

NHS Bedfordshire Estate Strategy

March 2010

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Foreword

As the leader of the NHS in Bedfordshire, we will optimise the use of resources, in the context of a growing and ageing population, to deliver our strategic goals to:

- Improve the health and wellbeing of the population in Bedfordshire and its local communities in a fair and transparent way.
- Reduce unfairness in health and reduce health inequalities.
- Ensure a better healthcare experience for the population of Bedfordshire.
- Ensure that the people of Bedfordshire have more choice and access to high quality, safe, clinically and cost effective local health services.

NHS Bedfordshire has a standard of care which it must maintain and control for the services it provides, whether directly provided or commissioned through a third party provider. The premises from which those services are provided form part of that duty of care. Buildings that are well designed and well maintained offer a better healthcare experience promote well being and assist recovery.

Where we are now

Primary care

As stated in 'Improving GP Services' (DH Jan 2009) patients should be seen in premises that are pleasant, accessible and meet national relevant standards. There are 58 GP practices in Bedfordshire and the majority of GP services are delivered from premises owned and maintained by GPs. The primary care estate is variable in quality and much of it is no longer fit for purpose.

The PCT control a further 13 primary and community estate locations, 12 are owned by the PCT and 1 is currently being leased.

The major issue facing the PCT is a shortage of space which cannot be extended or upgraded. Without investment in primary care facilities we cannot:

1. Meet the planned population growth for the county
2. Provide the additional services required to move activity into the community

Intermediate care

The PCT owns 2 intermediate care centres, currently the intermediate beds are not located in the right place and do not support the strategic direction of “A Healthier Bedfordshire”.

Specialist and older people services

The Weller wing at Bedford hospital needs to be re-provided for by August 2012.

Specialist centres currently have low utilisation and are inflexible in their commissioning use.

Acute care

Bedfordshire is part of the Milton Keynes South Midlands (MKSM) growth area. There is a view that generally there are too many in-patient beds and thus over capacity across the whole of the acute sector. Furthermore, we currently send patients out of the county for specialist care, which could be provided more cost effectively within the county.

Business Aims and Objectives

Strategic Aims

The overall estates strategy aims are:

- to move activity out of the acute sector into the community where patients can be treated closer to, and sometimes in, their own homes
- to reduce the reliance on hospital care
- to release capacity in the acute sector which will allow us to repatriate activity back in to the County

This strategy is simple but it will require significant investment in local Estates infrastructure for it to succeed

The aims of NHS Bedfordshire with regard to estates provision therefore are

- To control and manage estate in strategic locations to ensure access to the delivery of primary care and a wide range of community based services in local communities. NHS Bedfordshire will own, hold the lease or have a shared property protocol to retain control of the assets.
- To develop modern sophisticated triage facilities at our 2 main hospitals to control the flow of patients into the Acute sector
- Where opportunities exist to divest estates and land tied up in the NHS Bedfordshire Estate, they will be exploited. We would like to see the funds released being reinvested into Bedfordshire estate developments.
- To maximise the utilisation of existing and future estates to ensure value for money during a period of constrained funding within the NHS
- Estates in strategic locations will be GP Led facilities

The following sections give more detail on our specific plans for Primary care and outline intentions for Intermediate, Specialist and Acute care. This will be developed as more locality modelling is completed

Primary Care

The strategic approach to transferring services from the acute sector into primary and community settings will stimulate the development of larger and more sustainable primary care led 'hubs'. These centres will be based in Strategic Locations and are designed to provide economies of scale and target the greatest health needs and inequalities.

The GP led primary care model outlined has three levels of services showing potential configurations:

Level 3 Facility	Level 2 Facility	Level 1 Facility
Supporting a population of c60,000	Supporting a population of 10,000+	Supporting a population of less than 10,000 or provides access where needed in areas of specific health inequality
Open 12 hrs per day, 7 days per week	Open 5 days per week (range 50-60 hours per week)	Open 5 days per week (range 50-60 hours per week)
Access to GP and nurse services	Access to GP, nurse and therapist services	Access to GP and nurse services
Serve a registered population and provide wider community access	Serve a registered population with the opportunity for wider community access	Serve a registered population
Planned care, including prevention and management of long term conditions	Planned care, including prevention and management of long term conditions	Planned care, including prevention and management of long term conditions
Urgent/emergency care centre available on a walk in basis	Visiting services i.e. specialist nursing, health visiting	
Will be a training practice	Potential to be a training practice	
Outpatients clinics		
Sexual Health Services		

In addition to the minimum expectations above level 3 facilities may include a variety of additional services including:

- Extended minor surgery
- Direct access to therapy services
- Diagnostics
- Pharmacy
- Dental services
- Health promotion
- Long term, intermediate & end of life health and social care
- Access to social services support & services to improve quality of life, benefit advice, support and return to work
- Telephone assessment & support to patients

Intermediate care

There are currently up to seventy NHS commissioned beds available in the County for patients needing intermediate care. These are located primarily in NHS Bedfordshire controlled estate, in the north and mid parts of the county. Small numbers of patients are also cared for in private nursing homes in mid and South Bedfordshire. There is evidently an uneven spread of provision, with the outcome that although we have sufficient numbers of beds they are not located in the right places.

Strategically, over time, our approach will be to use our resources cost effectively by commissioning more provision in existing nursing homes aligned to our strategic locations, with the potential to disinvest from our own residential provision.

Specialist services

To improve mental health outcomes our strategic intention is to redesign Secondary Care mental health services. This will ultimately reduce the number of inpatient beds needed in the county. We will also address the need for the re-provision of a proportion of the capacity currently located in Weller Wing on the Bedford Hospital site.

We will actively look to divest specialist Learning Disability inpatient facilities and identify services that will create higher utilisation and value for money.

Acute Care

We will review the provision of 2 Urgent Care Centres, one at each of Bedford General Hospital and Luton and Dunstable Hospital. These will form part of our strategy to avoid unnecessary admissions to Hospital.

We are also working with the leaders of NHS organisations within the Milton Keynes South Midlands (MKSM) growth area and recognise that current acute service configurations are based on historical precedent and administrative boundaries rather than meeting the needs of the MKSM residents in the 21st century.

Key priorities are currently being reviewed, but an immediate action is to undertake capacity modelling to inform the reconfiguration of acute specialist services across the five hospital trusts:

- Bedford Hospital Trust
- Luton and Dunstable Hospital Foundation Trust
- Northampton General Hospital Trust
- Milton Keynes Hospital Foundation Trust
- Buckinghamshire Hospitals Trust

Responding to these pressures requires changes to the way services are organised and where possible will include repatriation of services from out of county locations. The strategy to shift appropriate services from the acute to primary care settings in the community as outlined above will allow this to happen.

Sustainability, Quality and Services

All refurbishments and new builds will demonstrate compliance with the NHS quality standards for clinical and non clinical accommodation as determined by HBN 11-01. This will include explicit demonstrations of active achievement of compliance against relevant Care Quality Commission and other NHS guidance and incorporate and exceed best practice wherever possible.

Buildings used to deliver care will meet and be mindful of all the legal compliance standards:

- Disability Discrimination Act (DDA) 1995 ensuring all disabled people will have full access to buildings and services.
- Building Research Establishment Environmental Assessment Method (BREEAM) which addresses wide ranging environmental and sustainability issues. BREEAM provides assurance that the best environmental practice is incorporated into a building.
- Improvements in energy conservation and management legislation including the 2014 Carbon Zero construction targets i.e.
- Reduced energy cost
- Reduced carbon emissions
- Comfortable environmental conditions maintained within buildings

Future premises will be designed to be flexible to allow services to be contracted in and out as the health needs of the county evolve over time.

In controlling premises will be able, if required, to change providers without the complication of premises availability and secure capacity within local communities from which to commission local health services.

Co-Location and integration of service delivery

NHS Bedfordshire will explore co-location of services with other NHS providers, Local Authorities, the private and voluntary sector which fits with the strategic approach to integration of services and support staff where possible and cost effective.

Strategic Locations

A strategic location refers to an area where NHS Bedfordshire needs to have a strong presence and wants to control the level and standard of care and the facilities these services are operated from.

The criteria for identifying a strategic location has been driven by existing and forecast population figures, existing estates capacity, compliance and condition, Joint Strategic Needs Assessment (JSNA), Locality Profiles, population flows and the Index of Multiple Deprivation.

The criteria for a strategic location are:

1. Within or easily accessed from areas of high health need, inequalities in access or communities that are identified as priorities by health and other public sector agencies
2. Insufficient existing estates capacity, compliance and condition to meet existing and future service provision
3. Taking into account regeneration or significant population growth, housing or infrastructure development
4. Part of, or close to existing social activity hubs and logically connected to other service providers
5. Easily accessible i.e. proximity to public transport networks, car parking and access for service vehicles, pedestrian access from other local services or nearby communities, visibility and identity.
6. Making a measurable contribution to support the wider determinants of health and wellbeing

In March 2009 the Strategic locations in column 1 were agreed by the NHS Bedfordshire Board. The current economic climate has dictated a review of the strategic locations and the proposed locations in March 2010 are shown in column 3.

While the strategic locations identified in March 2009 all still meet the criteria identified above. The significant economic changes have meant that the following locations have been identified as priorities in March 2010.

#	Strategic Locations	Unitary Authority	Priority Strategic Locations
1	Bedford North / Town Centre (Bedford Health Village)	Bedford Borough Council	✓
2	Bedford South (including Station Quarter)	Bedford Borough Council	✓
3	West Kempston inc Great Denham & Wootton	Bedford Borough Council	
4	Sandy	Central Bedfordshire Council	
5	Biggleswade	Central Bedfordshire Council	✓
6	Wixams	Bedford Borough Council	
7	Amphill	Central Bedfordshire Council	
8	Flitwick	Central Bedfordshire Council	
9	Houghton Regis	Central Bedfordshire Council	
10	Dunstable	Central Bedfordshire Council	✓
11	Leighton Buzzard	Central Bedfordshire Council	✓

Smaller projects, unrelated to strategic locations, currently exist and will continue to arise; these will need to be considered on their individual merits. They are needs driven by GP requirements to expand; a process to assess bids has been put into place to provide a consistent approach to approval. Consideration must be given to how buildings might need to expand as activity levels change in the future.

KEY

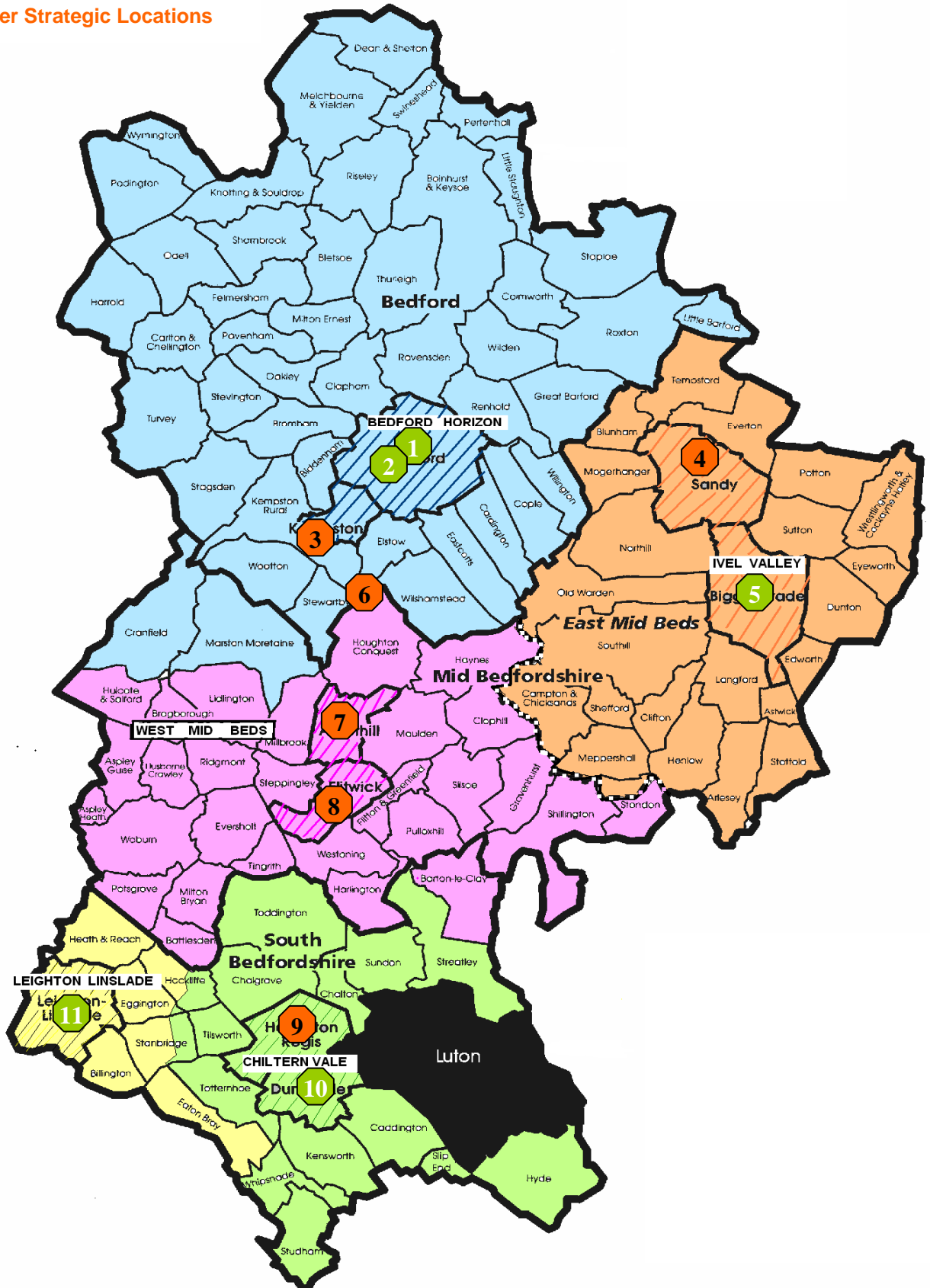


Priority Locations



Other Strategic Locations

Strategic Locations



Conclusion

In Bedfordshire, there is a shortfall of provision for modern, community based primary care.

NHS Bedfordshire needs to invest in local services to enable it meet its dual strategy of providing convenient community services closer to patients' homes and reduce the reliance on hospital care.

The approach to delivery of this strategy will be to agree an overall prioritised programme of developments relating to the strategic locations, with capital and revenue impacts clearly defined. This will be supported by an annual implementation plan.