration of community services will be enhanced through shared clinical facilities. The Partnership, recognising the influence of the broader determinants of health in an area of high deprivation, also seeks to forge stronger links with the local statutory and voluntary sector through non-clinical service provision delivered from the practice.

Recognising the importance of communication and continuing education, it is anticipated that the development will also encompass a meeting/educational venue for the practice and the health professionals within the Penge /Anerley locality.
Appendix 3.4: Crofton Road Surgery, Bromley.

NHS BODY: Bromley Primary Care Trust

SCHEME NAME: Crofton Road Surgery, Bromley.

SCHEME ADDRESS: 109 Crofton Road, Orpington, Kent, BR6 8HU

GROSS INTERNAL AREA: 632.2 m²

BUILD COST: £2.5 million

FINANCIAL CLOSE: April / May 2005 (TBC)

DATE OF OPENING: April / May 2006

SCHEME DESCRIPTION:

A large detached house on a corner plot. The accommodation for the practice is less than 20% of the “Red Book” standard. The property has now been sold to the PCT.

A feasibility study has demonstrated it will be better value for money to demolish the building and rebuild, with a functional content of approximately 632 m², which includes not only the GP practice at “Red Book” standard but also space for a locality Physiotherapy Service. A planning application was submitted in December 2004.
Appendix 3.5: Vanbrugh Hill Health Centre

NHS BODY: Greenwich Teaching Primary Care Trust

SCHEME NAME: Vanbrugh Hill Health Centre

SCHEME ADDRESS: Vanbrugh Hill Health Centre

GROSS INTERNAL AREA: 1900m²

BUILD COST: £6.0 million

FINANCIAL CLOSE:

DATE OF OPENING:

SCHEME DESCRIPTION:

This is a medium to large scale Primary Care Centre in Greenwich (new build). This building is owned by Greenwich PCT and the health centre is physically attached to Greenwich District Hospital. This scheme has been planned since the decision to close the hospital, and transfer it to Queen Elizabeth Hospital, Woolwich, in the late 1990’s. The hospital has now been decommissioned and various options have been explored in the past to separate the current Health Centre from the former Hospital. Asbestos surveys have been undertaken and the services have been separated. The present concrete framed structure is not ideal for full utilization of the site. The current ground floor is unoccupied and in a very poor condition (D). This space constitutes approx. half of the GIA. The remainder of this building is made up of a first floor (condition B/C) with a GP Surgery and Podiatry services. The second floor (condition C) houses Dental, Health Visitors, Speech Therapy, School Nurses and District Nurses. Oxleas are to occupy a substantial part of the new facility.

In order to demolish and rebuild the existing Health Centre a Mini Town Hall, approx 400 metres from the existing site, has been identified to house the current health centre occupants within easy reach of the patients. The mini town Hall is currently leased by the LB Greenwich and not occupied. It is the intention to temporarily relocate most of the current services to this property. The existing dental surgeries will be relocated to the Creekside Health Centre. Structural separation works will have to be undertaken to physically separate the Health Centre from the GDH site. A new facility will accommodate 6 GPs, Health visiting, District Nursing, School Nursing, Podiatry, Speech and Language, Child Psychology, Community Paediatrics, Reception and possible Dental and Mental Health Services.
Appendix 3.6: Godstow Road

NHS BODY: Greenwich Teaching Primary Care Trust

SCHEME NAME: Godstow Road

SCHEME ADDRESS:

GROSS INTERNAL AREA: 900m²

BUILD COST: £2.0 million

FURTHER DETAILS VIA: Annabel Burn

DATE OF OPENING:

SCHEME DESCRIPTION:

A 4 GP practice in Greenwich, Godstow Rd is currently a leased property. The freeholder is London Borough of Greenwich. The GP consulting rooms are extremely cramped, the current patient list is 9000 and storage facilities partly consist of boxes in circulation areas due to lack of space. There is also minimum space for patient waiting and reception. The facility houses a 4 GP Practice, counselling, minor surgery, and antenatal clinics all within 253 square metres. The building in gross internal terms provides less accommodation than required as a minimum for a new 2 doctor practice even though currently in use by 4 full time equivalents. There is limited disabled access to the ground floor and none to the first floor. The existing site has been developed to its full capacity in terms of footprint and will not lend itself to a development with scope for future expansion.

It is the intention for LIFTCo to buy out the un-expired term of the lease. An under utilised community hall in close proximity to the existing premises has been earmarked for the new GP premises. We have a clear indication from the London Borough of Greenwich that they are fully supportive of the community centre being redeveloped initially providing approximately 900 square metres of space to relocate the existing services and provide the scope for future integration of associated services. The community hall is situated on a site which not only lends itself to an appropriate development in terms of future expansion but also in terms of regeneration of the general area.

With the release of the GPs from their lease there will remain a substantial lease of approximately 90 years on the existing facility which could be explored as a further opportunity for development as a second tranche scheme.
### New Schemes

**SUMMARY**

The schemes listed below are, within the context of LIFT “new” schemes upon which LIFTCo has not yet devoted any of its planning and development resources. Following the approval of this SSDP by the Strategic Partnering Board, LIFTCo will be asked to work with the relevant NHS body to plan and develop these schemes during the course of 2005/2006.

<table>
<thead>
<tr>
<th>NHS BODY</th>
<th>SCHEME NAME</th>
<th>BUILD COST</th>
<th>SEE APPENDIX</th>
</tr>
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<tbody>
<tr>
<td>Bexley Care Trust</td>
<td>Clocktower</td>
<td></td>
<td>4.1</td>
</tr>
<tr>
<td>Bexley Care Trust</td>
<td>Frognal</td>
<td></td>
<td>4.2</td>
</tr>
<tr>
<td>Bromley Primary Care Trust</td>
<td>Redevelopment of GP Practice, West Wickham</td>
<td>£1.0 m</td>
<td>4.3</td>
</tr>
<tr>
<td>Bromley Primary Care Trust</td>
<td>Integrated Development in Penge and Anerley</td>
<td>£7.5 m (estimate)</td>
<td>4.4</td>
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<tr>
<td>Bromley Primary Care Trust</td>
<td>Integration of 2 practices and community services in Chislehurst</td>
<td>£6 m (approx)</td>
<td>4.5</td>
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<tr>
<td>Bromley Primary Care Trust</td>
<td>Integration of GP, Dental, community services and other services in Station Road, Orpington</td>
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<td>Bromley Primary Care Trust</td>
<td>Reprovision of practice in Beckenham to vacated Beckenham Clinic premises</td>
<td></td>
<td>4.7</td>
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<tr>
<td>Greenwich Teaching Primary Care Trust</td>
<td>Eltham – New Primary Care Centre</td>
<td></td>
<td>4.8</td>
</tr>
<tr>
<td>Greenwich Teaching Primary Care Trust</td>
<td>Thamesmead Town Development</td>
<td></td>
<td>4.9</td>
</tr>
<tr>
<td>Greenwich Teaching Primary Care Trust</td>
<td>Market Street, Woolwich</td>
<td></td>
<td>4.10</td>
</tr>
</tbody>
</table>
Appendix 4.1: Clocktower

NHS BODY: Bexley Care Trust
FURTHER DETAILS VIA: David Quigley

SCHEME NAME: Clocktower

SCHEME DESCRIPTION: A core and cluster model is flavoured for this locality.

Core – primary care and walk in centre comprising:

- GP surgeries
- Walk-in nurse led service
- Other primary care contractors
- Ultrasound and other diagnostic services
- Blood tests
- Physiotherapy
- Counselling
- Other GP access services
- District Nursing
- Health Visiting/School Nursing
- Locality social care team
- Outpatient/Ambulatory Care
- Primary Care Specialists
- Community mental health team
- Other advisory services
- Voluntary Sector
- Expert patient activity and meeting rooms
- Out of hours primary care and social care services
Cluster – Other primary care services would remain spread across each locality, but would have access to services in the primary care centre core. The cluster would include:

- GP surgeries
- Dental surgeries
- Optometrists
- Community Pharmacists
- Complementary therapies
- Private leisure and fitness centres

The approach would support the Care Trust’s development of integrated, multi-agency and accessible services.

To support the maintenance of premises standards, a survey of general dental and general medical service premises is taking place in 2004. A survey of Care Trust premises will follow in 2005.

Other multi-agency community facility developments led by the Borough or other agencies, might fall outside the scope of LIFT, but should complement the LIFT strategy.

Most independent primary care contractors own their own premises. The surveys will help them and the Care Trust to identify development priorities and opportunities for the future.

With the advent of new primary care contracts and cash-limited funding, it will be necessary to carry out this stocktake as the Care Trust enters a new commissioning relationship with GPs, General Dental Practitioners, Community Pharmacists and Optometrists.
Appendix 4.2: Frognal

NHS BODY: Bexley Care Trust

SCHEME NAME: Frognal

SCHEME DESCRIPTION: A core and cluster model is favoured for this locality.

Core – primary care and walk in centre comprising:

- GP surgeries
- Walk-in nurse led service
- Other primary care contractors
- Ultrasound and other diagnostic services
- Blood tests
- Physiotherapy
- Counselling
- Other GP access services
- District Nursing
- Health Visiting/School Nursing
- Locality social care team
- Outpatient/Ambulatory Care
- Primary Care Specialists
- Community mental health team
- Other advisory services
- Voluntary Sector
- Expert patient activity and meeting rooms
- Out of hours primary care and social care services
Cluster – Other primary care services would remain spread across each locality, but would have access to services in the primary care centre core. The cluster would include:

- GP surgeries
- Dental surgeries
- Optometrists
- Community Pharmacists
- Complementary therapies
- Private leisure and fitness centres

The approach would support the Care Trust’s development of integrated, multi-agency and accessible services.

To support the maintenance of premises standards, a survey of general dental and general medical service premises is taking place in 2004. A survey of Care Trust premises will follow in 2005.

Other multi-agency community facility developments led by the Borough or other agencies, might fall outside the scope of LIFT, but should complement the LIFT strategy.

Most independent primary care contractors own their own premises. The surveys will help them and the Care Trust to identify development priorities and opportunities for the future.

With the advent of new primary care contracts and cash-limited funding, it will be necessary to carry out this stocktake as the Care Trust enters a new commissioning relationship with GPs, General Dental Practitioners, Community Pharmacists and Optometrists.
Appendix 4.3: Extension to GP practice, West Wickham, Bromley

NHS BODY: Bromley Primary Care Trust  
FURTHER DETAILS VIA: Jill Webb

SCHEME NAME: Redevelopment of GP practice, West Wickham, Bromley
SCHEME ADDRESS: Site not identified yet.

GROSS INTERNAL AREA: 420 m² (to include PCT services also)  
BUILD COST: £1.0 million

SCHEME DESCRIPTION:

The practice is currently practising out of an end terrace, converted house which is extremely cramped.

The neighbouring property owner had indicated his willingness to sell and allow the GP practice to expand and attain the space standards set out in the “Red Book”. This has now fallen through and a new solution is being sought.

PCT services remaining at Hawes Down Clinic will ideally be integrated with this development, dependent on the site found.
Appendix 4.4: Integrated Development in Penge and Anerley

NHS BODY: Bromley Primary Care Trust

SCHEME NAME: Integrated Development in Penge and Anerley

GROSS INTERNAL AREA: Approx. 3000 m²

BUILD COST: Approx £7.5m

SCHEME DESCRIPTION:

The Penge and Anerley development has been identified as an early second tranche LIFT proposal. The Penge and Anerley population is identified as one of the most deprived of LB of Bromley’s communities.

Joint development has been a feature of our partnership work for many years in Penge and Anerley and the proposed LIFT scheme builds on the same approaches. An integrated health centre between GPs, the PCT, St Hugh’s, the Voluntary Sector and the London Borough of Bromley is anticipated. The expected new development is anticipated to deliver a new facility of approx. 3000 square metres.

Principles which have been used to develop these proposals are as follows:

- Comprehensive primary and community services
- Community and social care facility
- Local identity/acceptability
- Multi-use (shared use of facilities)
- Self funding (affordable)
- Complimentary services
- Accessible and safe
- Welcoming diversity reflecting local need
Appendix 4.5: Integration of 2 Practices and Community Services in Chislehurst

NHS BODY: Bromley Primary Care Trust

SCHEME NAME: Integration of 2 practices and community services in Chislehurst

SCHEME ADDRESS: The Willows

GROSS INTERNAL AREA: 2500 m² (at design stage)

BUILD COST: £6m (approx.)

SCHEME DESCRIPTION:

An integrated health centre between two GP practices and the PCT is anticipated. The site is already in PCT ownership and currently accommodates the clinic offering a range of primary care services, which would be enhanced in a new development.

The key benefits to this proposed development are:-

- The opportunity to provide pathways of care and enhanced patient journeys.
- The opportunity to develop local services to meet local needs.
- Better communication between health professionals.
- An opportunity for multidisciplinary education.
- Apply to create a modern high-tech, state of the art educational theatre for education and training.
- Enabling full utilisation of training capacity supported by the deanery.
Appendix 4.6:
Integration of GP, Dental, community services and other services in Station Road, Orpington

NHS BODY: Bromley Primary Care Trust

SCHEME NAME: Integration of GP, Dental, community services and other services in Station Road, Orpington

SCHEME ADDRESS: Station Road, Orpington

SCHEME DESCRIPTION:
An opportunity has arisen to combine a significantly undersized general practice with a developing Community Health Service facility and a NHS dental practice in need of additional space in Station Road, Orpington. This development requires the acquisition of at least 2 buildings next to each other on Station Road.
### Appendix 4.7: Reprovision of practice in Beckenham to vacated Beckenham Clinic premises

<table>
<thead>
<tr>
<th><strong>NHS BODY:</strong></th>
<th>Bromley Primary Care Trust</th>
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<tbody>
<tr>
<td><strong>SCHEME NAME:</strong></td>
<td>Reprovision of practice in Beckenham to vacated Beckenham Clinic premises</td>
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<td><strong>SCHEME ADDRESS:</strong></td>
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<td><strong>FINANCIAL CLOSE:</strong></td>
<td>2008/09</td>
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<tr>
<td><strong>DATE OF OPENING:</strong></td>
<td>TBC</td>
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**SCHEME DESCRIPTION:**

Non DDA compliant practice seeking opportunity to develop enhanced services utilising vacated space occupied by Bromley PCT Community services. The establishment of Lease Plus arrangements will include the Nursery which it is proposed to locate in the adjacent Beckenham Annex. All properties are in the ownership of Bromley PCT.
Appendix 4.8: Eltham – New Primary Care Centre

NHS BODY: Greenwich Teaching PCT

SCHEME NAME: Eltham – New Primary Care Centre

SCHEME ADDRESS: Eltham High Street (location to be defined)

GROSS INTERNAL AREA: 1500 square metres

SCHEME DESCRIPTION:

Greenwich Teaching PCT delivers services from Passey Place off Eltham High Street. Services include health visiting, speech and language therapy, audiology and the administration base for the Community Dental Service. In a separate building on the same site Oxleas provide Psychology. Near to this service there is a GP practice looking to expand to meet local need. The Trust is seeking to develop a primary care centre which would accommodate the current services in one building and in addition would provide an expanded primary care service to that local people only need to visit the hospital following access to diagnostic and local treatment when needed.

There are opportunities to collaborate with the London Borough of Greenwich in developing a site using premises that they no longer need and including some of their support services in the development.
### Appendix 4.9: Thamesmead Town Development

**NHS BODY:** Greenwich Teaching PCT

**FURTHER DETAILS VIA:** Annabel Burn

**SCHEME NAME:** Thamesmead Town Development

**SCHEME ADDRESS:** Thamesmead Town

**SCHEME DESCRIPTION:** Diagnostic and Treatment Centre for Thamesmead Town

The increasing population in Thamesmead Town will require new primary care services. The full spectrum of services is yet to be developed but as a starting point a new GP practice. The Trust is considering which route to achieve a service development in the area. One option is to advertise the health need in the area and invite a GP to provide what is needed – in terms of services from a premises. Since GPs will soon be able to commission services this could be the way that primary care is delivered. Alternatively the Trust could procure a new building through LIFT and recruit to a GP practice in the standard way. This option need to be explored more fully and our LIFT partners are invited to work with Greenwich Teaching PCT on this option.
Appendix 4.10: Market Street, Woolwich

NHS BODY: Greenwich Teaching PCT

FURTHER DETAILS VIA: Annabel Burn

SCHEME NAME: Market Street, Woolwich

SCHEME ADDRESS: Market Street, Woolwich

SCHEME DESCRIPTION:
The Trust currently leases this building. It is in poor repair and the space is not used optimally. The Trust is seeking to work with our LIFT partner to identify how to refurbish the premises and make it a more effective site for healthcare delivery. This would be the first rental scheme that Greenwich Teaching PCT has put forward as part of LIFT and work needs to be undertaken with the current landlord to explore options. LIFT are invited to work with Greenwich Teaching PCT on this development.
Appendix 5:

**Initial costing assessment – develop clinical area & programme**

- Inform PCT

- Proceed with agreed clinical areas

- Determine affordability

**Initial design concepts**

- Arrangement of User Group meetings

- Planning permission award

- Contract negotiations and finalisation

**“Stage 2” Financial Close**

- Planning approval process

**Cyclical**

- User Group reviews

- Design review

- Design & cost “Stage 1”

**Preconstruction period**

- Construction operations

- Operational commissioning

- Facility Operational